

But in spite of the economic liberalism which had brought about the industrial revolution, it soon was brought to the attention of those interested in their country and in its citizens that something must be done to alleviate the lot of the toiler. As a result the factory laws began to make their appearance in England.

For many years these laws were merely palliatives. Children under twelve years of age were not permitted to work in the mines, and so on. But as time went on there developed in the minds of employers, and certainly in the minds of employees, a resolution to see to it that the people who worked in the factories and mines were better treated and had a better chance to enjoy the life around them. Employers undertook large schemes for the benefit of their workmen, such as Port Sunlight, by Lever Brothers, and Bournville, by Cadbury. Employees began to form trade unions and friendly societies. The state at last became interested, and recognized the trade unions and friendly societies. After that, not only in England but throughout the world recognition of the societies was made by way of subsidies to assist them in their work and, finally,—first in Germany, I believe, and followed by similar legislation in other countries in the world—by compulsory enrolment of the workers in these friendly societies under the jurisdiction of the state.

And so we have it that the first state health insurance scheme of which we have knowledge was started in Germany in 1883. When it began operations it dealt only with industrial workers. Soon it took in the workers employed in commerce, then the agricultural workers, finally the workers in the homes and, I believe, even the workers in transportation. The result is that to-day sixty per cent of the workers in Germany are under some form of health insurance scheme. They must, however, belong to some society; the scheme to which they must belong is indicated to them by the state. There is compulsory insurance and compulsory enrolment in a specific scheme. The contribution by the worker is two-thirds, and by the employer one-third, the state contributing nothing more than the cost of supervision and, in some instances, administration.

The latest figures which I have been able to find with respect to the cost show that it runs about \$2.50 per person per annum. In Great Britain where, it has been stated, a system of state medicine obtains, there is no state medicine, but there is a widely developed scheme of health insurance which covers something like 19,000,000 workers. The legislation covering health insurance was introduced in

1911, and provided that the insured would benefit through medical care and sick benefits when laid up. There is also provision for maternity and disablement benefits. The weekly contribution by the male worker is nine pence and by the female worker, eight and a half pence. The employer contributes an equal amount and, after paying the cost of administration, the state contributes an amount equal to one-seventh, in the case of the man, and one-fifth, in the case of the woman. During 1936 the contribution of the state to the health insurance scheme was £7,000,000, while contributions by the workers and employers amounted to £27,000,000. The interest income was something like £6,000,000.

The scheme is administered, first, by the central administration or the government; second, by committees and, third, by friendly or approved societies. The insured may belong to an approved society and obtain extra benefits in quite a substantial way. The scheme is in sound financial condition, and over eighty per cent of the 6,000 approved societies are in a position to grant additional benefits to their members. In 1924 a royal commission presided over by Lord Lawrence of Kingsgate was appointed to inquire into the scheme and reported unanimously as follows:

We are satisfied that the scheme of national health insurance has fully justified itself and has, on the whole, been successful in operation. The workers of this country have obtained under it substantial advantages, in particular by securing the title to free medical attention and medicine whenever and as soon as these are required. We are convinced that national health insurance has now become a permanent feature of the social system of this country and should be continued on its present compulsory and contributory basis.

It is only fair to say that in England to-day there is considerable criticism of the scheme. I have under my hand a pamphlet issued by Political and Economic Planning, a non-political organization. The insurance scheme is criticized in this pamphlet, not because of the principle involved, but with respect to the details. The pamphlet states that there is not sufficient coordination; that in one locality the treatment of tuberculosis may be very good, while maternal care would leave much to be desired. It states also that there are too many committees and authorities. I believe the example given of the county of London shows that to man all the committees would require something like 19,000 people.

There is also criticism of the faulty distribution of the panel patients. Some doctors have too many patients on the panel roll, while others have not enough. The greatest difficulty that they have to face is, in my opinion,