not in order to restrict building, but to secure a healthy and orderly expansion and the procedure for undeveloped land, suggested in the Uthwatt report, can be applied to the new land which the opening of the St. Lawrence Waterway and the Alaskan highway will bring within reach of the industrialised area. The system of Trading Estates may succeed in counteracting the growth of the already too congested cities in establishing new industrialised centres in healthier and happier surroundings making for a clean bill of health and therefore for efficiency. The Gallup Poll method already applied to city planning in the United States and Great Britain, may also succeed in Canada in making city re-organisation both realistic and democratic, basing it on a foundation of public opinion which accepts the purposes of those efforts and approves the general methods of accomplishment.

The task is big enough for public authorities and private enterprise to share the field, the public authorities securing that healthy standard dwellings are made available for the low income classes, by utilising technical innovations and standardisation to their fullest economic advantage, leaving the demand of the financially better off buyer to private enterprise. Building methods such as prefabrication requiring a smaller proportion of skilled workers should be employed at least until a sufficient number of trained workers are available, and low-cost housing projects should be given priority in regard to available building materials until they, through increased trade and production, can be provided in quantities sufficient to satisfy the existing demands.

If at the end of the war the Canadian people were presented with attractive plans which enabled them to exchange their victory bonds and certificates for a title to a new home, it is not unlikely that Canada would realise Ambassador Winant's prophesy that "the drive for tanks will become a drive for houses."

Health For All

By L. Richter

HEALTH means more than absence of illness. It implies physical fitness, mental alertness and creative energy. Good medical services are alone not sufficient to build up a nation's health. Proper nutrition, adequate housing and carefully planned social services, a sound education and reasonable use of leisure time are contributing factors of equal importance. How these aims can be achieved and a decent minimum standard of living secured to the Canadian people is discussed elsewhere in this issue. The present article on Health can therefore be confined to the contribution which medical science through curative and preventive services can make to the country's welfare.

EDITOR'S NOTE: L. Richter is Secretary of the Institute of Public Affairs at Dalhousie University.

How can we improve the health of the Canadian people? That there is an urgent need for improvement is borne out by the experience of our recruiting offices which had to reject a shockingly high percentage of young men because of their physical unfitness for military service. It is proved by the record of relief agencies which show ill health the most frequent cause of poverty. It is emphasized by the death rate of babies which in the year before the war was 60 per thousand live births, while the rate in New Zealand was 36 and in Australia 38. Nor is there any justification for the glaring differences which in that respect exist between the various parts of the Dominion: twice as many babies died before reaching their first birthday in New Brunswick compared with British Columbia, the ratio

(1938) being 79 to 39 per thousand. We have to remedy these defects if we are aiming, as explained in other articles in this issue, at an optimal employment of our man and woman power, at a full utilization of our natural resources. Only a healthy generation of Canadians will be capable of such achievements.

What is to be done? The question is less controversial than, for instance, the problem of organising the economic sphere. As the Gallup Poll has shown, it is only a very small minority of Canadians who would leave it to the individual to provide for his health needs. Laissez faire is discredited also through the findings of recent social surveys. A family with an annual income of $600 or more per person spends, according to official statistics, twice the amount for doctors' care and three times more for dental care than a family with an income of from $100 to $200 per person. This is not because a poorer family needs less services. On the contrary American studies have shown that the smaller the family income, the more frequent is illness and the longer its duration. But the poorer family is unable to pay for the necessary services. Again if in the Maritimes a farmer with a cash income of $500 per year has to pay $20 to call a doctor to his remote village, he will do so only in cases of extreme emergency. This is no reflection upon the doctor who may be absent from his office for many hours, and is therefore entitled to a higher compensation. It is the whole system which is at fault.

The difficulties are by no means confined to needy families. Serious and long protracted illnesses requiring major operations and hospital care may upset the budget of many a middle class household. Nor is the problem merely a financial one. In numerous rural areas the specialized services which characterize modern medicine are not even available to those possessed of sufficient means.

State Medicine or Health Insurance

The difficulties just described are not peculiar to Canada. They have been faced by other countries and two main devices have been found most suitable to cope with them—state medicine and compulsory health insurance. Canada will have to choose between them.

Under state medicine the government makes available to the citizen all health services, preventive and curative, whenever he needs them. There is no charge, the necessary funds being provided by general taxation. Russia has gone furthest in that direction. There is in the Soviet Union no private practice of medicine. Doctors, nurses and druggists are government employees and hospitals are state institutions. Great Britain, on the other hand, and nearly all of continental Europe outside Russia, have decided in favour of health insurance. The principles by which such an insurance system would be governed are familiar to Canadians through the recently introduced unemployment insurance scheme. By the payment of fixed contributions the insured person is entitled to certain health benefits whenever the need arises and irrespective of his ability to pay for them. It is a compulsory system. Voluntary schemes which have been tried out in several countries have proved impracticable.

The first question then which Canadians have to decide is whether they want state medicine or health insurance. Both systems have their merits and demerits. Both can be worked successfully provided that they are properly adapted to the environment in which they are to become operative. Tradition and political ideology will have an important influence on the choice that will have to be finally taken. In the opinion of Sir William Beveridge, public opinion should be the decisive factor. His famous report on Britain's post-war program of social security is based on the insurance principle because as Beveridge states "benefit in return for contributions, rather than free allowances from the state, is what the people of Britain desire." This is, according to Beveridge, borne out not only "by the established popularity of

compulsory insurance" but also "by the phenomenal growth of voluntary insurance against sickness, against death and for endowment, and most recently for hospital treatment." If we apply the same criterion for Canada, we shall find that the popularity of insurance is perhaps even more marked here than in the Mother Country. Mutual self help organizations like the Allied Medical Services in Ontario and Group Hospitalization Plans have in the last few years met with spectacular success. It would mean interrupting the continuity of this development if the flexible pattern of these schemes should overnight be superceded by the rigidity of state medicine. Compulsory sickness insurance seems the middle way, not only for Great Britain but for Canada. The problem is complicated in this country by constitutional difficulties: health matters come under the jurisdiction of the provinces and the Dominion government can exercise its influence only by conditional grants-in-aid and similar financial devices. But it is gratifying to learn from the press that a plan for the improvement of Canada's health services which is being drafted in Ottawa at the present time will be based on the insurance principle.

Such a solution, however, does not exclude the use of the other principle wherever it is better suited to meet a special situation. The Municipal Doctor system in the Prairie Provinces, which makes the services of a government appointed salaried doctor available to all inhabitants of a rural municipality and which has worked most successfully for more than twenty years, is state medicine in everything but name. No government we hope will think of abolishing it for the sake of a uniform system of insurance.

Persons Protected

Reference to the Municipal Doctor scheme which in the first place serves the needs of the farmers, already indicates that health insurance should not as is our Canadian Unemployment Insurance scheme be confined to wage-earners. The essential health services must be available to all who need them irrespective of age, sex and occupation. It would be unjustifiable to let farmers and fishermen, artizans and tradesmen be unprotected only because they do not fit so easily inan administrative scheme as wage-earners and salaried employees.

It seems also unlikely that Canada will repeat the mistake of the present British scheme to leave the dependents of insured persons, especially their wives and children, without protection. A survey made by the Dalhousie Institute of Public Affairs among two representative groups in Nova Scotia, the one covered by sickness insurance, the other without that protection, has brought out the fact that children up to fifteen years and families with many children are the main beneficiaries from an insurance system. Medical attention in case of illness was for insured children under five years of age one hundred per cent, for insured children from five to fifteen years, one hundred and fifty per cent higher than in the non-insured group. It was further found that families with many children suffered most from the absence of an insurance plan. It is apparent that if a family has to cut down its outlay for medical services, they will try to economize at the expense of the children as the health of the breadwinner and the mother are the most valuable assets for maintenance of the family income.

Another question widely discussed by politicians and the medical profession may only be mentioned here: should insurance be extended to persons who have the means to take care of themselves in case of illness? Under the Beveridge plan they would be covered not so much for their own protection as for reasons of social justice and administrative expediency.

Medical and Cash Benefits

A few months before the Beveridge report, another equally progressive document of British social policy was published which unfortunately has received much less attention in Canada. It is

the Interim Report of the Medical Planning Commission set up in 1940 by the British Medical Association. The report which is exclusively devoted to the reform of the British health services, defines the objective of the health program as follows:

(a) To provide a system of medical services directed toward the achievement of positive health, of the prevention of disease and the relief of sickness;
(b) To render available to every individual all necessary medical services both general and specialist and both domiciliary and institutional.

The program of the Commission if put in operation would greatly improve existing British insurance services which provide neither for hospital care nor for treatment by specialists. But the Report goes even further. While retaining the system of the medical practitioner it recommends the formation of health centres throughout the country. Their purpose is to pool and where necessary to supplement the health resources of a given region. The system when properly adapted to Canadian conditions seems admirably suited to overcome some of the handicaps from which our present health services suffer. The centres might be used not only for urban areas but to even greater advantage in sparsely populated districts. The centres would make available to doctors and patients the services of specialists and facilities for diagnosis such as X-ray and for specialized treatment. They would communicate with the public health services, provide for home nursing, conduct educational work, in short be a focal point for all health activities of the region.

More disputed is the question whether cash benefits should be given to those incapable of work in order to make up for the loss of salary or wages. They are provided in nearly all European systems, including Great Britain. There seems to be good reason for it, for how can a man be expected to recover from illness if he has no means to live upon? It must be admitted, however, that introduction of cash benefits raises some difficult problems and imposes unpleasant responsibilities for the doctor. It is for him to decide whether or not the insured person is capable of work and in consequence entitled or not entitled to cash benefits. If a doctor is strict, he may lose a patient. If he is lax, he burdens the insurance fund with unnecessary expenses. These are undoubtedly difficulties we shall have to guard against but they can be overcome through appropriate administrative devices as proved by the British experience. The question has already been decided in principle by the Canadian Parliament when it passed in 1940 the Unemployment Insurance Act. Since then Canadians when unemployed but in good physical condition, are compensated for loss of wages. They cannot very well be denied this privilege when they are ill and in even greater need of compensation.

Sickness Insurance and Public Health Services

Health insurance will also prove the most effective method of broadening the scope of existing public health services and bringing them to the people. In various Canadian provinces remarkable progress has been made during recent years in developing special services for the care of mother and child and for persons suffering from tuberculosis, cancer, venereal and other diseases. While admitting many valuable results, critics have raised a number of objections: the manifold activities are not sufficiently coordinated; they are concerned with the symptoms rather than with the causes of ill health, for instance in the case of tuberculosis; a comparatively small proportion of the population for which the services are meant, take advantage of them. The blame is only partly justified, for the public health services had in the past to proceed on their own, they lacked a medium which would bring them in close touch with the people. This contact which is indispensable for success will be provided through a comprehensive system of health insurance. It will not be sufficient to "link" as the saying goes, public health services with the insurance

system. They must be made an integral part, the core and the driving force of the new health organisation. The distinction between public health and curative medicine will then lose a good deal of its meaning. The practitioner while attending to his work will become the most potent agent of the public health authorities which need no longer appeal to the public to make use of their facilities. They will get their patients through the practitioner and the health centres. Thus there will develop in the course of time a comprehensive and coordinated system of health services, equally equipped for preventive and curative work, for general and specialized treatment.

Such an organization must, if it is to function properly, meet with the approval of those whom it is to serve. It must be popular in the real sense of the word. This can be best achieved by enlisting the active cooperation of the insured population together with that of the employers and the medical profession. This proposal does not imply creation of another of those advisory committees which are so frequent in the organization of our war economy and which have in common that their advice is neither sought nor taken. It means conferring upon the people a real responsibility for the solution of a problem in which they are vitally interested. It means administrative units which are large enough to give them sufficient operational and financial strength but not so large as to make self government of the people illusory. It has been stated by the Webbs that Friendly Societies[1] have been one of the pillars of democratic government in England. It would be a pity if we should miss such a good opportunity for reviving the citizens' interest in communal affairs.

(1) Cooperative Societies for Mutual Sickness Insurance

Program For Education

By A. S. Mowat

A Sound Foundation

THE great glory of the North American tradition in education is that from the beginning it has admitted the right of every child to free education at the public expense from kindergarten to high school. This has saved us from those vicious educational distinctions found in some European countries which are based on differences in wealth or privilege rather than merit. It has saved us from the Old School Tie, and for this we should be profoundly thankful.

This basic educational principle of ours is unshakably sound at bottom. But we have not carried it far enough nor understood its full implications. As a result numerous flaws and deficiencies have developed in the maintenance and running of our schools. But in a young and vigorous nation they have not escaped detection, and the critics have been busy, sniping, sapping, sharpshooting and delivering plain honest straightforward frontal attacks, often against superior numbers. We already know very well what is wrong with our schools. We know that much of our educational administrative machinery is out of date, our finance sometimes haphazard; we know that many teachers have been scandalously underpaid; we know that inequalities of educational opportunity exist greater than in any other civilised country with the possible exception of the U. S. A.; we know that our planning of curricula has sometimes been hurried and uninspired; and we know that only lip-service is paid to the undoubted facts of individual differences among children. There is no province in Canada to which one or more of the above criticisms does not apply.

EDITOR'S NOTE: A. S. Mowat is Professor of Education at Dalhousie University.