

U. S. DEPARTMENT OF LABOR
CHILDREN'S BUREAU

JULIA C. LATHROP, Chief

MATERNITY BENEFIT SYSTEMS
— IN —
CERTAIN FOREIGN COUNTRIES

By

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LETTER OF TRANSMITTAL.

U. S. DEPARTMENT OF LABOR,
CHILDREN'S BUREAU,
Washington, May 22, 1919.

SIR: I transmit herewith a report entitled "Maternity Benefit Systems in Certain Foreign Countries," by Henry J. Harris, Ph. D., chief of the document division of the Library of Congress, formerly statistical expert of the Bureau of Labor. The data in the report are of information available on January 1, 1918. The section on Russia is now of historical interest only.

Maternity benefit systems are not an experiment. Most of the leading countries of the world had such systems even before the great loss of soldier life on European battlefields began insistently to attract attention to the constant and still greater loss of mother and child life at home. Great Britain, France, and Italy have maternity benefit systems, while Australia and New Zealand should be added to the territory covered by special provisions for motherhood. Germany, Austria, and Hungary early established such systems, and Denmark, Norway, Roumania, Russia, Serbia, Sweden, and Switzerland have also provided maternity benefits.

These systems are designed to protect the health of mothers and children by providing adequate medical and nursing care in childbirth and by so lessening the financial burden of childbearing that mothers may be insured a reasonable period free from excessive labor. They vary from systems under which every woman, regardless of her financial status, receives a fixed sum on the birth of a child, to systems under which voluntary insurance funds—membership in which is open only to wage-earning women in certain industries and receiving certain minimum wages—receive subsidies from the State. In some systems the benefit consists primarily in a money payment; in others it consists primarily in medical and nursing services.

No such system, once undertaken, has ever been abandoned. Instead, the tendency of changes in existing legislation has always been toward including larger and larger groups of the population, toward increased benefits, and toward the compulsory as contrasted with the voluntary principle of insurance.

Meanwhile a considerable body of experience has accumulated as to methods of administration, cost, and other details of operation of the different systems. This experience Dr. Harris, who was especially

qualified for the task by his wide knowledge of European labor legislation, was asked to summarize in the hope that the information might prove useful to the people of one of the few great countries which as yet have no system of State or national assistance in maternity—the United States.

Respectfully submitted.

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Hon. W. B. WILSON,
Secretary of Labor.

MATERNITY BENEFIT SYSTEMS IN CERTAIN FOREIGN COUNTRIES.

INTRODUCTION.

Three ways of aiding the mother at childbirth are now in use in the leading foreign countries. The first method is that of providing the mother, both before and after confinement, with skilled nurses, medical attendance, and helpful advice, for which she pays if she is able, but providing no cash benefits. This method has been developed most thoroughly in New Zealand by a voluntary organization and excellent results have been secured. The second method is that of furnishing outright a sum of money on the birth of a child, the State supplying the funds. The third method is that of insurance, of collecting money in advance from the insured persons, their employers, and in many cases from the State, so that money, aid, and medical and institutional care are available when the birth occurs. As most of the leading countries of the world now have in operation systems of sickness insurance for the greater part of the population which would need maternity aid, the maternity systems have been combined with the sickness insurance systems to avoid creating a second piece of administrative machinery. In one country, Italy, where there was no system of sickness insurance, an independent maternity insurance organization was developed.

The list of countries having some form of cash benefit for mothers during maternity is impressive; all of the larger and most of the smaller countries of Europe, as well as the Commonwealth of Australia, have made provision for their women wage earners. These countries are Australia, Austria, Bosnia, Denmark, France, Germany, Great Britain, Herzegovina, Hungary, Italy, Luxemburg, Netherlands, New Zealand, Norway, Roumania, Russia, Serbia, Sweden, and Switzerland.

The action of these countries is not a matter of recent date; the national insurance system of Germany began with the year 1884, though there was provision by the local governments before that date; Austria in 1888 and Hungary in 1891 adopted plans similar to the German. Other countries gradually introduced relief in this field, until at the outbreak of the European war practically all the leading countries had fallen into line. It is worthy of note that the interest in maternity relief was not due to the frightful loss of life caused by the war, though the war has directed the attention of the

world to the subject of infant mortality and the care of mothers during childbirth to a greater extent than ever before. In 1910 Italy instituted a national maternity insurance fund; the health insurance laws of Great Britain and Switzerland came in 1911; Russia and Sweden passed similar laws in 1912; while Australia in 1912 and France in 1913 provided special systems of allowances to mothers during childbirth. The whole movement may be said to be due to realization of the fact that the health of the wage-earning population is one of the greatest responsibilities of the State, and that the care of the woman wage earner, especially the mother working away from her home, is peculiarly important under modern conditions.

There is much variety in the industries and occupations protected by these laws. At the one extreme is Australia, which has ignored industries and occupations altogether by declaring that every woman shall receive the substantial sum of \$25 on the occasion of childbirth. The health insurance systems of Germany and Great Britain cover the greater part of all industries and occupations. Italy, on the other hand, restricts membership in the national maternity insurance fund to wage earners in manufacturing industries, and women employed in rice fields. The restrictions are usually due to the difficulty of providing administrative machinery to meet the special conditions—for instance, in the home-working industries, in the case of casual workers who change employers frequently, or in the case of agricultural workers who would be scattered thinly over wide areas. Because some countries have special legislation affecting domestic service, such as requiring the employer to provide medical care for servants living in his household, this occupation is frequently omitted from health and maternity benefits of the insurance systems. In recent legislation there is a clearly marked tendency to include all occupations and all industries in systems of health insurance, and this is particularly true of maternity insurance and benefit systems.

The scope of the maternity benefits is also varied by the limits on the persons included. There is a general agreement on the inclusion of wage earners; salaried employees—that is, those who are engaged in clerical work, in the minor administrative positions, etc.—are sometimes omitted because they usually have a more permanent employment status than those doing the work involving physical labor. As a rule there is a restriction on the class of persons insured by excluding those earning more than a specified sum; in Great Britain the limit is placed at £160 (about \$800) annual earnings; in Germany it is 2,500 m. (about \$600).

Great diversity of practice exists in the treatment accorded the wife of the wage earner who is not herself insured. Under the British law she is entitled to maternity benefit; under the German law it is

optional with the local organization which administers the insurance to provide the maternity benefit, although the special laws in force during the war provide practically the same benefit as for the woman included because she is a wage earner. The tendency in the recent legislation is to make liberal provision for the wife of the insured wage earner.

One of the most humane features of these maternity systems is the treatment of the unmarried mother. In New Zealand only is she excluded from the aid; in Great Britain she is not allowed to receive the supplementary benefit which is granted to married women.

The benefits provided by the various countries consist of, first, a sum of money either in one payment or in weekly payments; second, medical and surgical service and medicine; third, a small weekly sum paid while the mother herself nurses the child. In one country, France, a system of instructing and advising the mother by visiting nurses or volunteer visitors is in force.

As in most countries it is the wage-earning woman who is protected by the insurance system, the maternity benefit is practically a partial substitute for wages. The usual amount varies from 50 to 75 per cent of the wages, with a tendency in the recent laws to increase the amount to either full wages or close to that amount.

The time during which the sick wage is paid ranges from 2 to 12 weeks. In most of the countries this period is divided, 2 to 4 weeks coming before childbirth and the rest of the period after that date.

The British and Australian plans simply grant a specified sum to the mother, to be paid on proof of the birth of the child. This method simplifies the administration, but the reports of the operation of the laws seem to indicate that it produces less satisfactory results. The weekly sick-wage payment plan makes it possible to require the mother to refrain from factory or other work under penalty of withholding the benefit. In France it is used also to require the mother to observe fundamental hygienic rules.

In the majority of the countries the mother is provided with free medical attendance and medicine, though in some of the larger countries, such as Great Britain, no such aid is furnished.

One of the more recent provisions is that for nursing mothers. This is granted by Germany, Switzerland, Roumania, France, and Austria and consists of an amount varying from half the regular benefit in Germany to a sum of 50 centimes daily in France. While these amounts may seem insignificant under American conditions, they are of great importance in aiding the European mother to devote herself to the child's welfare during the period when breast feeding is of the utmost importance. The benefit is paid for a period ranging from 4 to 12 weeks.

In all but three countries the maternity aid is joined with the health insurance system. The reasons are obvious; the group of the population to be aided is, for all practical purposes, the same as that included in the health insurance; next, the benefits needed are the sick wage and the medical service, the same as in the health insurance system. The three countries which do not follow this plan have no systems of health insurance; they are Italy, with its separate system of compulsory maternity insurance for women wage earners; France, with its maternity allowance for those dependent on their earnings; and Australia, with its maternity allowance for its citizens.

All sorts of combinations have been made in distributing the expense. At one extreme are Roumania and Denmark, where the wage earner pays the entire cost, though there is a slight amount of aid from the National Government; at the other extreme are Australia and France, where the Government bears the entire cost. The majority of the systems distribute the cost among the insured persons, the employer, and the State, with the wage earner bearing the largest share.

As it is difficult in a short space to give any idea of the operation of these laws, it will not be attempted; but it is important to call attention to the fact that practically the entire wage-earning population of Germany, Great Britain, Austria, France, and Russia—the largest countries of Europe—are in receipt of some sort of aid during the period of childbirth, while in the Commonwealth of Australia every case of childbirth receives a substantial money grant. These countries disburse large sums on this account; thus, in 1913-14, the Federal Government of Australia paid out \$3,284,839 in maternity allowances and this sum represents 3 per cent of the consolidated revenue of the Government. In France the maternity allowance calls for over \$1,000,000 annually from the National Government and another \$1,000,000 from the local governments. These two instances are mentioned as showing the extent to which Governments are willing to assume financial burdens to relieve the distress of the wage-earning population, and it should be mentioned that this expenditure was begun before the outbreak of the European war. Under the abnormal conditions caused by the war the Government of Germany has appropriated the sum of 5,000,000 m. (about \$1,190,000) monthly to defray the cost of the maternity benefits of the national compulsory insurance system; at the conclusion of the war, of course, it is expected that the method previously in use will be resumed.

One advantage of the provision of maternity benefits is that it furnishes information not otherwise available as to conditions among the wage-earning women. Thus, in Great Britain, Mr. Lloyd George stated in the House of Commons: "Above all, the working of the act revealed an appalling amount of sickness among married women,

especially under certain conditions (i. e., childbearing), a fact which was quite unknown before the act."

As industrial conditions in Great Britain more closely than in any other country resemble those in the United States, it is of interest to note the following statement of some of the effects of maternity aid under the British act:

The operation of maternity benefit also is gradually revealing many facts of great interest in connection with the general question of the relation between economic conditions and public health. Of other effects of maternity benefit it is as yet too early to speak. Experience limited to some 18 months is inadequate to measure accurately the effect which maternity benefit may have in improving the national physique, in raising the general standard of health among working women, and in reducing the rate of infantile mortality. But already maternity benefit has thrown great light on the nature of the problem presented for solution, and has revealed many things on which there has hitherto been only the scantiest knowledge.

It has, for example, been made clear that the expectation of unavoidable expense in connection with the actual confinement compelled working women to work up to the last possible moment before confinement occurred, in order that there might be money in hand to meet those inevitable expenses. Expectant mothers were thus in most cases under the necessity of running every kind of risk because they could not afford to cease work; and this consciousness of the necessity of continuing work seems to have led many women to ignore dangerous symptoms during the period of pregnancy, in an optimistic belief that it would not really hurt them to continue work which in any case they could not afford to drop. But the assurance of receiving the maternity benefit of 30s. at the time of confinement, by enabling women to dispense with the necessity of collecting a special reserve of money for the confinement expenses, encourages them to seek, and makes it possible for them to obey, medical advice during pregnancy; and thus it provides a remedy not only against poverty but partially also against the evils of ignorance. It must be remembered that, where a woman ceases work through the occurrence of dangerous symptoms and complications in the course of her pregnancy, sickness benefit may be available for her, if she is herself insured. This provision, of course, cooperates with the expectation of maternity benefit; maternity benefit dispensing with the necessity of collecting a reserve for confinement expenses, and sickness benefit compensating to some extent for the actual loss of wages, the current income required to meet normal expenses, * * * and insured persons themselves, particularly women, when expressing appreciation of maternity benefit, seldom fail to emphasize the relief which it affords from insecurity, with its attendant strain, before and at the time of confinement.¹

To sum up the situation: In spite of all the imperfections of these plans for caring for the mother and child, one country after another has gradually adopted them until all the leading industrial countries of the world have something of the kind. There has been a tendency to give up voluntary systems for compulsory systems. At the last international congress on social insurance at Rome in 1908, the conspicuous feature of the discussions was the favorable attitude toward compulsory taken by the delegates from countries like France and Great Britain, where compulsory measures had previously been opposed.

In nearly all these countries there has been an effort to improve legislation by amendments, to meet imperfections as they are dis-

¹ Annual Report of the British Insurance System, 1913-14, p. 6.

covered, but no country has ever given up the system after it has once been tried. On the contrary, the amending laws most frequently extend the system by adding workers in new occupations or industries—for instance, the casual workers, outworkers, etc. An increase in the amount of the benefits has been made where the financial conditions would permit, but as maternity benefits are expensive this increase has necessarily been cautious. The best of these increases in benefits has been that to assist nursing mothers—small as it usually is, this benefit is of great value in reducing infantile sickness and death.

Believing that it would be of value to have the facts as to the scope, organization, and experience of these foreign systems of maternity aid made available for American readers, the following pages have been prepared. The account is, of course, a statement of facts without advocating any policy or attempting to do any more than to show what the systems are and what they do. Some of the systems are very much involved, notably the British, and in most of them the care for maternity has been so closely amalgamated with sickness care that it is practically impossible to separate the features.

An effort has been made to present the information for each country in the following form:

1. History of present system.
2. Industries or occupations included.
3. Persons included.
4. Benefits.
5. Sources of income.
6. General and financial administration.
7. Operations.
8. Opinions of legislators, employers, wage earners, social workers, etc., as to effect of system.

The present study includes the following countries: Australia, Austria, Denmark, France, Germany, Great Britain, Italy, Luxemburg, Netherlands, New Zealand, Norway, Russia, Sweden, and Switzerland.

Other countries having national systems of maternity benefit are Bosnia, Herzegovina, Hungary, Roumania, and Serbia. Since little or no information as to the operations of their systems was available, and since they in general follow the plans used in other countries, they have not been included.

The largest amount of space has been devoted to the British system, partly because industrial conditions in the United Kingdom more closely resemble conditions in the United States than those in other foreign countries and partly because the benefit paid on account of maternity has directed attention to the needs of the wage-earning mother at the time of childbirth in a most striking manner.

AUSTRALIA.

Under the law of 1912 the Federal Government of Australia makes a grant of £5 (about \$25) for each case of childbirth in the Commonwealth. Australia seems to have been the first country to institute a system of national aid to relieve the financial burdens of childbirth without requiring some direct contribution on the part of the wage earner. The title of the law, "Maternity allowance act, 1912," indicates its general nature. It came into effect in October, 1912, a year in which there was no national crisis and no financial depression, and was enacted solely to relieve the normal strain on the resources of the wage earner caused by the burdens of childbearing. The reasons for the particular form of relief which was adopted, namely, that of a direct payment to the mother, are of interest; the prime minister, in presenting the bill, stated that there was no intention of instituting an insurance system, that it was not a "baby bonus" scheme, and that great care had been taken to avoid any stigma of charity or philanthropy. He characterized the act as providing "a maternity allowance of the protection and care of the mother, which is tantamount to the care and protection of the unborn child." In defense of the proposed law, he stated: "It is the duty of the community, and especially the duty of a national parliament, to protect every possible life," and quoted with approval a statement of Premier Seddons, of New Zealand, that measures such as this were justified absolutely on economic lines as "a provision for the safety of the State."¹ The objections to the bill, briefly stated, were that it would discourage thrift, in that it did not require the wage earners themselves to pay at least part of the cost of the system; that it did not make use of the existing organizations for the relief of financial distress in distributing the allowance; that it granted the allowance to every mother instead of restricting the grant to those with small incomes; that it was a reflection on the individual States of the Commonwealth; that there was doubt of its constitutionality; that it was "fly paper" to catch votes; that it made no distinction between unmarried and married mothers; that a grant such as this would be wasted unless its expenditure were supervised by competent officials. That these objections were met by the advocates of the bill may be assumed from the fact that the bill was passed promptly and put into force as soon as approved by the executive.

¹ Debate in Australian House of Representatives, Sept. 24, 1912.

PERSONS INCLUDED.

The allowance is payable to women who are inhabitants of the Commonwealth or who intend to settle in the country, regardless of their income status. No distinction is made between married and unmarried mothers. Certain groups of persons are excluded: First, natives, because they are cared for through other means, and, second, Asiatics.

BIRTHS INCLUDED.

Only one allowance is paid for a confinement, regardless of whether there are one or more children at the birth. If the child was not born alive or dies within 12 hours after birth, the claimant must present a medical certificate to the effect that the child was a viable child; this provision was added to avoid payments for intentional abortions. Reasonable provision is made for cases where medical attendance could not be secured.

ADMINISTRATION.

The duty of administering the law is placed in the hands of a commissioner of maternity allowances who is provided with an assistant commissioner and such deputy commissioners as are necessary. The commissioner is subordinate to the minister in charge of the treasury department.

OPERATIONS.

The extent to which the rights granted by the law claimed is shown by Table I.

TABLE I.—Australia. *Claims for maternity benefits allowed and not allowed, for fiscal years ended 1913-1917.*

[Source: Australia, Department of the Treasury. Maternity Allowances, 1913-1917.]

Allowance of claim.	Number of cases.				
	1912-13	1913-14	1914-15	1915-16	1916-17
Total claims.....	83,094	135,707	139,495	132,447	132,866
Claims allowed, total.....	82,475	134,998	138,855	131,943	132,407
Mothers attended by doctors.....	52,101	86,003	88,367	80,611	86,565
Mothers not attended by doctors.....	30,374	48,995	50,488	51,332	45,842
Claims not allowed.....	619	709	640	504	459

The feature which is especially conspicuous in Table I is the large proportion of cases in which there was no attendance by a physician; in the first three years covered by the table this proportion was 36.8 per cent, 35.6 per cent, and 36.4 per cent.

The debates in the Parliament show that the advocates of the law hoped that it would lead to better medical care of the mother and

child at confinement. Since no data are available as to the attendance of physicians at confinements for the years preceding 1912, no conclusion can be drawn as to the success of the act in promoting medical care. During the brief period covered by the preceding table, no change in this phase of child welfare is noticeable.

The expenditure for maternity allowances as shown by Table II is considerable.

TABLE II.—Australia. *Maternity benefits granted and total amount paid in benefits for fiscal years ended 1913–1917, by States.*

[Source: Australia, Department of the Treasury. Maternity Allowances, 1913–1917.]

State.	Number of cases.				
	1912-13	1913-14	1914-15	1915-16	1916-17
Total.....	82,475	134,998	138,855	131,943	132,407
New South Wales.....	31,045	51,239	54,486	51,541	52,806
Victoria.....	22,746	36,060	36,279	34,468	34,678
Queensland.....	12,130	19,710	20,205	19,754	19,124
South Australia.....	7,546	12,743	12,570	11,730	11,741
Northern Territory.....	12	23	31	28	45
Western Australia.....	5,385	9,190	9,312	8,752	8,347
Tasmania.....	3,611	6,033	5,972	5,670	5,666

State.	Amount paid in benefits.				
	1912-13	1913-14	1914-15	1915-16	1916-17
Total.....	\$2,006,823	\$3,284,839	\$3,378,689	\$3,210,503	\$3,221,793
New South Wales.....	755,402	1,246,773	1,325,781	1,254,122	1,284,902
Victoria.....	553,467	877,430	882,759	838,693	843,803
Queensland.....	295,153	479,593	491,638	480,664	465,334
South Australia.....	183,613	310,069	305,859	285,420	285,638
Northern Territory.....	292	560	754	681	1,095
Western Australia.....	131,031	223,616	226,584	212,958	203,103
Tasmania.....	87,865	146,798	145,314	137,965	137,868

The first year's operations began in October, 1912, and ended with March 31, 1913. The second year's operations (1913–14) brought an expenditure of \$3,284,839 and constitutes the assumption of a burden of no small dimensions. The "consolidated revenue of the Commonwealth" for the fiscal year 1913–14 is reported as £21,741,775 (\$105,806,348);¹ when there were no extraordinary expenditures for war purposes, 3 per cent of the Government's expenditure was devoted to maternity allowances.

It is not possible to make an accurate comparison of the number of births in the Commonwealth and the number of births receiving allowances. With the reservation that the figures in Table III are not entirely comparable, they are given for the purpose of showing that practically all births are granted the allowance.

¹ Official Yearbook, 1914, p. 692.

TABLE III.—Australia. *Live births reported and maternity allowances granted, by calendar years, 1912–1916.*

[Source: Commonwealth Bureau of Census and Statistics. Monthly Summary of Australian Statistics, April, 1917, pp. 5 and 41.]

Year.	Live births.	Maternity allowances granted. ^a
1912.....	133,088	^b 15,508
1913.....	135,714	135,667
1914.....	137,983	139,159
1915.....	134,871	132,772
1916.....	131,426	131,637

^a Includes viable children.^b Oct. 10 to Dec. 31, 1912.

According to this source, in the four calendar years, 1913 to 1916, there were 539,994 live births reported and 539,255 births for which maternity allowances were paid. From Table I on page 18 it will be noted that in the two fiscal years 1913–14 and 1915–16, the total number of claims allowed and disallowed almost equals the number of births reported for the calendar years 1913 and 1915, respectively.

SOURCES OF INFORMATION.

The text of the maternity allowance act, 1912, was published as act No. 8 of 1912 (assented to Oct. 10, 1912) in the official law series entitled "The Acts of the Parliament of the Commonwealth of Australia passed in the Session of 1912," pages 16–18. The text is reprinted in the English edition of the Bulletin of the International Labour Office, volume 8, page 393. The reports of the operation of the act are published in the annual reports of the department of the treasury, section on maternity allowances; a separate print of this part of the treasury report is also published.

AUSTRIA.

A system of compulsory sickness insurance was introduced in Austria by the law of March 30, 1888, under which wage-earning women received a maternity benefit for four weeks, consisting of a cash benefit and medical attendance. These benefits have been extended by the law of January 4, 1917.

The factory law of 1885 prohibited the employment of women for the four weeks after childbirth—at the time an advanced measure of protective legislation. This law was amended on January 4, 1917, by increasing the period of prohibited employment to six weeks.¹

The compulsory insurance law remained in force until April 4, 1917, when the new act providing much more extensive benefits came into operation. The provisions of this act are described below, but it is of so recent a date that no statistical information as to its workings is available.

INDUSTRIES INCLUDED.

The 1917 law does not change the class of industries covered by the law of 1888; these are: (1) Factories, smelting, mining, shipyards, quarries, and, in general, all establishments using power or explosives; (2) building trades; (3) all establishments subject to the industrial code; (4) transportation by land or water. The law does not include agriculture or the home-working industries, but permits persons engaged in them to insure voluntarily.

PERSONS INCLUDED.

The persons included are those who receive a wage or salary; the law names them as workmen and administrative officials, though the latter are included only when their salary is less than 2,400 crowns (\$487.20). Voluntary insurance is open to a large number of persons, but they must themselves pay the entire cost of the insurance.

BENEFITS.

The benefits under the 1917 law are: (1) Medical benefit, (2) cash benefit, (3) maternity benefit, (4) nursing (breast-feeding) benefit, (5) funeral benefit.

It will be noted that the sickness insurance law also covers industrial accidents, and the benefits numbered (1), (2), and (5) must be provided for the legal period as in case of ordinary sickness.

¹ Imperial decree of Jan. 4, 1917, in Reichsgesetzblatt of Jan. 9, 1917; reprinted in *Soziale Rundschau*, Jan.-Feb., 1917, p. 11. 1.

The extent of these benefits is as follows:

(1) Medical benefit.—This consists of free medical attendance from the beginning of the sickness, medical attendance and midwife service in case of childbirth, medicines, and appliances. The medical benefit ceases at the end of 26 weeks; but the funds may extend this to 52 weeks.

The funds may also provide trained nurses for beneficiaries who remain at home during sickness; for the cost of this service not more than one-half of the cash benefit may be deducted. In place of medical benefit, medicine, and cash benefit, the funds are authorized to provide care and maintenance in a public hospital; if the beneficiary has dependents, not more than one-half of the cash benefit may be deducted for this service.

(2) Cash benefit.—After the third day of sickness, the cash benefit is a daily amount, which is 60 per cent of the standard rate of the wage class to which the insured person belongs (sec. 6, subs. 2 and 7). These wage classes are as given in Table IV.

The funds may increase the daily cash benefit up to 90 per cent of the lower figure given for each wage class, but not in any case to exceed 5.5 crowns (\$1.12) per day. The period of payment may be increased from 26 weeks to 52 weeks.

(3) Maternity benefit.—If the mother abstains from remunerative work during the six weeks following confinement, she is entitled to a daily benefit equal to the cash benefit for this period. The fund is authorized to make this benefit conditional upon six months' insurance during the year preceding the date of delivery. The mother is entitled to medical benefit in addition to cash benefit, and she may, if the fund so desires, be given care and maintenance in a maternity hospital or similar institution. The fund may also provide attendance by home nurses. In such cases not more than one-half of the daily cash benefit may be deducted to defray the cost.

The funds may provide the daily cash benefit to pregnant women for a specific period, but not exceeding four weeks prior to the date of delivery, if the member is not entitled to the regular sick benefit. The beneficiary must abstain from remunerative work while in receipt of this benefit.

(4) Nursing (breast-feeding) benefit.—To encourage breast feeding, the funds must provide a nursing premium of half the cash benefit for the period up to the end of the twelfth week after the date of delivery, providing that the mother herself nurses the child. This is in addition to the maternity benefit or any sickness benefit that the mother may receive. The funds are authorized to extend the period of the nursing benefit up to 26 weeks.

TABLE IV.—Austria. *Limit of daily, weekly, and monthly earnings and basic average daily earnings for standard wage classes, used in determining dues and benefits, 1917.*

[Source: Soziale Rundschau, vol. 18 (1917), pp. 11, 28.]

Wage class.	Earnings.			Basic average daily earnings.
	Daily.	Weekly.	Monthly.	
1.....	Under \$0.255.....	Under \$1.53.....	Under \$6.35.....	\$0.20
2.....	\$0.255 to \$0.355.....	\$1.53 to \$2.13.....	\$6.35 to \$8.88.....	.31
3.....	0.356 to 0.457.....	2.14 to 2.74.....	8.89 to 11.42.....	.41
4.....	0.458 to 0.558.....	2.75 to 3.35.....	11.43 to 13.96.....	.51
5.....	0.559 to 0.660.....	3.36 to 3.96.....	13.97 to 16.49.....	.61
6.....	0.661 to 0.761.....	3.97 to 4.57.....	16.50 to 19.03.....	.71
7.....	0.762 to 0.914.....	4.58 to 5.48.....	19.04 to 22.84.....	.84
8.....	0.915 to 1.117.....	5.49 to 6.70.....	22.85 to 27.91.....	1.02
9.....	1.118 to 1.320.....	6.71 to 7.92.....	27.92 to 32.99.....	1.22
10.....	1.321 to 1.523.....	7.93 to 9.14.....	33.00 to 38.06.....	1.42
11.....	1.524 and over.....	9.15 and over.....	38.07 and over.....	1.69

The 60 per cent of the wage for benefit purposes is computed from the last column of the table. This daily payment must be continued for at least 26 weeks, paid at the end of each week during the receipt of the benefit. The benefit is paid for Sundays and holidays, though if the first or last day of sickness comes on such a day it is not included. The benefit may be disallowed if the sickness is due to misconduct.

(5) Funeral benefit.—This consists of 30 times the standard wage rate of the insured person; it was formerly 20 times this rate. The benefit, however, must be at least 60 crowns (\$12.18). The funds are authorized to increase the amount up to 45 times the standard wage rate.

The funds are authorized to provide what the law terms "family insurance" to uninsured members of an insured person's family. For specific regions of the Empire, apparently meaning the isolated regions or places where medical service is difficult to secure, the ministry of the interior may make family insurance compulsory. Family insurance may include all or part of the benefits provided, i. e., medical care, funeral benefit, and maternity benefit. Insured persons whose taxable income is above a certain amount may not be included in this feature.

SOURCES OF INCOME.

The income of the funds is derived from the assessments on wages, of which the employer pays one-third, the insured person two-thirds. Voluntarily insured persons pay the entire cost themselves. The employer deducts the share of the employee from his or her wages, adds to it his own share, and transmits the full amount to the fund. The weekly contribution for a member (the employer's and the workman's share together) may not exceed four-tenths of the standard daily wage rate (see last column of Table IV, above) in which the

insured person is classed. A scale of contributions graded by age is not permitted, except in the case of voluntary insurance.

A graduated scale of contributions may be used for classes of members whose sickness rate is distinctly higher than that of the other members. The graduated scale may be based on sex, on occupation, or on industry (sec. 26 subd. 2). Under this provision a rate of dues for women which is higher than that for men may be adopted.

FINANCIAL ADMINISTRATION.

The money collected in the form of contributions may be used only for the purpose of paying benefits, costs of administration, the accumulation of a reserve, and for the support of cooperative work conducted by a number of funds joined in a federation. The reserve must be formed from the excess of receipts over expenses and must be equal to at least one year's expenses.

If at the end of the operations of any year the receipts do not cover the expenses, and if the reserve has not reached the minimum or has been reduced below the minimum, then steps must be taken to reduce expenses by stricter administration, with final resort to increase of contributions or a reduction of benefits to the legal minimum. If there is a surplus at the end of the year, with prospects of its continuance, then a special account may be created for the purpose of aiding movements for social welfare, such as combating tuberculosis, venereal diseases, alcoholism, etc. The benefits may also be increased by adding features mentioned above, or the contributions may be reduced.

GENERAL ADMINISTRATION.

The 1917 law makes but few changes in the general administration of the insurance. The minister of the interior has general charge of the system, and under his direction the local political officials have certain powers. The funds which serve as insurance carriers are organizations composed of insured persons and of employers who conduct practically all of the insurance operations. These organizations or funds are of six types: (1) District funds, each covering a carefully specified area; (2) establishment funds; (3) building trades funds; (4) guild funds; (5) miners' funds; (6) association funds; and, finally, a special type of fund, subsidiary to the guild funds, for apprentices only. The latter type is only of minor importance. The employees of the State railroads have special organizations for providing their insurance.

(1) District sickness insurance funds exist for each administrative district and include all persons subject to compulsory insurance, except those insured in other types of funds. They must have not less than 100 members, and if their membership falls permanently below

this number, the fund must be dissolved and the membership assigned to one or more adjoining district funds.

The organization of the district fund follows the usual plan of having a general meeting of the members, which elects a board of directors, one-third of whom are employers. The election for six directors representing the insured and for three representing the employers takes place separately. These directors conduct most of the business of the fund. The other officers consist of a supervisory committee, which audits the accounts and in general reports on the operation of the fund; it also is composed of members and employers in the proportion of two-thirds and one-third.

(2) Establishment funds are those created for the employees of a single establishment, such as a factory, a steamship line, or a privately owned railway. The general organization of these funds follows closely that of the district funds. The employer has certain special obligations, however; he must pay the cost of administration, must in certain cases make loans to the fund without interest, etc.

(3) Building trades funds are, for all practical purposes, establishment funds, and in certain cases the employer may be required to create such a fund.

(4) Guild funds were authorized by special laws before the enactment of the sickness insurance law of 1888. Under the law of 1883, hand workers, artisans, craftsmen, etc., were required to create funds for promoting the welfare of their craft, and one of the objects of these guilds was to provide aid in case of disability. By the law of 1888 they were recognized as insurance carriers and required to provide at least the minimum benefits of that law.

(6) Association funds are voluntary organizations, the members of which defray the cost of the insurance without any contributions from the employers. They are generally referred to as the "free" funds, because of the voluntary character of the organizations and the freedom of action permitted the members; the employer, of course, does not participate in the administration of the funds. The funds were for the most part in existence at the time the law of 1888 was enacted and were the usual type of benefit society, like the English friendly societies and the French and German mutual aid societies. They must provide at least the minimum benefits of the law, though they may, instead of free medical service, provide an increase of 50 per cent in the cash benefit. Their general organization is somewhat similar to that of the district funds.

The law makes careful provision for the creation of federations of sick funds for common purposes, such as making contracts with doctors, pharmacies, and hospitals, the joint purchase of appliances, the support of special curative institutions, and the like. The crea-

tion of federations is voluntary on the part of the carriers, but the supervisory officials are given a large measure of control over them in order to prevent abuses. Through such organizations it is possible to secure the services of specialists, consultants, Röntgen-ray establishments, etc. They are also authorized to undertake movements for the prevention of sickness.

OPERATIONS.

The operations of the system are reported in the official journal (Amtliche Nachrichten) of the system referred to below. The data in the 1916 volume bring the information down to 1913. The figures are given for all funds, but not including the apprentice funds; as these are not of importance in the present connection, no reference is made to them.

The following data refer, of course, to operations under the law of 1888; the maternity benefits of this law included medical, etc., care, and cash benefit for four weeks.

Attention should be called to the fact that the data on sickness also include industrial accidents.

A general summary of the membership and of the persons receiving benefits is given in Table V.

TABLE V.—Austria. *Sickness insurance funds, average membership, and cases receiving benefits, 1890–1913.*

[Source: Austria. Amtliche Nachrichten betreffend die Unfall- und Krankenversicherung, 1892–1916.]

Year.	Average number of sickness insurance funds.	Members.			Cases receiving benefits.	
		Total.	Male.	Female.	Sickness (including confinements).	Confinements.
		1	2	3	4	5	6
1890.....	2,660	1,548,825	1,209,930	338,895	797,683	26,780
1891.....	2,781	1,666,790	1,304,794	361,996	750,221	30,757
1892.....	2,805	1,741,073	1,359,553	381,490	819,738	32,394
1893.....	2,843	1,840,043	1,428,730	411,313	900,342	36,220
1894.....	2,879	1,940,985	1,511,130	429,855	879,307	39,021
1895.....	2,889	2,066,435	1,607,943	458,492	1,013,599	41,846
1896.....	2,912	2,188,010	1,697,648	490,362	1,046,209	45,558
1897.....	2,899	2,285,232	1,773,975	511,257	1,158,388	46,999
1898.....	2,908	2,349,746	1,845,562	504,184	1,178,552	48,076
1899.....	2,916	2,442,333	1,915,434	526,899	1,310,942	49,319
1900.....	2,913	2,499,930	1,958,967	540,963	1,313,148	51,053
1901.....	2,907	2,538,896	1,985,506	553,390	1,339,961	50,842
1902.....	2,889	2,585,474	2,022,898	572,576	1,287,575	52,113
1903.....	2,906	2,660,623	2,066,253	594,365	1,364,189	51,735
1904.....	2,921	2,767,506	2,152,999	614,507	1,412,272	53,265
1905.....	2,912	2,844,245	2,203,322	640,923	1,527,657	50,696
1906.....	2,900	2,946,668	2,279,395	667,273	1,492,360	54,020
1907.....	2,882	3,044,129	2,354,034	690,095	1,677,838	55,046
1908.....	3,314	3,240,127	2,509,825	730,302	1,811,899	55,511
1909.....	3,325	3,344,258	2,582,189	762,064	1,805,594	55,510
1910.....	3,323	3,467,329	2,667,636	799,693	1,777,514	56,198
1911.....	3,342	3,603,521	2,764,589	838,932	1,932,236	55,171
1912.....	3,386	3,694,114	2,821,361	872,753	1,905,708	56,017
1913 ^a	3,149	3,383,408	2,550,710	832,698	1,803,411	52,288

^a Preliminary figures, subject to revision.

TABLE V.—Austria. *Sickness insurance funds, average membership, and cases receiving benefits, 1890–1913—Continued.*

Year.	Days for which sick benefits were paid.		Confinements per 100 female members.	Average number of days of sick benefit per female member.		
	Total (including confinements).	Confinements.		Total (including confinements).	Sickness (excluding confinements).	Confinements.
	7	8		9	10	11	12
1890.....	12,409,327	689,889	7.90	10.48	8.44	2.04
1891.....	12,754,508	814,814	8.50	10.03	7.88	2.15
1892.....	13,889,285	858,435	8.49	10.25	8.00	2.25
1893.....	15,089,873	943,121	8.81	10.33	8.04	2.29
1894.....	15,629,256	1,019,277	9.08	10.11	7.74	2.37
1895.....	17,516,981	1,124,522	9.13	10.68	8.23	2.45
1896.....	18,260,622	1,234,465	9.29	10.24	7.72	2.52
1897.....	20,015,380	1,278,980	9.19	10.75	8.25	2.50
1898.....	20,477,265	1,311,794	9.54	11.10	8.50	2.60
1899.....	22,404,876	1,349,566	9.36	11.33	8.77	2.56
1900.....	22,708,651	1,399,474	9.44	11.08	8.49	2.59
1901.....	23,396,827	1,390,371	9.18	10.93	8.42	2.51
1902.....	23,301,237	1,430,103	9.10	10.68	8.18	2.50
1903.....	24,472,135	1,422,459	8.70	10.97	8.58	2.39
1904.....	25,088,706	1,468,544	8.67	10.70	8.31	2.39
1905.....	26,978,071	1,434,982	7.91	10.98	8.74	2.24
1906.....	26,433,187	1,502,120	8.10	10.44	8.19	2.25
1907.....	29,358,348	1,541,076	7.98	11.26	9.03	2.23
1908.....	30,658,569	1,561,412	7.60	10.16	8.21	1.95
1909.....	31,043,055	1,527,418	7.28	10.50	8.49	2.01
1910.....	30,597,796	1,555,076	7.03	10.16	8.21	1.95
1911.....	32,905,047	1,525,174	6.58	10.30	8.48	1.82
1912.....	32,885,695	1,535,675	6.42	10.00	8.22	1.78
1913 ^a	31,985,800	1,448,850	6.35	10.32	8.58	1.74

^a Preliminary figures, subject to revision.

The number of women members has increased much more rapidly than the number of men. This is of especial interest in connection with the column showing the number of confinements per 100 women members. In 1891, for instance, the confinements were 8.5 per 100 women insured; in the next seven years there was a tendency for this ratio to increase, the highest point being reached in 1898 with 9.5 per 100 women; but after that year the tendency was to decrease, until in 1913 it reached the lowest point in the history of the insurance system. The explanation usually given is that, in recent years, young unmarried women have gone into wage-earning occupations in increasing numbers. The number of days of sickness per woman member due to confinement in 1912 was 1.78, while in 1913 it was 1.74. Under the requirements of furnishing four weeks of cash benefit, the carriers had to raise money enough to supply the daily cash benefit for less than two days per woman member annually. It should be remembered in this connection that the insurance does not include domestic service, agriculture, or the home-working industries, in which a large number of married women are engaged.

Table VI gives a condensed statement of the receipts and expenditures of the system.

MATERNITY BENEFIT SYSTEMS.

TABLE VI.—Austria. Receipts and expenditures of the sickness insurance funds for selected years, 1890–1913.

[Source: Austria. Amtliche Nachrichten betreffend die Unfall- und Krankenversicherung, 1916. Supplement 1, p. 4.]

Year.	Receipts.		Expenditures	
	Total.	From contributions.	Total.	For benefits.
1890.....	\$5,017,957	\$4,664,940	\$4,604,243	\$4,099,382
1895.....	7,122,864	6,677,482	6,569,283	5,784,485
1900.....	9,583,021	8,973,412	9,256,800	8,129,338
1905.....	12,246,584	11,447,576	11,836,524	10,368,022
1910.....	17,493,119	16,259,285	16,284,175	13,894,335
1911.....	18,648,189	17,454,752	17,732,050	15,439,977
1912.....	19,977,433	18,634,385	18,959,591	16,229,647
1913.....	18,839,212	17,496,976	18,215,393	15,787,716

While these totals are of interest as showing the extent of the system, a clearer idea of the financial operations can be secured from the per capita ratios given in Table VII.

TABLE VII.—Austria. Receipts and expenditures of the sickness insurance funds per capita of average members for each year, 1890–1913.

[Source: Austria. Amtliche Nachrichten betreffend die Unfall- und Krankenversicherung, 1892–1916.]

Year.	Receipts per member.				Expenditures per member.								
	Total	Dues of—		All other receipts.	Total.	Insurance benefits.					Ad-minis-tration.	All other.	
		Mem-bers.	Em-ploy-ers.			Total.	Cash bene-fit.	Physi-cian's serv-ices.	Medi-cine, etc.	Hos-pital treat-ment.			Fune-ral bene-fits.
1890.....	\$3.24	\$2.10	\$0.91	\$0.23	\$2.97	\$2.65	\$1.61	\$0.47	\$0.36	\$0.12	\$0.09	\$0.23	\$0.09
1891.....	3.25	2.12	.92	.21	2.90	2.55	1.51	.47	.34	.15	.08	.24	.11
1892.....	3.29	2.16	.92	.21	3.01	2.66	1.56	.49	.36	.16	.09	.24	.12
1893.....	3.33	2.17	.94	.22	3.06	2.70	1.58	.50	.36	.17	.09	.24	.12
1894.....	3.39	2.21	.95	.23	3.02	2.66	1.54	.50	.36	.17	.09	.25	.12
1895.....	3.45	2.26	.97	.22	3.18	2.80	1.67	.51	.36	.17	.09	.25	.13
1896.....	3.56	2.28	1.02	.26	3.24	2.83	1.67	.51	.38	.18	.09	.26	.15
1896.....	3.60	2.32	1.04	.24	3.38	2.97	1.78	.52	.39	.19	.09	.26	.15
1897.....	3.60	2.32	1.04	.24	3.38	2.97	1.78	.52	.39	.19	.09	.26	.15
1898.....	3.72	2.41	1.07	.24	3.47	3.04	1.81	.55	.39	.20	.09	.27	.16
1898.....	3.75	2.42	1.08	.25	3.67	3.22	1.93	.56	.42	.21	.10	.28	.17
1899.....	3.83	2.48	1.11	.24	3.70	3.25	1.93	.58	.44	.21	.09	.29	.16
1900.....	3.89	2.53	1.14	.25	3.77	3.32	1.96	.59	.45	.22	.10	.30	.15
1901.....	3.92	2.53	1.14	.25	3.77	3.32	1.96	.59	.45	.22	.10	.30	.15
1902.....	4.05	2.60	1.17	.28	3.78	3.30	1.94	.61	.44	.22	.09	.31	.17
1903.....	4.12	2.65	1.21	.26	3.93	3.45	2.02	.63	.47	.24	.09	.32	.16
1904.....	4.22	2.71	1.24	.27	3.99	3.49	2.03	.64	.47	.26	.09	.33	.17
1904.....	4.31	2.76	1.27	.28	4.16	3.65	2.15	.65	.48	.27	.10	.34	.17
1905.....	4.40	2.81	1.30	.29	4.10	3.54	2.05	.65	.48	.27	.09	.36	.20
1906.....	4.40	2.94	1.37	.30	4.42	3.85	2.27	.70	.50	.28	.10	.38	.19
1907.....	4.61	3.08	1.43	.31	4.52	3.90	2.28	.72	.50	.30	.10	.39	.23
1908.....	4.72	3.24	1.48	.34	4.62	4.01	2.31	.77	.52	.31	.10	.42	.19
1909.....	4.90	3.08	1.48	.34	4.62	4.01	2.31	.77	.52	.31	.10	.42	.19
1910.....	5.04	3.16	1.52	.36	4.67	4.01	2.27	.81	.51	.33	.09	.44	.22
1911.....	5.17	3.24	1.60	.33	4.92	4.29	2.39	.86	.56	.37	.11	.46	.17
1912.....	5.41	3.30	1.67	.44	5.13	4.39	2.40	.91	.57	.40	.11	.49	.25
1913.....	5.57	3.46	1.71	.40	5.38	4.67	2.57	.97	.59	.43	.11	.49	.23

* Preliminary figures, subject to revision.

The official returns do not show the amount expended for maternity care, as the medical attendance, cash benefits, etc., are included with the expenditure for sickness (and industrial accidents). A

statement in Dr. Alfons Fischer's pamphlet¹ gives the information that the officials of the system informed him that in 1909 the estimated expenditure for maternity aid of all kinds was 1,480,000 crowns (\$300,440); as the number of confinements in 1909 was 55,510, this would average about 27 crowns (\$5.48) per case. The expenditure per case of childbirth, therefore, was but a modest sum, and the reforms of the 1917 law were obviously needed.

SOURCES OF INFORMATION.

The laws are published in the Reichsgesetzblatt, the official law gazette of the Empire. Official notices, reports, and statistics of operations are published in the official journal of the ministry of the interior entitled, "Amtliche Nachrichten des k. k. Ministeriums des Innern betreffend die Unfallversicherung und die Krankenversicherung der Arbeiter." A full account of current events in connection with the insurance will always be found in the journal of the labor statistics office entitled, "Soziale Rundschau." The ministry of the interior publishes (1) a pamphlet containing a model form of constitution and by-laws for a district sick fund entitled, "Musterstatut für Bezirkskrankenkassen"; (2) a guide for fund officials entitled, "Gebrauchsanleitung zur Musterstatut"; (3) a model constitution for federations of funds entitled, "Musterstatut für Krankenkassenverbänden." The ministry of commerce publishes a model constitution (including a guide for officials) for the guild funds entitled, "Musterstatut nebst zugehöriger Anleitung für die genossenschaftlichen Krankenkassen der gewerblichen Hilfsarbeiter."

¹Die Mutterschaftsversicherung in den Europäischen Ländern, p. 37.

DENMARK.¹

Under the provisions of the law of May 10, 1915, voluntary sickness insurance societies which provide sickness and maternity benefits for their members are entitled to receive from the State a subsidy based on their expenditures for this purpose. This law has been in force since January 1, 1916, but prior to that date a similar subsidy was granted under a law enacted in 1892.

The factory law of April 11, 1901, contains the following provisions (par. 18): "No female worker may, during the first four weeks after giving birth to a child, engage in any work defined in the first section (factory work), unless she possesses a physician's certificate to the effect that she can engage in such work without injury to her own or her child's health. Any public aid she receives during this period forbidding her to engage in the work mentioned is to have none of the effects of poor relief." The law of April 6, 1906, on workers in bakeries repeats the provision of the law of 1901 verbatim (par. 11). The law of April 29, 1913, on assistance to children of widows was translated and published by the United States Children's Bureau ² and is of indirect interest here as to its aim in the protection of child life and the protection of the mother or foster mother in order that this may be made possible. In a circular of the minister of the interior to provincial governors ³ the minister remarks that the aid provided by this law, ranging from 60 to 100 kroner (\$16.08 to \$26.80) a year, is given to mothers "for their children's sake."

Interest in sickness insurance in Denmark developed to the point of having legislative commissions study the subject as early as 1861.

There were four of these commissions which took up the matter in the years 1861, 1866, 1875, and 1885. The 1885 commission filed its report in 1887, and its recommendations formed the basis of the law enacted on April 12, 1892. This act continued in force until the passing of the law of 1915.

The law of 1892 provided for the recognition of approved sick funds by the State and for some support by the State. By January 1, 1893, there were 284 sick funds which had been recognized, and by the end of the same year the total number was 457 with a membership of 116,763. The maternity benefits given in 1893 are included in the sick benefits; the two together equaled 439,312 kroner (\$117,736).

¹ The statements in this section are based on material furnished by C. E. Stangeland, Ph. D.

² Laws Relating to Mothers' Pensions in the United States, Denmark, and New Zealand, pp. 76-77, U. S. Children's Bureau Publication No. 7, Dependent, Defective, and Delinquent Classes Series No. 1. Washington, 1914.

³ Danmark Samling af Love, 1913, Afdeling B, p. 273; also Afdeling A, p. 395 ff.

Section II of the law of 1892 provided that the following persons might become members of recognized and approved sick funds: Propertyless laborers, cotters, manual laborers and workers, and persons whose salaries were so low as to put them, economically speaking, in a similar category. Men and women over 15 years of age were eligible, with some exceptions, such as persons suffering from incurable diseases. The dues were required (Sec. III) to be sufficient in amount, so that with other sources of income they would cover the liabilities assumed. The total subsidy to be provided by the State was fixed at 500,000 kroner (\$134,000) annually.

Members were entitled to demand the cost of transportation for the doctor or midwife whose services were required up to 1½ Danish miles (about 6 English). Benefits of whatever nature derived from sick funds through the State were not to be regarded as poor relief.

The members received the following benefits, which accrued also to members' children (Sec. IV):

A daily cash benefit of at least 40 ore (\$0.107), but not exceeding two-thirds of the member's usual daily income, unless this was already provided by the rules of the sick fund concerned; but no sick benefit could be demanded when the member had joined the fund less than six weeks preceding his or her illness, nor for an illness of less than three days' duration.

Paragraph 21 of Section IV provided that, in a confinement case, the sick fund could grant the female member concerned a lump sum; but if after the eighth day she became ill she was entitled to the usual sick benefits. The right to such benefits could extend to at least 13 weeks out of every 12 months, though exceptions were provided for.

Under the law of 1892 the maternity benefits granted by sick funds in 1913 and 1914 were as follows:

In 1913, for the whole country, 78,595 kroner (\$21,063), of which 51,762 kroner (\$13,872) was in Copenhagen; in 1914, for the whole country, 89,528 kroner (\$23,993), of which 58,309 kroner (\$15,626) was in Copenhagen.

The average benefit for a birth amounted to about 12 kroner (\$3.22) in Copenhagen, 8 kroner (\$2.14) in provincial cities, and 5 kroner (\$1.34) in rural communities. The number of cases receiving benefits in 1912 was 9,263, consisting of 4,313 in the city of Copenhagen, and 4,950 in other parts of the country.

The total number of births in Copenhagen in 1912 was 13,108, in the provincial cities 14,581, and in the rural districts 44,776, or a total of 72,465. This indicates that about one-eighth of the births were affected by the existing maternity benefits in the country as a whole, while about one-third were affected in Copenhagen.

As in Norway,¹ Danish women took an especially active interest in the maternity sections of the old law and in their extension. The Society of Danish Women (Dansk Kvindesamfund) addressed the Landsting twice during 1914 in favor of requiring sick funds to provide female members a specified daily cash benefit, making the following definite proposal:

In maternity cases, sick funds should grant female members affected a benefit of 2 kroner (\$0.54) a day as long as they are confined in bed up to 10 days after childbirth, unless they be already entitled to maternity benefits in accordance with the factory law of 1901. After 10 days they shall be entitled to ordinary sick benefits if there is subsequent illness.

The society justified its proposal on the ground that 10 days is the minimum period of rest needed for women after childbirth, and that unless a wage-earning woman is assured a benefit for at least this time, the physician's advice that she take such a period of rest will be useless, because only the aid from maternity insurance would relieve her of the necessity to work at home or outside of it. The request by the society that the law make maternity benefits mandatory for the sick funds was based on the fact that in 1914 only 332 out of a total of 1,547 funds did grant such benefits. The situation was aggravated also by the fact that 441,435 of the 843,244 members of sick funds were women over 15 years of age. Since 1893 the membership of the funds, as a whole, had increased from about 8 per cent of the population over 15 years of age to 44 per cent, and the increase of female members had been relatively more rapid than that of the male. If maternity benefits were made compulsory, approximately one-half of the births would be affected thereby, as was the case in Norway under the compulsory law.²

The subsidies to the sick funds from the National Government had gradually increased from 345,127 kroner (\$92,494) in 1893, to 2,936,256 kroner (\$786,917) in 1914, and the reports emphasize the importance of the financial aspect of the proposed plans for maternity aid.

A committee of the Landsting presented a report on the proposed changes in the law of 1892 on March 18, 1915,³ in which attention is called to the desirability of framing a new law and to the financial difficulties to be faced on account of the already heavy expenditures being made by the State in consequence of the unsettled condition of Europe due to the war.

The committee "recognized that the law of April 12, 1892, on approved sick funds—which was founded on the principles of freedom and of helping others to help themselves—had had a most salutary

¹ For section on Norway, see p. 153.

² Beretning af Sygekasseinspektøren, 1914, pp 10-12.

³ Rigsdagstidende, 67 ord. Samling, Tillæg B, Betænkning over Forslag til Lov om anerkendte Sygekasser.

effect and caused a great expansion in sickness insurance for the benefit of the poorer section of the population, which was especially in need of aid during illness," but it recommended only slight changes "out of consideration for the present financial situation," and this was considered as an objection to the extension of the maternity benefit clauses, which were to be regarded favorably on principle.

The law as finally adopted on May 10, 1915, provides that only persons 15 years of age without income-bearing property (ubemidlede Personer) and persons economically in a similar position, such as cotters, manual laborers, and workers generally, might become members of recognized sick funds, but unlike the Norwegian law the Danish law does not specify more definitely the maximum incomes of the classes to be affected. The law does provide, however, that instructions covering this and other points shall be communicated by the minister of the interior to the various sick funds every five years.

The sections of the 1915 law which relate to maternity benefits are those numbered 19, 20, and 23.

Section 19 provides that the funds must grant free attendance by a physician and free hospital treatment to their members and to the latter's children under 15 years of age. There must be a cash benefit of not less than 40 ore (\$0.107) nor more than 3 kroner (\$0.804) per day. To be entitled to these benefits, the member must have been in good standing for at least 6 weeks and, to be entitled to maternity benefit, the woman member must have been in good standing for at least 10 months.

Section 23 provides that "in a case of confinement the sick fund is required to provide the female member with a benefit of at least 1 krone (\$0.27) as long as she is bedridden, but not to exceed 10 days after the birth, unless she is already entitled to maternity benefits under the factory law of 1913. After 10 days, and if sickness follows, she shall be entitled to the usual sick benefits. When the attendance of a physician is necessary at the birth this must be provided by the sick fund."

Section 15 makes provision for the transportation of a physician or midwife when the member concerned or his or her children under 15 years of age live more than 1 kilometer from a town's limits if the distance traveled does not exceed 12 kilometers each way; or the member may, if this is necessary, have his or her transportation for the same distance to some hospital within the district.

It will be noted that the law is far less liberal in practical effect than the Norwegian law, though it makes a great advance in that approval or recognition by the State (upon which the State subsidies depend) is withheld unless maternity benefits are granted in accordance with section 23. It will be noted also that though the maternity benefit

period is too short, this is somewhat mitigated by the possibility of subsequent sick benefits; that is, after 10 days the mother, if ill, may still receive benefits which in effect are maternity benefits. The law neglected to recognize the fact that rest and freedom from ordinary work were desirable for mothers in the period immediately preceding as well as after confinement.

SOURCES OF INFORMATION.

The official law gazette of Denmark bears the title "Samling af Love, Danmark," and the laws on recognition and subsidizing sickness funds will be found in the volumes for the years 1892, 1901, 1906, 1913, and 1915. The debates of the Parliament are reported in the *Rigsdagstidende*. The operations of the sickness insurance funds are reported in the annual *Sygekasseinspektørens Indberetninger*. The statistical yearbook, *Statistisk Aarbog*, also gives information on operations.

FRANCE.

Under the French law of June 17, 1913, any woman dependent on her earnings is granted a daily allowance during a period of eight weeks at childbirth, with an additional allowance if she nurses her child.

Prior to the year 1913, a long list of laws had been placed on the statute books providing aid or protection for mothers during maternity. Among these may be mentioned the law of November 30, 1892, which was practically a codification of the laws regulating midwifery. Earlier than this, the law of January 19, 1811, provided for the care of foundlings and abandoned infants. The law of December 24, 1874 (the law Roussel), on the care of children in their first years of life, to which reference is frequently made in current discussions, was one of the pieces of legislation enacted in the effort to reduce the serious child mortality of France. It provided a careful system of regulation of those who undertook the care of nursing children as a business; it included a plan for licensing, bonding, and inspection, and for reporting the sickness and deaths in their establishments; it also included the registration of wet nurses, etc. On May 6, 1900, a governmental decree was issued creating a commission whose duty was to distribute the appropriation for subsidies to institutions and organizations providing care during maternity and care for infants in their first years of life. The law of June 24, 1904 (amended Apr. 22, 1905), provided a system of temporary aid for children of tender years in cases where the father or mother was unable to provide, or properly care for, an infant or child, the purpose being to aid parents who might otherwise be tempted to abandon such children. Mention should also be made of the act of January 15, 1893, on free medical relief; this law provided that any French citizen was entitled to receive medical treatment in his home or in a hospital, if he was without means, and the act has been administered to include women during confinement. The cost of this service was defrayed by the municipality, Department, or National Government in accordance with the rules controlling the legal residence of the beneficiary. Perhaps reference should also be made to the law of July 14, 1913, providing pensions to families dependent on their earnings, if they have four or more children under 13 years of age.

Before 1913 the laws regulating the employment of women in commercial and industrial establishments contained but few references to the period of maternity. Thus the decree of March 7, 1908, required that no woman employed in an industrial establishment

should be allowed to lift, push, or drag heavy loads during the three weeks following childbirth. The act of November 27, 1909, provided that if a woman stopped work in an industrial establishment because of approaching confinement, such action should not be considered a violation of the contract of employment, and her position must again be given her when she applied for it.

The law of June 17, 1913, on maternity allowances made provision for wage-earning women as described below; and, in addition, prohibited any employer in an industrial or commercial undertaking from employing a woman within four weeks after childbirth. This prohibition was added as section 54 (a) of book 2 of the code on labor and social welfare.

For the employees of the National Government, provision for maternity is made on a fairly liberal scale. Thus, women employed in the central service and in the active service of the State railways receive a lump sum allowance of 15 francs (\$2.90) on confinement;¹ in addition to this, under the rules regarding leave of absence for sickness, a woman employee is granted not more than 60 days' leave with pay, and the rule specifically states that childbirth is included as sickness.² In the munition plants, military depots, etc., under the regulations published in the *Journal Officiel*,³ a woman employee who has been in the service six months is allowed leave of absence during maternity, with half pay, for a period of eight weeks; for the purpose of nursing her child she may have leave without pay for three months; and this leave may be extended until the weaning of the child if she so desires and a physician so recommends. Again, a woman employed in the national printing office, by the decree of September 24, 1913, receives the following benefits during confinement: First, a lump sum of 30 francs (\$5.79) on the birth of a child, whether it lives or not; second, a daily benefit of 2.50 francs, if she has no other children, and of 2.80 francs if she already has a child; third, a nursing benefit of 10 francs (\$1.93) per month if she herself nurses the child during the six months following birth; in addition, mothers may bring their infants to the printing office and nurse them during the hours of work in a special room set aside for this purpose.⁴ Another instance which may be mentioned is the provision for public-school teachers under the law of March 15, 1910;⁵ besides the regular leave of absence for sickness, a teacher in the public schools is allowed, on confinement, two months' leave of absence with full pay—one-half of this time to come before and one-half after the date of childbirth. She may not resume her position

¹ *Journal Officiel*, 1912, vol. 4, p. 1390.

² *Journal Officiel*, 1914, vol. 4, p. 822.

³ Dec. 17, 1916, p. 10869.

⁴ *Journal Officiel*, Doc. par., Sénat, 1917, Annexe 46, p. 130.

⁵ *Journal Officiel*, Mar. 18, 1910.

until after examination by a physician and his certificate to the effect that resumption of work would not injure her health; in the contrary case, she is to be given such additional leave with full pay as may be necessary, but for not more than two months. The cost of this teachers' maternity leave must be carried in a special clause in the annual budget of the ministry of education.

The principal agencies, not conducted by the Government, which provide maternity benefits for wage-earning women are the mutual aid societies. As these organizations are in some instances subsidized by the National or local Government, some mention should be made of them. The membership of these voluntary organizations consists largely of wage earners; they have for a long period rendered aid to women members during illness, and some of the societies have included maternity relief among the benefits they provided. As a rule, though, these organizations have been reluctant to offer maternity aid, first, because their principal purpose was to aid the usual forms of sickness and accident, and, second, because of the greater expense involved. In general, the lower wages of women members made it necessary to have low rates of dues for them, even though the rate of sickness for women was higher than the rate for men.

On the whole, it may be said that the maternity relief furnished by these societies has been of slight importance, even though out of the total membership of approximately 2,000,000 about 300,000 were women. Nearly all the societies limit their maternity benefits to medical attendance and medicine. This reluctance on the part of the societies to provide maternity aid has been a matter of concern to the Government, and in order to encourage provision for such benefits at least two of the Departments, Nord and Seine-et-Oise, have for some years granted subsidies to societies which pay benefits during confinement. While the subsidies are of comparatively small amount, they assist in reducing the cost of the extra expense of the women's benefit. A development of recent years is the type of mutual aid society solely for the provision of aid in cases of maternity, such as the well-known Mutual Maternity Society of Paris. These mutual organizations are partly, if not wholly, dependent on the contributions of honorary members for their existence. The dues paid by the insured women are usually small, that of Paris, for instance, being 3 francs (\$0.58) per year. A special report for 1910¹ shows that in 1909 such societies were in operation in about 50 cities and that their membership numbered about 30,000, of whom 3,835 received maternity benefits amounting to 163,289 francs (\$31,515). The National Government annually distributed the sum of 500,000 francs (\$96,500) as subsidies to organizations which are recognized as being "of public utility," and these societies are the principal ones included in that

¹ Journal Officiel, Dec. 28, 1910.

class. Under the terms of the 1913 law, these societies have been given a prominent place in the administration of the law, especially that part of it which provides for volunteer visitors to the mothers during the four weeks following confinement.

The need for some restriction on the employment of women in industrial establishments immediately after childbirth was recognized at an early date, but the leaders of the Government steadily refused to enact the usual prohibition of employment during this period because they held that it was unfair to prevent women from working unless some form of benefit were provided to replace the wages they were debarred from earning. The appeals for some action on this subject gradually became so insistent that finally the law of June 17, 1913, was passed, by which a daily sum was granted to wage-earning women during confinement for a period not to exceed eight weeks, on condition that they should abstain from work.

The law of June 17, 1913, was proposed in the French Parliament by Senator Strauss in November, 1909. A proposal along similar lines had been submitted by Senator Combes in 1900; during the following nine years, hardly a session passed without some bill being offered in one of the two houses for the aid of mothers in the period of childbirth. The Strauss proposal of 1909 was reported on favorably by special commissions in 1910 and 1911; a full discussion of the measure took place in the Senate in March and December of 1912, and it was passed and sent to the Chamber of Deputies on December 6, 1912. The agreement of both houses was reached in June, 1913, and the measure was promulgated as law on June 17, 1913.

The debates in the two houses show that the principal argument for the adoption of the measure was the possibility of reducing the high rate of infant mortality. In the Senate, especially, frequent reference was made to the great number of children's deaths and to the statements of high medical authorities to the effect that most of these deaths could be prevented. It was brought out, for instance, that in the period 1906 to 1909, of the children who died before the end of their first year, 34.66 per cent died in the first four of weeks life, and that out of the 88,000 children under 1 year of age who died in 1910 about 30,000 died in the first four weeks after birth. The medical authorities were agreed in stating that most of these deaths were preventable, and that a reasonable amount of rest for the mother and better care of the child by the mother would be powerful factors in saving these lives. Attention was called to the experience of Paris in this direction; the mortality of all infants in Paris in 1910 was about 15 per cent; the mortality of infants whose mothers were aided and instructed by the Mutual Maternity Society of Paris (*Mutualité Maternelle de Paris*) was 10 per cent in 1892, 5.6 per cent 10 years later, and in 1909 was 3.08 per cent. The mothers aided by the

society were principally wage earners, and its successful work formed a striking illustration of the possibilities of saving child life by means of a small allowance and prompt instruction in hygiene.

PERSONS INCLUDED.

The group of persons entitled to the benefits of the 1913 law is described as those of French nationality without means ("privée de ressources"), who work for remuneration either in the establishment of another or in their own home, either as wage earners, salaried employees, or as domestics. The authorities have construed the words "without means" to include persons who are dependent on their earnings. In the Senate an attempt was made to have all women made eligible for benefits, but this was opposed by the administration; first, because of the larger expense, and, second, because it would be difficult to supervise the beneficiaries in the sense of making sure that they refrained from work and thus secured for themselves and the child the rest which it was the main purpose of the law to provide. The limitation to wage earners was finally adopted, and a section was inserted in the law requiring employers in commercial and industrial establishments to refuse employment to women for four weeks after childbirth and for such time prior thereto as they were unable to work with safety. The employers include both public authorities and private establishments, the latter comprising even professional and charitable offices.

These groups of persons entitled to the benefits of the law are, of course, principally residents of towns or cities. The woman in the rural districts, who, as a rule, is in greater need of maternity benefits than the city dweller, is not included. In considering the budget on February 6, 1914, it was definitely stated that the wives of day laborers and agricultural workers and the majority of the women in the country districts, who usually work as a family group and do not receive wages, are not entitled to the benefits of the law.¹

The law of January 23, 1917,² provides that the benefits of the 1913 law shall be granted also to wives of men in military service who are entitled to the separation allowances specified in the law of August 5, 1914.³ The maternity benefits are granted whether the soldier's wife is a wage earner or not. Women who are refugees from invaded areas, and in receipt of refugees' allowances, also receive the maternity benefits of the 1913 law.

BENEFITS.

There are two distinct benefits provided by the law; the first may be described as the rest and hygiene benefit, the second as the nursing benefit.

¹ Journal Officiel, Députés, Documents Sess. ord. 1916, Annexe 1753.

² Journal Officiel, Jan. 24, 1917, p. 695.

³ Journal Officiel, Aug. 6, 1914, p. 7127.

The first benefit consists of a daily allowance, of not less than 0.50 franc (\$0.096) and not more than 1.50 francs (\$0.29). If the mother complies with the requirements, the benefit is paid first for the four weeks following confinement, and second for a period of not more than four weeks before confinement, the date of its beginning to be fixed by the certificate of a physician specifying when the expectant mother should stop work. As the purpose of the benefit is to assure rest for the mother, the benefit is paid even if the child does not live.

The second benefit, the nursing benefit, consists of an additional allowance of 0.50 franc per day for four weeks after confinement, if the mother nurses the child; it is practically a bonus of 14 francs (\$2.70) paid at the end of four weeks.

In order to obtain these benefits the mother must secure as much rest as possible; she must entirely refrain from work for which she is paid wages, she must avoid housework as much as possible, and she must follow the prescribed hygienic rules.

If under other laws providing medical assistance the mother is admitted to a maternity hospital free of charge, then the daily allowance is reduced one-half during her stay in the institution; but the reduction is not made if there is in the family a child under 13 years of age, and these restrictions, of course, do not affect the nursing benefit. In any commune or other administrative district the rates of benefit must be the same for all persons. The money paid for benefits can not be pledged and can not be seized for debt or attached in any way whatever.

The rate of the daily allowance paid in each commune is determined by the communal council, subject to the approval of the general council of the Department; the commune may, however, decide to pay a higher rate than the maximum of 1.50 francs per day, but in such case the cost of the excess must be defrayed entirely by the commune itself. The official sources of information contain no reports which would show the rates generally adopted by the communes, but the city of Paris has adopted the rate of 1.50 francs (\$0.29) per day.¹

The benefits provided by the law under discussion may not be granted if the claimant receives aid under any law for the relief of distress caused by childbirth, and especially under the law of June 24, 1904, as amended April 22, 1905; this law requires the departmental governments to provide temporary relief to a father or mother who is unable to provide food and to care for his children. This law, as stated above, aims to relieve cases of destitution which might lead to the abandonment of children. The benefits of the law of June 17, 1913, may be allowed in addition to those provided by the law of July 14, 1913, under which an annual pension may be granted to families having four or more children under 13 years of age.

¹ Questions Pratiques de Législation Ouvrière, 1914, p. 14.

FINANCIAL ADMINISTRATION.

The Government's experts estimated that claims would be submitted annually by 140,000 women working in the place of business of another person and by 66,000 persons bringing work home to do, or a total of 206,000 wage earners. It was also estimated that the average amount paid in each case would be 50 francs (\$9.65); this would make a total annual expenditure of 10,300,000 francs (\$1,987,900) for the daily allowance; adding to this the nursing allowance, which was estimated to be 1,236,000 francs (\$238,548), the total for all benefits under the act would be 11,536,000 francs (\$2,226,448). It is expected that the National Government will pay one-half of this sum, the other half to be defrayed by the departmental and communal governments.

The plan adopted provides that the National Government shall aid the Departments, and the Departments shall aid the communes by means of subventions. According to the finance law of July 14, 1913 (secs. 70-73), the communes and the Departments are to cover the expense as follows:

The communes.

The communes are to provide for the expense due to the system of aid to mothers from—

(a) Special receipts from bequests and donations made for the purpose of aiding women during confinement;

(b) If necessary, by the participation of the communal bureau of charity (bureau de bienfaisance) and the communal hospital;

(c) In case these receipts are not sufficient to meet the expense, by a subsidy of the departmental government, to be based on the portion of the expenditures not covered by the receipts listed under (a) and (b) above and to be computed in accordance with a prescribed schedule,¹ except that the share of the commune may not be less than 10 per cent of this portion of the expense;

(d) The residue of the expense shall be covered by appropriations from the ordinary receipts from taxes of all kinds, as authorized by law.

The Departments.

The Departments are to provide for the benefits granted by the law from the following sources:

(a) Special receipts from bequests and donations made for the purpose of aiding women during confinement;

(b) In case these receipts are not sufficient to meet the expense, by a subsidy of the National Government, to be based on the portion of the expenditures not covered by the receipts listed in the preceding

¹ See Schedule A, Tables 1, 2, and 3 of the law of July 14, 1913, on the relief of large families.

paragraph, and to be computed in accordance with a prescribed schedule,¹ except that the share of the Department may not be less than 5 per cent of this portion of the expense;

(c) The residue of the expense shall be covered by appropriations from the ordinary receipts from taxes of all kinds, as authorized by law.

This rather complicated arrangement works out in practice in about the following proportions: The State pays 50 per cent, the Departments pay about 16 per cent, and the communes pay about 34 per cent.

The expenditures to be met by the communes are the cost of the benefits just described, to be paid to persons having their legal residence in the commune. The expenditures by the departmental governments are (1) for benefits to persons having their legal residence in the Department (that is, for persons who have not resided in a given commune long enough to establish a residence there); (2) for the costs of administration and of departmental control of the service; (3) for subventions to the communes. The expenditures of the National Government are principally for the subsidies to the departmental governments, but in addition they consist, first, of the payment of the benefits for persons who have not established a legal residence in any Department, and, second, of the general cost of the administration and control of the execution of the law.

As each commune establishes the rate of benefits in its area, it is enabled to take into consideration its financial condition and to adjust the expenditure for this purpose to its resources. It also makes possible the fixing of a benefit rate commensurate with the cost of living in the locality.

GENERAL ADMINISTRATION.

In the regulations for the administration of the act, two points are emphasized: First, that the benefits are restricted to women dependent on their earnings; and, second, that the payment of the benefits is made only if the mother abstains from paid work entirely, from household work as much as possible, and observes certain hygienic rules.

The procedure to be followed by the woman applying for the benefits is as follows: She must file, in writing, an application to the mayor of the commune, stating: That she is of French nationality; that she customarily devotes herself to work for wages; the family expenses; the resources which would be available for the family during the confinement, especially the income of the husband; the proof of legal residence. If the expectant mother wishes to apply for the benefits which are paid prior to the date of confinement, then

¹ See Schedule B, Tables 1, 2, and 3 of the law of July 14, 1913, on the relief of large families.

she must furnish a physician's certificate stating that work would be unsafe for her and giving the approximate date of birth of the child.

If the application for benefits is approved, then the arrangements for advising the mother and seeing that she lives up to her part of the agreement are put into motion. This feature of the system is cared for by the local bureau of relief or charity (*bureau d'assistance*), which makes use of the services of volunteer visitors. At the beginning of each year, the bureau makes up a list of persons who are willing to serve in this capacity; these visitors, of course, are women, and the bureaus are urged by the national authorities to make every effort to enlist the services of women of high standing in the community. As soon as a claim is approved, the mayor writes a letter to this effect to the volunteer visitor, who takes it to the home of the applicant as evidence of the official character of the visit; with the letter is supplied a pamphlet containing instructions to the mother on the subject of personal hygiene for herself and the child. The visitor must explain to the mother the importance of the rules and advice in the pamphlet and in subsequent visits must make sure that the rules are followed. From reports of the visitor, the mayor will decide as to the progress of each case and, on her recommendation, will suspend or discontinue the benefits in case of failure to cease work or neglect to follow hygienic instructions. The benefits may be paid in goods instead of in cash, if the visitor so recommends. The nursing benefit is paid at the end of the four weeks' period upon the receipt of a special report from the visitor.

Article 10 of the law also permits the local authorities, with the approval of the higher authorities, to turn over to mutual maternity societies or similar organizations the administration of the law in the commune or part of the commune in which the society operates. The request for such participation by an organization must be presented after a general meeting of the members has voted in favor of such action. The local authorities make a thorough investigation of the ability of the society to perform the work, and upon their favorable report the minister of the interior and the minister of finance issue a joint decree appointing the organization as the legal agent of the Government for this service. It is the hope of the Government that the work to a very large extent will be carried on by these agencies, because a more sympathetic and informal service can be secured in this manner.

The same point is repeated in Circular No. 109 of July 6, 1914, in calling attention to the importance of the work of the volunteer visitors: "It must be emphasized that the social results expected from this law in connection with the reduction of infant mortality, will in a degree which can not be exaggerated, be greater in proportion as

such cooperation is methodically organized in the communes or diminished as it is neglected."

The work of the local bureaus and local organizations in giving instruction on the subject of hygiene is regarded as one of the most important features of the law; thus the circular letter of the assistant secretary of the interior to the local officials, says: "This law is just as much a law of thrift and of social hygiene as it is a law of relief. If everyone who takes part in the administration of the law will keep this leading idea well in mind and direct his actions accordingly, the present law * * * ought to have and will have the result of bringing to every woman in France a knowledge of the essential principles of child hygiene and domestic hygiene and will thus contribute in a powerful manner to the reduction of infantile mortality."¹

Perhaps a word should be said about the admirable pamphlet of instructions supplied to the mother; it is a clear, simply expressed, almost homely statement of the rules she is advised to follow. The booklet has four sections: Before-birth hygiene, hygiene following birth, the hygiene of the child with special reference to breast feeding, and general rules of health. The importance of medical examination before confinement is carefully emphasized; the necessity of complete rest, especially from heavy work, during this period and the preparations needed in the home are set forth in the same explicit manner. After childbirth, the mother is advised to remain in bed for 10 days at the very least; from the tenth to the twenty-eighth day she is urged to recline as much as possible, not to do such work as washing or running a sewing machine, and, if she does anything at all, only light work in a seated position. The importance of breast feeding is put strongly: "Every mother's duty is to nurse her child. The child has a right to the mother's milk. For the mother not to fulfill this duty and to deprive the child of this right, there should be some compelling reason beyond her control." The times and amount of feeding, the possible disturbances of digestion, the time to discontinue breast feeding, the methods of artificial feeding, the weighing of the child, and the value of medical examinations are set out in brief, clear sentences. The necessity for absolute cleanliness, the risk of tuberculosis, the dangers of alcoholic drinks are also set forth. To place each year in thousands of homes such a stock of hygienic information, emphasized by the fact that it comes from the National Government and is usually presented by a woman of high standing in the community, must in time be of great social value to a country. It is one of the advantages of a system of maternity benefits that such educational work is made possible.

¹ Ministry of Interior Circular of Dec. 24, 1913.

OPERATIONS.

Only incomplete information regarding the operation of the law is available. Table VIII shows the number of cases receiving maternity and nursing benefits:

TABLE VIII.—France. *Cases receiving maternity and nursing benefits, 1914-1916.*

[Source: France. Journal Officiel, 5 juin 1917. Doc. parl., Sénat. Annexe No. 189, p. 308.]

Year.	Number of cases receiving—	
	Maternity benefit.	Nursing benefit.
1914 ^a	65,305	44,143
1915.....	66,136	50,466
1916.....	74,717	50,657

^a Includes second, third, and fourth quarters of 1914.

In discussing the operation of the law, Senator Paul Strauss stated that the law had done all that was expected of it; because of conditions brought about by the war, some of the things hoped for could not be accomplished, especially the visiting of the homes and the instruction of the mothers. Some minor improvements were still needed, more particularly in the administrative features. It was too early, he stated, to attempt to make any deductions from the statistics of infant mortality.

GERMANY.

Maternity aid on a national scale was introduced in Germany by the compulsory sickness insurance law of 1883, which was amended a number of times and finally included in the imperial insurance code of July 19, 1911, which is now in force.

The factory laws of Germany enacted soon after the formation of the Empire (1878) prohibited the employment of women for three weeks after confinement; in the year following the 1890 International Congress at Berlin this law was amended to make the period four weeks, with the requirement that employment must be refused for two weeks longer unless a medical certificate was presented that employment would not be injurious. In 1900 the law was amended so as to make the six-weeks' prohibition absolute. In 1908 the prohibition was increased so as to consist of two weeks before and six weeks after confinement; after the six-weeks' period a medical certificate of ability to work must be presented. This is the status of the law at the present time. It represents a gradual development from 1878 to the present and in most cases has been accompanied by changes in the insurance laws which provided cash and other benefits for the mother while she was prevented from working. The German writers on labor legislation refer to this eight-weeks' period as a minimum of protection necessary for a wage-earning woman in the period of childbirth.

The basis of the maternity provision is contained in the compulsory sickness insurance law of June 15, 1883, which came into force on December 1, 1884, and which covered temporary disability for 13 weeks, including both sickness and accident disability. This law was amended a number of times, and finally a general codification of all the insurance laws was made in the imperial insurance code of July 19, 1911.¹ The most interesting developments in the field of maternity provision, however, came after 1911. As the history and experience of the sickness insurance system prior to 1911 have been described in some detail in previous reports of the Department of Labor, this period of the subject needs only brief mention.

Under the law of 1883 the duration of the maternity benefit was three weeks; in 1892 the period was increased to four weeks (to conform with the factory law of 1891); and in 1903 it was made six weeks.

¹ A detailed account of the German insurance system is given in the Twenty-fourth Annual Report of the U. S. Commissioner of Labor, Vol. I. Washington, 1911. The full text of the imperial insurance code (workmen's insurance code) of July 19, 1911, is given in Bulletin 96 of the U. S. Bureau of Labor Statistics.

An amendment to the industrial code, dated December 28, 1908, made the period of compulsory abstention from work eight weeks, so the insurance code of 1911 extended the maternity benefit period to eight weeks also, of which six weeks must follow the date of confinement. The 1911 law (sickness insurance section) came into operation on January 1, 1914.

PERSONS INCLUDED.

The criterion of insurance is the fact of being employed for compensation; persons of an independent position, such as small employers, shopkeepers, etc., are not included. Establishment officials, clerks, members of a theatrical company, orchestra, etc., are included only if their annual earnings are less than 2,500 m. (\$595).

Voluntary insurance is allowed for persons whose annual income is less than 4,000 m. (\$952), though the insurance carriers may make membership dependent on the presentation of a health certificate from a physician and may also impose an age limit.

INDUSTRIES AND OCCUPATIONS INCLUDED.

The following are included in the compulsory insurance: Workmen, helpers, journeymen, apprentices, servants, establishment officials, foremen, etc., clerks in commercial establishments and in pharmacies, members of stage companies and of orchestras, teachers, persons in the home-working industries, domestic servants, and crews of German seagoing vessels and of vessels engaged in inland navigation; certain types of agricultural employees are also included.

DISABILITY PROVIDED FOR.

Under the laws prior to 1911 benefits were paid for what is usually understood as sickness, when such sickness was sufficient to prevent the insured man or woman from earning a living; under the law of 1911 the disability provided for was defined as inability to work. This disability may have been caused either by sickness or by accident. Maternity, and in some cases pregnancy, are also included in the disability for which benefits are paid. A funeral benefit is also granted. Under certain circumstances the uninsured members of the family of an insured person are granted sickness benefit, maternity benefit, and funeral benefit. The system, therefore, provides aid in case of sickness, childbirth, and death.

BENEFITS.

The benefits of the system are: (1) Cash benefit, (2) medical benefit, (3) maternity benefit, (4) funeral benefit.

These benefits may be assumed to be the regular benefits during times of peace; for the period of the war more extensive benefits in

case of maternity have been provided, as described later.¹ The above four benefits have been provided since the sickness insurance law of 1883 came into force.

(1) Cash benefit: This benefit must be computed on a standard basic wage, not to exceed 5 m. (\$1.19) per working day, or on the actual daily earnings of the insured, but not to exceed 6 m. (\$1.43) per working day. The first plan is usually followed, and most of the insurance funds use a series of wage classes for computing the dues and the benefits, as this plan permits those earning a small wage to pay lower dues, though they receive smaller benefits in consequence.

The cash benefit consists of one-half of this standard daily-wage rate, paid from the fourth day of sickness, or if inability to perform work begins later than the fourth day, then from the beginning of such disability. It is payable for a period not to exceed 26 weeks from the beginning of the sickness, but is not paid for Sundays or legal holidays unless the insured person works regularly on such days, as in the case of a domestic servant. The funds which provide the insurance are authorized to make a variety of increases of this benefit, such as paying for a period up to a full year, making the rate three-fourths of the basic wage, beginning payment on the first day of sickness, etc., but in such cases the approval of the supervisory authorities must first be secured. The benefit may be refused for misconduct.

(2) Medical benefit: In the 1911 law this benefit is called "sickness care"; it begins immediately with the occurrence of the sickness. It consists of medical attendance and the supply of appliances such as medicines, eyeglasses, trusses, and other therapeutic aid.

In place of the above, the fund may provide treatment and maintenance in a hospital; in certain cases the fund may supply care and attendance by nurses or other attendants. Where institutional care has been furnished, the fund must provide a benefit called "house money," equal to one-half of the cash benefit, if the insured person has a household with dependents; under certain conditions, the fund may increase the "house money" benefit to the full amount of the cash benefit.

(3) Maternity benefit: Women who have been members for six months during the year preceding the date of childbirth shall receive a maternity benefit equal to the cash benefit for a period of eight weeks, at least six of which must be after the date of delivery and must be consecutive. In other words, the maternity benefit takes the place of the cash benefit for this period. With the consent of the woman, the fund may, instead of paying the maternity benefit, provide medical treatment and maintenance in a maternity hospital; or the fund may provide treatment and attendance by nurses at

¹ See p. 62.

her home and deduct for such care not more than one-half of the maternity benefit. If the confinement is not normal—that is, if it is complicated by sickness of any kind—then the regular sickness benefits are provided.

The maternity benefit must be paid for each calendar day, instead of for working days as in the case of the regular sickness benefit.¹

If the fund so desires, it is authorized to provide, in addition to the maternity benefit, the services of a midwife and of an obstetrician, if they should be necessary at the confinement.

Also if the fund so desires, it may provide a pregnancy benefit consisting of a cash payment equal to the regular cash benefit, for a period not exceeding six weeks, if the woman is incapacitated on account of pregnancy and this benefit may be included in the period of paying maternity benefit prior to confinement; the fund may also provide the services of a midwife and medical attendance, if such become necessary on account of inability to work because of pregnancy.

Another benefit which the funds are authorized to provide is a nursing benefit, or premium, for a period of 12 weeks after childbirth, the amount of this benefit not to exceed one-half of the regular cash benefit and to be paid on proof that the mother herself has nursed the child. In case of twins this benefit must be doubled, unless the constitution of the fund specifically provides otherwise.²

The beneficiary is exempt from the payment of contributions while she is in receipt of sickness, maternity, or pregnancy benefits.

The maternity benefit features may be summed up as follows: It is obligatory on the insurance funds to furnish a cash benefit for eight weeks, but they are not required to give medical attendance; it is optional with the funds to provide medical or institutional treatment, home nursing and attendance, pregnancy benefit and nursing (breast-feeding) benefit. The publications available do not supply any information as to the extent of the adoption of these optional benefits.

(4) Funeral benefit: This is 20 times the amount of the basic wage used in computing the cash benefit for sickness. If the funds so desire they may increase the amount to 40 times the basic wage. On account of the high maternal mortality rate in all countries this benefit is of importance in any system providing aid in childbirth.

SOURCES OF INCOME.

The income of the funds conducting the insurance is obtained in the proportion of two-thirds from the wages of the insured person and one-third from the employer. The latter is required to deduct from wages the employee's share, to add thereto his own share, and to transmit the whole amount directly to the fund in which the

¹ Amtliche Nachrichten, Mar. 31, 1917, p. 1917.

² Amtliche Nachrichten, Mar. 31, 1917, p. 334.

employee is insured. Persons who insure voluntarily must pay the entire cost of their insurance.

The law assumes that contributions at the rate of 4.5 per cent of the basic wage—3 per cent from wages, 1.5 per cent from the employer—will be the regular rate of contributions. A rate of contribution higher than 4.5 per cent may be used only for the purpose of providing the regular benefits or on the joint agreement of the insured persons and of the employers.

FINANCIAL ADMINISTRATION.

The effort of the framers of the various insurance laws has been to make the financial administration as simple as possible. The rates of contributions have been computed on the basis of meeting each year's expenditure out of the receipts of that year, though in order to insure solvency in the event of an emergency, such as an epidemic or other unexpected event, the funds are required to accumulate a reserve equal to the minimum amount of one year's expenditure, computed from the average of the last three years' operations.

The resources of the fund may be used only for the payment of benefits, for the accumulation of the reserve, for the expenses of administration, and for the purpose of the prevention of sickness.

The style of accounts to be kept is specified by the Federal council. An annual balance sheet and full annual reports must be submitted by each fund in the form prescribed by the Federal council.

GENERAL ADMINISTRATION.

At the time of the enactment of the insurance law of 1883, there were in existence a variety of insurance organizations providing aid in case of sickness or other disability, and in some areas membership in these organizations was required by law. It is estimated that at the time the law was passed there were about 2,000,000 persons participating in these societies. As in other countries, it was found expedient to make use of these organizations as carriers of the new form of insurance, and many of them are in existence at the present time. Only a few of them, however, provided benefits in case of childbirth.

Sickness insurance, to be conducted efficiently, requires a close supervision of the insured persons, and this is best secured by having the members themselves act as officers; it also means that the number of members in any one organization should be relatively small—much smaller, for instance, than for an accident or invalidity insurance carrier. In 1913 there were over 21,000 funds of different kinds in existence, and the average number of members to a fund was between 600 and 700. The minimum number of members regarded as affording a safe basis of operation is 250. The present system, therefore, is based on having the insured persons associated in a large number

of mutual societies, administered by the employees, with representation of the employers.

The types of funds in operation under the law prior to 1914 were as follows: (1) The local sick funds (Ortskrankenkassen), (2) parish or communal sickness insurance (Gemeindekrankenversicherung), (3) the establishment funds (Betriebskrankenkassen), (4) the building trades funds (Baukrankenkassen), (5) the guild funds (Innungskrankenkassen), (6) the aid funds of both classes (Eingeschriebene Hilfskassen, Landesrechtliche Hilfskassen), and (7) the miners' funds (Knappschaftskassen).

Under the code of 1911, the communal insurance has been abolished; arrangements have been made to force the consolidation of the smaller mutual aid funds with other funds by the requirement that they must have at least 1,000 members. The code makes provision for a new type of funds, the rural sick funds (Landkrankenkassen), which are not necessarily rural organizations but cover the same area as the local sick fund.

The most important types of funds are the local funds and the establishment funds, and these include the majority of the women insured.

By far the largest number of women are in the local sick funds, which are of two kinds—special local funds and general local funds. The special local sick fund is generally intended to cover persons engaged in one or in closely related establishments or lines of industry, or for insured persons of one sex only. The general local sick fund is intended to include persons residing in a specified area—a city, for example, or a group of local governments, such as several communes or parishes. The local authorities are required to take measures to secure the stability of the general local sick fund, such as keeping its membership above 250 by consolidating with it the smaller of the special local sick funds, and by refusing permission to create special funds if the membership of the general sick fund would be reduced below 250.

The constitution of the local sick funds is usually drawn up by the local government authorities of the area covered, after a hearing of the employers and of the insured persons. The constitution must state the area covered by the fund, the class of persons (such as industry, sex, etc.) eligible for membership, and must specify the following: (1) Name and seat of the fund, (2) nature and extent of the benefits, (3) amount of contributions and time of payment, (4) composition, rights, and duties of the directorate, (5) composition and convocation of the "committee" and method of reaching its decisions, (6) form of preliminary budget, (7) form and approval of annual balance sheet, (8) amount allowed to officers and to insured persons for expenses and loss of time devoted to business of the fund, (9) method of issuing public notices, (10) method of amending the constitution.

The "committee" referred to under (5) in the preceding paragraph is somewhat similar to a board of managers or trustees in an American organization, while the directorate performs the functions of an executive committee. The committee is elected by the insured persons and the employers, each holding a separate election, and not more than one-third of its membership may consist of employers' representatives; the greatest number of members permitted is 90. The representatives of the employers and of the insured persons in the committee, holding separate elections, elect the directorate, which also consists one-third of employers and two-thirds of insured persons. No member of the committee may be a member of the directorate. These two bodies select their own officers and make rules for the transaction of business. They conduct the business of the sickness insurance and serve as honorary officials without salary; they are reimbursed for actual expenses, and the insured persons are allowed payment for loss of wages while engaged on work of the fund.

After the local funds, the establishment sick funds have the largest number of women members. These funds may be created for the employees of an establishment by its owner, if he employs permanently at least 150 persons, and several employers may join in the creation of a common sick fund. In all cases the employees must first be given a hearing, and the approval of the supervisory insurance officials must be obtained. This approval is given only if the membership of the general local sick fund would not thereby be reduced below 1,000. The employees of an establishment in such cases must join the fund. It must provide not less than the regular benefits, and its permanent solvency must be assured; if its membership falls below the minimum stated above, or if the employer does not provide for the orderly conduct of its affairs, or if its solvency is no longer assured, an establishment fund may be closed by the supervisory insurance authorities. The employer may ask for its dissolution if he has first secured the consent of the committee of the fund. The constitution of an establishment sick fund is drawn up by the employer, after his employees have had a hearing. In general, its provisions must be the same as the constitution of the local funds, and on the committee and on the directorate the employer's representatives may form only one-third of the membership.

Of the 4,000,000 women insured in 1912 under compulsory laws, three-fourths were insured in local and establishment funds. The communal sickness insurance, which provided maternity benefits only rarely, has now been discontinued. The aid funds ranked next in the number of women insured, but as their operations are no longer reported in the official statistical reports, and it is the intent of the 1911 code to encourage their consolidation with the larger funds, they need only to be referred to. The building trades funds in 1912 had less than 500 women members, and are a negligible

factor in providing women's insurance. The guild funds in 1912 had over 65,000 women members; these funds serve especially the handicraft industries, which are still an important feature of German industry. Under the law, the employers, with their own consent, may pay one-half of the dues instead of one-third, as in the case of other funds, and must then be given one-half the membership of the committee and the directorate. In most respects these funds operate in the same manner as the local and establishment funds. For a time this type of fund was preferred by the apprentices and journeymen to the other funds, because it included only a comparatively small number of married women, and hence the dues were slightly lower on account of having to provide maternity benefits in but few cases. From the table on page 58 it will be seen that the guild funds still have a much lower rate of expenditure for this purpose than the first three funds; but in a recent discussion on this subject (see Platz, "Reichsgesetzliche Mütterschafts-Versicherung," 1912, p. 38), the statement is made that this tendency is gradually disappearing through the realization that the young men will eventually marry and their wives will probably engage in work subject to insurance. Emphasis is also being placed on the fact that adequate care during pregnancy and confinement will aid in preventing a higher sickness rate among women in later life.

OPERATIONS.

The statistics of operations of the sick funds are published in the annual volume on sickness insurance¹ in the general statistical series of the Empire. Summaries of current returns are published in the statistical quarterly.² These two sources give an extensive account of the work of the insurance carriers; special articles on sickness insurance appear frequently in the journal of the labor statistics office³ while the official gazette of the imperial insurance office⁴ gives the laws, decrees, judicial decisions, etc. There are a large number of unofficial periodicals devoted to social insurance, in which the experience of the system is discussed in detail by students of the subject.

An extensive account of the general features of the sickness insurance system is given in the Twenty-fourth Annual Report of the United States Commissioner of Labor.⁵ While this report gives only a brief account of the maternity features of the system, it shows the general development of the insurance down to 1908.

The population of the Empire in 1912 was about 65,000,000; it is estimated that not quite half—approximately 30,000,000 persons—

¹ Die Krankenversicherung.

² Vierteljahrshefte zur Statistik des Deutschen Reichs.

³ Reichsarbeitsblatt.

⁴ Amtliche Nachrichten des Reichs-Versicherungsamt.

⁵ Workmen's Insurance and Compensation Systems in Europe. Washington, 1911.

were gainfully employed. The number of persons insured in the regular funds (not including the miners) and the aid funds in 1912 was 13,217,705, consisting of 9,262,137 men and 3,955,568 women; in 1913 the total number had increased to 13,566,473, but the publications available do not report the number of women separately.

A brief summary of the general features of the system for the year 1913, taken from the latest available source, is given in Table IX.

TABLE IX.—Germany. Number of sickness insurance funds, membership, total receipts, total expenditures, and amounts paid in maternity and pregnancy benefits, by class of fund, 1913.

[Source: Vierteljahrshefte zur Statistik des Deutschen Reichs, vol. 24 (1915), pp. I, 69-70.]

Fund.	Number of funds.	Average number of members (both sexes).	Total income.	Total expenditures.	Amount paid in maternity and pregnancy benefits.
All funds.....	21,342	13,566,473	\$98,588,587	\$103,000,076	\$1,803,748
Communal insurance.....	8,033	1,737,752	5,882,486	7,063,032	1,410
Local.....	4,678	7,739,287	58,177,462	60,926,090	1,284,792
Establishment.....	7,699	3,711,012	31,717,999	32,138,210	503,129
Building.....	26	10,294	95,763	102,301	167
Guild.....	906	368,128	2,714,877	2,770,443	14,250

The last two columns of the table show that the total expenditure for the insurance of the more than thirteen million persons was \$103,000,076 in 1913, and of this amount \$1,803,748 was expended for relief in cases of childbirth. The reports do not give the number of persons receiving this sum, but it will be noted that the amount is slightly less than 2 per cent of the total expenditure.

Table X gives a summary of the distribution of the maternity benefit during the year 1912.

TABLE X.—Germany. Amounts paid for maternity and pregnancy benefits, by class of fund, 1912.

[Source: Statistik des Deutschen Reichs. Die Krankenversicherung, vol. 268, p. 9.]

Class of fund.	Average number of members.		Amounts paid in maternity and pregnancy benefits.		
	Both sexes.	Females.	Total.	Per member (both sexes).	Per female member.
Local.....	7,558,036	2,529,132	\$1,212,967	\$0.16	\$0.48
Establishment.....	3,568,795	733,499	487,271	.14	.66
Building.....	13,103	427	282	.02	.66
Guild.....	352,168	65,677	13,162	.04	.20

The interesting feature of the table is the expenditure per member; in the local funds, where the great majority of the women are insured, the average expenditure per woman member in 1912 was 48 cents, while upon the total membership of both sexes the cost was about 16 cents per annum. This feature, therefore, cost each member about $1\frac{1}{3}$ cents per month. In the establishment funds a higher expendi-

ture is made for maternity aid; the amount expended per woman member in 1912 was 66 cents, and for members of both sexes it was 13.5 cents per year. For all the members, therefore, the cost of the maternity relief amounted to about 1.1 cents per month.

The growth of this feature of the insurance since the inauguration of the system shows a tendency to make the provision more liberal; the amount expended per female member in the various funds from 1892 to 1912 is shown in Table XI.

TABLE XI.—Germany. Total amount of maternity relief (maternity and pregnancy benefits) and amount per capita of average female membership, 1892-1913, by class of fund.

[Source (except for 1913): Statistik des Deutschen Reichs, vols. 170, 229, and 268.]

Year.	Local funds.			Establishment funds.			Building funds.		
	Average number of female members.	Amount of relief.	Relief per female member.	Average number of female members.	Amount of relief.	Relief per female member.	Average number of female members.	Amount of relief.	Relief per female member.
1892.....	641,147	\$140,089	\$0.22	377,353	\$143,867	\$0.38.	612	\$92	\$0.15
1893.....	717,764	190,296	.27	390,987	198,383	.51	496	122	.25
1894.....	748,663	206,008	.28	406,281	212,511	.52	560	536	.96
1895.....	792,656	219,159	.28	421,812	210,661	.50	558	319	.57
1896.....	849,946	244,625	.29	443,216	231,205	.52	562	171	.30
1897.....	974,187	268,447	.30	460,325	243,374	.53	500	193	.39
1898.....	974,187	293,685	.30	477,765	259,495	.54	694	213	.31
1899.....	1,038,055	312,760	.30	494,374	264,124	.53	592	293	.50
1900.....	1,122,810	332,716	.30	511,012	268,936	.53	468	107	.23
1901.....	1,179,472	350,815	.30	514,536	265,120	.52	362	95	.26
1902.....	1,269,104	370,907	.29	523,877	266,251	.51	305	65	.21
1903.....	1,377,243	401,518	.29	538,168	266,778	.50	302	59	.20
1904.....	1,492,061	641,780	.43	555,170	361,415	.65	453	125	.28
1905.....	1,608,220	698,887	.44	579,172	371,186	.64	468	177	.38
1906.....	1,734,141	793,261	.46	604,164	396,346	.66	487	302	.62
1907.....	1,872,634	876,097	.47	627,151	416,886	.67	561	116	.21
1908.....	1,973,404	957,091	.49	638,758	437,977	.69	661	186	.28
1909.....	2,080,097	996,583	.48	654,433	440,052	.67	710	189	.27
1910.....	2,228,606	1,057,206	.47	683,093	455,605	.66	780	212	.27
1911.....	2,370,448	1,131,420	.48	703,816	466,466	.66	792	228	.29
1912.....	2,529,132	1,212,967	.48	733,499	487,271	.66	427	282	.66
1913 a.....	(b)	1,284,192	(b)	(b)	503,129	(b)	(b)	167	(b)

Year.	Guild funds.			Registered mutual aid funds.			State registered mutual aid funds.		
	Average number of female members.	Amount of relief.	Relief per female member.	Average number of female members.	Amount of relief.	Relief per female member.	Average number of female members.	Amount of relief.	Relief per female member.
1892.....	3,673	\$819	\$0.22	62,206	\$2,366	\$0.04	24,119	\$1,676	\$0.07
1893.....	5,829	997	.17	55,306	2,130	.04	13,988	84	.01
1894.....	7,939	1,179	.15	55,613	2,841	.05	13,724	71	.01
1895.....	8,681	1,228	.14	58,541	2,109	.04	13,701	158	.01
1896.....	10,861	1,619	.15	60,757	2,271	.04	13,085	297	.02
1897.....	13,134	1,884	.14	64,024	2,461	.04	12,839	274	.02
1898.....	13,964	2,063	.15	67,291	2,558	.04	12,487	364	.03
1899.....	15,133	1,697	.11	73,827	2,587	.04	8,414	177	.02
1900.....	17,931	1,990	.11	79,298	4,027	.05	7,964	189	.02
1901.....	21,984	2,479	.11	80,873	3,838	.05	7,975	168	.02
1902.....	30,319	4,234	.14	86,321	3,980	.05	7,529	146	.02
1903.....	37,183	6,333	.17	81,065	3,755	.05	7,540	174	.02
1904.....	43,572	11,115	.26	77,104	5,344	.07	6,398	168	.03
1905.....	47,456	13,399	.28	78,809	5,339	.07	6,281	186	.03
1906.....	49,564	9,317	.24	80,465	5,314	.07	6,085	145	.02
1907.....	37,343	8,397	.23	81,522	5,746	.07	5,892	152	.03
1908.....	42,306	9,170	.21	81,894	6,205	.08	5,891	141	.02
1909.....	47,081	9,315	.20	82,480	5,766	.07	6,736	110	.02
1910.....	50,680	10,373	.20	84,979	5,814	.07	6,694	126	.02
1911.....	58,239	11,650	.20	86,048	6,819	.08	6,736	152	.02
1912.....	65,677	13,162	.20	(b)	(b)	(b)	(b)	(b)	(b)
1913 a.....	(b)	14,250	(b)	(b)	(b)	(b)	(b)	(b)	(b)

a Vierteljahrshefte zur Statistik des Deutschen Reichs, vol. 24 (1915), p. 70.

b Not reported.

Under the original law of 1883 the funds were required to provide the cash maternity benefit for a minimum of three weeks; they were also authorized to increase this period up to six weeks and to grant a similar benefit for the uninsured wives of insured men. Under the amendments of 1892, the minimum period was increased to four weeks, while the revised sickness insurance law of 1903 made the minimum six weeks. It will be noted that the expenditures of the funds in 1904 showed a marked increase over 1903. In addition to the maternity benefit, the funds were authorized, if they so desired, to provide pregnancy benefits up to a maximum period of six weeks and to furnish midwives' attendance and medical attendance during the period prior to confinement. The authority to provide benefit for the wives of insured persons was continued.

The funds show a steady growth in the number of women members, due to the growing number of women employed in industry. The expenditure per woman member has also shown a tendency to increase; the provisions of the law of 1903 caused an increase in the expenditure per woman member in the local funds from 29 cents in 1903 to 43 cents in 1904, an increase of 47 per cent. There was also a large increase in the establishment and guild funds.

The official report states that in the period 1885 to 1912, inclusive, the total amount expended for pregnancy and maternity benefit was 84,008,748 m. (\$21,974,124).

The Leipzig fund.

The experience of the Leipzig local fund has been compiled in an elaborate study, published by the imperial statistical office in 1910. The study covers the period 1885 to 1905, and the data are given for "persons insured one year"; this means that the total number of days a woman was insured were added together and the sum divided by 365. The data are given separately for the persons compulsorily insured and for those who insured voluntarily. The sickness rate of the two groups shows a marked contrast. The summary for confinements is given in Table XII.

TABLE XII.—Germany. *Maternity benefit experience of the Leipzig local sickness insurance fund, 1887-1905.*

[Source: Krankheits- und Sterblichkeitsverhältnisse in der Ortskrankenkasse für Leipzig und Umgegend ... Bearbeitet im Kaiserlichen Statistischen Amte. Berlin, 1910. Vol. 4, pp. 256-257.]

COMPULSORY MEMBERS.

Age group.	Number of women insured one year.	Number of confinements.			Per cent of total confinements.		Number of days of sick benefit in confinements with sickness.		Average number of days of sick benefit per confinement with sickness.	Number of cases in confinements with sickness exceeding the benefit term.			Number of deaths in confinements with sickness.	Deaths per 100 confinements of all kinds.	Deaths per 100 confinements with sickness.	Confinements per 1,000 insured women.			Days of sick benefit in confinements with sickness per 1,000 insured women.		
		Total.	Without sickness.	With sickness.		Cases with sickness (total).	With sickness consisting of abortion or miscarriage.	Total.		Abortions and miscarriages.	13 weeks.	26 weeks.				34 weeks.	Total.	Without sickness.		With sickness.	
				Total.	Consisting of abortions and miscarriages.															Total.	Abortion or miscarriage.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
All ages (15-54).....	250,923	10,752	47,718	3,034	1,845	28.2	17.2	94,191	47,295	31.0	11	5	3	34	0.3	1.1	42.9	30.8	12.1	7.4	375
15-19.....	82,405	1,043	764	279	152	26.7	14.6	8,264	3,560	29.6	2	.....	1	5	.5	1.8	12.7	9.3	3.4	1.8	100
20-24.....	81,998	4,784	3,505	1,279	723	26.7	15.1	38,182	16,787	29.9	3	2	.....	13	.3	1.0	58.3	42.7	15.6	8.8	466
25-29.....	37,613	2,682	1,904	778	492	29.0	18.3	25,112	13,619	32.3	2	1	2	6	.2	.8	71.3	50.6	20.7	13.1	668
30-34.....	18,563	1,238	855	383	247	30.9	20.0	13,141	7,025	34.3	2	2	.....	4	.3	1.0	66.7	46.1	20.6	13.3	708
35-39.....	11,853	716	498	218	159	30.4	22.2	6,755	4,506	31.0	2	.....	.....	2	.3	.9	60.4	42.0	18.4	13.4	570
40-44.....	8,399	261	178	83	60	31.8	23.0	2,371	1,498	28.6	.....	.....	.....	4	1.5	4.8	31.1	21.2	9.9	7.1	282
45-49.....	5,942	25	12	13	11	52.0	44.0	346	280	26.6	.....	.....	.....	.....	.....	.....	4.2	2.0	2.2	1.9	58
50-54.....	4,150	3	2	1	1	33.3	33.3	20	20	20.0	.....	.....	.....	.....	.....	.....	.7	.5	.2	.2	48
15-24.....	164,403	5,827	4,269	1,558	875	26.7	15.0	46,446	20,347	29.8	5	2	1	18	.3	1.2	35.5	26.0	9.5	5.3	283
25-34.....	56,176	3,920	2,759	1,161	739	29.6	18.9	38,253	20,644	32.9	4	3	2	10	.3	.9	69.8	49.1	20.7	13.2	681
35-44.....	20,252	977	676	301	219	30.8	22.4	9,126	6,004	30.3	2	.....	.....	6	.6	2.0	48.2	33.4	14.9	10.8	451
45-54.....	10,092	28	14	14	12	50.0	42.9	366	300	26.1	.....	.....	.....	.....	.....	.....	2.8	1.4	1.4	1.2	36
15-34.....	220,579	9,747	7,028	2,719	1,614	27.9	16.6	84,699	40,991	31.2	9	5	3	28	.3	1.0	44.2	31.9	12.3	7.3	384
35-54.....	30,344	1,005	690	315	231	31.3	23.0	9,492	6,304	30.1	2	.....	.....	6	.6	1.9	33.1	22.7	10.4	7.6	313

VOLUNTARY MEMBERS.

Age group.	Number of confinements.					Per cent of total confinements.		Number of days of benefit in confinements with sickness.		Average number of days of sick benefit per confinement with sickness.	Number of cases in confinements with sickness exceeding the benefit term.			Number of deaths in confinements with sickness.	Deaths per 100 confinements of all kinds.	Deaths per 100 confinements with sickness.	Confinements per 1,000 insured women.			Days of sick benefit in confinements with sickness per 1,000 insured women.		
	Number of women insured one year.	Total.		With sickness.		Cases with sickness (total).	With sickness consisting of abortion or miscarriage.	Total.	Abortions and miscarriages.		13 weeks.	26 weeks.	34 weeks.				Total.	Without sickness.	With sickness.		Total.	
		Total.	Without sickness.	Total.	Consisting of abortions and miscarriages.														Total.			Abortion or miscarriage.
All ages (15-54).	25,749	11,018	9,562	1,456	289	13.2	2.6	56,536	9,683	38.8	1	1	2	27	0.2	1.9	427.9	371.4	56.6	11.2	2,196	
15-19	2,497	875	739	136	10	15.5	1.1	5,029	360	37.0				2	.2	1.5	350.4	296.0	54.5	4.0	2,014	
20-24	5,408	4,972	4,388	584	76	11.7	1.5	21,353	2,135	36.6		1		7	.1	1.2	919.4	811.4	198.0	14.1	3,948	
25-29	4,669	3,129	2,754	375	73	12.0	2.3	14,966	2,176	39.9	1			8	.3	2.1	670.2	589.9	80.3	15.6	3,205	
30-34	3,376	1,227	1,085	192	50	15.6	4.1	8,268	1,960	43.1			1	2	.2	1.0	363.5	306.6	56.9	14.8	2,449	
35-39	2,976	574	466	108	44	18.8	7.7	4,394	1,685	40.7			1	2	1.0	5.6	192.9	156.6	36.3	14.8	1,476	
40-44	2,678	226	171	55	34	24.3	15.0	2,341	1,284	42.6				6	1.0	5.6	84.4	63.9	20.5	12.7	874	
45-49	2,425	15	9	6	2	40.0	13.3	185	83	30.8				2	.9	3.6	6.2	3.7	2.5	.8	76	
50-54	1,720																					
15-24	7,905	5,847	5,127	720	86	12.3	1.5	26,382	2,495	36.6				9	.2	1.3	739.7	648.6	91.1	10.9	3,337	
25-34	8,045	4,356	3,789	567	123	13.0	2.8	23,234	4,136	41.0	1	1		10	.2	1.8	541.5	471.0	70.5	15.3	2,888	
35-44	5,654	800	637	163	78	20.4	9.8	6,735	2,969	41.3			2	8	1.0	4.9	141.4	112.7	28.8	13.8	1,191	
45-54	4,145	15	9	6	2	40.0	13.3	185	83	30.8							3.6	2.2	1.5	.5	45	
15-34	15,950	10,203	8,916	1,287	209	12.6	2.0	49,616	6,631	38.6	1	1	2	19	.2	1.5	639.7	559.0	80.7	13.1	3,111	
35-54	9,799	815	646	169	80	20.7	9.8	6,920	3,052	40.9				8	1.0	4.7	83.2	65.9	17.3	8.2	706	

⊕ Excluding 2 confinements each in the age groups under 15 and 55-59.

The striking feature of the rates is the very high number of cases among the voluntary members; this is explained as due to the custom among wage-earning women of stopping work some time before confinement and having themselves enrolled as voluntary members, as the law permits them to do. The result of this custom is that the number of confinements for compulsory members was 42.9 per 1,000, while for voluntary members it was 427.9 per 1,000, or 10 times as great as for the compulsory members. All of the rates for voluntary members must be interpreted with this custom in view.

One noteworthy feature is the high rate of miscarriages among the compulsory members as compared with the voluntary members; column 7 shows that the rate of confinements with complications for compulsory members was 17.2 per cent, while for the voluntary members (including a large number who stopped work because of approaching confinement) the rate was 2.6 per cent, or about one-eighth as high.

The largest number of confinements occurred in the age group 25-29.

Special maternity benefits during the war.

On the outbreak of the European war stringent measures were taken to reduce the expenditures of the sick funds to a minimum. The dislocation of industry and the withdrawal of all the young and healthy men from industries meant that the receipts would be decreased and the expenditure per member increased. It was found later, however, that the funds were financially able to stand the strain and the Imperial Government on December 3, 1914, issued the first of a series of decrees on maternity benefits which show the importance attached to this subject by the Government.

The law of August 4, 1914,¹ assuring the solvency of the sickness insurance funds, required them for the duration of the war to reduce their benefits to the minimum prescribed by the 1911 code. This meant that in maternity cases maternity cash benefit only was to be paid, and that the authority to provide benefits for pregnancy, services of midwives and medical attendance, and benefits to wives of members, etc., was withdrawn.

In a short time the importance of these benefits was placed before the federal council, and the following decrees were enacted providing special maternity benefits for the duration of the war:

- December 3, 1914 (Reichs-Gesetzblatt, p. 492);
- January 28, 1915 (Reichs-Gesetzblatt, p. 49.);
- April 23, 1915 (Reichs-Gesetzblatt, p. 257);
- November 16, 1916 (Reichs-Gesetzblatt, p. 1279);
- March 1, 1917 (Reichs-Gesetzblatt, p. 201);

¹ Reichs-Gesetzblatt, p. 337.

June 6, 1917 (Reichs-Gesetzblatt, p. 477);

July 6, 1917 (Reichs-Gesetzblatt, p. 591).

The benefits provided under this series of laws are as follows:

1. A lump sum payment of 25 m. (\$5.95) for defraying the expenses arising at the time of confinement.

2. A cash benefit 1 m. (\$0.238) per day, including Sundays and holidays, for eight weeks, of which at least six must come after the day of delivery. After June 6, 1917, this benefit was made 1.5 m. (\$0.357) per day.

3. A grant of not to exceed 10 m. (\$2.38) for the services of midwife and medical attendance during pregnancy, if sick aid becomes necessary. If, however, the beneficiary, because of her insurance, is already entitled to midwife service and medical attendance, then these must be provided instead of the cash.

4. A nursing benefit, so long as the mother herself nurses the child, 0.5 m. daily, including Sundays and holidays, up to the end of the twelfth week after the day of delivery, that is, for 84 days; the maximum amount would therefore be 42 m. (\$10).

Prior to June, 1917, the highest amount a mother could receive was 133 m. (\$31.65) consisting of 25 m. plus 56 m. plus 10 m. plus 42 m. After that date the maximum would be 161 m. (\$38.32).

The persons entitled to these benefits do not receive them all in the same degree or from the same agency; in fact, the distribution is so varied that one diligent writer in 1915 compiled a schedule of 18 different groups of beneficiaries,¹ and the number of groups has been increased since then. In general, there are two main groups of persons entitled to the benefits: First, the women who were either insured themselves or who had some claim on an insurance fund; and, second, those who had no connection with the insurance system.

The first decree, that of December 3, 1914, was based on the assumption that the women in need of benefits would be those included in the sickness insurance system, or whose husbands were included. The decree granted benefits to women whose husbands were in some form of military service (army, navy, sanitary, etc.), or whose husbands in such service had been killed, injured, disabled by sickness, or captured, and who previous to entering service had a claim on the sickness insurance system. These persons are grouped into three classes:

1. Uninsured wives of insured men in war service.
2. Insured wives of insured men in war service.
3. Insured wives regardless of the husband's war service.

Immediately after this decree was issued, attention was called to the fact that a certain number of persons were exempted from insurance because they were provided for during sickness under other

¹ Reichs-Arbeitsblatt, June, 1915, p. 496 ff

laws; these classes included seamen, farm employees, and domestic servants. The decree of January 28, 1915, therefore, added the next group:

4. Women whose husbands would have been insured had they not been exempted by some special law, provided that the husband's usual annual earnings were less than 2,500 m. (\$595).

The next step was taken by the decree of April 23, 1917, which added groups of persons designated as of "lesser means" (minderbemittelt), a term used in order to avoid any stigma of charitable relief. These groups were:

5. Women who were entitled to war relief under existing laws; this included unmarried women whose children men in war service were legally required to support.

6. Women whose income (including the husband's) did not exceed 2,500 m. before the date of the husband's entry into war service, or whose income after the husband's entry did not exceed 1,500 m., with 250 m. (\$59.50) added for each child under 15 years of age.

On December 5, 1916, a law on national service¹ was enacted under which all males of 18 to 60 years of age, not already in the armed service, were made subject to service in State offices, munitions establishments, agriculture, forestry, the care of the sick, or in any establishment for the prosecution of the war or the furnishing of supplies necessary for the population. Under the decree of July 6, 1917, persons engaged in such service were made eligible for maternity benefit in the following groups:

7. Women whose husbands have been engaged in national service for at least six months, if the financial status of the husband has been worsened by such service and if there is need for the maternity benefits. An unmarried woman is included if the responsibility of the father has been legally determined.

8. Women who have themselves engaged in such national service, if the conditions named above apply (six-months' service, lessened income, and need).

The entire list of benefits on page 63 above is payable to the groups just named, except that where the cash maternity benefit for eight weeks due to an insured woman from her fund is the higher, she is entitled to the latter.

The medium for paying over the benefits to the mother may be (a) a sickness insurance fund, (b) an employer, or (c) the "provisioning agency" (Lieferungsverband). In so far as an insurance fund or an employer is required under the sickness insurance law to provide maternity benefits, they must continue to do so at the regular rates; if the war maternity benefits just described are higher than the

¹ Gesetz über den vaterländischen Hilfsdienst.

regular rates, then the excess will be repaid to them by the provisioning agency, which is reimbursed from the imperial treasury.

The "provisioning agency" was originally an office required to be established by the States of the Empire in their local governments for the supply of meat, fodder, etc., for the army supply depot; at a later time this office was given the duty of caring for the needs of the families of men summoned to the colors, such as paying separation allowances, etc. Under the decree of April 23, 1915, it was made the office for the distribution of the war maternity benefits for persons not connected directly or indirectly with an insurance fund.

The cost of these war maternity benefits is defrayed by the Empire; it is estimated that the expenditure will be 5,000,000 m. (\$1,190,000) per month,¹ and with the increase in the number of men called into war service the amount will be larger in the future.

SOURCES OF INFORMATION.

The laws, decrees, etc., of the German Empire are published in the official law gazette, *Reichs-Gesetzblatt*. The decisions of the insurance courts, etc., will be found in the official journal of the Imperial Insurance Office, the *Amtliche Nachrichten des Reichs-Versicherungsamts*, published monthly. The annual statistics of operations are published in one of the issues of the general statistical series, *Die Statistik des Deutschen Reichs*, the latest issue available being volume 256. Current information is also given in the journal of the labor statistics office, *Reichs-Arbeitsblatt*.

¹ *Reichs-Arbeitsblatt* of June, 1915, p. 490.

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GREAT BRITAIN.

A national compulsory system of health insurance was introduced in Great Britain by the law of December 16, 1911, which came into operation on July 15, 1912. This law included provision for maternity in the form of a lump-sum payment of 30s. (\$7.20) without medical attendance. The author of the bill, Mr. Lloyd George, in speaking of this feature, said:

We have a provision for maternity, an allowance of 30s., which I think is one of the most valuable provisions in the bill, and we are going to see that the money is spent for the purpose for which it is designed, in spite of one or two protests we have had from friendly societies. The money is meant for the mother, to help her in discharging the sacred function of motherhood by proper treatment, fair play, so as to put an end to the disgraceful infantile mortality of this country.¹

This sentence sums up the purpose of maternity aid in all countries, namely, proper treatment for the mother, both on her own account and for the sake of the child.

While the law of August 5, 1891 (still in force), prohibited the employment of women for four weeks after childbirth, no provision was made to afford the mother aid during this enforced period of unemployment. The act of 1911 finally remedied this defect by requiring that certain of the beneficiaries must abstain from remunerative employment for four weeks in order to be entitled to the maternity benefit.

At the time the plan for a national system of insurance was taken up, Great Britain was covered by a network of friendly societies, provident funds, trade-union benefit systems, and similar organizations which had gradually developed to supply the need for financial and other assistance in time of sickness, accident, and other distress. Some of these organizations had furnished their members a benefit on the birth of a child and one of them, the Hearts of Oak friendly society, had for many years paid a maternity benefit of 30s. It was decided to make use of this large number of voluntary organizations as carriers of the insurance, and the health insurance bill as finally enacted was arranged in a form to meet the needs of these societies. The great majority of members of the societies were men, though some of them admitted women and a few of them were composed of women exclusively. Out of this fact developed later the result that the insurance system proved to be on a sound financial basis as far as the insured men were concerned, but quite otherwise for the insured women.

¹ George, Lloyd: *The People's Insurance*. London, 1912, p. 183.

These numerous organizations, almost regardless of their size, were made agencies of the insurance by applying to the State administrative officials for approval, which is given if the latter are satisfied that the society is in a position to carry out the purposes of the law. Arrangements had to be made of course to have the very small societies cooperate for the purpose of caring for certain liabilities. These long-established societies had developed what was called "the friendly society spirit," and it was hoped that this atmosphere would continue to prevail in the work of carrying out the new plan; a system of compulsory insurance, in which the insured persons themselves controlled the operations under a uniform plan, would, it was expected, prove a thoroughly democratic institution and as popular as the friendly societies had proved.

To describe the British system and to analyze the experience under it is an extremely difficult task; no other system of social insurance now in existence is so involved and contains so many features perplexing to the uninitiated. A recent volume, containing merely the text of the laws and regulations of the insurance, consists of about 700 closely printed quarto pages. Furthermore, the statistical information published in the reports on the operation of the system is so scanty that one receives little additional light from that source.

The statements in the following pages have been prepared with as much care as possible, but it is probably too much to hope that they are entirely free from error. In many cases, sentences from reports, etc., have been copied verbatim (without using quotation marks) in order to make sure that the many qualifications and reservations connected with the features of the system are properly included. Throughout this section the references made apply principally to English conditions; for instance, where the practice in Ireland differs, as it does in so many features, no reference is made to the fact.

The national insurance act of 1911 is divided into three parts: Part I relates to health insurance, Part II' to unemployment insurance, while Part III covers certain matters common to both of these fields. In the following pages the references are to Part I of the law.

PERSONS INCLUDED.

In describing the persons included under the law, the fundamental rule is that every person, male or female, who is engaged in manual employment in the United Kingdom under any contract of service or apprenticeship, or in nonmanual employment, and earning less than £160 (\$778.64) annually, is included within the terms of the insurance act as a compulsory member. There are, of course, certain limitations on this rule.

In the great majority of cases a person included in the scope of the law would become a member of one of the "approved" societies which provide the insurance. The official Handbook of Approved

Societies (August, 1915) thus describes the persons eligible for membership and, hence, for the benefits of the law (p. 26):

1. Persons in employment by way of manual labor.
2. Persons in any employment at a rate of remuneration not exceeding in value £160 (\$778.64).
3. Persons engaged in some regular occupation and wholly or mainly dependent for their livelihood on the earnings derived from that occupation and whose total income, including earnings, does not exceed £160 (\$778.64) per year.
4. One who has been an insured person for five years or upward.
5. One who has been an employed contributor, and being of the age of 60 or upward, who shows to the satisfaction of the insurance commissioners that he or she has ceased to be insurable as an employed contributor.

The laws contain provisions for voluntary insurance, but as these are somewhat complicated it is only necessary to refer to the status of married women in the present connection.

While married women may become employed contributors, and are, of course, required to insure as such, they cannot become voluntary contributors, or if they were voluntary contributors before marriage, they can not continue as such after marriage. The status of women after marriage is described on page 75.

The preceding statement of the groups of persons included in the insurance has been restricted to the larger groups; it should be stated that there are a number of additional groups, each having special rates of dues and of benefits. In the accounting work of the insurance system, the classes of members are designated by letters of the alphabet and these letters are printed conspicuously on the cards of membership which each insured person must have. The following list gives a summary statement of the classes of members:

1. Employed contributors:		
	Men.	Women.
British subjects.....	A 1	E 1
Aliens aged 17 or upward at entry into State insurance.....	A 2	E 2
Mercantile marine (employed on foreign-going British ships)—		
British subjects.....	A 4	E 4
Aliens (residents in United Kingdom) aged 17 or upward at entry into State insurance.....	A 5	E 5
2. Navy and army.....	B	...
3. Voluntary contributors:		
British subjects under 45 at entry into State insurance.....	C 1	F 1
Aliens under 45 at entry.....	C 2	F 2
British subjects over 45 at entry.....	D 1	G 1
Aliens over 45 at entry.....	D 2	G 2
Married women (British subjects).....	H 1	H 1
Married women (aliens).....	H 2	H 2

The law of 1913 abolished the classes A 3, A 6, E 3, and E 6, men and women (British and aliens) over 65 years of age at entry into

State insurance, who were originally differentiated from the ordinary insured persons. Married women as voluntary contributors (H 1 and H 2) were discontinued by the act of 1918.

INDUSTRIES AND EMPLOYMENTS INCLUDED.

The general rule is that all employments are included under the compulsory insurance where there is a contract of service or apprenticeship. There is a long list of exceptions to this rule, but they refer, generally speaking, to employments or establishments in which some other provision for health insurance has been made, though the excluded employments also include agricultural occupations for which no wage is paid, casual work not connected with the employer's business, etc. Work which is not manual and which is compensated at a rate higher than £160 (\$778.64) is also excluded. The greater part of these employments, however, qualify the person engaged in them for voluntary insurance.

BENEFITS.

General.

The benefits of the health insurance system as listed in section 8 of the 1911 act are: (1) Medical benefit, (2) sanatorium benefit, (3) sickness benefit, (4) disablement benefit, (5) maternity benefit, and (6) additional benefits.

It will be noted that no funeral benefit is provided.

In connection with the problem of maternity care, the benefits of interest are the medical, the sickness, the maternity, and the additional benefits. Prior to the date of confinement, the frequent disabilities of pregnancy, and after confinement, the effects of childbirth often demand medical care and financial provision for the periods of disability. As some mention should be made of all the benefits to give an idea of the entire system, the following brief statement of the benefits shows the plan adopted for conserving the health of the men and women wage earners included in the system.

(1) The medical benefit consists of medical treatment and attendance, including the provision of medicines and appliances. The law makes no mention of any restrictions on medical treatment—it is to be "adequate" and the regulations issued by the boards of commissioners in charge of the system have construed this term in a liberal sense. The provision of medicines and appliances has also been construed liberally. The law specifically provides, however, that the medical benefit does not include any right to medical attendance or treatment in respect of a confinement.

(2) Treatment in sanatoria or other institutions, or otherwise, when suffering from tuberculosis or such other diseases as the local government board may designate, comprises the sanatorium benefit.

(3) The sickness benefit consists of a periodical payment while rendered incapable of work by some specific disease or by bodily or mental disablement, of which notice has been given, commencing on the fourth day of such incapacity and continuing for a period of not exceeding 26 weeks. This benefit is payable only if 26 weeks have elapsed since the claimant entered the insurance and only if 26 weekly contributions have been paid.

The rates of sickness benefit were fixed by the 1911 act as follows: For men, 10s. (\$2.40) weekly; for women, 7s. 6d. (\$1.80) weekly, for the whole period of 26 weeks. In case of unmarried persons under 21 years of age, these benefits are reduced.

Under the act of 1918, which came into force on July 1, 1918, the sickness benefit for persons entering the insurance after that date is as follows:

Until 104 weeks have elapsed since the entry into insurance and at least 104 weekly contributions have been paid by or in respect of the insured person, the rate for men is 6s. (\$1.44) weekly, and for women 5s. (\$1.20) weekly.

The act of 1911 (sec. 9, subd. 2) provided that where the rate of sickness or disablement benefit exceeded two-thirds of the usual rate of wages of the insured person, the rate of benefit might be reduced; the act of 1918, however, repealed this provision.

The dues of the system have been calculated to provide the sickness benefit just described on the assumption that the insured person enters the insurance at the age of 16 (or at the date the law came into force). If a person enters the insurance at an age later than 16, he is entitled to reduced benefits only. This class of insured person is generally referred to as a "late entrant."

(4) In case the disease or disablement continues for more than 26 weeks, a disablement benefit of 5s. (\$1.20) per week is paid "so long as so rendered incapable of work by the disease or disablement."

Neither sickness nor disablement benefit may be paid in respect of a confinement for a period of four weeks after the day of childbirth, unless the disability is due to some cause not connected, either directly or indirectly, with the confinement.

(5) The maternity benefit will be described later.

(6) Under certain conditions, principally relating to the financial status of the society, a number of benefits in addition to those already mentioned may be provided by the societies. The law designates these as "additional benefits"; those specified in the law which are of interest in the present connection are: (a) Medical treatment and attendance for any person dependent upon the labor of a member; (b) the payment of the whole or any part of the cost of dental treatment; (c) an increase of sickness benefit or disablement benefit in the case either of all members of the society or such of them as have any

children or any specified number of children wholly or in part dependent upon them; (d) an increase of maternity benefit.

Maternity benefit.

Prior to July 1, 1918, the maternity benefit became available after a waiting period of 26 weeks; the law of 1918 made the waiting period 42 weeks.¹ The benefit may be said to be derived from two sources: First, the dues paid by the husband; and, second, the dues paid by the wife. An insured man is entitled, on the confinement of his wife, to receive from his society a lump sum maternity benefit of 30s. (\$7.20), the benefit being the wife's property. If the wife is also insured, she is entitled to receive from her society a second benefit of 30s. (\$7.20), making in all 60s. (\$14.40). Husband and wife may of course belong to the same society.

If the insured woman is not married, she is entitled to the 30s. maternity benefit from her society only. On the other hand, an insured married woman whose husband is not insured is entitled to the double maternity benefit of 60s. (\$14.40) from her society.

There are thus two rates of benefits paid to two groups of beneficiaries; the first group, receiving the double maternity benefit of 60s., consists of the married woman who is herself an employed contributor, regardless of whether her husband is insured; the second, receiving the 30s. benefit, consists of (a) the wife of an insured man who is herself not insured, and (b) the unmarried woman who is an insured employed person; under circumstances described below, a single woman not employed, but who has become a voluntary contributor, is also entitled to the 30s. benefit.

The law carefully excludes the payment of the sickness or disablement benefit of the insurance system for a period of four weeks following confinement, unless there is a disease or disablement not connected directly or indirectly with the confinement; after the four weeks, sickness or disability caused by confinement is entitled to the regular benefits.

The second 30s. benefit, paid to insured married women, carries with it the obligation to abstain from remunerative work for a period of four weeks after the date of childbirth, with the penalty of a fine for infraction of this rule. Every approved society and insurance committee is required to establish rules on this subject, and these rules must be ratified by the insurance commissioners.

The second maternity benefit is not subject to the conditions attached to the payment of the sickness benefit; that is, it may be payable even though the woman has been suspended from sickness benefit on account of arrears of dues or has already exhausted the

¹ The Further Report of the departmental committee on approved society finance and administration (Cd. 8396 of 1916) recommended that the waiting period be made 52 weeks for both men and women (see par. 408). Parliament finally decided on 42 weeks.

full 26 weeks for which sickness benefit is payable. Similarly the payment of the second maternity benefit will not count as the payment of four weeks' sickness benefit for the purpose of determining when the right to 26 weeks' sickness benefit is exhausted. In the same manner, if the father dies before the child is born, his insurance is regarded as having continued up to the date of confinement and the fact that his dues have not been paid after his death is disregarded.

As the insured married woman receives one of her maternity benefits from her husband's society, it was necessary to make provision that the maternity benefit should be paid regardless of whether the husband was in arrears or for other reasons not fully qualified to receive full benefits; otherwise the wife would be in a less favorable position than if her husband was not insured at all. In case the husband is in arrears or otherwise not qualified, the wife's society must pay the entire 60s.

To show the relation of the husband's society and the wife's society in regard to the payment of the maternity benefit, the official Handbook for Approved Societies gives the following schedule:

Schedule of obligations of approved societies of Great Britain for benefits under national insurance acts, in respect of insured married members.

[Source: Great Britain, National Insurance Acts. Handbook for the Use of Approved Societies. English edition, London, 1915, pp. 111, 112.]

PART I. FOR USE BY HUSBAND'S SOCIETY.

A. Husband insured, and qualified for benefit.....	Husband's society pays 30s. (\$7.30) if husband is a British subject, or if wife was before marriage a British subject. £1, 3s. 4d. (\$5.68) if he is an alien and his wife was before marriage an alien.
B. Husband insured, but not qualified for benefit.....	Husband's society pays nothing.

PART II. FOR USE BY WIFE'S SOCIETY.

A. Wife an employed contributor, but not qualified for benefit.	Wife's society pays nothing.
B. Wife an employed contributor and qualified for benefit.	
Then, if—	
(1) Husband is also insured, and qualified.....	Wife's society pays 30s. (\$7.30), or 18s. (\$4.38) if husband is an alien and wife was an alien before marriage.
(2) Husband is also insured, but not qualified.....	Wife's society pays 60s. (\$14.60), or 36s. (\$8.76) if husband is an alien and wife was an alien before marriage.
(3) Husband is not an insured person.....	Wife's society pays 60s. (\$14.60), or 36s. (\$8.76) if husband is an alien and wife was an alien before marriage.
(4) Husband is a deposit contributor, but the amount standing to his credit is not enough to provide full benefit; i.e., 30s. (\$7.30) or £1, 3s. 4d. (\$5.68), as above.	Wife's society pays— If the husband is a British subject, or if the wife was before marriage a British subject, 30s. (\$7.30) at once, and, when they know the sum available from the husband's credit, so much more as will, together with that sum, make up a further 30s. (\$7.30). If the husband is an alien, and the wife was before marriage an alien, 18s. (\$4.38) at once, and, when they know the sum available from the husband's credit, so much more (if any) as is required, together with that sum, to make up a further 18s. (\$4.38).

While the maternity benefit does not include medical treatment, section 14 (1) of the 1913 law provides that the society shall pay the benefit "in cash or otherwise." Under this authority, the model rules recommended for societies contain the following clause:

A woman in respect of whom this benefit is payable must be attended in her confinement by a duly qualified medical practitioner or by a midwife possessing the prescribed qualifications.

If the society prefers, the benefit may, therefore, be paid partly in cash and partly in kind by placing at the disposal of members the services of qualified midwives and physicians. The mother must, however, have perfect freedom of choice of the doctor or midwife by whom she is attended (sec. 18 of 1911 law). However, this rule does not authorize a society to refuse the payment of the benefit when there was a valid reason for the nonattendance by doctor or midwife. If the mother is in a medical or similar institution during confinement, the benefit may not be paid until she leaves; if she has no dependents and has received treatment in an approved sanatorium or in a medical institution with which the society has a contract, then the cost of treatment is deducted from the benefit. If the mother has dependents, these must first be provided for out of the benefit.

To obtain the maternity benefit in respect of the husband's insurance, proof of marriage in the form of a marriage certificate must be produced, and in the same way the wife's society must have similar proof before paying the second benefit. One benefit may be paid by the wife's society without the certificate, since she is entitled to the benefit even if not married. These certificates are supplied by the registrar at a cost of 1s. (\$0.24).

Under the terms of the 1911 law the maternity benefit was designated as the husband's benefit. Because of the numerous complaints which arose as to the misapplication—and even waste—of the benefit, the 1913 law carefully provided that the maternity benefit paid in respect of either the husband's insurance or the wife's insurance must in every case be the benefit of the mother. The societies are required under the rules to secure the receipt of the mother on the payment of the cash; the wife may, however, authorize the husband to receive the benefit in her behalf, in which case the husband's receipt is sufficient. The husband must of course pay the money to his wife, regardless of whether the wife is an insured person.

What might be regarded as a supplementary benefit is the provision of section 10 (4) b of the act of 1911, under which no account will be taken of arrears of contributions accruing during the two weeks before and four weeks after a confinement in the case of a married woman who is herself insured; such a woman is, therefore, exempt from the payment of dues for a period of six weeks.

One of the most complicated features of the British system is the plan adopted to provide for the insured woman who ceases to be employed when she marries. Health insurance in a compulsory system is of course practically dependent upon employment; in the case of men, insurance may be assumed to continue throughout their working life, because employment will probably be continuous. In the case of women, employment will for the majority cease upon marriage—at least there will probably be a break of considerable duration at that time.

Ordinarily the stopping of the employment of a woman would mean the stopping of the insurance, but the payment of the woman's dues under the British system has enabled her society to accumulate for her credit a certain reserve, to a part of which she is entitled when she severs her connection with the insurance at marriage. If a single woman who has been an employed contributor for five years gives up her employment (without marrying), she is entitled to become a voluntary contributor with the right to full benefits, even including the maternity benefit of 30s., by paying the entire amount of the weekly dues of 6d. (\$0.12), of which her employer had previously paid half. A married woman, however, is not allowed to become a voluntary contributor, but is placed in a special class, with special rights. The plan provided in the 1911 act was rather involved and proved so cumbersome that it was changed by the 1918 act. For the sake of completeness it is necessary to describe briefly the features of section 44 of the 1911 act, no longer in force. Under this act, when an employed woman married she had to choose one of two courses; she could elect to continue as a "special voluntary contributor" or she could cease paying contributions entirely. If she elected to become a "special voluntary contributor" she paid a reduced rate of 3d. (\$0.06) per week and received the following lower rate of benefits: (1) Medical benefit; (2) sickness benefit of 5s. (\$1.20) per week for 13 weeks and then 3s. (\$0.72) per week for the following 13 weeks; (3) disablement benefit of 3s. (\$0.72) per week, provided that a waiting period of 104 weeks, with contributions, had been credited to her.

On the other hand, if she elected to stop paying contributions then she became entitled to the following benefits with the limitation specified: (1) Maternity benefit of 5s. (\$1.20) per week on confinement, but for not more than four weeks on any one occasion; (2) such payments as may have been determined by the society, subject to regulations issued by the insurance commissioners, during any period of sickness or distress. Benefits (1) and (2) were paid until they amounted to two-thirds of the transfer value of her account, less a certain amount written off the reserve value. As soon as she had

received benefits up to the value of this amount she ceased to have any further claim on her society.

As already stated, it was decided to simplify these provisions, and after July 1, 1918, an employed woman who gives up employment on marriage becomes entitled to the following: (1) Sickness benefit of 5s. (\$1.20) per week for not more than six weeks in the period of 12 months commencing next after the date of giving up employment; (2) maternity benefit of 30s. (\$7.20) in respect of her first confinement after the date of giving up employment and within two years of the date of her marriage; (3) medical and sanatorium benefits for one year from the date of giving up employment. She is to be considered as an insured person for the two years following the date of her marriage.

If a woman, after becoming entitled to the benefits just mentioned, again takes up employment, she is then treated as if she had become insured for the first time, though she may not be deprived of any benefits to which she was otherwise entitled.

The act of 1918 abolishes the right to become a special voluntary contributor and provides that in lieu of any rights she may have had under the act of 1911, such married women contributors shall receive on July 1, 1918, a commutation of 40s. (\$9.60). If the married woman elects the second alternative of the 1911 act, under which she stopped paying contributions and became entitled to benefits not to exceed the transfer value of her account, she receives a cash payment on January 1, 1919, of the amount still unexpended.

An insured woman is required to give formal notice to her society of her marriage within eight weeks of the date thereof; if the society has not been so notified and pays her benefits to which she was not entitled, it may deduct the amount so paid in excess from the amount of any benefits subsequently payable to her.

To sum up, the maternity benefit consists of a lump sum payment of either 30s. or 60s. paid for each case of childbirth. It might be mentioned that the benefit does not include medical attendance, nor is any provision made for instructing the mother in child hygiene, such as the French law includes. While medicines, etc., may be supplied, the reports contain no reference to the supply of such aid.

Under section 12 of the act of 1911, authority is given to the commissioners to make arrangements for the treatment of patients in hospitals. As far as the maternity benefit is concerned, the most complete arrangements seem to have been made in Scotland. The Scottish commissioners in March, 1915, arranged a conference with the representatives of the hospitals and on the basis of the discussions at that meeting issued a circular on July 1, 1915, to the societies, pointing out the importance of securing competent assistance to mothers at childbirth in cases entitled to a maternity benefit and the value of the maternity hospital, both as an institution providing

skilled assistance and as a training school for doctors and midwives. As a result of the work of the commissioners, all of the maternity hospitals in Scotland have agreed to a uniform scale of charges on the basis of not more than 10s. (\$2.40) for intern cases, and 7s. 6d. (\$1.80) for extern cases. The hospital representatives drew up a model form of agreement which was approved by the commissioners for adoption by the societies; this agreement included a specific statement that no woman should be compelled to accept treatment by the hospital, thus preserving her free choice of doctor or midwife. The agreement was published as a circular¹ by the Scottish commissioners with a recommendation to the societies that it be given serious consideration. The 1914-1917 report (Cd. 8890, p. 118) states that 59 societies and 35 branches of 9 other societies, representing in all an insured membership of about 400,000 in the districts surrounding the hospitals, have reported that they have decided to enter into agreement with a maternity hospital or hospitals.

Pregnancy benefit.

The payment of sickness benefit for disability due to pregnancy was for a few years a matter of dispute and for a time caused much unfavorable criticism of the act. The 1911 and 1913 acts make no specific mention of such disability and it is freely charged that in preparing the insurance bill the parliamentary committee in charge simply forgot about the matter. The two acts define the sickness benefit as a periodical payment granted while the insured person is rendered incapable of work by a specific disease, or bodily or mental disablement, commencing on the fourth day of such incapacity and continuing for not more than 26 weeks. There is, therefore, nothing in the terms of the acts to prevent the payment of benefit for inability to work on account of approaching confinement, and equally the acts may be construed—as it was by many societies—as not requiring such payment. The departmental committee on sickness claims in its 1914 report (Cd. 7687, p. 48) states positively that the premiums charged and the benefits promised were not fixed with reference to the possibility of paying sickness benefit during pregnancy. The 1913-14 report (Cd. 7496) of the insurance commissioners states that during the first two years' operations most of the societies were guided by what had been their practice prior to the enactment of the insurance law, which was, of course, to decline to make such payments; even the friendly societies composed exclusively of women had usually refused to pay benefit on account of pregnancy.² The 1913 edition of the official Handbook to the Administration of Sickness and Maternity Benefits by Approved Societies makes no mention of this type of disability. The 1915 edition, however, shows

¹ Circular No. 661, Aug. 8, 1916.

² New Statesman, Mar. 14, 1914, Supplement, p. 15.

that the commissioners had finally reached a conclusion on the subject, for paragraphs 339 and 494 contain the following:

(Par. 339.) In considering claims for sickness benefit no distinction should be drawn as regards the payment of benefit between incapacity due to pregnancy and incapacity due to other causes. This, however, is subject to the express provision of the act by which married women, special voluntary contributors (class H), are debarred from receiving sickness or disablement benefit for two weeks before and four weeks after confinement, except in respect of a disease or disablement neither directly nor indirectly connected with childbirth.

In discussing the action to be taken by a society in the case of an insured woman who marries, the Handbook (1915 edition) states:

(Par. 494.) No question of a person ceasing to be insured as an employed contributor can arise in any case where the cause of the member having ceased work was that she was not in a fit state of health to work. If, therefore, a woman has remained in employment after marriage while in her normal state of health, and satisfies her society that the only reason for her leaving her work is her state of health (whether due to pregnancy or not), she should be considered to have become only temporarily unemployed, and the question of her ceasing to be entitled to continue in insurance as an employed contributor should not be raised until she ceases work for some reason other than the state of her health. Thus, if a woman insured before marriage is married in January and continues to work until the following August, when she ceases by reason of her approaching confinement, she should not be suspended until she has recovered from the effects of her confinement and is again in a fit state of health to work. If, however, she has ceased work while in fact in a fit state of health to work, then, apart from special circumstances, she would be suspended as from the date on which she ceased to work, even though the society does not know of the cessation until notice of her approaching confinement is received.

These statements are clear enough and show that by the middle of 1915 the supervisory authorities had realized the importance of the subject sufficiently to give positive recommendations to the societies. There are thus two periods in the history of the treatment of disability due to pregnancy; prior to 1915 there was at least a tacit approval of the action of the societies in refusing to pay benefits for this disability. It is stated that in many societies the unexpected high rate of sickness among married women led the society officials to endeavor to conserve their resources by denying claims of this class. The most frequent ground for the refusal was the usual reasoning that pregnancy was not a disease, but merely a normal function, and as such not the basis of a claim for sickness benefit. This conclusion, of course, ignored the fact that benefits were to be paid not for disease but for inability to work. Another reason given for the refusal of the benefit was based on the interpretation of the words "incapable of work." Many physicians advised their patients to do some light work, such as housework, as being actually beneficial to a woman's health at this period. Some of the society officials, however, insisted that "incapable of work" meant incapable of any kind of work whatever and refused benefit unless the woman member absolutely refrained from every kind of work, including light housework or sewing.

This action was, in effect, a discrimination against the women members, for it had become almost the standard friendly society practice to pay benefits to the men when they were unable to follow their regular occupation; a man might perhaps be disabled by sickness, though still able to perform some light work, such, for instance, as that of gatekeeper, but nevertheless it had been the practice to pay benefits until he was able "to return" to work. The same practice applied to women disabled by the weakness due to pregnancy would permit them, by remaining at home, to avoid the exhaustion of standing long hours before a machine, to the injury of both the mother and the unborn child. In the long run it might even be to the financial interest of the insurance system to pay benefits during pregnancy, because it would be a precaution against later having to pay disablement benefit to the women who injured themselves by excessive work at this period.

As early as in the year 1914 the wide divergence of action on the subject of pregnancy benefit had caused so much criticism that the departmental committee on sickness benefit was forced to say that the situation had placed the societies, the doctors, and the insured persons in an impossible position.¹ The committee took the logical step of recommending a change in the law by the provision of an entirely new benefit; the committee advised "that a new benefit should be created payable to a pregnant woman in respect of the last four weeks of pregnancy, whether she is incapacitated or not, and that payment should be made to a pregnant woman who is incapacitated from following her occupation in the month previous to the last month, whether she is incapacitated by pregnancy alone or by pregnancy accompanied by some other condition. This benefit can not be expected to produce the advantages hoped for unless the woman is required to abstain from remunerative work or other work likely to be prejudicial to her health during this period of four weeks * * * ." The committee urged strongly that pregnancy is ipso facto a condition of incapacity for work; that pregnant women, though technically "capable of work," would by working at their ordinary occupation "expose to serious risk both themselves and their unborn children."

The report for the years 1914-1917 (Cd. 8890), ordered printed in January, 1918, reviews the situation for these years and, in addition to the facts above mentioned, calls attention to the loss of income sustained by the societies because no contributions are payable in respect of weeks during which an insured person is in receipt of sickness benefit. The varying practice of the societies also led to many inequalities in the treatment of pregnant women. Some of the societies, for instance, would permit the payment of sickness benefit

¹ Report of committee, 1914, Cd. 7687, p. 69.

when the certificate of the doctor stated that the pregnancy was accompanied by some other disabling cause. This policy often induced the doctors to find some cause of incapacity other than pregnancy and sometimes led them—in the hope of aiding a woman so incapacitated—to make out a certificate without mentioning the fact of pregnancy and ascribe the disability entirely to some other cause.

Representations were made to the Government on the subject, and in the financial estimates submitted to Parliament in July, 1914, the following appropriation was recommended:

For grants toward the cost of sickness benefit, including loss of contributions incurred since the commencement of the act, by approved societies having women members, on a basis calculated with reference to the relative incidence of incapacity during pregnancy among such members—£500,000 (\$2,433,250).

In the appropriations for 1915–16 the amount was £150,000 (\$729,975); in 1916–17 it was £100 (\$486.65), a nominal sum to keep the item in the appropriation acts; in 1917–18 it was £10,000 (\$48,665).¹

The 1914–1917 report (p. 80) explains that the liability had been overestimated and the £150,000 granted for 1915–16 was returned to the treasury. The whole subject has finally been settled by having the national treasury assume the cost of benefits for pregnancy, as explained on page 90. As yet, no statement has been published as to the method to be followed in distributing the money provided for the women's equalization fund. Information is not yet available to show the number of cases claiming benefit on the ground of pregnancy.

The position of the unmarried mother, as far as sickness benefit is concerned, is definitely stated in the 1918 act, in section 12 (3), which specifies "notwithstanding any provision to the contrary in any rule of an approved society or branch of such society, an insured unmarried woman who is pregnant shall not, on the ground that her pregnancy was due to misconduct, be deprived of any sickness or disablement benefit to which she would but for that provision have been entitled."

Provision for Navy and Army.

The act of 1911 and subsequent amendments make provision for the continuance of the insurance of insured persons who enter the service of the navy or army.² If the man was not insured prior to

¹ See annual volume entitled: "Estimates for Civil Services for the Year Ending Mar. 31, —," Ch. VII, item L, "sickness benefit, women."

² The principal laws on this subject are contained in sec. 46 of the act of 1911; the act of 1913 changed the regulations in some particulars, while further amendments were introduced by the acts of Sept. 18, 1914; Nov. 27, 1914; Mar. 16, 1915; and Feb. 6, 1918. The rather lengthy regulations for the navy and army insurance funds will be found in "Statutes, Regulations, and Orders Relating to National Health Insurance (1916)," p. 458 ff. The 1914–1917 Report (p. 20 ff) also states the experience of the fund.

his enlistment, he is made a member of the navy and army insurance fund, which takes the place of an approved society for such persons. Insurance is, therefore, compulsory for all enlisted men in the navy and army, beginning with the date of enlistment.

The navy and army members receive, however, only maternity benefit, other benefits for sickness, etc., being provided by the naval and military establishments. The maternity benefit is paid, even if both husband and wife are abroad at the date of the confinement. This benefit is paid in exactly the same amount and under the same conditions as if the insured man were the usual employed contributor.

The cost of the benefit and of maintaining the reserve value of the insured man is defrayed by having the navy or army authorities deduct from his pay the sum of 1½d. weekly, to which is added a like amount by the authorities, making a total of 3d. per week paid to each man's account. As a matter of convenience, the contributions are paid to the insurance commissioners, who hold these amounts during the member's service, and then the society claims them at the time of his discharge or death.

In the case of the naval service, the admiralty office secures the particulars of the man's insurance and keeps a record for each society showing the amount due them in respect of the contributions. In the case of the military service, the plan of having cards stamped was found to be burdensome, and in 1915 a system of paying contributions in bulk was introduced.¹ A post-card certificate is sent to the society (*a*) on a man's enlistment, (*b*) on his discharge, (*c*) on his death, the last two cards certifying the period of service and that the contributions have been paid. These post-card certificates enable the societies to keep a record of their serving members and enable them to claim the contributions on discharge or death. The bulk sums are paid over to the commissioners by the military authorities and are divided among the four national commissions on the basis of the number of soldiers estimated to be drawn from each country. Credit is given to the societies provisionally every half-year, with a final settlement for each man on discharge or death.

On discharge from naval or military service the insured man must resume membership in an approved society, on which he receives credit for the reserve value added to his membership during his period of service and again becomes entitled to all benefits as before in the usual manner. If he has become disabled through injury or disease to such an extent that he can not secure admittance to an approved society, then he is eligible for continued membership in the navy and army insurance fund, which provides maternity and other benefits in a manner similar to the approved societies.

¹ 1914-1917 Report, p. 23.

The act of 1914, in order to simplify the procedure, provides that if the naval or military authorities certify a man as unfit his name is automatically placed on the roll of the navy and army insurance fund, though this provision is limited to the duration of the present war. The act also provides that if in any case the commissioners consider that the state of health of the man on discharge is not such as to disqualify him for admission to an approved society they may give him notice that his membership of the fund will cease at the end of a stated period (which must be not less than three months from the date of notice nor more than six months from the date of discharge), unless he can satisfy them that he has been unable, because of his impaired health, to obtain admission to an approved society. In the interim between discharge and the date of joining a society (or becoming a deposit contributor) a discharged enlisted man continues to be entitled to maternity benefit out of the navy and army insurance fund (sec. 36 of 1916 Regulations).

The amounts paid for maternity benefit by the Navy and Army Fund were:

Year.	Pounds.	Dollars.	Year.	Pounds.	Dollars.
1913.....	6,477	1,520	1915.....	7,361	35,822
1914.....	6,888	33,520	1916.....	18,986	92,395

SOURCES OF INCOME.

The means from which benefits and the cost of administration are paid are derived from the contributions of insured persons, supplemented by contributions of employers and of the National Government. In England, Scotland, and Wales the so-called "employed rate" (the total weekly amount paid in respect of any one person) is 7d. (\$0.14) a week for men, and 6d. (\$0.12) a week for women. This weekly rate is paid by the insured person and the employer in the following proportions: 4d. (\$0.08) by the man, 3d. (\$0.06) by the woman, and 3d. (\$0.06) by the employer, regardless of sex of employee. The rates in Ireland are somewhat lower than these because of special provisions, which need not be described here.

These rates of dues are those paid by the great majority of insured persons; they are, however, modified for the following groups: (1) low-wage earners; (2) persons engaged in seasonal trades; (3) those engaged in casual or intermittent employment; (4) persons in employments where the remuneration fluctuates within certain limits; (5) persons in the mercantile marine; (6) persons in the navy and army; (7) persons in employments in which the employer is required to pay wages during sickness;¹ (8) exempt employed contributors; (9) a married woman special voluntary contributor, who becomes employed, but who holds a certificate of exemption.¹

¹ This group was discontinued by the act of Feb. 6, 1918.

These groups illustrate in part the complexity of the British system; they also show an effort to adjust the system to the varying needs of the wage-earning population. A large part of the so-called low-wage earners and seasonal-trade employees are women. A low-wage earner is a person 21 years of age or more, whose wage does not exceed 2s. 6d. (\$0.60) a day for men, and 2s. (\$0.48) a day for women. The persons in receipt of these wages pay the following dues:

Group I (those whose wage does not exceed 1s. 6d. per working day): The employer pays 6d. for men, 5d. for women, and Parliament provides 1d. in each case. The employed pays nothing.

Group II (those whose remuneration is over 1s. 6d. but does not exceed 2s. per working day): The employer pays 5d. for men and 4d. for women, the employed pays 1d. in each case, and Parliament provides 1d. in each case.

Group III (those whose remuneration is over 2s. but does not exceed 2s. 6d. per working day): The employer pays 4d. for men, 3d. for women, while the employed pays 3d. in each case. For the women these rates are the same as the ordinary employed rate.

In all of the three groups a special rate is in force for Ireland.

For the seasonal trades, the insurance commissioners may issue regulations decreasing the rates for specified periods and increasing the rates for other periods. Modifications may also be introduced on account of casual and intermittent employment, and employments where the rate of pay fluctuates. In all of these cases a large number of the employees affected are women, and many of these are married women who supplement the family income by such work.¹

For voluntary contributors, the rates of contributions are now the same as for employed contributors.² Under the 1911 act this rate was in force; under the 1913 act a complicated schedule of contributions varying according to age was used, but after July 1, 1918, the rate is again to be the same as for the ordinary employed contributor.

FINANCIAL ADMINISTRATION.

The weekly dues of 4d. for men and 3d. for women are paid by deductions from their wages; the employer adds to each of these weekly amounts the sum of 3d. and affixes special stamps of the proper value to the card of each employee at the time when wages are paid. The stamps are purchased from the post office, which deposits all moneys from this source in a special account, the national health insurance fund. There is thus deposited weekly 7d. for each insured man and 6d. for each insured woman, regardless of their ages. From this fund the societies draw the money with which to pay

¹ Cd. 8396, pars. 74 and 106.

² Acts of 1918, sec. 7 (2).

sickness, maternity, and disablement benefits and costs of administration, in the same manner as from a bank account.

When the insurance system was planned it was decided to use a level rate of premium for all ages of insured persons from the very beginning, i. e., in 1912. To overcome the cost of the higher sickness rate of persons of advanced age it was necessary to provide a method of accumulating a fund which could be used for this purpose. The contributions above mentioned are estimated to be sufficient to provide the benefits of the system for a person who entered at the age of 16, because the amount saved in the earlier years of his or her insurance (when the sickness rate is low) will be sufficient to meet the claims in later years, when the sickness rate will be higher. But if a person entered the insurance at the age of 17 or later the contributions will not be sufficient to provide the benefits of the act. The system adopted provides for a gradual cancellation of the liability assumed by the system in providing for all ages the full benefits already described. This liability at the start is stated to have been about £87,000,000 (\$423,385,500), of which seven-ninths for the men and three-fourths for the women have to be borne by the contributions of the insured; in order to provide the reserve needed to cover so much of this liability as falls on contributions, book credits are created. For each insured person who was over 16 at the date of his entry into insurance, the amount required to relieve him from the burden which must otherwise have been imposed on him of paying additional contributions without increased benefits is credited to his society. The British system designates the amounts so credited as "reserve values." These theoretical book credits are converted into actual cash by means of an annual charge deducted from the contributions paid in; for the first year of the insurance this annual charge amounted to about £4,250,000 (\$20,682,625). The insurance commissioners obtained this sum under the 1911 act by retaining from the 7d. (\$.14) contribution of the men the sum of $1\frac{5}{8}$ d., and from the 6d. (\$.12) contribution of the women the sum of $1\frac{1}{2}$ d. As stated elsewhere, these deductions were later made smaller in order to provide a larger income for current use.

The sums derived from these deductions are used in the first place to provide interest on the "reserve values," and the amount not needed for this purpose is used to write them off—in other words, is used to replace the theoretical credit by actual cash. When the initial book credits have been completely canceled the proportion of the contributions retained up to that time for that purpose will be available for providing additional benefits. Under the provisions of the 1911 act the period necessary to extinguish the credits was estimated at about 18 years; under the 1918 act it is believed that a period of over 30 years will be necessary.

The contributions of the insured persons are paid into the national fund, and to provide the benefits the approved societies draw on this fund in the same manner as on a bank account. Of the money drawn out to pay benefits, the national treasury pays two-ninths in the case of men and one-fourth in the case of women. Thus the maternity benefit of 60s. is paid for by the contributions to the extent of 45s. and the National Government pays 15s. These payments of the National Government are made at regular intervals under regulations prepared by the treasury department.

The cost of administration of each society is defrayed by drawing on the society's credit in the national insurance fund and these expenditures share in the parliamentary grant in the same proportion of two-ninths for men and one-fourth for women in like manner as expenditures for sickness, maternity, etc., benefits. The maximum amount expended for administration, however, may not exceed 41d. (\$.82) per member for each year (with a lower rate for certain classes of members). When a deficiency occurs in the administration account, an assessment on the members must be made.

The results achieved under the scheme of dues and benefits adopted in 1911 and 1913 have been in part favorable and in part unfavorable; in general, it may be said that the receipts and expenses for the insured men have been approximately as estimated by the actuaries; while, on the other hand, the expenses for women have been distinctly in excess of the estimates.

The disablement benefit did not come into operation until July, 1914, this date being so recent that information on the actuarial result of this benefit is not available. A special report states that the 18 months' operation has been approximately as anticipated by the actuaries, though the warning is given that this benefit may eventually create a heavier charge than was expected in the case of women, and particularly married women. Information, however, is available as to the sickness and maternity benefits, as shown in Table XIII.

TABLE XIII.—Great Britain. *Actual and expected average weekly expenditure of approved societies for sickness and maternity benefits, per insured married man, 1913-1915.*

[Source: Great Britain. National health insurance. Interim Report of the Departmental Committee on Approved Society Finance and Administration. London, 1916. Cd. 8251, p. 7.]

Year.	Average weekly expenditure per insured married man.	
	Actual.	Expected.
1913.....		
1914.....	\$0.055	\$0.056
1915.....	.060	.060
	.055	.060

Of the three years' experience for men, two years have a surplus while one year shows a deficit. The provision for the men has, therefore, been sufficient.

Table XIV gives a similar statement of the experience for women.

TABLE XIV.—Great Britain. *Actual and expected average weekly expenditure of approved societies for sickness and maternity benefits, per insured married woman, 1913-1915.*

[Source: Great Britain. National health insurance. Interim Report of the Departmental Committee on Approved Society Finance and Administration. London, 1916. Cd. 8251, p. 7.]

Year.	Average weekly expenditure per insured married woman.	
	Actual.	Expected.
1913.....	\$0.050	\$0.026
1914.....	.052	.037
1915.....	.040	.037

In 1913 and 1914 the claims of the insured women were distinctly in excess of the provision made for them; the deficit for the year 1915 is less than for the two preceding years, but this probably is due to the abnormal conditions caused by the European war.

In seeking for the explanation of this excess of claims from the insured women the first question which arose was whether it was due to a greater rate of sickness among the women in the higher age groups. It was the opinion of those familiar with the situation that sufficient allowance had been made for the age factor and that the real cause was the existence among the women of all ages of a much higher rate of sickness than had been anticipated by the actuaries who planned the rates for the insurance system.

There has been, therefore, a general excess of sickness claims from the women members and this excess is particularly marked in the case of married women. To prepare plans for meeting the deficit caused by these unexpected claims, the treasury department on January 27, 1916, appointed a special committee which published three reports on this subject; the first proposed a revision of certain of the financial provisions of the insurance acts.¹ The proposals of this committee were the basis on which the act of February 6, 1918, was framed and a brief statement of their recommendations, with the reasons given for the need of the changes, is necessary in order to understand the new arrangements provided by the 1918 act.

The most radical change recommended—which was adopted finally—was to take part of the money intended for the sinking fund for current needs. This proposal brought forth a variety of com-

¹ Interim Report of the Departmental Committee on Approved Society Finance and Administration. London, 1916. Cd. 8251.

ment, ranging from "a sensible measure" to "looting the baby's bank." To use the income originally planned to go to the sinking fund would postpone the date when the sinking fund would be large enough to permit an increase in the benefits. The proposal made by the committee provided that out of the $1\frac{1}{2}$ d. set aside for the sinking fund from the weekly contributions of the women, three-fourths of a penny should be released; and out of the $1\frac{5}{8}$ d. set aside from the weekly contributions of the men, five-ninths of a penny should be released for immediate use of the societies. The committee estimated that these deductions would make available about £1,800,000 (\$8,759,700) annually.

The purposes to which the moneys from these deductions should be applied were stated by the committee to be as follows:

- (1) An immediate increase in the income available to the societies for the payment of benefits to women generally.
- (2) Further special provision for the claims falling upon the societies in respect to married women by the institution of a national women's equalization fund.
- (3) A men's special reserve fund to meet the indirect but possibly prolonged effect of war service on the insured male population.
- (4) A contingencies fund, in order to place at the disposal of any society additional resources to meet contingent liabilities caused by excess of sickness, disablement, or maternity claims.
- (5) A special risks fund, to provide for deficiencies caused by the inclusion in certain societies of a large proportion of members who are below standard in health as a result of hazardous occupations, unhealthy environment, or an exceptionally low standard of living.

In the opinion of the committee the funds available for women's benefits (of all kinds) were inadequate and an immediate increase in income was necessary. Out of the three-fourths penny per weekly contribution proposed to be released, they recommended that one-third penny should be devoted to increasing the current income of the societies for women's benefits. The one-third penny reservation would total £280,000 (\$1,362,620) annually; the committee proposed that of this total £145,000 (\$705,642.50) should be credited directly to the societies, while the remaining £135,000 (\$656,977.50) should be placed in the national women's equalization fund. To this latter amount would be added the sum of £135,000 (\$656,977.50) which Parliament appropriated in the budget for 1914-15 and which the committee assumed would be voted each year in the future for the purpose of meeting sickness claims on account of pregnancy. Under the procedure followed heretofore, for each 6d. paid in in

respect of an insured woman (3d. from wages and 3d. from the employer) Parliament has added 2d., or one-third. If one-third is added to each of these sums of £135,000 by grants from the treasury, this will make each of them £180,000 (\$875,970), or a total of £360,000 (\$1,751,940).

In the opinion of the committee, the distribution of the equalization fund among the societies must be governed by two factors; in the first place, it must be varied in accordance with the number of married women in their membership. The information available shows that the insured married women have an average of one week of sickness per annum in excess of the unmarried women; while this excess includes the claims for benefits during pregnancy, it is not entirely due to this cause. In the second place, in addition to the sickness benefits, the committee expressed doubts whether the present rates of dues were sufficient to defray the cost of the maternity benefits, so that the distribution of the fund of the societies must also be based on the amounts expended for maternity benefits.

The distribution of the women's equalization fund should be in such a manner as to provide for the special risks of women wherever they arise, and the fund, therefore, should be available for all parts of the United Kingdom. This would avoid the creation of separate funds for Scotland, Ireland, England, or Wales, because it is probable that there is considerable variation of women's risks in these parts of the Kingdom and still more variation in sections of these parts.

In the act of 1918, these plans were revised somewhat. The new act provides for three special funds: First, the women's equalization fund, to care for the particular costs due to women's sickness, especially that due to pregnancy; second, the contingencies fund; and, third, the central fund. The last two funds are to provide for the needs of the insurance carriers not met by the women's equalization fund, and for which the departmental committee made the recommendations just outlined.

In accordance with the 1918 act, after July 1, 1918, the amounts retained by the insurance commissioners shall in part be applied to the creation of the contingencies fund and the central fund. These two funds may be described as special reserves formed for the purpose of meeting deficiencies in the operations of the approved societies.

The contingencies fund and the central fund are to receive the following amounts:

The contingencies fund, seven-eighths of a sum representing, in the case of men, four-ninths, and, in the case of women, three-ninths of a penny for each weekly contribution paid in respect of a member of a society.

The central fund, one-eighth of a sum representing, in the case of men, four-ninths, and, in the case of women, three-ninths of a penny for each weekly contribution paid in respect of a member of a society.

The insurance commissioners are to apportion among the societies the sum directed by the 1918 act to be carried to the contingencies fund in the case of men in proportion to the number of contributions credited in respect of the members of those societies who are men, and likewise the sums to be carried to this fund in the case of women in proportion to the number of contributions credited in respect of the members of those societies who are women; the sums so apportioned to any society, together with the proper proportion of accumulations of interest, form the contingencies fund of that society, which is to be available for making good any deficiency of that society. However, no part of any surplus of any society which appears on making an actuarial valuation may be used for making good any deficiency in any other society. If the actuarial valuation of the society discloses that there is no deficiency, or if the contingencies fund of the society is more than sufficient to cover the deficiency, then the sum stands to the credit of the society, though the sum so credited may not be used for the purpose of providing "additional" benefits, as described on page 71.

The central fund was established by the 1918 law and is under the control of the joint committee; beginning with the year 1917 this fund is to receive from grants by Parliament the sum of £150,000 (\$729,975) annually; it shall also receive the sums mentioned on page 88 above, and all accumulations of interest on the sums standing to the credit of the fund. The purpose of the central fund is as follows: If on making the actuarial valuation of a society, or any branch of a society, a deficiency is found, and sums in any contingencies funds available to make good that deficiency are not sufficient, then the joint committee may, out of the central fund, make good either the whole or any part of the deficiency not covered by the contingencies funds. The act specifies, for the guidance of the committee, that it must be satisfied that the deficiency is due in whole or in part to an abnormal rate of sickness among the members of the society attributable to the nature of their employment or environment, or their physical condition, or any epidemic disease, or is due to the rate of sickness being abnormal by reason of the small membership of the society, or due to any other special cause beyond the control of the society. A special, independent investigating body, if the society requests, may be appointed to report on the causes of the deficiency.

These two funds are of importance because they may be used to defray the excess of cost of sickness benefits of women, including benefits for pregnancy, if the amounts provided by Parliament for the women's equalization fund are not sufficient for that purpose.

The higher rate of sickness among women, especially sickness due to pregnancy, has always been a serious problem to the societies, and the 1918 act finally settled the difficulty. Under this act, the

National Government practically assumes the cost of the sickness benefit for women during pregnancy by the establishment of the so-called women's equalization fund. The purpose of this fund is stated to be for "assisting approved societies in meeting their liabilities in respect of the sickness claims of women" (sec. 2).

Under this provision the joint committee, with the approval of the treasury department, is to draw up a plan for distributing among the approved societies a sum not exceeding 8s. (\$1.92) for each of the married women who are members of societies and employed contributors. The national treasury is to provide all of this amount, which is increased by the proviso that the sums disbursed are to be regarded as derived from the contributions of the members; this automatically adds to this amount one-fourth, since Parliament adds that sum to benefits paid by the societies. For the years 1913 to 1916 the cost is to be defrayed from the balance of the sums previously appropriated for this purpose by Parliament and not expended, which at the close of 1917 amounted to £510,000 (\$2,481,915).¹ For the future the Government has pledged an annual sum not to exceed £250,000 (\$1,216,625).

Reinsurance of maternity benefit.

Under section 20 of the act of 1911, the insurance commissioners were given authority to provide for the reinsurance of the maternity benefit under a system to be provided by them. The commissioners referred the matter to the actuaries, who, in the annual report for 1912-13 (p. 563 ff.), advised that such a step appeared to them unnecessary. The purpose of such a plan would be to secure the societies against losses arising from claims for maternity benefit being in excess of what was expected. Deviations from the expected costs, the actuaries state, will be of two kinds: (1) Temporary fluctuations due to the small number of persons involved in a particular society; (2) permanent deviations due to the character and circumstances of the membership in question. As to the first of these deviations, which the actuaries call "accidental," there will be but slight risk, even to the smaller societies. Thus a small society, say of 200 male members, might be expected to have, on the average, about 18 claims for maternity benefit annually, or about 90 claims for every five-year period. The average fluctuation from this number would not be greater than 10 per cent above or 10 per cent below, and spread over five years this variation would not be of sufficient importance to warrant the adding of a complicated system of reinsurance.

The other variation from the normal—that due to actual and permanent difference in the birth rate in different sections of the

¹ Report 1914-1917, Cd. 8890, p. 80.

population or in different types of societies, such as those composed of younger men or composed of women—is a more important matter. In the large societies, with a wide distribution of membership, such a “systematic” variation in the birth rate will be unlikely to cause any difficulty. In regard to societies restricted to certain occupations or to certain districts, there are practically no data available as to the difference in birth rate of the various occupational groups. In the different localities of England, while there is a marked variation in the birth rates, those below the average and those above the average comprise a comparatively small proportion of the total number of persons insured. As far as geographical considerations are involved, it is probable that the average rate provided for will be sufficient to cover the costs of the maternity benefit, and if the recent tendency to a decreasing birth rate is continued, there is a possibility that the average figure used in computing the costs will become a maximum.

In regard to women's societies, or women's branches of the large societies, the actuaries point out that the maternity benefit is likely to form a smaller proportion of expenditures for benefits than in the case of men's societies. The reason for this lower proportion is that the majority of women are suspended from benefit on marriage; the actuaries estimate that only one-seventh of the employed women who marry continue in employment after marriage. Furthermore, in certain localities or occupations where a large proportion of women continue in employment after marriage, it is found that there is a rapid decrease in this proportion as the ages advance; this is probably due to the fact that the married woman's employment is of a temporary character—it is likely to cease as the cares of the household become more exacting. For women who were married and in employment at the time the insurance law came into operation, the financial provision is more than sufficient; for women who were unmarried at that time and in employment, there will be a number of localities where the maternity benefit claims will be in excess of the financial provision. Until a series of actuarial studies, covering several years of operation of the insurance system, have been made it will be impossible to calculate the effects of the tendencies just mentioned; since, however, the profits of the societies on this account will come in at once, while the losses will develop only gradually, there is no present need for reinsurance of maternity benefits in the women's societies or women's branches of the larger societies.

The general conclusion of the committee of actuaries is that there is no proved necessity for reinsurance of maternity benefit claims, while there are a number of definite objections against such action. Up to September, 1916, the insurance commissioners had published no regulations or orders on this subject.

GENERAL ADMINISTRATION.

The general administration of the insurance system may be said to be arranged as follows: Parliament and the treasury department are at the apex of the scheme. For each of the four countries, England, Scotland, Ireland, and Wales, there is a board of insurance commissioners, which are semi-independent bodies; over these four bodies is a federated body called the National Health Insurance Joint Committee, whose principal function is to secure uniformity of administration of the act. In each of the four countries and subject to the jurisdiction of the insurance commissioners for that country there are two sets of bodies to administer the benefits; first, for each county (or county borough) there is an insurance committee whose principal function is to administer the medical and sanatorium benefits; second, in each county there are a large number of voluntary societies ("approved societies") which administer the other benefits.

This abbreviated statement of the scheme of organization omits some important details, but it serves to give the general outline of the plan.

Insurance commissioners.

The legal title of these bodies is "insurance commissioners," there being one board each for England, Scotland, Wales, and Ireland. Each board is a legal entity, with powers specified by law and with the duty of supervising the administration of the health insurance acts and advising the agencies which provide the insurance. The commissioners have control and management of the fund into which the contributions of employers and insured persons are paid and from which payments are made to the societies and the insurance committees. One of their important duties is to "approve" the societies which conduct insurance under the act, and most of the rules of these societies require the approval of the commissioners to secure validity. As stated below, the insurance commissioners also have charge of the deposit contributors' fund.

The joint committee.

The joint committee of the four boards of insurance commissioners consists of the chairman of each of the four boards ex officio, of such other members of each of the four boards as the treasury may appoint. The joint committee is incorporated and may sue and be sued. It has power to make financial adjustments between the several funds under the control of the four boards of commissioners; it may exercise such powers and perform such duties of each of the four boards (either alone or jointly with any of them) as may be provided by regulations. In particular, it has power to make regulations as to the actuarial valuation of societies which operate under the insurance acts and as to matters in which uniformity of action

throughout the United Kingdom is desirable. The approval of societies which operate in more than one of the four countries is vested in the committee. Aiding the joint committee is an advisory committee of about 150 persons, composed of representatives of employers, insured persons, physicians, etc., including not less than two women. The general duty of the advisory committee is to make recommendations concerning the rules for collection and payment of contributions, the accounting methods of societies, payment of benefits, etc.

Under this plan the insurance in each of the four countries, England, Scotland, Ireland, and Wales, may be said to have a semi-independent organization, with a federated board over them to assure uniformity of administration.

Insurance committees.

For each County and County Borough there is an insurance committee whose principal function is the administration of the sanatorium and medical benefit of all the insured persons in their districts, and also to administer the sickness, disablement, and maternity benefits of the deposit contributors. They must make reports on the health of the insured population of their districts, make statistical reports, and furnish suggestions to the commissioners. They must be composed of not less than 40 nor more than 80 members, representing the insured persons (three-fifths of the total membership), the council of the County, the medical profession, etc. In 1913 there were 124 of these insurance committees in England and their total membership included about 100 women.¹

Approved societies.

The principal carriers of the insurance are the so-called approved societies. As stated elsewhere, the whole basis of the insurance system is the network of friendly societies and organizations with a similar purpose, which had existed in the country for a long time previous to the enactment of the law and which the system utilizes as administrative agencies. In April, 1913, these organizations were classed as: Friendly societies, with branches; centralized friendly societies; trade-unions; industrial assurance companies; collecting societies; employers' provident funds and works societies.

To become "approved societies" these organizations are required to submit their statutes to the insurance commissioners and must register their rules. In general, it may be said that the societies become independent organizations when they once receive approval, though, of course, subject to the control of the insurance commissioners as far as the provisions of the act are affected. There are approximately 2,000 of these approved societies in England, ranging

¹Annual Report 1912-13, p. 92

from the great friendly societies with several hundred thousand members down to the small local clubs in villages with a membership of less than a hundred. The character of the membership also varies; some of the large societies have an even distribution of risks because of the variety in their membership, while others, such as the trade-unions, have a distinct type of membership, because restricted to particular trades; again, some societies admit men only or women only. Some of the difficulties in the administration of the act have developed from this segregation of risks of a distinct type, such as men engaged in certain hazardous trades, women in occupations with high sickness rates, etc.

These societies had for many years provided systems of benefits for their members and had incurred a wide variety of liabilities which it was not desired to change or disturb. As the national insurance act provided for a system of money grants by Parliament, it was necessary to have the financial operations under the act clearly separated from any other work which the societies wish to conduct. Most of the societies have, therefore, arranged a separate department within their organization for the conduct of their work under the act, which is generally referred to as the "State side," in distinction to the "private side." The result of this arrangement is that many societies conduct two systems of insurance for their members, one providing the benefits under the national system, and one providing benefits which are now regarded as supplementing the other benefits.

The law provides that these societies shall administer for their members the sickness benefit, the maternity benefit, and the "additional" benefits, unless the latter consist of medical benefit. All medical and sanatorium benefits are administered by the insurance committees.

The particular benefit under discussion—the maternity benefit—is thus administered by the approved societies under such general rules as the act and the authorities named by the act provide.

The deposit contributors' fund.

Under the system of insurance carried on by the voluntary societies, it was not feasible to compel the societies to accept a person for membership against their will, though the law does not permit them to refuse an applicant on the ground of age alone. There will be, therefore, a certain number of persons who are compelled to insure who either can not or prefer not to become members of societies. For this group of persons, a special organization in the post office was created and is now called the deposit contributors' fund (originally called the post-office fund). Those affiliated with this fund may be persons who are compelled to insure or who have voluntarily decided to insure. It was originally expected that the group of "deposit con-

tributors" would be persons who would be subject to compulsory insurance but who could not gain admission to societies because of impaired health; it was also expected that their number would reach 800,000 or 900,000,¹ though later developments showed the number to be only about one-third of the estimate. The fact that the approved societies generally waived any medical test of applicants for membership permitted a person not in good health to join them and the result has been that the deposit contributors differ in no important respect from the great body of the insured persons. This class of insured persons was originally intended to be discontinued on January 1, 1915, but on account of the war the date has been extended.

The insurance of the deposit contributor is dependent entirely on his own payments, increased by the usual grants from the national treasury. Whenever a deposit contributor files a claim for sickness or maternity benefit, such claim is allowed to the extent of the payments he or she has made; after the amount to his individual credit has been exhausted, no further benefits can be allowed until his payments builds up a new credit to his account. These accounts are kept at the central office of the insurance commissioners and the payment of his benefits is made by the insurance committee of the county in which he resides.

The claims for maternity benefit by the deposit contributors have been only 25 to 30 per cent of the expected,² a fact which leads the authorities to believe that there is a large proportion of unmarried persons in this class. The total number of deposit contributors in England on December 31, 1916, was 228,355, of whom 125,413 were men and 102,942 were women. The number of maternity benefits paid to this group in the year 1916 was 3,519 for men and 737 for women; the men's benefit averaged 27s. (\$6.48) and the women's 23s. (\$5.52) per case. Relatively the deposit contributors are a group of minor importance, and one which the framers of the law intended to eliminate as soon as possible.

OPERATIONS.

The operations of the British system are not easy to describe, but the following pages give the available information as to the number of persons insured, the financial returns, etc. The commissions for the four countries, being semi-independent bodies, make separate statements of their operations, which are not consolidated in the annual reports of the system. In a number of cases, the data for England only are given in the following pages, as they show the details of operation and are sufficient for present purposes.

¹ Report for 1912-13, p. 158.

² Annual Report, 1913-14, p. 56.

The approved societies.

The only way to state the number of persons insured under the British system is to give the number of contribution cards surrendered each quarter by members in order to have their payments counted. This number is, of course, a fairly accurate statement of the persons who have paid dues and are entitled to benefits each quarter. On this basis, the number of men insured in the societies in 1913 was 9,394,961, while in 1914 it was 9,625,562. The number of women members of the societies in 1913 was 4,053,108, and in 1914 was 4,131,825. The number for 1915 would probably show a greater increase because of employment in establishments where men had been replaced by women on account of war service.

The number of uninsured wives of insured men entitled to receive maternity benefit because of their husband's insurance was estimated in 1914 as being about 5,000,000;¹ the number of married women in the United Kingdom whose annual income is below the limit specified in the law (£160), but whose husbands are not insured and who are not themselves insured, was estimated in 1914 to be 456,000. To sum up, the number of women who were entitled to maternity benefit in 1914 was 4,131,825 insured in societies, about 100,000 women deposit contributors, and about 5,000,000 wives of insured men, or a total of over 9,200,000 women, while against this 9,200,000 there were 456,000 married women not entitled to maternity benefit because the law did not include them, though they belonged to the same group of the population as the insured persons.

The official reports state that there is considerable divergence in the four countries of the United Kingdom as regards the proportion of married women among the insured women. Of the three and one-third million insured women in England in 1914, it is estimated that about 16 per cent were married, making about 533,800 women entitled to the double maternity benefit of 60s. (\$14.40). In Ireland the number is estimated at about 10 per cent, in Scotland about 7 per cent, and in Wales about 6 per cent.² In planning the system the actuaries estimated that about one-seventh of the women who married remained in employment after marriage.

The statistics of operations of the British system are given in rather brief form in the three annual reports published to date; the special study of the departmental committee on approval society finance and administration contains some information not given in the annual reports.³ For reasons connected with the war, no statement as to the number of persons insured is given for 1915 or 1916.

¹ Official Report, Parliamentary Debates, House of Commons, Aug. 4, 1914, p. 1913.

² Interim Report of Departmental Committee on Approved Society Finance and Administration, 1916, Cd. 8251, p. 33.

³ Interim Report of 1916, Cd. 8251.

The membership of the approved societies and their expenditures for benefits in 1913 to 1916 are shown in Table XV.

TABLE XV.—United Kingdom. Number of men and women insured in approved societies and amounts paid for sickness, maternity, and disablement benefits, 1913–1916.

[Source: Great Britain. Report of the Administration of National Health Insurance, 1914–1917. London, 1917. Cd. 8890, pp. 11, 116, and 238.]

Country.	Number of members.	Amount paid for—		
		All benefits.	Sickness benefits.	Maternity benefits.
1913. MEN.				
United Kingdom.....	9,394,961	\$27,304,759	\$21,354,748	\$5,950,011
England.....	7,359,866	21,178,468	16,609,618	4,568,850
Scotland.....	1,026,649	2,724,734	2,056,408	668,326
Ireland.....	457,227	1,452,446	1,119,874	332,572
Wales.....	551,219	1,949,111	1,568,848	380,263
1913. WOMEN.				
United Kingdom.....	4,063,108	\$10,752,454	\$10,543,638	\$208,816
England.....	3,290,807	8,704,246	8,548,543	155,703
Scotland.....	431,404	1,002,981	968,764	34,217
Ireland.....	221,432	732,160	720,948	11,212
Wales.....	109,465	313,067	305,383	7,684
1914. MEN.				
United Kingdom.....	9,625,562	\$31,581,118	\$24,740,001	\$6,128,574
England.....	7,537,794	24,414,939	19,193,792	4,656,837
Scotland.....	1,033,276	3,255,615	2,468,449	702,280
Ireland.....	474,544	1,607,478	1,235,162	355,931
Wales.....	579,948	2,303,086	1,842,598	413,526
1914. WOMEN.				
United Kingdom.....	4,131,825	\$11,598,869	\$10,349,761	\$1,026,408
England.....	3,336,285	9,447,477	8,409,818	861,385
Scotland.....	446,337	1,145,122	1,025,586	86,565
Ireland.....	231,291	655,838	585,639	64,472
Wales.....	117,912	350,432	328,718	13,986
1915. MEN.				
United Kingdom.....	(a)	\$31,019,490	\$22,618,368	\$5,530,267
England.....	(a)	24,104,826	17,671,347	4,207,620
Scotland.....	(a)	3,300,991	2,326,542	634,193
Ireland.....	(a)	1,496,848	1,071,569	319,812
Wales.....	(a)	2,116,825	1,548,910	368,642
1915. WOMEN.				
United Kingdom.....	(a)	\$10,172,946	\$8,059,766	\$888,151
England.....	(a)	8,218,428	6,501,614	750,989
Scotland.....	(a)	1,071,506	830,979	71,630
Ireland.....	(a)	567,400	466,041	51,653
Wales.....	(a)	315,612	261,132	13,879

(a) Not reported

MATERNITY BENEFIT SYSTEMS.

TABLE XV.—United Kingdom. Number of men and women insured in approved societies and amounts paid for sickness, maternity, and disablement benefits, 1913–1916—Continued.

Country.	Number of members.	Amount paid for—				
		All benefits.	Sickness benefits.	Maternity benefits.		
1916. MEN.						
United Kingdom.....	(a)	\$30,295,661	\$21,248,058	\$5,300,289		
England.....	(a)	23,487,865	16,594,347	4,033,618		
Scotland.....	(a)	3,266,823	2,197,088	624,688		
Ireland.....	(a)	1,514,689	1,037,976	290,928		
Wales.....	(a)	2,026,284	1,418,647	351,055		
1916. WOMEN.						
United Kingdom.....	(a)	\$9,604,713	\$6,942,266	\$832,803		
England.....	(a)	7,735,379	5,585,049	717,000		
Scotland.....	(a)	1,026,649	694,853	61,678		
Ireland.....	(a)	584,291	437,084	40,664		
Wales.....	(a)	297,138	225,280	13,481		
Country.	Number of members.	Disablement benefits. ^b	Average amount paid per week for—			
			All benefits.	Sickness benefits.	Maternity benefits.	Disablement benefits. ^b
1913. MEN.						
United Kingdom.....	9,394,961	.....	\$0.0552	\$0.0432	\$0.012	.....
England.....	7,359,866	.....	.0546	.0428	.0118	.....
Scotland.....	1,026,649	.....	.0504	.0380	.0124	.....
Ireland.....	457,227	.....	.0602	.0464	.0138	.....
Wales.....	551,219	.....	.0670	.0540	.0130	.....
1913. WOMEN.						
United Kingdom.....	4,053,108	.....	\$0.0501	\$0.0492	\$0.0010	.....
England.....	3,290,807	.....	.0500	.0492	.0080	.....
Scotland.....	431,404	.....	.0442	.0426	.0016	.....
Ireland.....	221,432	.....	.0636	.0600	.0010	.....
Wales.....	109,465	.....	.0540	.0526	.0014	.....
1914. MEN.						
United Kingdom.....	9,625,562	\$712,543	\$0.0620	\$0.0486	\$0.0120	\$0.0014
England.....	7,537,794	564,310	.0612	.0482	.0116	.0014
Scotland.....	1,033,276	84,886	.0596	.0452	.0136	.0016
Ireland.....	474,544	16,385	.0640	.0492	.0142	.0030
Wales.....	579,948	46,962	.0846	.0676	.0152	.0018
1914. WOMEN.						
United Kingdom.....	4,131,825	\$222,700	\$0.0530	\$0.0474	\$0.0046	\$0.0010
England.....	3,336,285	176,274	.0536	.0478	.0048	.0010
Scotland.....	446,337	32,971	.0484	.0434	.0036	.0014
Ireland.....	231,291	5,727	.0534	.0478	.0052	.0040
Wales.....	117,912	7,728	.0560	.0526	.0022	.0012

^a Not reported.

^b Disablement benefit payments began in July, 1914.

TABLE XV.—United Kingdom. Number of men and women insured in approved societies and amounts paid for sickness, maternity, and disablement benefits, 1913-1916—Continued.

Country.	Number of members.	Disablement benefits. ^b	Average amount paid per week for—			
			All benefits.	Sickness benefits.	Maternity benefits.	Disablement benefits. ^b
1915. MEN.						
United Kingdom.....	(a)	\$2,870,855	\$0.0608	\$0.0444	\$0.0108	\$0.0056
England.....	(a)	2,225,859	.0604	.0442	.0106	.0056
Scotland.....	(a)	340,256	.0604	.0426	.0116	.0032
Ireland.....	(a)	105,467	.0596	.0426	.0128	.0042
Wales.....	(a)	199,273	.0778	.0568	.0136	.0074
1915. WOMEN.						
United Kingdom.....	(a)	\$1,225,029	\$0.0464	\$0.0368	\$0.0040	\$0.0056
England.....	(a)	965,825	.0464	.0368	.0042	.0054
Scotland.....	(a)	168,897	.0454	.0352	.0030	.0072
Ireland.....	(a)	49,706	.0464	.0382	.0042	.0040
Wales.....	(a)	40,601	.0506	.0418	.0022	.0066
1916. MEN.						
United Kingdom.....	(a)	\$3,747,312	\$0.0586	\$0.0412	\$0.0012	\$0.0072
England.....	(a)	2,859,901	.....	.....	.....	.....
Scotland.....	(a)	445,047	.0612	.0412	.0116	.0084
Ireland.....	(a)	185,783	.....	.....	.....	.....
Wales.....	(a)	256,581	.....	.....	.....	.....
1916. WOMEN.						
United Kingdom.....	(a)	\$1,829,643	\$0.0432	\$0.0312	\$0.0038	\$0.0082
England.....	(a)	1,433,330	.....	.....	.....	.....
Scotland.....	(a)	231,372	.0422	.0296	.0026	.0098
Ireland.....	(a)	106,543	.....	.....	.....	.....
Wales.....	(a)	58,398	.....	.....	.....	.....

^a Not reported.

^b Disablement benefit payments began in July, 1914.

None of the reports contains information which would show how many women received the maternity benefit in any of the years for which other data are available.

As the insured persons are required to have been members and to have paid contributions for 26 weeks before they became entitled to benefits for sickness and maternity, no payments of these benefits were made until January, 1913, since the 1911 act came into force on July 15, 1912.

The act of 1913 made a number of changes in the maternity benefit, and these changes came into effect as follows:

Section 14 (1): Maternity benefit to be the "mother's benefit," on January 12, 1914.

Section 14 (2): Maternity benefit not affected by deficiencies in husband's insurance, on October 13, 1913.

Section 14 (3): Second maternity benefit of 30s. in lieu of sickness benefit for four weeks, on January 12, 1914.

The effect of the last-named section was to shift a large expenditure from the sickness benefit account to the maternity benefit column, and caused a marked increase in the expenditures for this item in the year 1913.

Table XV shows that the societies, for all three benefits, expended over \$38,000,000 in 1913, over \$43,000,000 in 1914, over \$41,000,000 in 1915, and about \$40,000,000 in 1916. The societies' total expenditure for maternity benefit was \$6,158,825 in 1913, \$7,154,982 in 1914, \$6,418,417 in 1915, and \$6,133,092 in 1916. The greater part of these amounts was of course paid to the men on behalf of their wives; the men's maternity benefits amounted to \$5,950,011 in 1913, \$6,128,574 in 1914, \$5,530,267 in 1915, and \$5,300,289 in 1916. The women members of the societies were paid maternity benefits amounting to \$208,814 in 1913, \$1,026,408 in 1914, \$888,151 in 1915, and \$832,803 in 1916. The larger amount paid in 1914 was due principally to the changes introduced by the law of 1913. The marked decrease since 1914 is due to conditions caused by the war.

Assuming the expenditures of the societies for benefits to be \$40,000,000 annually, the \$6,000,000 expended for maternity benefit makes 15 per cent of this amount. There is also a large amount expended for sickness benefit, for disability connected with childbirth.

The last four columns of the table, giving the average expenditure per week for each insured member, are of especial interest. The total expenditures for the three benefits by the societies have averaged close to 6 cents per week for the men and have ranged from 4.32 cents to 5.3 cents for the women. The maternity benefit in respect of the men's insurance caused an expenditure of 1.2 cents in 1913 and 1914, and in 1915 it was 1.08 cents, and in 1916 it was 0.12 cents per week per man. The expenditure for maternity benefit in respect of the women's insurance in 1913 was 0.1 cent, in 1914 it was 0.46 cent, in 1915 it was 0.4 cent, and in 1916 it was 0.38 cent per week per woman member of the societies.

Deposit contributors.

The expenditures for benefits by the deposit contributors' fund are not included in the preceding table; in comparison with the amounts paid out by the approved societies they are almost insignificant. In England in 1916 the amount expended for maternity benefits by this fund was £4,758 (\$23,155) for men and £850 (\$4,136.52) for women, or a total of £5,608 (\$27,281) for all insured persons. The total number of deposit contributors in England on December 31, 1916, was

228,355, consisting of 125,413 men and 102,942 women. The average amount of maternity benefit paid to the women members in 1916 was 23s. 1d. (\$5.59), while the men received an average of 27s. (\$6.56). The number of maternity benefits paid in England in 1916 was 3,519 for the men and 737 for the women; about 75 per cent of the men and 47 per cent of the women received the full benefit. The women deposit contributors were able, therefore, to secure the entire amount of the benefit in less than one-half the cases.

The year 1916 shows an improvement over the earlier years both in the number of claims presented and in the average amount of the benefit payment available. The special investigation of the deposit contributors' insurance, published in the 1913-14 report, page 495, states that the number of maternity claims presented up to that date was only 29.2 per cent of the expected in the case of men, and in the case of women the number of claims presented was too small to compute a ratio. The explanation of this situation of the deposit contributors is that the cost of their benefits is defrayed from the weekly dues which they have paid in during the age period from 16 to 70; the amounts which they pay are small weekly sums, which, of course, accumulate very slowly. The need for the maternity benefit comes principally in the earlier years of life when there is obviously little on which to draw. In the case of the women deposit contributors there can practically never be anything to draw on for maternity benefit.

Classes of members of approved societies.

The classes of members and the rates of dues paid by them are shown in the following table, which gives a typical quarter's payment for England. The table is of especial interest as showing the variety of classes of the insurable population and the varying rates of dues which these classes may pay. The division of the statement into separate tables for men and for women—Tables XVI and XVII—permits special consideration of the data for the insured women. Footnote ^a to each table shows the official titles of the different classes of members.

TABLE XVI.—Great Britain. Number of male members of approved societies in England for whom contribution cards were received by the commission for the quarter ended April 13, 1913, and the number of contributions paid at each rate, by classes.

[Source: Great Britain. National Health Insurance Joint Committee, Report for 1913-14. Cd. 7496, pp. 500, 501.]

Class. ^a	Number of contributors.			Number of contributions paid at specified rate.										Average number of contributions per contributor.	Number of arrears paid employed contributors.			
	Total.	At low-wage rates.	Under sec. 47 of 1911 act. ^b	Total.	Full rate, 7d. (\$0.14).	Low wage, 6d. (\$0.12).	Irish residents, 5½d. (\$0.11).	Sec. 47, 5d. (\$0.10).	Low-wage Irish residents, 4½d. (\$0.09).	Low wage, sec. 47, 4d. (\$0.08).	Irish residents, sec. 47, 3½d. (\$0.07).	Army, 3d. (\$0.06).	Mercantile marine. ^c		15	16	17	
													6d. (\$0.12).					2d. (\$0.04).
	1	2	3	4	5	6	7	8	9	10	11	12	13	14				
All classes.	7,279,368	24,583	73,677	89,382,831	86,303,891	254,027	6,871	911,704	4	296	93	1,351,446	479,660	43,953	12.3	142,530	266	
A1.....	6,992,617	23,307	73,134	85,964,206	84,813,886	238,332	6,722	904,948	4	221	93	.....	.....	.....	12.3	139,861	262
A2.....	32,206	65	162	374,026	371,555	553	134	1,784	.....	.....	.....	.....	.....	.....	11.6	731	.....
A3.....	70,552	1,211	381	837,913	817,724	15,142	.....	4,972	.....	75	.....	.....	.....	.....	11.9	1,707	4
A4.....	57,903	.....	.....	599,043	108,057	.....	15	.....	.....	.....	.....	.....	451,072	39,899	10.3	231	.....
A5.....	2,506	.....	.....	34,271	3,490	.....	.....	.....	.....	.....	.....	.....	26,758	4,023	13.7	.....	.....
A6.....	180	.....	.....	2,389	528	.....	.....	.....	.....	.....	.....	.....	1,830	31	13.3	.....	.....
B.....	105,524	.....	.....	1,351,446	.....	.....	.....	.....	.....	.....	.....	1,351,446	.....	.....	12.8	.....	.....
B1.....	14,931	.....	.....	188,651	188,651	.....	.....	.....	.....	.....	.....	.....	.....	.....	12.6	.....	.....
C1.....	2,538	.....	.....	30,753	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	12.1	.....	.....
D1.....	9	.....	.....	107	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	11.9	.....	.....
C2.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	13.0	.....	.....
D2.....	2	.....	.....	26	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

^a Class A1.—British subjects under 65 years of age at entry into State insurance.

A2.—Aliens between 17 and 65 years of age at entry into State insurance.

A3.—Persons (British subjects and aliens) over 65 years of age on July 15, 1912.

A4, A5, and A6.—Mercantile marine members, subdivided similarly to classes A1, A2, and A3.

B.—Army members.

C1.—Voluntary contributors (British subjects) under 45 years of age at entry into State insurance.

D1.—Voluntary contributors (British subjects) over 45 years of age at entry into State insurance.

C2.—Voluntary contributors (aliens as defined) between 17 and 45 years of age at entry into State insurance.

D2.—Voluntary contributors (aliens as defined) over 45 years of age.

^b Section 47 of the 1911 act contains the special provisions where the employer is liable to pay wages during sickness.

^c In the mercantile marine classes the contribution card covers the period of a voyage and not 13 weeks only.

TABLE XVII.—Great Britain. Number of female members of approved societies in England for whom contribution cards were received by the commission for the quarter ended April 13, 1913, and the number of contributions paid at each rate, by classes.

[Source: Great Britain. National Health Insurance Joint Committee, Report for 1913-14. Cd. 7496, pp. 500, 501.]

Class. ^a	Number of contributors.			Number of contributions paid at specified rate.								Average number of contributions per contributor.	Number of arrears paid employed contributors.	
	Total.	At low-wage rates.	Under sec. 47 of 1911 act. ^b	Total.	Full rate, 6d. (\$0.12).	Low wage, 5d. (\$0.10).	Irish residents and sec. 47, 4½ d. (\$0.09).	Low-wage Irish residents and low wage, sec. 47, 3½ d. (\$0.07).	Special voluntary rate, 3d. (\$0.06).	Mercantile marine. ^c			Full rate, 6d. (\$0.12).	Sec. 47, 4½ d. (\$0.09).
										5d. (\$0.10).	2d. (\$0.04).			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	
All classes.....	3,253,852	233,502	18,672	38,850,930	36,361,364	2,215,069	224,403	2,885	32,868	5,965	562	11.9	69,124	195
E1.....	3,225,913	231,333	18,611	38,514,763	36,096,805	2,191,450	223,642	2,866	.....	.....	.....	11.9	68,898	.....
E2.....	8,882	246	28	106,703	103,880	2,509	314	.....	.....	.....	.....	12.0	86	.....
E3.....	10,947	1,923	33	130,212	108,636	21,110	447	19	.....	.....	.....	11.9	140	.....
E4.....	669	.....	.....	7,284	757	.....	.....	.....	.....	5,965	562	10.9	.....	.....
E5.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
E6.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
F1.....	4,086	.....	.....	51,260	51,260	.....	.....	.....	.....	.....	.....	12.5	.....	.....
G1.....	706	.....	.....	47,784	.....	.....	.....	.....	.....	.....	.....	11.0	.....	.....
F2.....	2	.....	.....	26	26	.....	.....	.....	.....	.....	.....	13.0	.....	.....
G2.....	3	.....	.....	30	.....	.....	.....	.....	.....	.....	.....	10.0	.....	.....
H1.....	2,643	.....	.....	32,855	.....	.....	.....	.....	.....	.....	.....	12.4	.....	.....
H2.....	1	.....	.....	13	.....	.....	.....	.....	.....	.....	.....	13.0	.....	.....

^a Class E1.—British subjects under 65 years of age at entry into State insurance.
E2.—Aliens between 17 and 65 years of age at entry into State insurance.
E3.—Persons (British subjects and aliens) over 65 years of age on July 15, 1912.
E4, E5, and E6.—Mercantile marine members, subdivided similarly to classes A1, A2, and A3.
F1.—Voluntary contributors (British subjects) under 45 years of age at entry into State insurance.
G1.—Voluntary contributors (British subjects) over 45 years of age at entry into State insurance.
F2.—Voluntary contributors (aliens as defined) between 17 and 45 years of age at entry into State insurance.
G2.—Voluntary contributors (aliens as defined) over 45 years of age.
H1.—Voluntary contributors (British subjects), married women.
H2.—Voluntary contributors (aliens as defined), married women.
^b Section 47 of the 1911 act contains the special provisions where the employer is liable to pay wages during sickness.
^c In the mercantile marine classes the contribution card covers the period of a voyage and not 13 weeks only.
^d No detail given in original table.

There were 11 classes of membership for the men insured in approved societies under the 1911 act, though 96 per cent of the men belonged to the class A-1 (compulsorily insured British subjects under 65 years of age at entry into State insurance). The so-called low-wage group has already been described on page 83. The persons insured under section 47 of the 1911 act are those in employments where it is the custom for the employer to pay full wages during sickness.

Of the 7,279,368 men contributors, 6,992,617, or 96 per cent, were regular contributors under 65 years of age when the insurance began and who paid at the full rate; the number of contributions they paid formed a similar proportion of the total. The regular sickness, maternity, and disablement benefits are available for this 96 per cent of the men.

The total number of women contributors in England in this quarter was 3,253,852, and the total number of contributions which they paid was 38,850,930. While the law provides for 12 classes of members, it is seen that the first class of members—E-1 women, British subjects—who were under 65 years of age at time of insurance, formed by far the greater part of the insured women. The large number of classes of members, so confusing to the foreign student, is in practice much reduced by the fact that the members are principally in one class.

By far the greater number of women's contributions was paid at the full rate, only 2,191,450 out of the more than 38,000,000 contributions being low-wage contributions. Out of the 13 possible contributions payable in this quarter year, the average number was 11.939.

The women over 65 years of age (class E-3) numbered 10,947, of whom 1,923 received the low-wage rate of payment for their work. Out of the possible 13 contributions, they averaged 11.895, indicating fairly continuous employment in the quarter year. The groups of insured persons over 65 years of age have been consolidated with the rest of the insured population under the terms of the 1913 act.

The women voluntary contributors (class F-1) numbered 4,086, all of whom were required to pay the full rate of dues under the law. The number of payments of contributions averaged 12.545 per member.

The number of British married women voluntary contributors (class H-1) was 2,643, and they paid an average of 12.431 contributions for the 13 weeks of the quarter. As stated on page 76, this group was abolished by the act of 1918.

Membership in the various organizations.

The relative importance of the different types of organization which act as carriers of the insurance is shown by the following statement for England for 1913 (Table XVIII), which is given as being fairly representative under normal conditions:

TABLE XVIII.—**England.** *Membership of approved societies of specified type in England, quarter ended April 13, 1913.*

[Source: Great Britain. National Health Insurance Joint Committee, Report for 1913-14. Cd. 7496, p. 498.]

Sex.	Total number of members. ^a	Number of members of societies formed by—					
		Friendly societies with branches.	Other friendly societies.	Trade-unions.	Collecting societies.	Industrial assurance companies.	Employers' provident funds.
Total.....	10, 533, 220	2, 387, 939	2, 468, 645	1, 154, 484	663, 659	3, 759, 396	99, 097
Men.....	7, 279, 368	1, 877, 051	1, 816, 266	948, 885	396, 105	2, 162, 396	78, 665
Women.....	3, 253, 852	510, 888	652, 379	205, 599	267, 554	1, 597, 000	20, 432

^a The total members is the number of members whose contribution cards had been forwarded to the commission in time for use in making up its report.

At the date given, the organizations to which most of the 3,253,852 insured women in England belong are the societies conducted by the industrial insurance companies, 1,597,000, or 49 per cent, of the women being connected with them; next to these come the well-known friendly societies with 1,163,267, or 35 per cent, of the women in the two classes of these societies. The trade-union group includes 205,599, or 6 per cent, of the women. These three types of societies therefore include 90 per cent of the women in England insured in approved societies. In addition to the above, on July 5, 1914, there were 86,216 women who were members of the English deposit contributors' fund.

National health insurance fund, England, 1912-1916.

The sums paid by the insured persons, their employers, and the grants of Parliament from the national treasury are turned into the national health insurance funds of the four countries. As the fund for England is being used to show the operation of the system, the following tables show the receipts to the close of the calendar year 1916. The receipts for 1915 and 1916 were presented in a form different from that of the previous year, making it necessary to present the data separately in Tables XIX and XX.

TABLE XIX.—**England.** *Receipts of the national health insurance fund from July 15, 1912, to Jan. 11, 1914, balances Jan. 11, 1914, and receipts from Jan. 12 to Dec. 31, 1914.*

[Source: Great Britain. National Health Insurance Joint Committee, Report for 1913-14. Cd. 7496, p. 503. Great Britain. National Health Insurance Fund Accounts for the Period Jan. 12 to Dec. 31, 1914. H. of C. Paper 38 of 1917, p. 2.]

Source.	Receipts.	
	July 15, 1912, to Jan. 11, 1914.	Jan. 12 to Dec. 31, 1914.
Total receipts and balance.....	\$129, 748, 768	\$89, 085, 967
Balance total (Jan. 11, 1914).....		981, 482
Bank.....		977, 545
Cash and postal orders.....		3, 937
Receipts.....	129, 748, 768	88, 104, 485

TABLE XIX.—**England.** Receipts of the national health insurance fund from July 15, 1912, to Jan. 11, 1914, balances Jan. 11, 1914, and receipts from Jan. 12 to Dec. 31, 1914—Continued.

Source	Receipts.	
	July 15, 1912, to Jan. 11, 1914.	Jan. 12 to Dec. 31, 1914.
From sale of health insurance stamps:		
Post offices.....	\$96,273,970	\$60,529,527
Board of trade labor exchanges.....	655,077	516,465
Army council.....	383,472	356,220
Army (India).....	320,644	593,049
Other Government departments.....	560,115	355,902
Employer depositors, quarterly and weekly stamping.....	8,894,624	4,991,001
Employers' sales of high value stamps.....	18,823	27,531
Sundry persons by insurance commissioners.....	9,015	15,987
Admiralty contributions on behalf of sailors and marines.....	486,650	457,451
Mercantile marine exempt persons.....	71,449	74,504
Exchequer grants.....	22,073,360	20,157,008
Interest on investments purchased on behalf of approved societies.....	452	18,367
Capital sums paid by late entrants into insurance [sec. 9 (4) of 1911 act].....	40	5,446
Miscellaneous receipts (suspense account).....	1,077	1,050
All other.....		4,977

^a Includes postmaster general for postage stamps affixed to health insurance cards, \$1,057; board of trade for unemployment stamps affixed to health insurance cards, \$929; carriage of contribution cards to insurance commission refunded by exchequer, \$731; sums recovered from employers for credit of societies in proceeding under sec. 70 of 1911 act, \$9; for sale of investments on behalf of approved societies for reinvestment, \$2,251.

TABLE XX.—**England.** Balance at beginning of year and receipts of the national health insurance fund, for the calendar years 1915 and 1916.

[Source: Great Britain. Report of the Administration of National Health Insurance during the Years 1914-1917. Cd. 8890, p. 256.]

Source	Receipts.	
	1915	1916
Total receipts and balance.....	\$99,462,156	\$92,545,208
Beginning of year.....	1,140,468	1,354,917
Total receipts.....	98,321,688	91,190,291
From sale of health insurance stamps:		
Post offices.....	64,235,027	59,184,457
Board of trade labor exchanges.....	337,489	298,865
Army council.....	811,463	.....
Army (India).....	221,436	.....
Other Government departments.....	460,018	446,554
Employer depositors, half-yearly and weekly stamping.....	4,580,804	4,507,832
Employers' bulk sales.....	60,153	65,483
Sundry persons by insurance commissioners.....	17,916	25,471
Postmaster general: Postage stamps affixed to health insurance cards.....	2,855	3,176
Board of Trade: Unemployment stamps affixed to health insurance cards.....	3,974	3,821
Contributions on behalf of seamen, marines, and soldiers.....	3,787,657	8,159,013
Mercantile marine exempt persons, etc.....	92,655	111,269
Exchequer grants.....	23,626,635	18,220,207
Carriage of contribution cards to insurance commission, etc., refunded by exchequer.....	373	239
Interest on investments in securities selected by societies, held by commissioners on behalf of societies (including income tax refunded).....	57,484	86,282
Capital sums paid by late entrants into insurance.....	14,248	14,318
Sums recovered from employers for credit of societies in proceedings under sec. 70 of national health insurance act, 1911.....		7
Stationery office: Refund to societies in part payment of cost of printing.....	8,147	640
War office: Sanatorium benefit provided to soldiers prior to discharge from Army.....		23,828
Other Government departments: Refunds of benefits paid as advances to seamen, marines, and soldiers under sec. 1 (2) of the national insurance act 1915.....	3,076	3,812
Transfer from national health insurance fund (Ireland).....		26,600
Miscellaneous receipts.....	278	670
For sale of investments on behalf of societies for reinvestment.....		7,747

The total receipts of this fund reached their highest in 1915, when they were over \$99,000,000; in 1916 they were just over \$90,000,000. The largest item of receipts was that for the contributions on account of the insured persons, which has made up about two-thirds of the total receipts in each of the periods. The payments of the National Government toward the benefits has made up from 20 to 25 per cent of the total. Taking the latter and adding to it the 65 per cent from the dues of the insured, we have about 85 to 90 per cent of the receipts from the insured, their employers, and the National Government. The item of interest on investments is steadily increasing, but has not yet reached an amount to be of importance in the total.

The payments out of the national health insurance fund of England for the period ended December 31, 1916, are given in Tables XXI and XXII. The 1914-1917 report gave the items in a revised form, making it necessary to present the expenditures in two separate tables.

TABLE XXI.—**England.** *Payments out of the national health insurance fund from July 15, 1912, to Jan. 11, 1914, and from Jan. 12 to Dec. 31, 1914, and balances at the end of each period.^a*

[Source: Great Britain. National Health Insurance Joint Committee, Report for 1913-14. Cd. 7496, p. 503. Great Britain. National Health Insurance Fund Accounts for the Period Jan. 12 to Dec. 31, 1914. H. of C. Paper 38 of 1917, p. 2.]

Object of expenditure.	Expenditures.	
	July 15, 1912, to Jan. 11, 1914.	Jan. 12 to Dec. 31, 1914.
Total expenditures and cash balance.....	\$129,748,768	\$89,085,968
Total expenditures.....	128,771,223	87,945,500
Issues to:		
Approved societies for sickness, maternity, etc., benefits and for administration expenses.....	42,703,093	40,302,064
Approved societies for investment.....	4,236,381	969,542
Insurance committees for sanatorium and medical benefits and for administration expenses.....	22,499,227	26,169,417
Deposit contributors for sickness and maternity benefits.....	76,534	127,173
Navy and army insurance fund for sickness and maternity benefits.....	12,491	21,513
Board of trade: Health insurance stamps affixed to unemployment insurance books.....	4,380	1,531
Employer depositors: Quarterly and weekly stamping—deposits repaid.....	75,518	.....
Exchequer: Repayment of grant overdrawn.....	17,945	.....
Transfers to other commissioners.....	23,906	.....
Refunds on account of health insurance stamps returned to commissioners.....	62,542	26,302
For purchase of postal orders less paid to deposit contributors.....	3,900	.....
For purchase of investments on behalf of approved societies.....	169,628	748,039
Miscellaneous payments (suspense account).....	1,028	1,087
Balance in hands of national debt commissioners.....	58,884,650	19,466,000
Refund of maternity benefits paid by other Government departments.....	.....	50,339
Contributions to approved societies (officers) guarantee fund (joint committee).....	.....	52,815
Approved societies for losses by malversation or misappropriation made good out of approved societies (officers) guarantee fund (England).....	.....	1,294
All other.....	.....	8,378
Balance at Bank of England.....	977,545	1,140,468

^a Includes Stationery office (printing), \$3,222, and refund of contributions paid in error, \$5,156.

TABLE XXII.—**England.** *Payments out of the national health insurance fund and balance at end of year, for calendar years 1915 and 1916.*

[Source: Great Britain. Report of the Administration of National Health Insurance during the Years 1914-1917. Cd. 8890, p. 256.]

Object of expenditure.	Expenditures.	
	1915	1916
Total expenditures and cash balance.....	\$99,462,156	\$92,545,208
Total expenditures.....	98,107,238	91,888,479
Societies: Benefits and expenses of administration (including postal drafts paid and charges thereon).....	37,089,277	34,183,870
Insurance committees: Medical and sanatorium benefits and expenses of administration.....	21,906,668	24,213,415
Deposit contributors: Benefits, etc.....	110,371	110,547
Navy and army insurance fund: Benefits.....	49,789	112,509
Sanatorium benefits for seamen, marines, and soldiers (suspense account).....	7,326	24,409
Special grants toward cost of medical attendance of aged and disabled members of friendly societies.....	33,944	32,577
Refund of maternity benefits paid by other Government departments.....	39,645	96,219
Refund of sanatorium benefits paid by other Government departments.....	171	278
Stationery office: Charges for printing on behalf of societies and insurance committees.....	1,903	650
East Anglian prescription pricing office: Expenses of certain insurance committees.....		5,760
Refunds on account of health insurance stamps returned to commissioners: Army council and India office.....		496,219
Sundry persons.....	23,246	12,084
Refunds of contributions paid in error.....	1,504	1,237
Exchequer: Expenses of administration of approved societies (officers) guarantee fund (England).....		2,472
Board of trade: Health insurance stamps affixed to unemployment insurance books.....	23,899	7,890
Contributions to approved societies (officers) guarantee fund (joint committee).....	66,637	63,318
Societies: Losses by defalcations made good out of approved societies (officers) guarantee fund (England).....	5,911	961
Miscellaneous payments.....	82	82
Societies: Investments:		
Issues to societies.....	6,772,034	4,801,712
Purchase of investments on behalf of societies.....	997,044	1,752,192
National debt commissioners: Temporary investment.....	30,977,787	25,889,781
National debt commissioners: Investment on behalf of approved societies (officers) guarantee fund (England).....		80,297
Balance at end of year:		
Bank.....	11,347,732	656,713
Cash and postal orders.....	7,186	16

The amount paid out for sickness, maternity, etc., benefits and administration was \$40,000,000 in 1914 and decreased to \$34,000,000 in 1916. The payments for medical benefit and sanatorium benefit rank next to these.

National health insurance joint committee, 1913-1918.

The appropriations made by Parliament for the support of the national health insurance joint committee are given in the following statement (Table XXIII). As this committee administers the special grants from the national treasury for the insurance system, these sums are included in the committee's statement.

TABLE XXIII.—England. Appropriations for the national health insurance joint committee, for fiscal years ended 1913-1918.

[Source: Great Britain, Treasury. Estimates for civil services, 1914-1918.]

Object of appropriation.	Amounts appropriated.		
	1912-13	1913-14	1914-15
CENTRAL ADMINISTRATION.			
Total.....	£37,570 (\$182,834)	£207,227 (\$1,008,470)	a £1,218,964 (\$5,932,088)
A. Salaries and allowances.....	24,020 (116,893)	14,127 (68,749)	16,964 (82,555)
B. Special inquiries and services..	2,500 (12,166)	500 (2,433)	1,250 (6,083)
C. Traveling and incidental expenses.....	2,550 (12,410)	1,250 (6,083)	750 (3,650)
D. Insurance stamps, cost of manufacture and paper, benefits, etc.....	8,500 (41,365)	6,000 (29,199)	5,000 (24,333)
E. Special drug fund (Great Britain) (grant in aid).....		30,000 (145,995)	30,000 (145,995)
F. Mileage grants (Great Britain, excluding the Highlands and islands of Scotland).....		50,000 (243,325)	54,000 (262,791)
G. Administration of medical benefit, etc. (grant in aid).....		82,700 (402,460)	116,500 (566,947)
H. Medical research fund (grant in aid).....			56,500 (274,957)
I. Expenses of members of insurance committee (3 and 4 Geo. 5, C. 37, S. 31).....			30,000 (145,995)
K. Arrears of contributions (grant in aid).....			80,000 (389,320)
L. Sickness benefit (women).....			500,000 (2,433,250)
Medical reference consultants, etc. (including traveling expenses of insured persons) (Great Britain).....			50,000 (243,325)
Supplementary medical services, Great Britain.....			50,000 (243,325)
Nursing grants.....			100,000 (486,650)
M. Sanatorium benefit (special grant).....			100,000 (486,650)
Insurance committees (special grant) (United Kingdom).....		22,650 (110,226)	
Medical attendance, etc., of aged and disabled members of societies (1913) (grant in aid).....			28,000 (136,262)

Object of appropriation.	Amounts appropriated.		
	1915-16	1916-17	1917-18
CENTRAL ADMINISTRATION.			
Total.....	£618,275 (\$3,008,835)	£208,709 (\$1,015,682)	£269,746 (\$1,312,720)
A. Salaries and allowances.....	15,575 (75,795)	13,059 (63,552)	12,846 (62,515)
B. Special inquiries and services..	750 (3,650)	750 (3,650)	750 (3,650)
C. Traveling and incidental expenses.....	1,000 (4,867)	1,000 (4,867)	750 (3,650)
D. Insurance stamps, cost of manufacture and paper, benefits, etc.....	5,600 (27,252)	5,600 (27,252)	5,900 (28,712)
E. Special drug fund (Great Britain) (grant in aid).....	30,000 (145,995)	100 (486)	
F. Mileage grants (Great Britain, excluding the Highlands and islands of Scotland).....	13,500 (65,698)	37,000 (180,061)	55,000 (267,658)
G. Administration of medical benefit, etc. (grant in aid).....	40,350 (196,363)	59,000 (287,124)	95,000 (462,318)
• Total original net estimate, 1914-15.....			£275,864 (\$1,342,492)
• Add supplementary estimate.....			943,100 (4,589,596)
			1,218,964 (5,932,088)

TABLE XXIII.—England. Appropriations for the national health insurance joint committee, for fiscal years ended 1913-1918—Continued.

Object of appropriation.	Amounts appropriated.					
	1915-16		1916-17		1917-18	
CENTRAL ADMINISTRATION.						
H. Medical research fund (grant in aid).....	56,500	(274,957)	50,500	(245,758)	50,000	(243,325)
I. Expenses of members of insurance committee (3 and 4 Geo. 5, C. 37, S. 31).....	30,000	(145,995)	6,500	(31,632)	4,400	(21,413)
K. Arrears of contributions (grant in aid).....	100,000	(486,650)	100	(486)	100	(486)
L. Sickness benefit (women).....	150,000	(729,975)	100	(486)	10,000	(48,665)
Medical reference consultants, etc. (including traveling expenses of insured persons) (Great Britain).....	50,000	(243,325)	.....	.....	.....	.....
Supplementary medical services, Great Britain.....	25,000	(121,663)	.....	.....	.....	.....
Nursing grants.....	50,000	(243,325)	.....	.....	.....	.....
M. Sanatorium benefit (special grant).....	50,000	(243,325)	35,000	(170,328)	35,000	(170,328)

The total appropriations made for the work under the charge of the joint committee in the last two years have amounted to about \$1,000,000 each year. In 1914 and 1915 special grants were made under item L to assist the societies in the payment of sickness benefit due to pregnancy. Under the act of 1918 further large grants for this purpose were made. The administration of the medical benefit and the work of the medical research committee together take up over one-half of the total appropriations of the joint committee.

Actuarial data.

The actuarial basis of the plan for the maternity benefit is described in a special report.¹ The estimates of cost given in this report were based on the original draft of the bill, which it will be remembered was modified while under discussion in Parliament by the addition of certain features which increased the cost. To provide a maternity of 30s. (\$7.20) for the wife of an insured man and a like benefit for an insured woman, as the first bill specified, would, the actuaries estimated, cost annually for the age of 16, about £0.130 (\$0.63) for each insured man and £0.04 (\$0.195) for each insured woman. If the State's contribution of two-ninths for men and one-fourth for women be deducted the net amount to be paid annually per insured man would be £0.101 (\$0.49), and per insured woman £0.03 (\$0.39). These estimates were computed on the assumption that contributions would not be paid during sickness or unemployment. The interesting fact for American readers is, assuming that birth rates and other factors are approximately the same in the

¹ Report of the Actuaries in Relation to the Scheme of Insurance against Sickness, Disablement, etc., embodied in the national insurance bill, 1911. London, 1911, Cd. 5681.

United States as in Great Britain, that a maternity benefit of about \$7.50 can be provided for 63 cents a year, or about 5 cents per month for men and 20 cents a year, or less than 2 cents per month for women wage earners, without a State subsidy.

The above estimates of cost were based on birth rates, or "issue" rates based on English data, and as soon as the tabulation of the British census of 1911 had progressed to the point of making available such information, a special study of a selected area in England was undertaken for this purpose. The results of this study were published in 1912-13 report of the insurance system (Cd. 6907). The area selected was the metropolitan borough of Camberwell; the number of husbands present with wives and of wives present with husbands, together with the number of children under 1 year of age in this district in 1911, is shown in Table XXIV.

TABLE XXIV.—Great Britain. Age distribution of husbands and wives, and of husbands and wives with one or more children under 1 year of age, borough of Camberwell, England, 1911.

[Source: Great Britain. Report for 1912-13 on the Administration of the National Insurance Act. London, 1913. Cd. 6907, p. 595.]

Age groups.	Husbands present with wives.		Wives present with husbands.	
	Total.	With one or more children under 1 year.	Total.	With one or more children under 1 year.
Total a.....	44, 155	5, 252	44, 151	5, 251
15-20.....	10	2	91	32
20-25.....	1, 345	468	2, 583	840
25-30.....	5, 223	1, 406	6, 328	1, 600
30-35.....	6, 945	1, 459	7, 486	1, 450
35-40.....	6, 878	1, 033	6, 898	897
40-45.....	6, 090	564	5, 897	389
45-50.....	5, 205	217	4, 837	41
50-55.....	4, 325	76	3, 725	2
55-60.....	3, 110	15	2, 680	.....
60-65.....	2, 284	10	1, 775	.....
65-70.....	1, 466	2	1, 041	.....
70-75.....	816	2	557	.....
75-80.....	328	.....	196	.....
80-85.....	106	.....	47	.....
85-90.....	17	.....	9	.....
90-95.....	7	.....	1	.....

a The discrepancies between the numbers of husbands and wives, and between the children of husbands and wives, are due to the fact that in a few cases there was no statement of age in the census schedule.

In Table XXIV twin births are counted as single births. The slight discrepancies between the number of husbands and wives, and between the children of husbands and wives, are due to the fact that in a few cases there was no statement of age in the census schedule.

The actual number of births in the United Kingdom for the years 1906 to 1911 is given in Table XXV.

TABLE XXV.—United Kingdom. *Legitimate and illegitimate births in the United Kingdom, 1906–1911.*

[Source: Great Britain. Report for 1912–13 on the Administration of the national insurance act. London, 1913. Cd. 6907, p. 597.]

Year.	Births.		
	Total.	Illegitimate.	Legitimate.
1906.....	1,170,622	49,387	1,121,235
1907.....	1,148,624	47,544	1,101,080
1908.....	1,173,784	49,232	1,124,552
1909.....	1,145,900	49,641	1,096,259
1910.....	1,122,984	48,517	1,074,467
1911.....	1,104,810	47,464	1,057,346
Average for 1906–1911.....	1,144,454	48,631	1,095,823
Average for 1909–1911.....	1,124,565	48,541	1,076,024

Of interest to the financial basis of the maternity benefit system is the tendency to a lower birth rate, so that any estimates based on the experience prior to 1911 would have this tendency as a margin of safety. The number of illegitimate births is less than 5 per cent of the average for the six-year period.

From the above figures the actuaries computed a formula to give the probability of birth at each age. Certain adjustments were necessary in making up the formula, but on this basis the distribution of births in the United Kingdom, as of June 30, 1909, is shown in Table XXVI.

TABLE XXVI.—United Kingdom. *Estimated number of husbands and wives in the United Kingdom distributed according to age groups, and computed numbers of births for the year, June 30, 1909. (000 omitted.)*

[Source: Great Britain. Report for 1912–13 on the Administration of the national insurance act. London, 1913. Cd. 6907, p. 598.]

Age group.	Husbands.	Births.	Wives.	Births.
Total.....	7,807.1	1,160.4	7,907.2	1,182.6
15–20.....	6.1	4.8	37.0	25.0
20–25.....	298.1	151.7	531.5	242.5
25–30.....	883.0	302.4	1,111.0	345.9
30–35.....	1,162.6	305.4	1,264.6	296.4
35–40.....	1,164.8	215.9	1,191.3	192.6
40–45.....	1,050.9	112.4	1,036.2	72.7
45–50.....	906.2	46.1	854.3	7.5
50–55.....	747.2	15.7	672.7	.....
55–60.....	585.9	4.6	497.8	.....
60–65.....	428.9	1.2	336.1	.....
65–70.....	282.7	.2	205.4	.....
70–75.....	164.1	.....	109.7	.....
75–80.....	80.0	.....	45.7	.....
80–85.....	33.1	.....	12.4	.....
85–90.....	13.5	.....	1.5	.....

This estimate of the births shows (in the total line) a greater number for the wives than for the husbands. The explanation adopted by the actuaries is that a number of husbands were out of the country

at the date of the census, and it is also believed that these absent husbands were for the most part younger men.

From the data thus collected a general Table XXVII was constructed giving the "issue rates" for the population, showing the probability that a married man or woman will have issue during the year.

TABLE XXVII.—Great Britain. *Estimated central issue rates for the United Kingdom, 1911.*

[Source: Great Britain. National Health Insurance Joint Committee. Report for 1912-13 on the Administration of the national insurance act. London, 1913. Cd. 6907, p. 584.]

Age.	Central issue rates.									
	Married man.	Average taken over.	Married woman, irrespective of age at marriage.	Married woman whose age α at marriage was—						
				18	21	25	30	35	40	
16.....			0.4000							
17.....			.6000							
18.....	0.6600	0.0015	.6900	0.654						
19.....	.6900	.0089	.6700	.579						
20.....	.6800	.0271	.6030	.513						
21.....	.6250	.0533	.5336	.455	0.531					
22.....	.5504	.0803	.4759	.408	.473					
23.....	.4835	.1046	.4291	.372	.412					
24.....	.4338	.1260	.3909	.347	.366					
25.....	.3958	.1440	.3592	.330	.335	0.458				
26.....	.3665	.1580	.3327	.317	.311	.409				
27.....	.3430	.1704	.3105	.306	.293	.355				
28.....	.3238	.1791	.2916	.296	.280	.310				
29.....	.3071	.1848	.2753	.286	.269	.274				
30.....	.2920	.1877	.2608	.277	.259	.247	0.374			
31.....	.2778	.1882	.2474	.267	.249	.226	.327			
32.....	.2636	.1860	.2344	.257	.238	.210	.283			
33.....	.2490	.1815	.2213	.246	.226	.197	.244			
34.....	.2338	.1747	.2080	.234	.213.	.186	.211			
35.....	.2180	.1661	.1940	.220	.199	.175	.183	0.290		
36.....	.2016	.1558	.1788	.204	.184	.163	.160	.224		
37.....	.1849	.1444	.1622	.186	.168	.149	.140	.176		
38.....	.1681	.1323	.1444	.166	.150	.133	.122	.141		
39.....	.1515	.1200	.1256	.144	.131.	.115	.105	.114		
40.....	.1353	.1076	.1062	.121	.111	.097	.089	.093	0.191	
41.....	.1198	.0956	.0866	.097	.090	.080	.074	.076	.144	
42.....	.1052	.0841	.0676	.073	.070	.064	.060	.060	.101	
43.....	.0916	.0734	.0499	.052	.051	.049	.047	.045	.065	
44.....	.0791	.0635	.0343	.035	.035	.035	.034	.033	.038	
45.....	.0678	.0544	.0215	.022	.022	.022	.022	.022	.021	
46.....	.0578	.0464	.0119	.012	.012	.012	.012	.012	.011	
47.....	.0491	.0394	.0056	.006	.006	.006	.006	.006	.006	
48.....	.0415	.0333	.0021	.002	.002	.002	.002	.002	.002	
49.....	.0349	.0279	.0006	.001	.001	.001	.001	.001	.001	
50.....	.0292	.0233	.0001	.000	.000	.000	.000	.000	.000	

α The ages at the head of these columns are exact.

Comment on the system.

An insurance system of such great scope as the British has naturally been the subject of much discussion, with comment favorable and unfavorable. Much of the unfavorable criticism has been directed

at the very involved methods of administration in use, and a large part of this criticism was based on the treatment of women during sickness, especially sickness connected with childbirth. There is, however, a general acknowledgment of the value of the maternity benefit, though the many cases of waste of the benefit during the first two years of operation of the system produced a deluge of complaints which were well justified. The amendments of 1913 seem to have remedied these objectionable features; at least they are not mentioned in the recent discussions.

The two special investigations of the system were conducted in a thorough, impartial manner, and from the testimony of the witnesses appearing before the committees and the reports of the committees it is possible to secure a good impression of the working of the maternity benefit. The reports of the officials in charge of administration afford much general information, though it is a matter of regret that the statistics on the operation of the maternity benefit are presented in such scanty form. As it is sometimes charged that the statements of the paid officials who administer such systems are probably too optimistic as to the results obtained, we are fortunate in having available the following frankly hostile criticism of the British system made in 1914 by the Fabian (socialist) Society's committee on national health insurance, of which Mr. Sidney Webb was chairman:

But Mr. Lloyd George elected, with almost universal consent—the Fabian Society, and the Socialists generally, standing almost alone in their warning disapproval—to fit the country with a scheme embracing, with dramatic suddenness from the outset, eight-ninths of all its households, *including a vast multitude who were already providing what was requisite for themselves.*¹

In this study of the workings of the insurance acts, the New Statesman says:

The maternity benefit is, we believe, especially since the coming into force of the amending act of 1913, both the most popular and the least unsatisfactory part of the insurance scheme * * *. We do not ourselves consider that the maternity benefit—flung indiscriminately, without inquiry as to its application, at the head of every insured mother, unconnected with any provision for prenatal care, not in itself securing adequate attendance at childbirth and carrying with it neither postnatal care nor provision for the infant—affords in itself an adequate or a satisfactory national provision for the great service of childbirth, the arrangements for which can not properly be disassociated from the work of the local health authority * * *.

But this does not mean that the specific beginning of an "endowment of maternity," which Mr. Lloyd George has effected to the extent of £1,000,000 a year distributed in sums of 30s. or £3 to some 4,500 households on every working day of the year, is not already proving an enormous boon.

The second report of the operation of the system—that for the year 1913-14—states that it is too early to measure accurately the effect of the maternity benefit in improving the national physique,

¹ The New Statesman, Supplement, Mar. 14, 1914, pp. 23, 24, 28, London.

in raising the general standard of health among wage-earning women, and of reducing the rate of infant mortality; but certain results of importance have already come to light which are clearly defined.

The first thing is that in general the maternity benefit has worked satisfactorily, in spite of many improvements which might be made. Dr. Barbara Sutherland, assistant to the medical officer of health of Glasgow, in a paper read before the English-speaking conference on infant mortality in 1913 stated: "The working of the maternity benefit has been, on the whole, very satisfactory."¹

Nearly all of the British writers on this subject emphasize the fact that one of the great advantages of the maternity benefit has come from the removal of the anxiety which the need for money at the period of childbirth always caused. This need often compelled the expectant mother to work up to the last possible moment before confinement in order to have on hand the money for the necessary expenses. In many cases all sorts of risks were incurred because the woman could not afford to stop work, and many women are known to have ignored dangerous symptoms in the hope that no harm would result from going on with work which they could not afford to drop even when in good health. Now that they know positively that a definite sum of money will be available, they no longer hesitate to seek medical advice prior to confinement and find it possible to follow this advice and to abstain from work at a period when rest is imperative, both on the mother's and the child's account.

One of the important results of the institution of the system is the revelation of the existence among the insured women of a rate of sickness much greater than had been anticipated. Thus the report of the committee on sickness benefit claims of 1914 (Cd. 7687) states:

Secretaries of societies have expressed themselves as astounded by their realization for the first time, on the coming into operation of the act, of the kind of work done by women in certain occupations, and the amount of sickness entailed by the conditions under which they live * * *. More especially with regard to women this view of the question is emphasized by those witnesses who have appeared before us and have given evidence from a standpoint other than that of those engaged in the administration of the act. By these witnesses it is contended that there is in fact more sickness than was expected when the act came into operation * * *, and that the excessive sickness among married women is a common experience due to illness connected with and consequent upon childbirth * * *. The evidence of medical practitioners is overwhelmingly in support of the view that the effect of the act has been to disclose, especially among industrial women, an enormous amount of unsuspected sickness and disease, and to afford treatment to many who have hitherto been without medical attendance during sickness.

The charges of the physicians and midwives in connection with confinement cases have been the cause of some discussion. There is evidence that the fees demanded for attendance were increased after

¹ Proceedings, p. 402.

1911. Dr. Barbara Sutherland, for instance, states that, in the Glasgow district, midwives' fees were raised usually from the former rate of 10s. to 12.5s.¹

The Fabian Society study makes the same statement concerning midwives' fees and also states that physicians' fees have been similarly advanced; where formerly 1 guinea (\$5.04) was the fee for a wage-earning family, this charge has been raised to 30s. (\$7.20) and to 2 guineas (\$10.08).² The report of the chief medical officer of health of the city of Birmingham for 1916 states: "An increasingly large number of doctors are giving up attendance on midwifery cases as a result of the exacting conditions of the insurance act."³ This statement, it will be noted, applies to midwifery cases only.

Two statements in the form of criticism of the maternity benefit have been published which deserve special mention because of the high standing of the persons making them. Miss Mary R. Macarthur and Mr. Benjamin Broadbent both believe this benefit is inadequate. Both of them, however, state that the benefit is of value; the point they emphasize is that the benefit does not go far enough.

The woman's point of view as to the operation of the insurance laws is perhaps best represented by the statement of Miss Mary R. Macarthur, secretary of the Women's Trade Union League, appended to the 1914 report of the departmental committee on sickness claims (Cd. 7687). Miss Macarthur states that the insurance act of 1911 has done great service in bringing to light "a mass of suffering and a number of social evils, as to which the nation as a whole was ill informed or indifferent. It will now be substantially easier than in 1911, both on account of the new knowledge available and of the state of public opinion, to make adequate provision to advance the health of the community." The following is a summary of Miss Macarthur's views.

The insurance act was, as far as women are concerned, a leap in the dark, and on the basis of the accurate information now in hand she claims that fundamental changes are necessary. The evidence collected by the committee shows that the excess of sickness over estimates is to be found almost entirely among women; Miss Macarthur dissents from the opinion of the majority of the committee who said that the women's excess was partly due to ignorance of the principles of insurance, to the close approximation of benefits to wages, to the difficulty of supervising behavior during sickness, to the defects in the management of societies, and to the carelessness in medical certification. While these causes are, without doubt, of influence in producing a higher rate of sickness costs among the women, they are counterbalanced by the fact that many claims of women are denied,

¹ Proceedings, p. 406.

² New Statesman, Mar. 14, 1914 p. 24.

³ Report, appendix 5.

often improperly. The main cause, however, is fundamental and can not be remedied by improvements in administration. The extra sickness among women is due to their greater poverty and to the character of their employment. Long hours, long standing, lack of fresh air, long intervals without food, are clearly detrimental to health—especially so in the case of anemic young girls—and the low wages which attach to most women's work involve insufficient and often improper food.

Another result of the low wages of women is that the insurance dues fall much more heavily on their wages than on the men's. But the main fact is that under the treble strain of childbearing, wage earning, and household drudgery women break down. There is overwhelming evidence that unsuitable occupations during pregnancy, especially late pregnancy, are a prime cause of sickness among women, not only at the time of childbirth but later in life. Miss Macarthur sums up what in her opinion are the causes of excessive sickness among women: "In the first place, poverty with all its concomitants; in the second place, want of care and rest during illness, of medical treatment in the past, of adequate medical treatment in the present, particularly during pregnancy, at confinement, after confinement, and, indeed, in all cases of women's diseases." To remedy these conditions, Miss Macarthur urges the appointment of a royal commission on maternity, whose study should include all matters relating to the care, treatment, and provision before, during, and after confinement, including the cause and extent of miscarriages, stillbirths, diseases of women, and infantile mortality. In the meantime she calls attention to certain needs which can be provided for by changes in the insurance laws or insurance regulations. Among these are included the payment of pregnancy benefits as part of the sickness benefit; attention is also directed to the fact that approved societies are not the best agencies to administer such benefits. The "sick visitors," limited in number, are practically the only officials available for such work; they are often untrained, inexperienced, and inefficient, and in cases brought out in the evidence taken by the committee, offensively and indelicately inquisitorial in the methods they employ; often working with so little coordination that on occasion as many of them may visit a street as there are houses on it. Such machinery, she claims, is certainly not adapted for the visitation and care of expectant mothers.

Miss Macarthur suggests that there be inaugurated a supplementary service of State doctors, appointed and paid by the insurance commissioners, whose special function should be that of consultation, accessible to the panel doctors, the societies, and the insured persons, and who should be supplied with adequate premises and equipment. The need for better hospital provision is also pointed out; these

hospitals should contain equipment for maternity cases, women's diseases, etc.

The fundamental weaknesses of the present organization of the insurance is, in Miss Macarthur's opinion, the administration of the insurance by the independent societies; theoretically this would give self-government by insured persons of insured persons. As a matter of fact, the old friendly society spirit, which it was hoped would bring this about, has almost entirely disappeared. The regulations necessary for the conduct of the insurance have centralized the administration to such an extent that the members have but little to do with the management of the insurance, and in practice the members take but little interest in the "State side" of the societies' work. Furthermore, the societies affiliated with the industrial insurance companies—which include over a third of the insured persons and half of the women—are practically controlled by these companies. Miss Macarthur proposes, therefore, the creation of a State insurance society to operate in competition with the existing approved societies; this society would be organized by the insurance commissioners, have branches covering the same area as the local insurance authorities, and be regulated by the commissioners. Membership in the society would be open to any person not otherwise insured and to anyone desiring to transfer from any other society.

One of the statements as to scope and operation of the maternity benefit calling for special mention is that made by Mr. Benjamin Broadbent, vice chairman of the National Association for the Prevention of Infant Mortality. At a conference devoted to the subject of establishing a national ministry of public health Mr. Broadbent, in speaking on "The Better Preservation of Infant Life," said:¹

* * * One more point I would ask permission to dwell upon in some little detail, because I believe it to be an obstacle to the unification we desire. That is the maternity benefit provided by the national health insurance act and administered through the approved societies. I wish to point out the total inadequacy of the provision for securing the minimum—safe birth and efficient care in early infancy; I also venture to say that it is not only inadequate but that it is peculiarly liable to misdirection. I regard the maternity benefit under the national health insurance act as little better than a soporific for the public conscience, which is soothed into inaction by the mere repetition of the pleasant sounding words "maternity benefit," as if the whole duty of the State toward motherhood were thereby discharged. First, as to its inadequacy, there are fairly trustworthy figures for the year 1914, and there has not been any material alteration since then. In that year there were approximately 4,500,000 married women of childbearing age in England and Wales; of these there were—again approximately—as many as 1,250,000 who were not entitled to maternity benefit at all, being neither themselves insured nor through their husbands. It is not possible to estimate what proportion of this 1,250,000 of uninsured women are too well off to need assistance at childbirth, but I fear that it is too clear that some hundreds of thousands of the most needy mothers in the land are left outside the range of maternity benefit altogether.

¹ National Health, vol. 9, No. 93 (June, 1917), p. 257 ff.

Surely it is a delusion to regard this as a basis for the State provision for maternity; why should any woman be excluded? Why should inclusion or exclusion depend upon the accident, as I may term it, of their being insured or uninsured? But even for the mothers who are entitled to the benefit there are limitations which render it totally inadequate. There is no medical attendance secured, no midwifery attendance, no nursing attendance, no helpful supervision, no skilled advice: the benefit is merely 30s. in cash. On the basis of mere cash the benefit is inadequate: a confinement in an ordinary working-class household means an outlay of at least £5, and where there are a number of other children and home help is required £7 10s. is not too much. True, there are a comparatively small number of mothers entitled to the double maternity benefit—for her own insurance and for her husband's—about 400,000 of these; but even this most favored class has no medical or other attendance at childbirth, though they are entitled to this in ordinary sickness. The maternity benefit is, therefore, doubly inadequate because there are left out of it hundreds of thousands of the most needy mothers and because it is totally insufficient for the actual needs of those who secure it.

Another defect in the maternity benefit is that it is peculiarly liable to misdirection and misuse. At first, when the cash was regarded as the father's property, the abuse of it was a scandal, and this was partially remedied by making the cash the property of the mother. But the risk of misuse remains: it is notorious that the mistaken unselfishness of mothers leads them to feed and care for themselves last of all; even in the provision of meals for expectant and nursing mothers precautions have to be taken lest the mothers should secrete and take away for the children at home the food that is provided exclusively for themselves. It is so with the 30s.—the mothers too often will not spend it on themselves; it is not a maternity benefit; it becomes just a household benefit. Besides, it is well known that in careless households the 30s. is often mortgaged—sometimes two or three times over—for back rent or some debt lightly incurred because the 30s. would pay for it. Speaking for myself only, I would venture to urge that the 30s. should be left severely alone and treated as nonexistent in the work of the public health ministry. It is not on the lines of the insurance maternity benefit that we wish the new ministry to go, in taking proper care for motherhood and infancy. Its sphere is different and its objects infinitely larger.

There is surely an indication of the correct lines to take given by the contrast between the methods in New Zealand and in Australia; in New Zealand no maternity grant is made in cash, but the most helpful and experienced advice and supervision are available, and, as we know, the death rate of infancy in New Zealand is the lowest in the world, thanks for this to Lady Plunket, whose support we have to-day. In Australia there is a maternity grant of £5 over which there is no supervision. The comparative death rates of the two Dominions speak for themselves.

We urge that the medical work of the national health insurance commission should be amalgamated with the medical work of the local government board, and then with that of the midwives' board, and later on with all the medical powers of the other State departments, so that the new ministry of public health will do all that the State is prepared to do, as far as motherhood is concerned.

Obviously, to provide the minimum suggested will require a large extension of medical work, both domiciliary and institutional, devoted to the care of maternity—prenatal, at birth, and postnatal. With this there will be required the coordination of midwifery and nursing. And all must be organized and directed from the new central unified authority and carried out in suitable administrative areas by local bodies as at present. We hope that thus the new public health ministry will see to it that there is no distinction made between one mother and another, or between one baby and another, but that all mothers by virtue of their motherhood, and all infants, for pity of their helplessness, shall alike have the chance of equal care by the State so far as such care can be supplied by skilled attendance and experienced supervision.

SOURCES OF INFORMATION.

The best source of information for the text of the laws, regulations, etc., of the insurance system is the volume entitled "The Statutes, Regulations, and Orders Relating to National Health Insurance, with Notes, Cross-References, and an Index. Published by Authority, London, September, 1916." The act of 1918 is published in the regular statute series and is numbered "7 and 8 Geo. 5, chapter 62."

Three reports on the administration of the system have been issued, the last one covering the years 1914-1917; the titles of these, with the document numbers, are given in the bibliography. The reports of two recent investigating committees are particularly valuable in giving an insight into the actual workings of the system; these two committees were (1) the departmental committee on sickness benefit claims and (2) the departmental committee on approved society finance and administration. The titles of their reports are given in the bibliography. The official Handbook for the Use of Approved Societies, English edition, 1915, is a guide for the use of the officers of these societies and gives the details needed for the administration of these societies. Current information as to changes, etc., in the laws will be found in the Labour Gazette of the ministry of labor.

ITALY.

Under the law of July 17, 1910, Italy established the first national compulsory maternity insurance system, by which wage-earning women receive a benefit of 40 lire (\$7.72) on the occasion of childbirth. The law applies only to women whose employment for four weeks after childbirth is prohibited by the factory legislation.

The development of maternity insurance in Italy has been described at some length in three papers by Henri Scodnik presented to the International Congress on Social Insurance in 1900, 1902, and 1908 and published in the proceedings of these sessions. A comprehensive statement of the progress to the year 1910 is given in the Twenty-fourth Annual Report of the United States Commissioner of Labor, volume 2, page 1851 ff.

The actual beginnings of maternity insurance in Italy were made by a number of private organizations which provided benefits at the time of childbirth. Thus the maternity insurance fund in Turin was established in 1898, while in 1905 such funds were started in Milan, Rome, Florence, and Brescia, and in 1906 in Bergamo. These funds charged dues ranging from 1.20 to 9.60 lire (\$0.23 to \$1.85) per year and provided maternity benefits of about 1.50 lire (\$0.29) per day for a varying period, usually about 30-days. The dues, of course, were not sufficient to defray the cost of the insurance, and the gifts of honorary members were necessary to keep the organization in existence.

The enactment of the law of June 19, 1902, on the regulations of the employment of women and children, renewed discussion on the question of maternity benefits, because this act prohibited the employment of mothers for a period of four weeks after childbirth. The law also required factory owners to provide a special room in the factory in which mothers might nurse their children; no deduction of wages for absence from work on this account was permitted, and if the factory employed more than 50 women a special room outside the workrooms must be provided for nursing mothers. To make the mother's rights more specific, the act was amended in 1907 by requiring that the mother, in addition to the rest periods prescribed for all women employees, must also have at least one hour's leave each day for nursing if the child was kept out of the factory rooms and at least one-half hour each day if the child was brought to the factory nursing room. The agitation for these laws kept the question of the care of the wage-earning mother before the

Parliament, and when the Italian labor office was created in 1903, the first investigation made by it was a technical study of the cost of a system of maternity benefits for women wage earners.

This report, "Basi tecniche di una cassa di maternità," was published in 1904. The study was restricted to women subject to the law of 1902 and covered the 12 months ended November 30, 1903. A brief summary of the essential data in this somewhat elaborate survey is given in Table XXVIII.

TABLE XXVIII.—Italy. *Number of women wage earners, wages, and number of births, by industry groups, 1902-3.*

[Source: Italy. Ufficio del Lavoro. Basi Tecniche di una Cassa di Maternità, 1904.]

Industry group.	Number of establishments.	Number of women wage earners.	Number of women wage earners of 300 days.	Number of births.	Number of births per 1,000 300-day women employees.	Average daily earnings of women employees.	Average daily earnings of mothers.
All industries.....	2,654	172,365	153,695	6,893	45	\$0.23	\$0.26
Mines, metallurgy, mechanical and chemical industries.....	244	7,029	5,834	271	46	.23	.26
Food products.....	90	1,595	1,085	42	39	.25	.26
Textiles.....	1,643	134,770	120,778	4,683	39	.22	.23
All others.....	677	28,971	25,998	1,897	73	.30	.32

The ages of the women included in the table are from 15 to 54 years, and since all of them did not work for the full year, the number is reduced to the basis of employees working a full year. The computed number of such employees was 153,695 and the number of births was 6,893, or about 45 births to each 1,000 women. The average daily wage of the women who had borne children during the year was \$0.26; if a benefit of half pay for 30 days was given, this would be \$3.90. For 45 births annually the total benefits would be \$175.50 for each 1,000 members. The annual (300 days') earnings of 1,000 women at \$0.23 per day would be $\$0.23 \times 300 \times 1,000$, or \$69,000. To provide the 45 benefits necessary would mean assessing \$175.50 against \$69,000 or about 0.254 per cent; rounding off this figure would make the proportion about three-tenths of 1 per cent. If instead of half pay, the benefits were three-fourths pay, the assessment would have to be increased one-half and would be 0.45 per cent of the wages, while full pay would require 0.6 per cent of the wages.

The small number of births per 1,000 women employees is explained by the fact that a large proportion of the women in factories are unmarried.

On the basis of this study, the minister of agriculture, industry, and commerce introduced a bill in the Parliament in the year 1905. The bill did not pass and a revised bill was introduced in 1907, which also failed of enactment. A third bill was introduced in 1909, which was

finally enacted into the law of July 17, 1910, and came into operation on April 6, 1912. This law was modified by the decree of February 17, 1917.

PERSONS AND INDUSTRIES INCLUDED.

The law includes in the compulsory insurance the women subject to the factory law of November 10, 1907. This law provides the usual regulations as to women employed in factories and other industries, the scope of which can readily be seen from the list of industries cited in the statistics of operations on page 128. The act does not include women employed in establishments of the National or local Governments, if such employees, by other laws or regulations, are already entitled to benefits at least equal to those of the 1910 law. The decree of February 17, 1917, however, extended the law to include women employed by private telephone companies. No distinction is made between married and unmarried mothers.

Foreigners employed in Italy are entitled to the same benefits as Italian citizens.

DISABILITY PROVIDED FOR.

The benefits of the law are granted in case of childbirth or miscarriage; intentional abortions are carefully excluded. A miscarriage is defined by the regulations of 1911, section 41, as one which occurs after the third month of pregnancy, while a delivery which occurs after the sixth month is to be designated as premature birth and is to be entered in the returns as a normal confinement.

BENEFITS.

The benefit provided by the law consists of a lump-sum payment of 40 lire (\$7.72); one-half of this sum, 20 lire (\$3.86), may be paid within one week after the date of childbirth, the other half within one week after the mother has returned to work. The law and the regulations contain no requirement as to the length of time the mother must refrain from work, but, as the law regulating the employment of women prohibits their return to work earlier than four weeks after childbirth, the second half of the benefit can not be paid until four weeks have elapsed.

To secure the payment of the first half of the benefit within the week following childbirth the following papers must be presented within two days: First, a certificate showing the mother's full name, the names of her parents, the name of commune, and the location of the house where she lives or the institution in which she is staying; second, a certificate from the civil authorities establishing the fact of the birth and that the applicant is the mother of the child, or a certificate to this effect from a physician or a midwife in the service of the public relief bureau, countersigned by the mayor; third, the ap-

plicant's pass book. Similar proofs must be submitted in case of a miscarriage.

While the regulations authorize the directors of the fund to appoint local committees to provide instruction in hygiene, etc., to mothers, the annual reports of the fund make no mention of activities in this field. The benefit is paid, therefore, without any of the restrictions such as the French law imposes.

The benefit is to be paid to the person designated by the mother; if she dies and the child survives, it is paid to the person who takes charge of the child; while if both die, it is paid to the persons with whom the mother was living at the time and who cared for the mother and child. In case of miscarriage followed by the death of the mother the same rules are followed. If the confinement takes place in a foreign country the above rules also apply, and insured foreigners confined abroad are entitled to the same treatment. No benefit, however, is paid for a miscarriage occurring in a foreign country.

The benefit can not be seized or attached in any way, nor may the beneficiary transfer it or pledge it in any manner. All claims for benefits must be presented within one year from the date of birth.

SOURCES OF INCOME.

The law of 1910 required the employee and the owner of the establishment each to pay half of the following annual rates: For each employee from 15 to 19 years of age, 1 lira (\$0.193); for each employee from 20 to 50 years of age, 2 lire (\$0.386). That is, women employees under this plan paid each year the sum of 10 or 19 cents according to their age. As explained later, these dues were found to be inadequate, and in 1917 the rates were changed so that for each woman employed the sum of 2.25 lire (\$0.43) is to be paid, thus abolishing the distinction between those under 20 and those over 20 years of age. Of this amount, 2.25 lire (\$0.43), the employee pays 1 lira (\$0.193) and the owner of the establishment pays 1.25 lire (\$0.24). For the employee, the new rate is double the old rate for those under 20, but makes no change for those 20 years or over, while the employer must now pay 1.25 lire (\$0.24) for those under 20 instead of the 0.50 lira, and 1.25 lire instead of 1 lira for those 20 years of age or over.

The contributions of the employee and the owner of the establishment were estimated, when the law was enacted, to be sufficient to provide the sum of 30 lire (\$5.79) for each birth; as it was deemed advisable to make this sum larger, it was provided that the National Government should add the sum of 10 lire (\$1.93) to the 30 lire (\$5.79), making the benefit 40 lire (\$7.72). Under the provisions of the decree of February 17, 1917, the Government's portion was increased to 12 lire (\$2.32), but no change was made in the amount

of the benefit. The fund pays the benefit of the insured person and later collects from the State the latter's subsidy to each benefit.

The dues to be paid by the employer, both his own share and that of his employees, must be paid within the period specified; if not paid they are collectible by the fund in the same manner as delinquent taxes. Any employer who fails or neglects to make the payment of dues is punishable by a fine of from 50 to 500 lire (\$9.65 to \$96.50), and in addition he must pay to the fund 10 times the amount of the contributions not paid, besides the full amount of the arrears.

The miscellaneous receipts of the fund consist (1) of fines paid by the employer for violations of the maternity insurance law and (2) of gifts, bequests, etc., to the fund. The receipts from these two sources, as will be seen from the data on page 131, have always been an insignificant part of the total.

FINANCIAL ADMINISTRATION.

The 1910 law provided that the employee's share should be deducted from her wages by the employer, who turned this amount together with his own share over to the treasury of the fund. These deductions were made in advance in two installments, on April 1 and October 1 of each year. The employee retained her right to membership during the period for which dues were paid, regardless of whether she continued to be employed during the whole six months. If the woman gave up her position or was dismissed during the last two months of pregnancy, she retained her right to benefit even if these two months fell in the six-months' period following that for which her contribution was paid. If an employee begins work in the course of a six-months' period, the dues for that period must be paid in full. The decree of February 17, 1917, however, provided for one annual payment of dues, principally because the expense of administration would be greatly reduced if only one payment each year had to be entered in the accounts, though the system of half-yearly payments also frequently caused loss of benefit to employees in seasonal industries, in employments not continuous, and in cases where illness due to pregnancy caused absence of several months. The date on which the annual payment is to be made will be specified in regulations to be issued later.

The 1910 law provided for a different rate of contribution for the two age groups, this distinction being based on the actuarial data of the investigation made by the labor office in 1903. In actual practice it was found that this plan of two rates caused no end of petty mistakes, disputes, etc., which required correction in the bookkeeping. According to the statement in the parliamentary report of 1917 the effort to recognize the different rate of expense of the two age groups was on the whole out of harmony with the fundamental idea of

social insurance, which is to provide benefits to a whole group of the population, and for this group to make the rates of dues and of benefits as uniform as possible. The report states that the existing system of maternity insurance departed from this idea by taking into account the variation of cost due to age, while the system followed it by ignoring the variation due to marriage. It was recommended, therefore, especially since the dues were of small amount in any case, that they be made uniform for all ages, and this recommendation was adopted by applying the higher rate to all insured persons.

Under the plan of having the State provide a subsidy of 10 lire out of the 40-lire benefit, the share of the State amounted to 25 per cent of the benefit; under the new plan the State will provide 30 per cent of the benefit.

The cost of administration is defrayed from the contributions of the employers and insured persons.

GENERAL ADMINISTRATION.

The maternity insurance fund is a self-governing section of the national invalidity and old age fund, which is subject to the jurisdiction of the ministry of agriculture, industry, and commerce. The management of the maternity fund is intrusted to a board of nine members consisting of the president of the invalidity and old age fund; two members appointed by the council of the latter fund from their own number; three representatives of employers and three representatives of insured persons appointed by the minister of agriculture, industry, and commerce. These representatives are selected from six names proposed by employers of women and six names proposed by the insured persons, submitted by these groups to the minister, and all of whom must be members of the local industrial boards called councils of prud'hommes. Any vacancy occurring among the employer and workmen members must be filled by selecting a successor from the names submitted at the time the original appointee was selected. The representatives nominated by the insured persons may be women, and during the first three years of operation of the fund these representatives consisted of one man and two women. Two vice presidents must be selected, one an employer and one a representative of the insured persons. The representative members are paid for expenses and loss of wages for attendance at board meetings. They hold office for three-year terms.

The general duties of the board are: To supervise the administration of the fund; to make regulations for the fund; to decide on questions arising under the law and the regulations; to provide for the accumulation of a reserve; to pass on the budget for the coming year; to prepare a financial statement; to arrange for local maternity

funds, offices, or committees and, when advisable, to intrust these local committees with the duty of seeing that the mother obtains rest and that instruction in hygiene is given; to direct the office force. Each year the board must present a report to the minister of agriculture, industry, and commerce, and to the minister of finances, with full information as to financial, actuarial, and other operations.

The director of the old age and invalidity fund also acts as director of the maternity fund.

The mail of the maternity insurance fund is entitled to the franking privilege. All documents, certificates, etc., are exempt from stamp taxes, registration fees, etc.

The owner of each establishment must keep on file a list of the women employees subject to the compulsory maternity insurance. These are, it will be recalled, the persons subject to the law regulating the employment of women and children, and this list must be in the form prescribed by the Government; it must show the date of admission to the service, of leaving, etc. Each woman subject to the law must be provided with a pass book, in which is entered her name, the date and place of birth, the establishments in which she has been employed, the date and amount of contributions she has paid to the maternity insurance fund, etc.

OPERATIONS.

The operations of the maternity fund are reported in rather brief form in the annual reports made by its officers. The facts contained in these reports are supplemented by the special report presented to Parliament in connection with the amendment of 1917.

The number of women insured is indicated by the number of contributions paid; according to the following table the smallest number of persons insured was 436,801 in 1912, and the largest number was 505,741 in 1915.

Table XXIX shows the variation there has been in membership.

TABLE XXIX.—Italy. *Number of insured persons, as indicated by the number of contributions, 1912-1916.*

[Source: Italy. Atti Parlamentari, Camera dei Deputati, Legislatura XXIV, Sessione 1914-1917, Document No. 757, p 3.]

Half-year period.	Total.	Number of contributors of—	
		\$0.10	\$0.19
First half year, 1912.....	436,801	173,989	262,812
Second half year, 1912.....	465,978	198,842	267,136
First half year, 1913.....	487,177	188,128	299,049
Second half year, 1913.....	480,713	201,289	279,424
First half year, 1914.....	491,629	188,677	302,952
Second half year, 1914.....	463,866	190,629	273,237
First half year, 1915.....	505,741	190,743	314,998
Second half year, 1915.....	447,702	177,744	269,958
First half year, 1916.....	447,570	176,046	301,524

The fluctuation in the number of insured persons since 1914 reflects general industrial conditions; the outbreak of the war first caused a reduction of industrial activity, then the calling of large numbers of men to the colors in 1915 led to the employment of women in their positions, while the smaller number of persons since 1915 is probably due to the lessened industrial activity under war conditions.

The industries in which the insured persons are employed are shown in Table XXX, which gives the number of establishments making payments of contributions.

TABLE XXX.—Italy. *Number of establishments making payments of contributions, by industry groups, 1913-1915.*

[Source: Italy. Cassa Nazionale di Maternità. Rendiconto dell' esercizio, 1913-1915.]

Industry.	Number of establishments contributing.			
	Apr. 1 to Sept. 30, 1913.	Oct. 1, 1913, to Mar. 31, 1914.	Apr. 1 to Sept. 30, 1914.	Oct. 1, 1914, to Mar. 31, 1915.
All industries.....	11,229	9,680	11,406	9,341
1. Agriculture.....	292	144	267	126
2. Mining and metallurgical industries.....	772	524	818	454
3. Metal working, machine building, etc.....	630	559	711	559
4. Woodworking, straw working, etc.....	494	436	432	373
5. Chemical industries.....	410	375	432	364
6. Paper and printing.....	1,238	1,091	1,219	1,070
7. Textiles:				
(a) Silk.....	1,509	1,365	1,472	1,208
(b) Cotton.....	508	490	544	509
(c) Wool.....	323	312	293	298
(d) Flax, jute, hemp, asbestos.....	149	145	152	134
(e) Elastic fabrics of hair, elastic wire covering, etc.....	23	22	12	12
(f) Lace, embroidery, etc.....	280	246	329	273
(g) Not reported.....	575	536	574	547
8. Animal products, clothing, etc.:				
(a) Tailoring, dressmaking, etc.....	967	815	954	783
(b) Corsets and white goods.....	250	225	258	200
(c) Cleaning, laundering, pressing.....	283	226	347	277
(d) Furs, footwear, coral, felt hats, umbrellas, fans, etc.....	1,089	1,006	1,068	931
(e) Not reported.....	99	92	118	102
9. Food products.....	807	647	776	627
10. Miscellaneous.....	415	345	508	420
11. Seasonal industries.....	116	79	122	74

In general, it may be said that the number of establishments is an indication of the industries in which the insured persons are engaged; on this assumption the industries employing the largest number of insured persons are the textile, the animal productions and clothing, and the paper and printing trades. The arrangement of the statistical tables in the original reports is such that the total number of persons in each industry class can not readily be stated.

The geographical distribution of the insured persons is shown in Table XXXI.

TABLE XXXI.—Italy. Number of insured persons as indicated by number of contributions in northern, central, and southern Italy, 1912-1915.

[Source: Italy, Cassa Nazionale di Maternità. Rendiconto dell' esercizio, 1912-1915.]

District.	Number of contributions.						Amount for 3 years.
	1912-13		1913-14		1914-15		
	(\$0.10)	(\$0.19)	(\$0.10)	(\$0.19)	(\$0.10)	(\$0.19)	
Total.....	348,200	503,267	379,925	571,722	377,847	574,751	\$425,126
Northern Italy.....	293,526	418,564	313,592	468,635	314,910	470,615	351,227
Central Italy.....	40,001	66,800	45,495	79,268	43,357	78,503	55,776
Southern and insular Italy.....	14,673	17,903	18,838	23,819	19,580	25,633	18,123

Out of the total amount of contributions paid in during the three years 1912 to 1915, the sum of \$351,227, or 83 per cent of the total, was paid in Northern Italy where, of course, the greater part of the industrial establishments of the country are located.

The regulations of 1911 provide that the financial year of the fund shall be from January 1 to December 31; for this reason the data as to receipts, expenditures, etc., are given for calendar years.

The number of benefits paid since the law came into force is shown in Table XXXII.

TABLE XXXII.—Italy. Number of maternity benefits paid, 1912-1916.

[Source: Italy. Atti Parlamentari, Camera dei Deputati, Legislatura XXIV, Sessione 1914-1917, Document No. 757, p. 3.]

Year.	Total number of maternity benefits.	Number of benefits paid to mothers of specified age.	
		15-19 years.	20-50 years.
1912.....	4,961	132	4,829
1913.....	27,488	673	26,795
1914.....	29,752	778	28,974
1915.....	27,898	620	27,278
1916 (first half year).....	10,733	(a)	(a)

a Age distribution for first half year 1916 not available.

During 1912 benefits were payable for the last three months of the year only, which accounts for the small number of benefits paid. The largest number of benefits was paid in 1914, which is generally assumed to be a year of normal operation of the fund; the births, etc., of this year were 29,752, which when compared with the membership given on page 127 above, gives an average of about 6,200 births, etc., per 100,000 insured persons.

Table XXXIII gives the civil status of the mothers to whom benefits were paid in the two years 1913 and 1914.

MATERNITY BENEFIT SYSTEMS.

TABLE XXXIII.—Italy. Births and miscarriages to mothers receiving maternity benefits, according to civil status of mother, 1913 and 1914.

[Source: Italy. Cassa Nazionale di Maternità. Rendiconto dell' esercizio 1913, p. 22. Bollettino del Cassa Nazionale di Previdenza, July–August, 1915, p. 44.]

Civil status of mother.	1913			1914		
	Total.	Births. ^a	Miscarriages.	Total.	Births. ^a	Miscarriages.
Total.....	27,468	26,462	1,006	29,752	28,674	1,078
Married.....	25,820	24,919	901	28,139	27,098	1,041
Not married.....	121	121		1,613	1,576	37
Civil status not known.....	1,527	1,422	105			

^a Includes stillbirths.

The mothers not married or mothers whose civil status was not known formed in 1913 about 6 per cent and in 1914 about 5.4 per cent of the total number receiving benefits.

The ages of the mothers and the number of births and miscarriages for each age in the year 1913 are shown in Table XXXIV.

TABLE XXXIV.—Italy. Births and miscarriages to mothers receiving maternity benefits, according to age of mother, 1913.

[Source: Italy. Cassa Nazionale di Maternità. Rendiconto dell' esercizio, 1913, pp. 20, 21.]

Age of mother.	Births. ^a	Total.	Miscarriages.		
			Fourth month.	Fifth month.	Sixth month.
All ages.....	26,462	1,006	473	359	174
15.....	4				
16.....	14				2
17.....	67	2			3
18.....	167	6	1	2	7
19.....	404	9	4	4	1
20.....	853	34	14	13	7
21.....	1,555	43	23	13	7
22.....	2,323	71	40	17	14
23.....	2,549	71	31	24	16
24.....	2,696	76	32	30	14
25.....	2,455	79	35	29	15
26.....	2,159	76	37	27	12
27.....	1,876	58	23	21	14
28.....	1,550	54	22	27	5
29.....	1,274	60	29	16	15
30.....	1,115	46	25	13	8
31.....	952	43	19	18	6
32.....	845	40	16	19	5
33.....	668	28	15	9	4
34.....	596	28	14	8	6
35.....	504	39	20	15	4
36.....	445	29	14	13	2
37.....	436	19	9	8	2
38.....	270	20	8	7	5
39.....	184	11	5	3	3
40.....	161	22	12	10	
41.....	136	14	8	5	1
42.....	82	14	7	5	2
43.....	60	10	6	3	1
44.....	36	4	4		
45.....	12				
46.....	5				
47.....	1				
48.....	1				
49.....	1				

^a Includes stillbirths.

The regulations of the fund do not permit benefits to be paid for miscarriages occurring during the first three months of pregnancy, so that these cases do not appear in the returns; in addition, miscarriages occurring after the sixth month are required to be reported as births. In the year 1913 the total number of benefits granted for births and miscarriages together was 27,468; of this number 26,462 cases were under the above rules reported as births and 1,006 as miscarriages; that is, 3.7 per cent of the cases receiving benefit in this year were classed as miscarriages.

The receipts, expenditures, and balances of the fund, 1912 to 1915, are given in Tables XXXV, XXXVI, and XXXVII.

TABLE XXXV.—Italy. *Receipts of the national maternity fund, 1912–1915.*

[Source: Italy. *Atti Parlamentari, Camera dei Deputati, Legislatura XXIV, Session of Mar. 8, 1917, Document No. 757, p. 3.*]

Year.	Total receipts.	Receipts from—		
		Contributions of employers and wage-earning women.	Miscellaneous sources.	Subsidy of State.
1912.....	\$108,893	\$98,534	\$784	\$9,575
1913.....	201,217	146,411	1,793	53,013
1914.....	208,579	148,724	2,434	57,421
1915.....	211,806	155,449	2,514	53,843

TABLE XXXVI.—Italy. *Expenditures of the national maternity fund, 1912–1915.*

[Source: Italy. *Atti Parlamentari, Camera dei Deputati, Legislatura XXIV, Session of Mar. 8, 1917, Document No. 757, p. 3.*]

Year.	Total expenditures.	Expenditures for—	
		Administration.	Benefits.
1912.....	\$44,964	\$6,665	\$38,299
1913.....	223,195	11,142	212,053
1914.....	242,331	12,646	229,685
1915.....	229,297	13,925	215,372

TABLE XXXVII.—Italy. *Balance of receipts and expenditures of the national maternity fund, 1912–1915.*

[Source: Italy. *Atti Parlamentari, Camera dei Deputati, Legislatura XXIV, Session of Mar. 8, 1917, Document No. 757, p. 3.*]

Year.	Receipts.	Expenditures.	Surplus.	Deficit.
1912.....	\$108,893	\$44,964	\$63,929	.....
1913.....	201,217	223,195	.....	\$21,978
1914.....	208,579	242,331	.....	33,752
1915.....	211,806	229,297	.....	17,491

The receipts are principally the contributions of the employers and insured persons; thus, in the year 1913, the receipts from dues were approximately 73 per cent, from the State subsidy 26 per cent, and from miscellaneous sources (fines of employers, gifts, etc.) less than 1 per cent.

The expenditures during the three years given in the table add up to \$510,490; the cost of administration for the period was \$30,453, or approximately 6 per cent of the total expenditure.

The balance sheet of the fund shows that the original estimates on which the dues were calculated were inaccurate. The law of July 17, 1910 (art. 14), provided that the system should come into operation three months after the publication of the regulations; the latter bore the date November 26, 1911, and were published in the *Gazzetta Ufficiale* of January 5, 1912, so that the act really came into operation on April 6, 1912. Contributions were collected immediately, but as no person is eligible for benefits until she has been insured for six months, benefits were not payable until October 1. For this reason the year 1912 showed a considerable surplus, amounting to \$63,929. The three years 1913 to 1915 showed a deficit each year, and at the end of the year 1915 the sum of the deficits was \$73,221, which had exhausted the surplus of 1912. The 1914 report of the directors of the fund called attention to the financial needs of the system and recommended an increase in the contributions and in the State subsidy, with the amount of the benefit to remain unchanged. Under the plan adopted in the decree of February 17, 1917, the State subsidy is increased from 10 lire to 12 lire, leaving 28 lire out of the benefit of 40 lire to be provided by the contributions. The computation of the Government estimates that there will be 6,215 births per 100,000 members; to provide 28 lire for each of these births would call for 174,020 lire. The cost of administration, taken roughly at 10 per cent of this amount, would require approximately 18,000 lire. Changing the system of contributions from semiannual to annual payments would admit an additional number of women to benefits, the cost of which is estimated at 18,000 lire. These amounts would add up as follows:

	Lire.
6,215 benefits of 28 lire.....	174,020
Administration.....	18,000
Additional benefits.....	18,000
Total.....	210,020

With the new rate of contributions at 2.25 lire per insured persons the receipts from this source would be, for 100,000 members, 225,000 lire; as the estimate of cost just given was 210,000 lire, there would be a margin of 15,000 lire in excess of the expenditures.

SOURCES OF INFORMATION.

All laws, decrees, regulations, and the like of the Italian Government are published in the *Gazzetta Ufficiale*; thus the law of July 17, 1910, appeared in number 181 of the year 1910, the decree of November 26, 1911, appeared in the issue of January 5, 1912, and the decree of February 17, 1917, in the issue of March 7, 1917. The *Bollettino della Cassa Nazionale di Previdenza* also reprints the laws and decrees relating to the maternity fund and gives advance summaries of the annual reports and other data relating to operations. The title of the annual reports of the fund is, "Cassa Nazionale di Maternità, Rendiconto dell' Esercizio 1912," and following years. The bulletin of the labor office (*Bollettino dell' Ufficio del Lavoro*) gives statements as to laws, decrees, operations, etc. The English edition of the bulletin of the international labor office gives translations of laws and decrees and is perhaps the most accessible to American readers of any of these sources. The Monthly Review of the United States Bureau of Labor Statistics frequently gives digests of reports, summaries of legislation, etc., relating to the fund.

RULES FOR THE ENFORCEMENT OF THE LAW FOR THE MATERNITY FUND.¹

TITLE I.—CONSTITUTION AND ADMINISTRATION OF THE FUND.

ARTICLE 1. The fund created by the law of the 17th of July, 1910, No. 520, an autonomous section of the National Provident Fund for Invalidity and Old Age of Workmen, has the title of National Maternity Fund, with headquarters in Rome.

It is forbidden for any other institution to assume the name of National Fund; infringers will be punished as provided in article 30, complete text, May 30, 1907, No. 376, on the National Provident Fund for Invalidity and Old Age of Workmen.

ART. 2. The National Maternity Fund is administered by the council of administration of the National Provident Fund for Invalidity and Old Age of Workmen by means of a special administrative committee.

ART. 3. The administrative committee is composed of nine members, as follows:

Of the president of the National Provident Fund;

Of two members chosen from the board of administrative council of the National Provident Fund;

Of six members chosen by the minister of industry, commerce, and labor, three from representatives of the employers and three from representatives of the women operatives.

Women also shall be admitted as members of the administrative committee.

ART. 4. The permanent committee of labor shall compile a list of industries or of groups of related industries which employ women hand workers, and from these shall select those who represent the employers and who represent the women operatives in the administrative committee of the National Maternity Fund. The list may be modified by the above-named permanent committee of labor, provided that the necessary proportion is retained.

ART. 5. The three representatives of the employers and the three representatives of the women operatives on the administrative committee of the National Maternity

¹Law of July 17, 1910, No. 520, and decree-law of Feb. 17, 1917, No. 322; *Gazzetta Ufficiale del Regno d'Italia*, No. 164 (July 12, 1917), p. 3192.

Fund shall be chosen by the minister of industry, commerce, and labor, from the industries or groups of industries indicated on the list mentioned in the preceding article and, respectively, from those designated from the industries, members of the college of probiviri of the industry which employs women operatives and shall be selected by the working members of the college itself.

Those elected must be members of the college.

The rules for such designation shall be determined by ministerial decree.

ART. 6. The members shall serve three years and are eligible for reelection.

In case of a vacancy among the members, nomination thereto is reserved either to the choice of the administrative council of the National Provident Fund for Invalidity and Old Age of Workmen or to the substitution authorized to the council above named.

In case of vacancy among the councilors representing the employers and the councilors representing the women operatives, the minister of industry, commerce, and labor shall select from the unelected candidates of the industry or groups of industries, respectively. In default of candidates unelected, a new designation shall be made.

Members of the council, nominated in substitution of others who have retired from office before the usual three-year term, shall remain in office for the rest of the term of the members for whom they are substituted.

ART. 7. The administrative committee is presided over by the president of the National Provident Fund for Invalidity and Old Age of Workmen and shall elect two vice presidents, of whom one shall be selected from the representatives of the women operatives and the other from the representatives of the employers.

ART. 8. The administrative committee shall carry on the business of the fund and shall deliberate:

First, on the formation of the internal regulations.

Second, on the gradual establishing of a reserve fund, using for this the annual surplus until it shall have amounted to a sum corresponding at least to half the average sum paid out annually in subsidies for the preceding three years.

Third, on the working balance and on the annual statement.

Fourth, on the choice of the local maternity funds, and, in general, of those committees, institutions, or persons to whom it is believed advisable to place the supervision of the resting of the mother and of hygienic assistance to her and of other functions which the National Maternity Fund may undertake to develop in each locality, excepting those respecting the receipt of contributions and the payment of subsidies and on the tasks to be entrusted to these funds, committees, institutions, or persons.

Fifth, on the eventual disposition regarding contributions or subsidies.

Sixth, on the service of the fund.

The committee shall express opinions on questions which may arise regarding the application of the rules and of the present regulations, and submit them to the ministry of industry, commerce, and labor.

ART. 9. The National Maternity Fund shall present each year to the minister of industry, commerce, and labor both a statement of the treasury and a statement of the operations of the fund. In this statement will be inserted the statistics of the subsidies paid by the fund, distinguishing them, first, according to births or miscarriages and, second, the age of the mother.

ART. 10. The president of the administrative committee is the legal representative of the fund; in writing, he may assign the representation to the director general.

In case of the absence or disability of the president, the office of representing the fund shall be assumed by one of the two vice presidents or one of the members of the council designated therefor by the administrative committee.

ART. 11. The services of members of the administrative committee shall be gratuitous.

Members not resident in Rome shall be reimbursed their traveling expenses, and shall be given a compensation of 20 lire (\$3.86) for each day they remain in Rome during the sessions of the administrative committee including those days taken up in going and coming.

They shall be considered as residents of Rome if, during the sessions of the committee, they are, by reason of other public offices, already in Rome.

Those workmen members resident in Rome will be granted a compensation of 10 lire (\$1.93) for each day on which they are present at the sessions of the committee.

ART. 12. Members of the administrative committee, who have not given notice to the president of a good reason therefor, who are absent for two consecutive meetings, shall cease to hold office.

Of this separation from office which shall be announced to the committee and attested with appropriate statements in the minutes, the president shall give immediate notice to the ministry of industry, commerce, and labor.

ART. 13. The director general of the National Maternity Fund, or whoever takes his place, shall attend the meetings of the administrative committee and shall participate but have no vote.

ART. 14. The balance sheets, the reports and the proceedings of the meetings of the administrative committee of the National Maternity Fund must be communicated to the administrative council of the National Provident Fund for Invalidity and Old Age of Workmen.

ART. 15. The financial year of the National Maternity Fund shall commence with the first of January and end with the thirty-first of December.

ART. 16. The internal regulations of the National Maternity Fund, when approved by ministerial decree, shall, among other things, determine:

The requirements for validity of the meetings and of the deliberations of the administrative committee;

The rules and the time limits for the compilation of the annual reports;

The constitution of a committee to revise the accounts with the indication of their powers;

The form of compilation of the reports and of the annual accounts, and also the date for the presentation to the minister of industry, commerce, and labor of the reports and of the accounts above named;

The form for the compilation of the minutes of the meetings of the administrative committee.

ART. 17. The director general of the National Maternity Fund shall be the director general of the National Provident Fund for Invalidity and Old Age of Workmen.

ART. 18. The employees of the National Maternity Fund shall form a roll identical with that of the National Provident Fund for Invalidity and Old Age of Workmen and shall depend exclusively upon the latter.

ART. 19. The investment of funds of the National Maternity Fund shall be decided upon by the administrative council of the National Provident Fund for Workmen.

The administrative committee of the National Maternity Fund shall provide for the enforcement of these deliberations according to the rules established for the investment of the funds of the National Provident Fund.

ART. 20. The service of the collection of contributions and of the payment of subsidies shall be made through the secondary offices of the National Provident Fund through post offices and the postal savings fund.

The operations, in the interest of the aforesaid service, entrusted to the post office and to the postal savings fund shall be performed without expense to the National Maternity Fund, to the employers or to the women operatives.

The collection of the contributions can, by special provision, be entrusted to the communal collectors of taxes.

The correspondence of the National Maternity Fund, of the districts of inspection of industry and labor, of the other public offices and of the maternity fund and of the local committees between themselves and with the employers and with the women operatives, regarding the application of the laws and the regulations, shall be exempt from postal charges.

TITLE II.—REGISTER AND BOOKS OF THE WOMEN OPERATIVES.

ART. 21. In the register prescribed by article 33 of the regulation of August 6, 1916, No. 1136, for the execution of the law on the labor of women and children as well as children of both sexes and women under age, the adult women must also be inscribed.

Registry of all women without distinction must be made in the chronological order of their admission to service.

The register must conform to the model form compiled by the minister of industry, commerce, and labor, and must contain, besides the information prescribed by article 33 of the aforesaid regulation, the number of order of inscription, the date of admission into service, the date of dismissal or of ending of service in the factory or establishment, and the other particulars which may be required in the above-named model form.

The employers subject to the law (complete text) on accidents to workmen while at work may free themselves of the keeping of this register when the book of registration provided by article 25 of the regulations of March 13, 1904, No. 141, for the execution of that law, if it is kept regularly according to the provisions of the regulation, but with the two sexes distinguished in such a manner that in one book are inscribed only all the male workers (boys and adults) and in another all the female workers (girls, young persons, and adults). In this manner the book of registry of women operatives will be carried on continuously, notwithstanding any change of insurance institution. The attest prescribed by article 26 of the before-mentioned regulation concerning work accidents shall on demand be placed on the book of registry open to inspection as above, by the other institution.

Both the registers and, where it is desired, the books of matriculation must be preserved by the employers for five years after the last registration, and, throughout that period, must be deposited with the National Maternity Fund.

ART. 22. The register described in the preceding article shall be provided at the expense of the employers by the National Maternity Fund and by the secondary offices of the National Provident Fund and should be composed of numbered sheets certified by the above fund. It must be arranged without any space in the margin and must be written with ink or with other indelible material. No erasures may be made and where any cancellation is necessary it should be effected in such a way that the erased word remains legible. The inscription in the register, with the indication of the date of admission into service, must be made when the woman operative commences work.

The date of dismissal must be entered on the register on the same day on which the woman operative ceases to belong to the establishment; in every case, even in the case of temporary absence of the woman through sickness, suspension, or reduction of work or other cause, the cessation of service must be entered on the register at a date not later than the fifteenth day from that of actual work of the woman operative at the establishment, notwithstanding any contrary provision of the internal rules or of local custom.

The undertakers or employers who neglect to keep the register or book of matriculation according to the preceding article, or who have neglected to inscribe in them each woman operative and the date of admission and end of service of every one of them, together with the required information and within the dates fixed therein and in the preceding article, shall be punishable by a fine extending from 3 lire (\$0.579) for each woman operative and for each day of failure to inscribe or to insert the afore-

said information, up to the maximum of 1,000 lire (\$193), independently of the fine imposed by the regulation for the execution of the law on the labor of women and children and of the law on accidents.

The infraction of the provision of the last paragraph of the preceding article, relative to the obligation of preserving and depositing the registers and books of matriculation, is punishable by a fine of 200 to 1,000 lire (\$38.60 to \$193), independently of the larger penalties established by other laws and regulations.

ART. 23. All women 15 to 50 years of age occupied in establishments subject to the laws on the labor of women and children must be provided with a book conforming to the model approved by royal decree, as proposed by the minister of industry, commerce, and labor. For women between the ages of 15 and 21 years such books must correspond to those required by the law on the labor of women and children and the regulations relating thereto and must also be valid under the law and regulations.

In the book there must be stated by the commune of the residence of the woman operative, the name and surname of the woman for whom it is made out; the name of the father and the name and surname of the mother; the place and date of birth; the commune of residence. In addition to the data prescribed by the law and the regulation on the labor of women and children, in the book of women from 15 to 21 years there must be stated the name, surname, and domicile of the person who exercises the parental authority over the woman for whom the book is taken out; and, furthermore, in the books of all women 15 to 50 years there must be set down the date of the making out of the book itself. On the part of each employer by whom the woman has been successively employed there must be entered in the book: The date of admission and of the end of service with the establishment and the number of the inscription in the register or in the book of matriculation as required by article 21. The date of admission and that of the end of service must be noted in the book in conformity with the provision of article 22 for such registration in the book of the woman operative or in the book of matriculation prescribed by article 21.

ART. 24. The books mentioned in the preceding article shall be furnished to the communes at the expense of the National Maternity Fund, and they shall be given out without cost to every woman operative within eight days after she makes request therefor by the syndic of the commune where she has her usual place of residence.

The syndics must see that each book is filled out by the communal officials according to the provisions contained in the preceding article, and that it is given to the applicant only when all the signatures of the civil officials and the seal have been affixed.

In the register prescribed by article 8 of the regulation for the execution of the law on the labor of women and children, there must be noted the books given out in conformity with the present regulation for all women operatives between the ages 15 and 50 years.

ART. 25. A duplicate of the book may be given out in the commune where it was originally taken out only in case of loss or of deterioration from prolonged use. On giving out a duplicate the instructions contained in articles 23 and 24 must be observed; it must be stated in the new book that it is a duplicate.

ART. 26. The syndics and the communal officials may be punished by a fine of 5 to 50 lire for every book which has not been given out in due form and containing the facts and the dates required by the three preceding articles, and by a fine of from 50 to 200 lire (\$9.65 to \$38.60) for the failure or irregular keeping of the register mentioned in article 24.

ART. 27. The books shall remain deposited with the undertaker of the establishment in which the women are employed, and will be arranged in the progressive order of their respective numbers of inscription on the register or on the matriculation record. It is permissible, however, to hold in place of the book the declaration of withdrawal when this is given out by the signature of the authority intrusted with the carrying out of the regulations of it.

In case the holder of the book ceases to belong to the establishment, the employer or undertaker must return the book, and he shall not for any reason whatever be permitted to retain it. If the woman operative, after the maximum period of a month of absence, without justifiable reasons, does not return to the establishment, the management will forward the book to the commune of residence of the woman operative. The establishment will be punished by a fine of 5 to 100 lire (\$0.965 to \$19.30) for every book which may be overlooked or delayed in being forwarded according to the rules of the present article.

ART. 28. The women operatives shall have the right of inspecting their books each year. The undertakers, managers, or directors who, within five days of the request of the woman operative, neglect to agree thereto without good reason shall be punished by a fine of 10 lire (\$1.93) for every book in respect of which they refuse inspection by the holder.

ART. 29. In addition to the penalty imposed by the law, complete text, on the labor of women and children for infringement of the above-mentioned law, the undertakers, managers, and directors are subject to—

(1) A fine of 10 to 50 lire (\$1.93 to \$9.65) for every woman of 15 to 50 years admitted to or kept at work who is deprived of her book according to article 23, save in the exception stated in the first part of article 27.

(2) A fine of 5 to 50 lire (\$1.93 to \$9.65) for each woman admitted to or kept at work with a book in which the date of beginning or ceasing work is lacking or if the dates stated in article 23 are not registered.

(3) A fine up to 25 lire (\$4.825) for each woman admitted to or kept at work with a book not conforming to the other requirements of article 23, or lacking in the registrations of entering or leaving the establishment in which the woman operative has been previously employed.

ART. 30. The undertakers, managers, and directors who by omitting to enter in the book the data prescribed by the present regulation or by making untruthful entries shall give occasion to the payment of subsidies which it transpires are not due, shall be responsible for reimbursing the National Maternity Fund the amount of the subsidies improperly paid, without prejudice to the fines set forth in the preceding articles and to the penalties imposed by the penal code.

ART. 31. The register or the book of matriculation mentioned in article 21 and the books of the women operatives must be kept in the place in which the work is carried on and must be presented without delay on every request to the Government inspectors and to the officials of the National Maternity Fund.

Failure to comply with such requests is punishable with a fine of 50 to 500 lire (\$9.65 to \$96.50).

TITLE III.—CONDITIONS AND METHODS OF PAYMENT OF CONTRIBUTIONS.

ART. 32. The contribution of 2.25 lire (\$0.434) of which 1.25 lire (\$0.24) is on the account of the employer or undertaker and 1 lira (\$0.193) on the account of the woman operative, is compulsory for all women operatives between 15 and 50 years employed in establishments subject to the laws on the labor of women and children and for all female persons of 15 to 50 years of age in the telephone service of private establishments.

ART. 33. The contribution shall be paid as a rule during the month of March of each year for all the women operatives mentioned in the preceding article who are employed in that month. In case an operative is dismissed in the period between January 1 and the day of payment of the contribution, the employer or undertaker will arrange for the payment of the contribution in respect of the dismissed employee before the return of her book of employment.

For women operatives who begin work after the annual payment of contributions is made and for whom there has not yet been made the contribution and who reach their fifteenth year of age in the course of the year, the obligation for the payment of the contribution begins at the time of the new employment or the day on which the fifteenth year of age is completed and the payment of the contribution must be made not later than the seventh day.

ART. 34. The payment of the contribution must be made through the post offices or the secondary offices of the National Provident Fund or the other offices which can be charged with the collections of the National Maternity Fund.

The office which receives the payment shall provide, on application, stamps to be affixed to the book of employment of the woman operative; the stamps affixed to the books shall be canceled with a dating stamp by the office receiving the payment.

The stamps shall be furnished by and at the expense of the National Maternity Fund at the post offices and at the other offices charged with the receipt of contributions.

The employer or the undertaker on the occasion of any payment shall present to the office above named in which the payment is made a declaration in duplicate conforming to the model established by the National Maternity Fund in which declaration must be indicated the name, the seat and the object of the firm, the number of the women operatives for whom the payment is made, and the amount of the contributions paid in. The office which receives the payment affixes a seal with a date and the visé on the declarations indicated, one of which must be sent at once to the ministry of post offices, directory general of savings and money orders (savings service), together with the money order, forwarding the receipt belonging thereto to the employer or undertaker together with the second copy of the declaration mentioned.

The ministry of post offices, as it receives the money order and the accompanying lists of payment, transmits one statement confirming it to the employer or undertaker who must keep the same after having ascertained that it corresponds exactly to the amount of the payment made. The same ministry, after making an appropriate record, sends back the money order and the papers which belong with it to the National Maternity Fund.

Complaints of confirmatory receipts being irregular and that they are not received by the employer or undertaker within 30 days from the date of the payment made, have the effect of extending the tax, and they must be repeated every 15 days until a reply has been obtained.

TITLE IV.—CONDITIONS AND METHODS OF PAYING SUBSIDIES.

ART. 35. Women from 15 to 50 years have a right to a subsidy of 40 lire (\$7.72) in case of birth or miscarriage, according to the provisions of the following articles, on condition that at the date of birth or miscarriage:

First. At least six months must have elapsed in the case of a birth and at least three months in the case of a miscarriage from the date of their admission to the establishment subject to the laws on the labor of women and children.

Second. The entire number of days on which they are employed in this establishment as computed from the notations of the dates of the entrance and of discharge in each respective book must not be less than 45 in the period of the 360 days preceding that of the birth or miscarriage.

There is no right to the aforesaid subsidy if the date of the last discharge from the establishment referred to is more than nine months.

ART. 36. The miscarriage is considered as such for the purposes of this law and for the right to the subsidy when it occurs after the third month of pregnancy.

The birth which occurs after the sixth month of pregnancy is considered a premature birth and is, for all purposes of the law, equal to a full-time birth.

ART. 37. The woman operative inscribed in the National Maternity Fund, who gives birth in a foreign country, has the right to the subsidy provided that she presents the documents indicated in numbers 1 and 3 of article 41, and produces the certificate of birth resulting from the maternity of the child.

Foreign women inscribed in the National Maternity Fund who give birth in a foreign country have the right to the subsidy under the same conditions as an Italian woman. A miscarriage confers no right to the subsidy when it occurs in a foreign country.

ART. 38. The subsidy is paid to the woman herself or to a person designated by her.

In case of the death of the woman and the survival of the child the subsidy is paid entirely to the person who takes care of the child.

In case of the death of both the woman and the child the subsidy is paid to the persons who prove they have taken care of her or of the child.

In case of miscarriage followed by the death of the woman the subsidy is paid according to the rule of the preceding sentence.

ART. 39. When the woman is accused by the doctor or judicial authority of causing a miscarriage, payment of the subsidy shall be suspended until the settlement of the penal proceedings.

The loss of subsidy in case of intentional miscarriage shall occur only in consequence of a verdict of guilty.

ART. 40. At the end of each three months the National Maternity Fund shall communicate to the ministry of industry, commerce and labor the number of subsidies paid in that three months.

On the basis of this communication, the ministry aforesaid, after verifying the statements accurately by its own deputy, shall arrange for the reimbursing of its share of 12 lire per subsidy on the account of the State for each birth or miscarriage subsidized.

ART. 41. To obtain the payment of the first half of the subsidy of 20 lire (\$3.86) within the period of seven days after birth according to article 3 of the law, it is necessary that within two days after the day of birth there must be forwarded to the National Maternity Fund by registered letter for which a receipt is given, the following documents:

1. A request for subsidy giving exactly the name and surname and the father of the woman, the commune and the house where she resides or the institution where she is lodged.

2. A document furnished by the office of civil status proving the birth and the maternity of the baby or a certificate furnished by a doctor or a midwife and countersigned by a syndic, certifying the birth and the maternity.

3. The employment book of the woman; if not possible to present the book, the establishment at which the book may be found must be indicated.

If the documents are presented or sent too late, the period of seven days will expire from the day of receiving the documents above named.

The second half of the subsidy will be paid within five days of the expiration of the period of rest.

ART. 42. To have a right to the subsidy in case of a miscarriage, there must be forwarded to the fund the documents indicated by numbers 1 to 3 of the preceding article and a certificate furnished by a doctor or a midwife countersigned by the syndic attesting the miscarriage, the day on which it occurred, and the approximate age of the embryo.

The time allowed for the forwarding of the documents enumerated in the preceding paragraph is 15 days from the date of the miscarriage or of the date of the discharge of the woman from the hospital or institution where she has recovered.

ART. 43. Besides the penalty imposed by the law on the work of women and children, the undertakers, managers, or directors who allow the women to work during the rest period required by article 6 of the aforesaid law, must reimburse the National Maternity Fund that part of the subsidy belonging to the woman from the time of her admission to work.

If the woman resumes work not subject to the law of the employment of women and children before the minimum period of rest of three weeks after the birth has elapsed, she loses the right to the subsidy or to that part not yet paid at the time of resuming work.

ART. 44. The National Maternity Fund may arrange with individual employers and undertakers as to the method whereby the head or the manager of the industry or establishment may pay in advance to the woman, who is still connected with the factory, the first half of the subsidy or the entire subsidy when there are presented from the woman interested the documents mentioned in articles 41 and 42, regularly countersigned.

TITLE V.—INSPECTIONS AND MEDICAL CERTIFICATES.

ART. 45. The inspections intended to ascertain the observance of the laws and of the present regulation, in addition to that of the officials of the judiciary police, shall be carried out by the inspectors of industry and labor and by the mining engineers in the case of quarries, mines, and open-pit work and in the case of the establishments included in the list authorized in article 33 of the regulation of April 27, 1913, No. 421, for the application of the law of December 12, 1912, No. 1361, which instituted a corps of inspectors of industry and labor.

The officials to whom the National Maternity Fund have intrusted the discharge of the duty of inspection shall have by decree of the minister of industry, commerce, and labor, always revocable, the status of adjutant inspectors of industry and labor and shall act under the direction of the chief of the district of inspection.

ART. 46. The officials intrusted with the supervision by the rules of the first and second paragraphs of the preceding article, are privileged to visit any place whatever in which they think that women are occupied in industries subject to the laws on the work of women and children and have, in performing the duties of the office, all the other powers granted by the laws and regulations on the work of women and children and on industrial accidents.

These persons must also, in making the inspections, observe in so far as they are applicable the provisions contained in the laws and the aforesaid regulations.

The employers, heads of industries and of factories, who refuse to answer the inquiries of the inspectors and to furnish them the information and documents requested are punishable by a fine of not more than 100 lire (\$19.30) for each refusal or failure to comply, without prejudice, to the penalties imposed by other laws or regulations.

ART. 47. The municipal doctors and the municipal midwives shall serve without pay either from the National Maternity Fund or the insured women or the establishment for their work in connection with the certificates furnished under articles 41 and 42 of the present regulation.

TITLE VI.—TRANSITORY DISPOSITIONS.

ART. 48. The provisions of the present regulation concerning the payment of subsidies shall have effect as from July 1, 1917, formally revoking for the births or miscarriages which are verified thereafter, the provisions of the regulation approved by royal decree of November 26, 1911, No. 1382.

The contribution in the proportion established by lieutenantal decree of February 17, 1917, No. 322, shall be applied as in force for the year 1917; and for that year shall

be paid in the month of August rather than in the month of March, as provided by article 33 of the present regulation; the provisions of articles 33 and 34 shall remain applicable for the payment of contributions.

The State will cooperate with the share of 12 lire (\$2.32) established by the lieutenantal decree cited above, for all births or miscarriages subsidized from January 1, 1917.

Visé by order of S. A. R. the Lieutenant General of His Majesty the King:

THE MINISTER OF INDUSTRY, COMMERCE, AND LABOR: DE NAVA.

LUXEMBURG (GRAND DUCHY).

Under the law of July 31, 1901, a system of compulsory sickness insurance, providing maternity benefits, was introduced and has been in effect since December 1, 1902. The system resembles closely that in use in Germany.

The persons covered by the insurance include wage earners and salaried employees, the latter in so far as the salary does not exceed 10 francs (\$1.93) per day. The insured persons are required to be members of the district funds if they are not members of an establishment fund or a recognized mutual aid fund. The benefits provided by the funds are: (1) Sickness benefit, consisting of a cash benefit (half the daily earnings) for a period of 13 weeks, medical attendance and medicines; (2) maternity benefit, consisting of the cash benefit as before, for a period of 4 weeks after the date of birth; if complications at the birth ensue, then the usual sickness benefits are provided; (3) funeral benefit, consisting of 20 times the average daily wages.

The income of the funds is derived from contributions of the insured persons (two-thirds) and of the employers (one-third). The total contribution may not exceed 4.5 per cent of the wages.

OPERATIONS.

The number of persons insured, the cases of sickness, and the financial operations may be summarized as in Table XXXVIII.

TABLE XXXVIII.—**Luxemburg.** *Summary of operations of the sickness insurance funds of Luxemburg, 1903-1912.*

[Source: Departement für Ackerbau, Industrie, und Handel. Die Krankenversicherung im Grossherzogtum Luxemburg, 1913.]

Year.	Number of funds.	Number of members.			Cases of sickness.			Total receipts.	Total expenditures.	Amount paid in confinement benefits.	
		Total.	Male.	Female.	Number.	Per 100 members.					
						Total.	Male.				Female.
1903....	73	29,516	27,613	1,903	34,002	115.23	116.73	93.32	\$255,033	\$232,630	\$160
1905....	73	33,580	31,544	2,036	45,113	134.34	135.43	117.44	299,341	294,011	273
1907....	66	36,888	34,621	2,267	53,243	144.34	145.08	132.95	379,922	356,413	409
1909....	61	35,301	32,857	2,444	56,367	159.67	161.60	133.84	347,280	320,738	452
1911....	63	40,454	37,632	2,772	71,012	175.29	178.35	137.30	448,432	410,527	404
1912....	61	42,216	39,288	2,928	95,953	179.87	183.34	132.55	480,054	458,449	222

There has been a steady increase in the number of women members, though the number is relatively slight; as will be seen from the last column of the table, the expenditures for maternity benefit are extremely small.

The maternity experience of the funds is shown in Table XXXIX.

TABLE XXXIX.—Luxemburg. *Maternity experience of sickness insurance funds, 1903-1912.*

[Source: Departement für Ackerbau, Industrie, und Händel. Die Krankenversicherung im Grossherzogtum Luxemburg, 1913.]

Year.	Confinements.			Days of sick benefit in confinement cases.			Average benefit per case.
	Number.	Per 100 female members.	Per 100 cases of female sickness.	Total.	Average duration per case.	Per 100 total days of sick benefit for females.	
1903.....	46	2.42	2.58	1,022	22.22	7.63	\$3.56
1905.....	59	2.90	2.47	1,416	24.00	6.88	4.63
1907.....	74	3.26	3.45	1,729	23.36	10.01	5.53
1909.....	66	2.70	2.02	1,582	23.97	8.22	6.86
1911.....	53	1.92	1.39	1,225	23.11	5.64	7.02
1912.....	58	1.98	1.49	1,802	22.45	5.43	3.83

The number of confinements is so small that the ratios computed in the preceding table are of doubtful value. It is interesting to note that the expenditure per case has varied from \$3.56 in 1903 to \$7.26 in 1911.

NETHERLANDS.

Maternity insurance in the Netherlands is provided by the general compulsory sickness insurance law which was passed on June 5, 1913, but which had not been put into effect because of conditions arising out of the war on January 1, 1918.

PERSONS INCLUDED.

The compulsory insurance includes all men and women regularly employed in the service of any enterprise, provided that their wage or salary does not exceed a specified amount (to be fixed later by certain administrative officials); a few groups are exempt, such as persons receiving a very small wage, those protected by other laws, etc. The compulsory insurance applies equally to men and women, though the labor councils which administer the law may, at the time the law is put into force, temporarily exempt women who are pregnant or persons who are disabled.

DISABILITY PROVIDED FOR.

The disability provided for is (1) that due to sickness lasting longer than three days or (2) that due to pregnancy and childbirth, as long as inability to resume work continues.

BENEFITS.

The benefits in case of sickness consist of sick money equal to 70 per cent of the average wage of the wage class to which the insured belongs, beginning with the third day of disability, but continuing for not more than six months, Sundays excluded; in case of pregnancy the sick money of 70 per cent begins with the first day of inability to continue work until the day of childbirth, after which it is raised to 100 per cent of the average wage and is continued for the entire period of the disability caused by the childbirth. By royal decree certain increases or decreases in the sick money may be introduced. The labor council is authorized to issue rules providing that the sick money may be refused in cases in which the pregnancy disability or the childbirth occurs within six months of the date when the insurance or membership in the insurance system begins, or if the insured does not belong to a recognized sick fund, or refuses to make use of the services of a physician, or prolongs the disability by refusing to follow the orders of the physician. The payment of the benefits is guaranteed by the State.

The law makes no distinction between legitimate and illegitimate children. The important feature of medical benefit is handled in a manner somewhat different from the British and German systems. The officials administering the law are charged with the duty of establishing sick funds whose only function is to provide physicians, nurses, midwives, medicine, etc. Membership in these funds is required, though the insured person has the right to select the fund which he wishes to join. Each of these funds must prescribe the rates of their dues and the extent of the service provided, although the benefits provided must conform to a minimum standard to be specified by Government decrees. There must be at least two physicians and two apothecaries in the service of each fund, and the members are allowed to choose their physician from those on the panel of the society.

SOURCES OF INCOME.

The dues are fixed by the State and must be revised every five years. They must be uniform in each district. One-half must be paid by the employer and one-half by the insured person; the employer must make the payment of the dues, deducting the employee's share from the wages. The law provides the following schedule of dues:

Wage class.	Daily wage.	Average wage.
I	Less than 0.70 florin (\$0.28).....	0.50 florin (\$0.20).
II	0.70 to 0.99 florin (\$0.28 to \$0.40).....	0.80 florin (\$0.32).
III	1 to 1.39 florins (\$0.40 to \$0.56).....	1.20 florins (\$0.48).
IV	1.40 to 1.89 florins (\$0.56 to \$0.76).....	1.60 florins (\$0.64).
V	1.90 to 2.49 florins (\$0.76 to \$1).....	2.20 florins (\$0.88).
VI	2.50 to 3.49 florins (\$1 to \$1.40).....	3.00 florins (\$1.21).
VII	3.50 florins (\$1.41) and over.....	4.00 florins (\$1.61).

In case these dues are not sufficient to defray the cost of the insurance, including the accumulation of a reserve and repayment of any advances to the system, the labor council may recommend the increase of the dues, or the reduction of the benefits, or both; in the absence of such recommendation, the State may take such measures as it deems necessary.

VOLUNTARY INSURANCE.

Provision is made for the voluntary insurance of persons not included in the compulsory insurance and those who desire to continue their insurance when they cease to be covered by the law. Persons insuring voluntarily must pay their own dues.

GENERAL ADMINISTRATION.

The country is to be divided into districts, in each of which is to be created a labor council (Raden van Arbeid). Each council must

establish a sick fund, which collects the dues, pays the benefits, and generally administers the act. In addition to these sick funds, recognized sickness societies are allowed to provide insurance under the general supervision of the labor council. The labor councils must consist of a chairman and of at least eight members, composed of employers and insured persons, in equal number. They must be residents of the district, must be 25 years of age, and are elected by the groups which they represent. The chairman and his alternate are appointed by the Crown for a term of six years. Generally speaking, it is the duty of the labor council to enforce the laws and decrees relating to the insurance. Provision is made for the creation of "insurance councils," which are to consist of (1) two representatives each of employers and insured persons, who serve without pay, and (2) not more than three salaried members, who are appointed by the Crown. These insurance councils have jurisdiction over a number of labor councils and supervise their work, as well as that of the special funds providing medical benefits.

SOURCES OF INFORMATION.

Laws are published in the *Staatsblad van het Koninkrijk der Nederlanden* (the law gazette), the two acts regulating the sickness insurance system being numbered 203 and 204, of June 5, 1916. Decrees, orders, etc., are published in the *Staatscourant*. A summary of the sickness insurance laws of 1913 is given in the *Bulletin of the International Labor Office*.¹

¹ English edition, Vol. IX, pp. cxii-cxiii.

NEW ZEALAND.

A voluntary system of old-age and invalidity insurance, including a maternity benefit, was provided by the act of November 21, 1910, instituting the New Zealand National Provident Fund, which began operations on March 1, 1911. The main purpose of this law is to provide a Government office through which wage earners may secure annuities for invalidity and old age, but in addition to these pensions, the system also includes a benefit of not more than £6 (about \$30) for medical attendance when a child is born to a contributor. The maternity benefit is thus a secondary feature of the insurance, but it is paid without extra charge and is a recognition of the fact that childbirth is often a serious drain on the resources of the average family and that this drain should not be permitted to discourage the thrift shown by a person making provision for old age.

PERSONS INCLUDED.

Section 9 of the law specifies that any person, resident in New Zealand, over 16 and under 45 years of age whose income does not exceed £200 (about \$1,000), may become a contributor to the national provident fund. The maternity benefit is paid in respect of the wife of a contributor, or if the contributor is a married woman then directly to her. Unmarried mothers are excluded. The membership must have been in force for at least one year before the birth occurs, and during this year the combined income of husband and wife must not have exceeded £200 (\$973.30).

BENEFITS.

The exact amount of the maternity benefit is determined by the board which administers the fund; the normal amount is not more than £6 (\$29.20), but the board may reduce this sum to the amount of the expenses actually incurred by the contributor in respect of medical attendance. The law defines medical attendance to mean the services of a registered medical practitioner, or of a registered midwife, and of a nurse at the time of the birth of a child and at any subsequent time within a period of three weeks after the date of birth. The benefits are guaranteed by the State.

The principal benefits, of course, are: (a) Those for old age, (b) pensions for children under 14 in case of death or incapacity for work of the contributor, and (c) a widowed mother's pension.

FINANCIAL ADMINISTRATION.

The cost of the system is defrayed by contributions of the insured persons and by an annual subsidy from the State, the latter being one-fourth of the annual amount paid by the contributors. The cost of the maternity benefit is paid from annual grants by the Parliament.

The rates of dues are graduated according to the age of the contributors; thus for the 10s. (\$2.43) pension beginning at the age of 60, the contributor pays 9d. (\$0.18) weekly if he enters at the age of 17, etc. For the year 1913, the average amount paid in per member was £3 18s. 6d. (\$19.11).

The resources of the fund are deposited with the public trustee, a Government official with functions similar to those of the ordinary trust company in the United States. The funds must be invested in the manner required by law for orphans' estates, etc.

GENERAL ADMINISTRATION.

The fund is administered by a board called the national provident fund board, which consists of the minister of finance, together with four other persons appointed by the governor, who hold office during his pleasure. This board has general charge of the administrative details and makes up the rules, regulations, etc., for the enforcement of the law. The governor, by order in council, is authorized to make certain regulations for the purpose of assuring the safety of the fund.

OPERATIONS.

The number of contributors in the fund, etc., is shown in Table XL.

TABLE XL.—New Zealand. *Operations of the New Zealand national provident fund, 1911–1915.*

[Source: The New Zealand Official Yearbook, 1916, p. 540.]

Year.	Number of contributors at close of year.	Receipts from contributions.	Amount of funds at close of calendar year.	Cases receiving maternity benefit.	Amount paid in benefit.
Dec. 31, 1911.....	550	^a \$15,437	\$8,887	.....	.....
Dec. 31, 1912.....	2,680	57,070	48,850	31	\$832.17
Dec. 31, 1913.....	5,791	110,562	142,720	119	3,098.74
Dec. 31, 1914.....	6,853	129,060	261,419	306	8,838.00
Dec. 31, 1915.....	8,101	150,253	403,920	472	13,655.00

^a For the period Mar. 1 to Dec. 31, 1911.

The data show the usual experience of voluntary funds in the field of social insurance. The census of 1911 showed that there were 231,653 males and 64,264 females or a total of 295,917 persons in the Dominion of New Zealand designated as wage earners;¹ the 8,101

¹ Official Yearbook, 1914, p. 128.

persons who were enrolled as members of the fund, may be assumed to compose about 2 per cent of the wage-earning population. The total number of births reported in 1915 was 27,850, and in comparison with this number the 472 cases receiving maternity benefit in that year form an extremely small proportion of all the cases. The total amount paid in 1915, namely, £2,806 (\$13,655), makes an average of slightly less than £6 per case of childbirth. This amount is much less than was expected by the Government; thus in the debates on the bill, the prime minister, Sir J. G. Ward, in giving the estimates as to the expense of the bill, stated, "In the case of the assistance to mothers it runs from £14,000 to £17,000 a year."¹

The moderate degree of success attained by this fund gives, however, an imperfect impression of the work and the widespread interest in the field of infant welfare on the part of the people of New Zealand. Perhaps in no country in the world has the subject of the reduction of the number of deaths of infants been so extensively and so successfully attacked. At the present time New Zealand has the lowest infant death rate of any country in the world. The report of the United States Census Office on Birth Statistics, 1915, page 18, shows that of 29 countries for which data are obtainable, the New Zealand rate of 50.05 in 1915 was far lower than that of any other country. Table XLI shows the infant death rates for New Zealand and Australia, the latter state having the rate next to that of New Zealand.

TABLE XLI.—Australia and New Zealand. *Registered live births and deaths under 1 year in New Zealand and infantile mortality rates in Australia and New Zealand, 1911-1915.*

[Source: New Zealand Official Yearbook, 1916, pp. 112, 113.]

Year.	Registered live births (New Zealand).	Deaths under 1 year (New Zealand).	Infantile mortality rate.					
			New Zealand.	Australian Commonwealth.	Queensland.	New South-Wales.	Victoria.	South Australia.
1911.....	26,354	1,484	56.31	68.49	65.36	69.46	68.70	60.60
1912.....	27,508	1,409	51.22	71.74	71.73	71.00	74.48	61.68
1913.....	27,935	1,653	59.17	72.21	63.35	77.78	70.53	69.83
1914.....	28,338	1,456	51.38	71.47	63.87	69.72	78.29	76.02
1915.....	27,850	1,394	50.05	67.52	63.97	68.13	68.84	67.30
Average, 1911-1915.....			53.63	70.29	65.66	71.22	72.17	67.09

In part, this favorable infant death rate may be due to the general conditions of the country. The area of the Dominion is about 100,000 square miles; the population in 1916 was about 1,100,000. There are only four cities with populations of from 50,000 to 100,000, while no other city had a larger population than 20,000. The racial composition of the population is distinctly homogeneous, about 98 per

¹ House of Representatives Debates, Nov. 2, 1910.

cent being British. The people are principally engaged in agricultural and pastoral pursuits. In 1911 the number of persons employed in manufacturing establishments having more than two employees was about 56,000. What is especially important in its influence on the favorable infant death rate is the fact that the general standard of living in the country is generally recognized as being high.

Besides these economic conditions, the attitude both of the public and of the governing bodies of the Dominion toward the question of infant welfare has been one of deep interest. In the field of official action, the first law on this subject may be said to be the nurses' registration act of 1901. The midwives' act of 1904 provided that only those midwives who were duly qualified and registered might practice on their own account. The next action was the establishment of a series of maternity hospitals by the State. These are now five in number, one at each large center of population. These hospitals are, however, intended to be for the most part self-supporting and are not charitable institutions.

Unofficial action has, however, had much greater influence in securing this remarkably small infant death rate than governmental activity. The lead in this work has been taken by the New Zealand Society for the Health of Women and Children, founded in 1907. As the work of this society has already been described in a previous publication of the Children's Bureau,¹ it is only necessary to refer to this admirable organization in the present connection.

SOURCES OF INFORMATION.

The text of the law of November 21, 1910, will be found in the 1910 issue of the official law series of New Zealand, entitled "Statutes of the Dominion of New Zealand," printed by the government printer, Wellington. A digest of the law and a summary of operations under it will be found in each issue of the New Zealand Official Yearbook, published by the Government statistician at Wellington.

¹ New Zealand Society for the Health of Women and Children: An example of methods of baby-saving work in small towns and rural districts. 1914. Bureau publication No. 6.

NORWAY.¹

Under the laws of 1909 and 1915 maternity benefits are provided for wage-earning women as part of the compulsory sickness insurance system. In addition to these provisions, the State requires special care for children born out of wedlock, the provisions of which are contained in a series of acts known as the children's rights laws.²

The protection of women wage earners at the time of maternity began with the factory law of 1892, which prohibited the employment of women in industrial establishments for six weeks after confinement; if the mother presented a physician's certificate to the effect that employment would not be injurious, then work might be resumed at the end of four weeks. In the sickness insurance law of 1909, the six weeks' prohibition was made absolute and a cash benefit paid for this length of time.

Throughout all of the Norwegian legislation, special care is taken to protect the rights of the child and of the mother. Probably no country in the world has such admirable provisions for the care of the helpless child born out of wedlock.

The six weeks' prohibition was continued in the law of September 18, 1915, on the protection of labor in industrial establishments. This law also provided that women must not be denied the right to leave their positions for a period of four weeks prior to childbirth if they present a certificate from a physician or midwife stating that the confinement is expected at that time. At the end of the six-weeks' period after confinement, her former position must be given her, if she applies for it.

In the period following 1892 a special movement for the improvement of the political and economic status of women had a marked effect on the social legislation. The recent enactment of the laws on the welfare of children born out of wedlock, already referred to, is one of the results of this movement.

The first law for the provision of maternity aid was the sickness insurance law of September 18, 1909. The act provided that a benefit, 60 per cent of the daily earnings of the mother, should be paid for each working day for a period of six weeks after confinement; medical attendance was also provided. Membership in one of the sick funds for a period of 10 months was required. All wage earners and salaried employees were included, except those whose

¹ The statements in this section are based on material furnished by C. E. Stangeland, Ph. D.

² Magnusson, Leifur: *Norwegian Laws Concerning Illegitimate Children*. U. S. Children's Bureau Publication No. 31, Legal Series No. 1. Washington, 1918.

earnings were in excess of 1,400 kroner (\$375) in cities, and 1,200 kroner (\$321) in the rural districts. The insured person paid six-tenths of the contributions, the employer one-tenth, the local government one-tenth, and the National Government two-tenths. A special provision authorized the district funds to require the benefits to be used for the care of the child in certain cases; this requirement was meant to apply in cases where the infant was deserted, neglected, or left in the care of third persons.

Besides these benefits, the funds were required to provide medical attendance and medicine, but not cash benefit to the members of the family of an insured person. This feature made it possible to secure medical attendance for the wife of an insured man at childbirth.

A special law of 1909 on the care of unmarried women during childbirth provided that the communes or other local governments should provide the following benefits: Cash benefit for not more than three months before confinement and for not more than six weeks after confinement. If the mother kept the child with her and nursed it herself, then the benefit must be extended up to nine months. This provision was an attempt to reduce the great mortality of ex-nuptial children, which was declared to be due to the unfavorable living conditions of the mother before and after confinement.

The law of 1909 came into operation on July 1, 1911. Great interest was taken in its administration and within two years two proposals were submitted to the National Parliament for its extension and improvement. The first of these was made by the National Council of Norwegian Women, and the second by the governmental department of social affairs.

At a convention held on July 3, 1913, the National Council of Norwegian Women submitted the following recommendation to the National Government:

1. The National Council of Norwegian Women urgently recommends that the Government should present its resolutions concerning aid by midwives (included in its proposals for sick insurance) to female members of sick funds and the wives of insured men, in confinement, promptly in order that these may be considered in connection with maternity insurance. Free attendance by midwives forms an absolutely necessary complement to maternity insurance and should therefore, as resolved by our organization, be included in such insurance.
2. The council's annual meeting recommends at the same time that the Government consider the conditions affecting the training and income of midwives in order that their activities may be extended and their economic conditions improved.
3. In connection with the Government's proposal for maternity insurance the council recommends that an appropriation be made to enable some properly fitted woman to study the "birth homes" of cities or of sickness funds—especially in Denmark and in Germany—in order to be able to report on their equipment, expenses, and relations to sickness funds and the aid of midwives.

In explanation of its recommendation the council states in parts as follows:

Pregnancy and confinement mean as a rule the greatest part of the ill health which is connected with a woman's efforts and struggle for the family. What free medical aid is for a man, free service by midwives is in a large measure for a wife and mother. Such free service must therefore be one of the first aids given by provisions for insuring motherhood. It is, of course, a great advantage to be able to obtain financial aid during confinement, and it is most desirable, but unless the mother herself is given proper care at this juncture only a part of what should be done for her is done. Good and competent help at the right time will prevent much disease and weakness, and tend to preserve the mother's working power. In the working classes, or in other homes of small income, childbirth represents a serious addition to the activities of the family, and is feared as a period most difficult to go through. As a result it is stated that a large proportion of births take place without the attendance of a midwife or other properly qualified help.¹

Some improvement in the care of women during childbirth is noted at the present time as compared with the previous generation; the number of deaths of women during childbirth in two periods is given in Table XLII.

TABLE XLII.—Norway. *Deaths during confinement per 1,000 confinements, 1857-1861 and 1907-1911.*

[Source: Stortings forhandling, pt. 3, 1914; Odelstings propositionen, No. 1, pp. 10, 11.]

Year.	Death rate.	Year.	Death rate.
1857.....	4.7	1907.....	
1858.....	6.6	1908.....	2.8
1859.....	8.4	1909.....	2.5
1860.....	7.0	1910.....	2.3
1861.....	7.2	1911.....	2.4

Attention is also called to the fact that in 1911, out of 61,989 cases of confinement, there were 8,456 cases in which there was no attendance by midwives and presumably no attendance by doctors; this number made 14 per cent of the total. These cases were, of course, in families with small incomes or families residing in isolated districts.

The department of social affairs submitted a report which is published in the parliamentary papers. Among other things the report quoted with approval a statement submitted by Prof. Brandt, of the Maternity Hospital of Christiania:

A woman's capacity for work always declines during pregnancy, and particularly during the last month. But diminished capacity means lower income, and this is all the more important in the case of the pregnant woman, inasmuch as her condition calls for more rest, more food, and more comfort in general. As everyone knows, there are many women who can not provide themselves with these desiderata, but since society needs a healthy race it must in its own interest provide conditions of a suitable kind—in other words, provide care for the pregnant woman as well as for the woman who has already given birth to a child, during the period in which her working capacity is diminished. Support at such times means the prevention of impaired

¹ Stortings forhandling, pt. 3, 1914; Odelstings propositionen, No. 1, pp. 6-8.

health, and the prospects of healthy offspring are made better thereby. Society will be spared many later expenses by such a precaution. The suggestion that the insured and pregnant woman receive aid for the 14 days preceding her confinement is a step in the right direction, but it is maintained that these 14 days should be extended to a month.

The report apparently expected that opposition to proposals for maternity benefits would be based on the cost of such a system:

While it is generally acknowledged that the proposed reforms (maternity insurance and free service by midwives) will be of the greatest importance for the home, the mother, the children, and so for the people as a whole, and while it is recognized that the arrangement will form a natural link in the sickness insurance, the manner in which and the extent to which these reforms may be carried out depends on the economic sacrifices which society and those most immediately concerned are willing to make for this purpose.

The debates in the Parliament, as reported in the *Forhandlinger* for 1913 and 1914, show that there was some opposition on this ground—in fact, the opposition was almost entirely based on the question of cost—and the measure was finally enacted with somewhat smaller benefits than its advocates had hoped for. The law was finally passed on August 6, 1915, and went into effect on January 3, 1916.

PERSONS INCLUDED.

The law covers practically the entire wage-earning population in the compulsory insurance. All wage earners and salaried employees either in public or in private employ, over 15 years of age, must be insured. If, however, the annual earnings of a person in a rural district exceed 1,600 kroner (\$482) they are exempt. A few other exceptions, such as sailors on long voyages or persons supported by their local government, are also made. Voluntary insurance is permissible for persons who come within the above income groups.

DISABILITY PROVIDED FOR.

The funds must pay benefits in case of sickness, childbirth, industrial accident, and death.

BENEFITS.

In computing the benefits of the system five classes of membership are used; this plan makes the contributions smaller for those whose earnings are small. The earnings and rates of benefit in these groups are given in Table XLIII.

TABLE XLIII.—Norway. *Membership class and rates of sickness benefit.*

Membership class.	Annual earnings.	Assumed daily earnings.	Rate of daily cash benefit.
1.....	Under \$80.66.....	\$0.27	\$0.16
2.....	\$80.66 to \$161.05.....	.40	.24
3.....	\$161.06 to \$241.45.....	.67	.40
4.....	\$241.46 to \$321.85.....	.94	.56
5.....	\$321.86 to \$428.80 or \$482.40.....	1.21	.73

The regular benefits are: (1) Cash benefit; (2) medical benefit; (3) maternity, including pregnancy, benefit; (4) funeral benefit; (5) family benefits.

(1) Cash benefit: This is paid for each day, except Sundays, beginning with the fourth day of disability and continuing for 26 weeks, counting from the first day of receipt of cash benefit. The amount of the benefit is 60 per cent of the average daily wage listed above. For this cash benefit may be substituted treatment and maintenance in a medical institution (hospitals, etc.); if the beneficiary has dependents, then up to 50 per cent of the cash benefit must be allotted to their support, according to the number of dependents in the household.

(2) Medical benefit: This consists of free treatment by the fund physician, free medicines, and appliances; it also includes partial dental treatment.

(3) Maternity benefit: During confinement a woman member must be given (a) free midwife service (but not including cost of transportation of midwife); (b) cash benefit for six weeks, counting from and including the day of delivery; (c) prior to confinement, cash benefit for two weeks. The daily cash benefit must be not less than 1 krone (\$0.268), regardless of the income groups mentioned above.

If the childbirth is complicated by sickness, then the woman member is entitled to the regular sickness benefit, which includes free medical attendance, medicine, appliances, etc., and the cash benefit described above, but in no case less than 1 krone (\$0.268) per day during the eight-weeks' period.

The payment of these maternity benefits is conditional on a membership of 10 months prior to confinement, though short interruptions are permitted.

If during the 13 weeks preceding the date of childbirth an insured woman has become unable to work because of disability due to pregnancy, the fund must continue her membership in good standing and she retains the right to all benefits without the payment of any contributions.

Instead of providing the cash benefit, the district sick funds are authorized to furnish medical care and maintenance in a maternity home (födselshjem); if such institutional care is refused by the woman without valid reasons, then the fund may decline to pay any other benefit whatever. If the woman has dependents, then up to 50 per cent of the cash benefit must be paid for their support, depending on the circumstances of the household.

The midwife in the service of a fund must be in attendance at the birth of the child and keep the mother under observation during the six-weeks' period of benefit. Where possible she must also visit the

mother prior to the time of birth. Each sick fund must draw up a set of regulations defining the duties of the midwife, which must be approved by the State insurance office. The compensation of the midwife, if an annual salary basis is not used, must be according to a published schedule of fees drawn up by the directors of the funds. In case of a failure to come to an agreement with the midwives, the head of the local government shall act as arbitrator.

Members are not required to pay contributions while in the receipt of sickness or maternity benefit or while performing military service.

The maternity benefit, as a rule, must be paid to the mother personally; the fund may, however, pay it to a third person, to be used for the best interest of the mother and child. It may be paid in one sum or in partial payments, as the fund decides; if a lump-sum payment has been made and the mother dies before the expiration of the period for which payment has been made, then the balance need not be returned.

None of the benefits, especially sickness and maternity, may be pledged or seized or attached in any manner.

(4) Funeral benefit: The funeral benefit consists of a payment of 50 kroner (\$13.40).

(5) Family benefits: For the spouse (husband or wife) of a member and for the children under 15 years of age, free medical attendance and medicines, but not appliances.

The uninsured wife of an insured man must be provided at child-birth with free midwife service and a lump-sum maternity benefit of 30 kroner (\$8.04). This benefit is conditional upon the husband's having been insured for at least 10 months.

SOURCES OF INCOME.

The income of the fund is derived from four sources, paid in the following proportions:

Persons insured under compulsory features of law pay: (1) The insured, 60 per cent; (2) the employer, 10 per cent; (3) the local government, 10 per cent; and (4) the National Government, 20 per cent.

Persons insuring voluntarily pay: (1) The insured, 70 per cent; (2) the local government, 10 per cent; and (3) the National Government, 20 per cent.

FINANCIAL ADMINISTRATION.

The dues of the system are to be computed on a basis sufficient to defray the cost of benefits and other prescribed expenses of the funds. There must be a standard schedule of contributions based on the income groups given above, and the schedule must be approved by the State insurance office.

The employer must deduct from wages the amount to be paid by the insured person, add that to be paid by himself, and forward this amount to the fund on the first Monday of each month. The share of the National Government shall be paid as prescribed by decree. The share of the local government shall be paid in advance, semiannually, and adjusted at the close of the semiannual periods.

Out of the contributions received by the funds the State insurance office shall deduct a percentage not to exceed 10 per cent annually, to be used in forming a central reserve.

The funds must use the surplus of receipts over expenditures to form a reserve. As soon as this reserve reaches the amount of one-half of the annual income the contributions may be decreased. If at any time the reserve becomes exhausted and there is still a deficit, application shall be made for a loan or a gift from the central reserve. Under such circumstances the rates of contributions must be increased immediately.

GENERAL ADMINISTRATION.

The law requires the creation of a sickness insurance fund in each commune of the Kingdom; under certain circumstances several funds may be established for one commune.

Over these district or local funds is the State insurance office, which has general supervision of the insurance. Its administration expenses are defrayed by the National Government. It administers the central reserve, which serves as a guarantee fund for the several insurance carriers. It also acts as a court in the settlement of controversies. The State insurance office has general control of the administration of the sickness insurance and publishes the statistical returns of operations. It also conducts the accident insurance and the invalidity insurance systems of the Kingdom.

The sick funds have the usual organization of mutual insurance carriers in this field. The board of directors is, however, selected by the officials of the local governments; it must, as a rule, consist of nine persons, of whom five are insured persons, two are employers, and two persons selected at will. Each director must have an alternate elected at the same time and to serve in case of the disability of his principal. A person elected as director of a fund is compelled to accept the office, though in case he is already filling another honorary office he may be excused. A person in the employ of the fund, such as a physician, a dentist, or a midwife, or an employee in the office of the fund, is not eligible for the directorate. This board conducts the local business of the fund, such as making contracts with physicians, dentists, midwives, apothecaries, etc., manages the accounting, directs the office force, etc. It must call a general meeting of the insured persons and employers at least once a year, and at

this meeting the directorate must submit proposed changes in the constitution for discussion, must give a hearing to persons having a complaint, must submit the contracts with physicians, midwives, etc., for discussion. In voting, the insured persons must have two-thirds and the employers one-third of the votes cast.

Establishment funds and other private or communal sickness insurance funds may be granted the status of "recognized sick funds" and as such are entitled to conduct the insurance under the present law for their members. They must have at least 200 members, except in the case of establishment funds and communal funds, which must have at least 100 members. In general their members must receive not less favorable treatment than the members of the district funds. They are also under the supervision of the State insurance office, which prescribes the financial conditions with which they must comply. They are also entitled, under certain conditions, to receive the following grants: From the National Government, two-sixths of the average contribution of their members; from the local government, one-sixth; and from the employer, one-sixth. These grants must not exceed 4 kroner from the State, 2 kroner from the local government, and 2 kroner from the employer per annum, and must not exceed the average grant per member made in the case of the district fund of that area. These fractional amounts are paid on the proposal of the State insurance office whenever the annual contributions of the insured persons exceed 12 kroner (\$3.216).

OPERATIONS.

As the present law has been in effect only since the beginning of the year 1916 no statistics relating to its operation are available. It is worth noting, however, that at the end of 1915 there were in existence 703 district sick funds and 70 recognized funds, all of which, according to the new law are to provide maternity benefits in the manner above outlined. The number of persons directly or indirectly insured against sickness, including confinement, was estimated as follows by the insurance office for the year 1914:¹

Members.....	375, 000
Through members (wives or husbands).....	110, 000
Through members (children).....	275, 000
Total.....	760, 000

This total should be somewhat larger at the present time, due to a normal increase in population and to the impetus given by the new law. The number actually insured equals about double the number nominally insured, and the total indicates that approximately one-third of the country's population is directly interested in this insurance.

¹ Aarsberetning fra Riksferserkringsanstalten, 1915, Bilag. p. 2.

The number of women insured in 1914 was 142,862, or over one-third of the total membership. The total expenditures for sick insurance the same year were 8,324,589 kroner (\$2,230,936), while the maternity benefits paid them (under the law of 1909 as revised in 1911) were only 58,125 kroner (\$15,577.50). Mr. Castberg explains this small benefit total by the fact that most of the beneficiaries were unmarried women, as the old law did not include the wives of members in maternity cases.¹ It is anticipated, he says, that the new law will be applied to from 25,000 to 30,000 births annually. The total number of births in Norway has been somewhat over 60,000 a year. This would indicate that nearly half of the births in the country will be aided by the present maternity provisions, and the aid will also presumably cover the large number of illegitimate births; the latter are about 7 per cent of the total (about 4,300 in 1914). Wives will be benefited without any increase in the husbands' contributions.

The law's intention is to promote the establishing of municipal maternity homes, according to Mr. Castberg, by diverting the amount due to the mother to such homes when she is given care in them. There is a strong movement among Norwegian women for the establishing of such institutions.

"Incidentally," says Mr. Castberg, "the miserable condition of the midwives and their social position will also be improved by the maternity insurance. They will be better paid and will be more able to rely upon obtaining the money due to them. There will be a greater demand for the services of midwives on account of the maternity insurance. It is significant of the present conditions that according to the report of the president of the national health board, between eight and ten thousand births take place annually (out of a total of 62,000) in Norway without any assistance by a midwife. The mothers can not afford to pay for them and fetch them from long distances."²

LAWS ON THE CARE OF CHILDREN.

Supplementing the new sickness insurance law is the law on the care of (neglected) children, to which reference has already been made, and which was adopted April 10, 1915, and went into effect January 1, 1916.³

The primary purpose of this law is to protect especially the mothers of illegitimate children, or in the language of the Norwegian law "children whose parents are not married to one another." As was pointed out above, 1 out of every 15 births involves this problem.

¹ Journal of the Society for Comparative Legislation, July, 1916, p. 297.

² *Ibid.*, p. 298.

³ Magnusson, *Leifur: Norwegian Laws Concerning Illegitimate Children*, p. 30 ff. U. S. Children's Bureau Publication No. 31, Legal Series No. 1. Washington, 1918.

Sections 1 and 2 of the law are as follows:

SECTION 1. (1) Any unmarried woman with child who is a Norwegian citizen and who is unable to care for her offspring may apply for benefits from the communal treasury of her place of bodily residence (opholdssted) to continue for a period of six weeks preceding confinement.

(2) A married woman may apply for benefits provided her husband is dead or has deserted her or by reason of his improper conduct is the cause of their not cohabiting.

SEC. 2. (1) Any mother in such destitute circumstances as to be compelled to place her child with another, unless she shall receive benefits, may apply for benefits from the communal treasury of her bodily residence.

(2) The amount of the benefits shall be such that she can keep the child with her for the first three months of its life so that she may nurse it at the breast if she is able to do so.

The aid to be given such a woman is determined by the provincial governor (amtmand) within certain limits. For the six weeks immediately preceding confinement the aid shall be between 25 and 45 kroner (\$6.968 and \$12.06), and for the month after childbirth from 20 to 35 kroner (\$5.36 to \$9.38), but these amounts may be increased or decreased by one-third on the recommendation of a committee of the local board of health. On similar recommendation the aid period may be extended, but not for more than three additional months. The aid period may then cover a total period of as much as seven and a half months, including the six weeks before confinement.

The board of health is responsible for the proper expenditure of the financial help given and may decide to give it to the midwife attending in the event of her being willing to use it for the mother's and child's best interests. The committee of the board of health may require the woman concerned, when she demands aid, to go to some maternity home; but it can not require her to be separated from the child which needs her. If she receives benefits from any sick fund, the corresponding amount is to be deducted from the aid otherwise to be given her. If the mother's residence at the time of the birth is not her home, the commune or district which has her in its care receives reimbursement from the mother's home (or actual and legal) residence, while the father is obliged, according to another of the children's laws, to contribute to her child's support and to reimburse the mother's home community accordingly. If the mother is without any recognized or known home residence, the responsibility for reimbursement falls on the natural father's home residence and on the father.

Aid given according to the provisions of this law is not to be considered charity, and no disability attached to paupers as such is incurred by demanding and accepting such aid; but if the father does not reimburse the community as required his failure to do so has the effect of pauperizing him.¹

¹ Wiesener, G.: *Barnelovene* av 10, Apr., 1915; *Stortings Fidende*, Jan.-Mar., 1915; *Norsk Lovtidning*, 1915; and *Stortings Forhandling*, 1915, Ot. prp. nr. 5, Ot. prp. nr. 35, Indst. O. III; *Stortings Fordhandling*, 1909, Indst. O. IX and XI.

SOURCES OF INFORMATION.

The official law gazette of Norway is *Norsk Lovtidende: Samling av Love, Resolutioner, m. m.*; it is published at Christiania. The laws on sickness insurance will be found in the volumes for 1909, 1911, 1912, and 1915. Current developments in legislation and administration are reported in the journal of the department of commerce and labor (*Sociale saker bandel, industri og fiskeri, Christiania*). A German translation of the law is given in *Bulletin des Internationalen Arbeitsamtes*, volume 15 (1916), pages 195-217. The children's rights laws have been translated and published by the United States Children's Bureau¹ with complete references to the original sources. The annual report on operations will be found in *Aarsberetning fra Riksforsikringsanstalten*, in the appendix (*bilag*). The statistical yearbook of the kingdom, *Statistiske Aarbok*, also contains information on this subject.

¹ *Norwegian Laws Concerning Illegitimate Children, Introduction and Translation by Leifur Magnusson.* U. S. Children's Bureau Publication No. 31, Legal Series No. 1. Washington, 1918.

RUSSIA.¹

Maternity benefits in Russia are provided for by the law of June 23 (July 6), 1912, which instituted a system of compulsory sickness and accident insurance for wage earners in specified industries. Apparently it required over a year to issue the necessary decrees, circulars, etc., giving official sanction to the holding of elections for the choice of representatives to the meetings which organized the local sickness funds, and similar matters. In fact, it was not until November 26, 1913, that a decree was issued giving notice of the appropriation of 46,000 rubles (\$23,690) for carrying the law into effect. Prior to this date a long series of decrees, circulars, etc., had been issued authorizing the preliminary steps in connection with the work of organization, such as the adoption of the model constitution and by-laws of the funds (decree of Mar. 15, 1913), the date of handing in applications for the creation of establishment sick funds (Apr. 18, 1913), etc. The unofficial reports show that some of the funds were in operation on June 1, 1913, and by October 1, 1913, about 1,600 funds, with over 1,100,000 members, had taken some or all steps necessary to carry out the law.

The number of women employed in factories in Russia is rapidly increasing. Thus at the date of the enactment of the sickness insurance law, there were at least 2,000,000 wage earners subject to the insurance and at least one-third of this number were women. A recent press statement² quotes an official report to the effect that in 1900 women formed 25 per cent of the total number of factory workers; in 1908, they composed 31 per cent of the total, and in 1912, 45 per cent. It is also stated that in the Moscow district in 1915, women composed 49.8 per cent of the factory employees.

At the date of the enactment of the sickness insurance law, provision for medical aid and sickness benefits had been instituted by 1,982 manufacturing establishments, employing 586,480 wage earners of both sexes.³ These establishments spent, according to the estimates of one writer, about 4,000,000 rubles (\$2,060,000) on their employees, all of whom are now subject to the sickness insurance law; about three-fourths of this sum was contributed by the employers.⁴

¹ The statements in this section are based on material furnished by J. G. Ohsol, Ph. D. The information relates to conditions as of Jan. 1, 1917; obviously the changes in Russia since this date have made this section of historical interest only.

² New York Call, Nov. 12, 1916.

³ Vestnik Yevropy, February, 1914, p. 361.

⁴ See article by B. Soloviev, in Strakhovanie Rabotchikh, vol. 1, 1913.

It is probable that an equal number of wage earners were members of private voluntary mutual aid associations having sick and death benefit features.

The industrial code regulating employment in industrial establishments prohibited the employment of women for a period of four weeks after childbirth.

INDUSTRIES INCLUDED.

The sickness insurance act applies to all wage earners, men and women, employed in factories, shops, mines, iron works, railway shops, inland navigation, tramways employing regularly not less than 20 persons and in which mechanical or animal power is used, or in which not less than 30 employees are regularly engaged. Establishments belonging to a county (zemstvo) or municipality are also included. Establishments of the central government and railways which are common carriers are not included, as special provision is made for their employees under other laws. Agriculture and home-working industries are also excluded.

PERSONS INCLUDED.

All persons, men and women, employed in the industries subject to the law who are regularly employed or who have a contract of service in these industries, are subject to the insurance. Casual employees who are engaged for less than one week are not included.

The wife of a member of a fund, who is herself not a member, may, in the discretion of the fund, be given benefits for illness, for maternity, and a funeral benefit. Sickness and funeral benefit may be provided for other dependents of a member. The status of the mother who is not legally married came before the workmen's insurance office of Petrograd soon after the law came into operation. The sick benefit fund of the Petrograd Metal Works at its meeting of December 1, 1913, provided that the wife of a member, whether legally married or not, should receive maternity benefit. The office, however, annulled this provision on the ground that article 43 of the law referred to legally married wives only.

DISABILITY PROVIDED FOR.

The law prescribes that benefits shall be paid for illness causing inability to work, for illness caused by pregnancy, for maternity, and for death. Illness caused intentionally or by misconduct is excluded. If an insured person is ill but not prevented from working, medical treatment is provided.

BENEFITS.

The benefits consist of (1) medical treatment; (2) sick wage; (3) maternity benefit, including pregnancy; (4) funeral benefit; (5) bene-

fits to dependents of members. Persons must be members for three months before they become entitled to benefits.

(1) Medical benefit: This consists of first-aid in case of sudden illness or accident, treatment at a dispensary (ambulatory treatment), services of a midwife, and hospital treatment. It also includes free medicines, bandages, and other therapeutic supplies. If the member is not prevented from working, the treatment, etc., must be continued as long as the illness lasts; if he is prevented from working, the treatment (including hospital treatment when necessary) must be continued until recovery, but for not more than four months. This treatment is at the cost of the owner of the establishment if the sick fund has been created for his undertaking.

The owner of the establishment must provide a hospital, or must enter into arrangements with other manufacturers for a joint hospital, or must make a contract for hospital service with hospitals conducted by local governments or other bodies. If the owner of the establishment fails to make such arrangements the members are then entitled to go to municipal or similar hospitals at the regular charges for the local residents, and the employer is required to pay these charges.

In any establishment having 100 or more women employees the owner must have in his employ a midwife to aid those employees residing within a reasonable distance of the factory. If the hospital maintained by the owner has a confinement ward, then this ward must be separated from the rest of the hospital, and all the nurses and servants must be women. There must be an adequate supply of obstetrical instruments. The supervision of factory hospitals is in charge of the factory inspectors. A sick fund which has undertaken on its own account to provide hospital treatment for its members is authorized to make contracts with hospitals of local governments; if it fails to make such contracts, then the members have the right to enter such hospitals at the regular charges, and the fund must pay these charges.

(2) Sick wage, or pecuniary, benefit: This may vary from one-half to two-thirds of the wages of the insured persons if he or she has dependents, such as wife, children, brothers, or sisters under 15 years of age who are orphans, or relatives in the ascending line. If the member has no such dependents, the sick wage shall be from one-quarter to one-half of his or her wages. It must be paid from the fourth day of disability until recovery, but for not more than 26 weeks; if there is more than one period of illness, the benefit payments must not cover more than 30 weeks in any one year. The general meeting of the fund must fix in advance the rate of the sick wage for each year.

(3) Maternity benefit: The regulations concerning the medical benefit apply to maternity cases. The owner of the establishment

must provide hospital treatment for confinement cases just the same as for other cases needing hospital or institutional care, and in the same way, if the fund has arranged for the hospital care, the member must be given treatment either in a general hospital or in a maternity hospital.

The industrial code prohibits the employment of women for four weeks after confinement. During this period the member is entitled to a pecuniary benefit of one-half to full wages and in addition she is entitled to this benefit for two weeks prior to confinement, making a period of six weeks in all. If, however, the member engages in remunerative work during this time the money benefit may be withheld.

While the law requires a membership of three months before a woman becomes entitled to maternity benefit, this provision does not seem to have been followed strictly. Many of the women wage earners are employed in seasonal industries, in which comparatively long periods of unemployment occur regularly. This is especially true of the married women, and to enforce this rule strictly would entail considerable hardship. The national customs connected with the observation of the Christmas and Easter holidays also practically force the woman who is housekeeper to stay at home at these seasons, an absence from work which would also deprive her of the maternity benefit. The industrial employees in the Moscow district petitioned the Council of Workmen's Insurance at Petrograd for permission to disregard all temporary unemployment of women, and the council finally issued a rule permitting women to retain their right to maternity benefit if the unemployment did not exceed one month in any year.¹ The wives of members may, if the fund so decides, be given free hospital treatment and a money benefit; the expenditures necessary for these benefits must be placed in the budget for discussion at the annual meeting of the fund. The model by-laws for these funds prescribed that the money benefit for wives (not insured themselves) must not exceed one-half the rate paid to women members, and the stay in the hospital must not exceed two months (sec. 28 of the model by-laws).

(4) Funeral benefit: In case of death, a benefit of 20 to 30 times the daily wage of the member is paid. This benefit is intended to cover burial expenses and is paid to the one who defrays the cost of the funeral.

(5) The funds are permitted to grant benefits to the children, the wife, and other dependents in the family of a member. These benefits include medical aid of all kinds, cash benefit, funeral benefit, and, as stated above, maternity benefit. The rates of these benefits to

¹Rabotnitsa, vol. 1, No. 6 (May 24, 1914), p. 8.

members must be stated in the by-laws, but the total amount expended annually for this purpose may not exceed one-third of the total annual receipts from contributions and from subsidies of the employer (article 43 of the law).

SOURCES OF INCOME.

The income of the sick funds is derived from (1) contributions of members and subsidies of owners of establishment; (2) income from such invested capital as the fund may possess; (3) bequests and donations; (4) fines imposed on members for infractions of rules and fines imposed on employers for failure to comply with the law as to payments to be made from wages and on his own account; (5) miscellaneous receipts.

(1) The contributions of the insured persons are fixed by the general meeting of the members of the fund and may range from 1 to 2 per cent of the wages; in funds with less than 400 members the dues may be increased up to 3 per cent of the wage. If the daily wage exceeds 5 rubles (normally \$2.55), or the annual salary exceeds 1,500 rubles (\$765), the contribution is assessed at the rate of 5 rubles per day only. The funds have the right to establish wage classes, with the dues at a fixed percentage of each class. No dues are collected from a member while she is in receipt of sick or maternity benefit or while she is incapacitated for work. The contribution of the employer is two-thirds of the amount paid by his employees.

(2) A certain part of the annual receipts of a fund must be put into a reserve, and the interest from the reserve may be added to the current receipts.

(3) The funds are authorized to receive bequests and donations; if the donor expresses a wish that they be devoted to a specified purpose, such wish must be followed, otherwise such receipts must be added to the reserve.

(4) and (5) Receipts from fines of all kinds must be added to the reserve.

FINANCIAL ADMINISTRATION.

The contributions of the insured persons must be deducted from their wages by the employer at each time of paying wages; the employer must add his portion to the total and place the whole amount to the credit of the fund. The income is divided into two parts—the current income and the reserve.

The current income consists of the contributions of the members and of the employers, less the percentage required for the reserve, the income from the property of the fund and the miscellaneous receipts. The reserve consists of a regular deduction from the contributions, which must be fixed by the general meeting of the fund and which may range from 5 to 10 per cent of the contributions. Receipts from

finances and from bequests and donations without special designation must be added to the reserve, while any surplus at the end of the year must also be placed in this account.

As soon as the reserve equals the sum of the expenditures of the two preceding years, the 5 to 10 per cent deductions from contributions may cease, and the fund may reduce the per cent rate of the members proportionately. If the income is not sufficient to meet the expenditures of any year, then the reserve must be drawn upon to cover the deficit, and later arrangements must be made to build up the reserve again. If the annual receipts prove insufficient to meet the expenditures of the fund, then the fund is authorized to increase the contributions above the legal maximum already referred to, but with certain restrictions on the amount to be paid by the employer.

The safe keeping of the money and securities belonging to an establishment fund is intrusted to the owner of the establishment. If the fund includes the employees of more than one establishment, the owners must select one of their number as the custodian of the fund's assets.

GENERAL ADMINISTRATION.

If the employees of an establishment exceed 200 in number, a fund for that establishment is to be created, but the owners of several establishments may join in the creation of a common fund. If the number of employees in an establishment is less than 200, then a joint fund must be created or the establishment must affiliate with an existing fund. A number of existing funds may consolidate at any time if the approval of the workman's insurance office of the district is secured. The funds are authorized, either singly or in cooperation with other funds, to establish and maintain ambulances, hospitals, and maternity hospitals. The business of the fund is transacted by the general meeting and by a board of directors.

The general meeting consists of delegates of the members and of representatives of the employer. The representatives of the employer shall have votes equal to two-thirds of the votes of the delegates. The employer or his representative shall preside over the meeting. The board of directors is elected by the general meeting and must consist of an uneven number of persons; the representatives of the insured persons shall have one more vote than the representatives appointed by the employer. The business transacted by the general committee and by the board are the usual subjects intrusted to organizations of this kind. Both the sickness insurance and the accident insurance are under the immediate supervision of a local workmen's insurance office; this body is organized in each province under the chairmanship of the governor, or in some places under the mayor of a city or the chief of police of a city. Its members consist of the vice governor, the chief of the local internal

revenue office, the district attorney or his deputy, the chief factory inspector, the medical inspector, a member appointed by the minister of the interior, a factory inspector appointed by the minister of commerce and industry, two representatives of the county council (zemstvo), a representative of the city council, two representatives of the employers, and two representatives of the insured persons.

Over these local insurance offices is the workmen's insurance council, attached to the ministry of commerce and industry. The council is composed of the associate ministers of commerce and industry, the director of mines, the chief of the division of industries, the chief of the division of commerce, two members of the council of commerce and industry, two representatives of the ministry of the interior, one representative each from the ministries of finance, justice, communications, and agriculture, one member of the medical council, one representative of the Petrograd provincial council (zemstvo), one representative of the Petrograd city council, five representatives of the employers, and five representatives of the insured persons. Both of these bodies are so large that their experience up to the beginning of the war showed that they were too large for efficient administration.

OPERATIONS.

The information available concerning the operations of the sickness insurance system consists of fragmentary items appearing in various unofficial publications; up to January 1, 1917, no official report on the administration of the law had been issued. Mme. A. Kollontaï in her treatise quotes a statement appearing in the *Torgovo-Promyshlen Gazeta* that on October 1, 1914, the organization of the insurance system had progressed to the following stage:

Status of the sickness insurance funds, Oct. 1, 1914.

Number of funds.	Membership.	Status.
130	79,745	Had elected representatives to draw up by-laws.
26	30,123	Had applied to the factory inspector for permit to organize fund.
2,723	1,992,179	By-laws had been approved.

Status of sickness funds whose by-laws had received official approval, Oct. 1, 1914.

Number of funds.	Membership.	Status.
2,540	1,901,516	Had elected representatives to the general meeting.
2,396	1,827,217	Had elected boards of directors.
2,207	1,699,752	General meeting had approved schedule of benefits.
2,106	1,621,975	Had begun making deductions from wages and paying benefits.

Typical instances of conditions in provinces and in certain funds give some indication of the status of the sickness insurance system. Thus in the Province of Novgorod in July, 1914, there were 218 factories with 24,821 employees, of whom 22,945 were included within the scope of the insurance; 19 of these factories had in their service seven physicians, while the rest of the factories used city, county, or private physicians. The factory hospitals were on the whole inadequately housed, being located in places such as barns or in attics above factory offices and not easily accessible. There were 178 cots in these hospitals. Of eleven factories employing more than 100 women each, only four had in their employ a midwife, though the law required each of them to provide such service.¹ A typical instance of a fund connected with one establishment is the fund of the factories of the Prokhorov Trekhgornaia Manufacturing Co. of Moscow. In the period June 1, 1913, to January 1, 1914, the operations were as follows:

The total number of members on January 1, 1914, was 7,770; of these 7,437 were wage earners, consisting of 4,253 men and 3,184 women, while 333 were salaried employees, consisting of 277 men and 56 women, or in all, 4,530 men and 3,240 women.

The number of cases of sickness is shown in Table XLIV.

TABLE XLIV.—Russia. Cases of sickness in funds of Prokhorov Trekhgornaia Manufacturing Co. of Moscow, June 1, 1913, to Jan. 1, 1914.

Kind of case.	Cases of sickness.			Days lost.		
	Total.	Men.	Women.	Total.	Men.	Women.
Total.....	2,162	900	1,262	26,698	12,327	14,371
General sickness.....	1,826	839	987	24,061	11,366	12,695
Accidents.....	69	61	8	1,055	961	94
Confinements.....	267	.....	267	1,582	.....	1,582

It will be noted that for the 4,530 men there were 900 cases of sickness, or about 20 per cent of the male members; for the 3,240 women there were 1,262 cases of sickness, including confinements, or about 40 per cent of the women members, though without the confinements it would be 30 per cent of the women members. For each male member there were 2.7 days of sickness, and for each woman member there were 4.4 days of sickness. The figures given show that the 267 confinement cases caused a loss of time of 1,582 days, or 5.9 days per case.

In this fund the dues of the members consisted of 1 per cent of their wages. The rates of benefits were: For sickness, one-half of

¹ Strakhovanie Rabotehikh, February, 1915, p. 18.

daily earnings per day of disability; maternity, the same rate per day of disability; for death, thirty days' wages.

The receipts and disbursements of this fund for the period reported are shown in Table XLV.

TABLE XLV.—Russia. Receipts and expenditures of the fund of the Prokhorov Trekhgornaia Manufacturing Co. of Moscow, June 1, 1913, to Jan. 1, 1914.

Source.	Receipts.	Source.	Receipts.
Total.....	\$13, 131	Contributions of employers.....	\$5, 128
Contributions of members:		Reimbursement by employer for accident benefits paid out by sickness fund.....	295
(a) Men.....	5, 390	Interest on funds.....	17
(b) Women.....	2, 301		
Object of expenditure.	Expenditures.	Object of expenditure.	Expenditures.
Total.....	\$13, 131	Salaries of executive board ^a	\$108
Total expenditures.....	9, 305	Printing expenses.....	52
Sick benefits.....	5, 126	Stationery.....	12
Maternity benefits.....	1, 639	10 per cent deduction for reserve fund....	1, 282
Accident benefits.....	294	Surplus added to reserve fund (sec. 26 of by-laws).....	3, 826
Death benefits.....	792		

^a Employees to administer fund (bookkeepers and controllers) were furnished to the sick benefit fund free by the employer.

In general the wage-earning population seems to have been eager to introduce the system as soon as possible and with benefits as large as the law permitted. As a rule they asked for the organization of large funds, i. e., one fund for each city instead of funds restricted to one establishment, because this type of organization tended to a larger measure of self-government. They were successful in establishing such funds in Kiev, Odessa, and Riga, but in the very large industrial centers, Petrograd, Moscow, etc., they were not so successful; in fact these localities lagged behind the others in introducing the insurance.

In the literature available in the United States there are frequent references to the hostility of the police to the meetings of wage earners for organizing funds. In Petrograd, for example, prior to September, 1913, the employees of only 7 factories were permitted to hold meetings and organize, while in 14 factories such meetings were prohibited.¹ As insurance laws were under the control of the ministry of commerce and industry, this body would authorize meetings and the election of representatives to the general meeting of the fund. The ministry of the interior, which controls the police system, refused, however, to recognize these permits. Thus the members elected to the board of directors of the Putilof Works at Petrograd were exiled, even though the search of their dwellings had produced no evidence of conspiracy

¹ Strakhovanie Rabotchikh, September, 1913, p. 27; November-December, 1913, p. 44.

or anything in the nature of illegal literature.¹ These arrests and exiles were inflicted on thousands of wage earners. The situation caused many strikes and protest meetings of the wage earners, and the resulting dissatisfaction was so great that the Moscow manufacturers petitioned the ministry of the interior, through the Council of the National Manufacturers' Conventions, to stop these baseless prosecutions.² The manufacturers protested that they and their employees had worked out a compromise agreement as to the carrying out of the insurance law, and these arrests were destroying this agreement. On August 13, 1915, an interpellation was addressed to the minister of commerce and industry by 31 members of the Duma, who pointed out that the first election of the 5 workmen representatives and their 10 alternates to the council on workmen's insurance had taken place on March 2, 1914, in accordance with the decree of October 1, 1913, and that since that date arrests and deportations of the workmen members had continued, so that out of the 15 persons elected only 9 were left, even though the law provided that this number should never be less than 10, and that similar conditions prevailed in the Petrograd local insurance office. The interpellation demanded relief from these abuses from the minister of commerce and industry. The Duma adopted this interpellation by a unanimous vote.³ According to information available, the outbreak of the war seriously retarded the development of the insurance and caused many of the existing funds to restrict their operations. Thus in Riga, joint sick benefit fund No. 51, which included 60 industrial establishments, on July 1, 1914, had 18,583 members; on September 1 it had 15,725 members. The benefit fund of the Provodnik Rubber Works of Riga had 14,868 members on July 20, 1914, while on September 1 it had only 6,956 members.

A serious decrease in wages also took place; thus in joint fund No. 51, the average monthly earnings of the members in May, 1914, were 33 rubles (\$16.995); in September this average had decreased to 18.39 rubles (\$9.42). This decrease of earnings of course caused a decrease in the receipts of the funds, so that in a number of them there was a deficit; as most of the funds had assessed their members 2 per cent of wages, the maximum allowed by the law, there was nothing to do but decrease the benefits. Thus the Provodnik Rubber Works Fund decreased the sick pay from two-thirds of the daily wage to one-half of that rate, while the maternity benefit was reduced from 15 to 8 rubles (\$7.73 to \$4.12).

¹ *Russkiiia Vedomosti*, Apr. 1, 1914.

² *Russkoe Bogatstvo*, June, 1914, p. 266.

³ Fourth Duma: Fourth session. *Zaiavlenie* No. 179. *Prilozhenia* No. 34. IV. 4; also Duma. *Stenograficheskii otchet*, 4 sozyo, senia IV, *Zasedanie Vosmoe*, Aug. 13, 1915, p. 723.

SOURCES OF INFORMATION.

The text of the laws and decrees regulating sickness (including maternity) benefits is found in the official journal *Sobranie Uzakonenii*. As this source is not readily accessible to most American readers, a translation of the law will be found in the Bulletin of the International Labor Office, English edition, volume 8 (1913), page 129 ff. The standard or model constitution and by-laws required to be followed by the funds is given in the *Sobranie Uzakonenii*, 1913, part 1, chapter 192. A journal devoted to social insurance, entitled "Strakhovanie Rabotchikh i Russii i na zapade," published by "Priboi" in Petrograd since 1913, contains much current information on the development and operations of the insurance. The most comprehensive study on maternity benefits and insurance which has yet appeared in any language is the volume by Mme. A. Kollontai, *Obshchestvo i Materinstvo. I. Gosudarstvennoe Strakhovanie Materinstva*.¹

¹ *State Insurance of Motherhood, Petrograd, 1916.*

SWEDEN.¹

At the present time, under the law of December 6, 1912, voluntary sickness insurance and mutual aid societies which provide maternity benefits for their members are entitled to participate in a State subsidy.

The law of 1891 prohibited the employment of women in industrial establishments for a period of four weeks after childbirth; the effect of this prohibition was seriously weakened by the provision that if the woman presented a medical certificate stating that employment would not be injurious to her she might resume work at an earlier date. This law is in force at the present time.

Like other countries, there has been in operation for a long time a number of voluntary organizations providing aid in case of sickness or other disability, and in a few cases childbirth was given the same aid as the usual types of sickness. Under the law of October 30, 1891, provision was made for the registration of such societies as complied with certain minimum requirements. The amount of the subsidy was increased by the amending law of May 27, 1898. Still further changes were introduced by the laws of July 4, 1910, and June 29, 1912. The two laws of 1891 and 1910 were the basic laws under which the funds operated until January 1, 1916, when all funds were required to come under the 1910 law.²

The law of December 6, 1912, is entitled "Royal decree concerning State grants to sick funds which provide maternity benefits."³

The sick-fund system, like that of Denmark, is voluntary in character and is based on two laws: The law on sick funds of October 30, 1891, which went into effect on July 1, 1892, and the law on State contributions to sick funds of July 4, 1910, which was amended on June 29, 1912. By the end of 1911 there were 2,216 sick funds in Sweden, with a membership of 628,151, of which 1,969 funds, with a membership of 376,829, were based on the law of 1891, while the remainder were based on the law of 1910. The following year, 1912, the funds based on the old law had rapidly diminished, while the number based on the new law had increased more than proportionately. After January 1, 1916, all funds are to be based on the new law.⁴ The number of female members in 1912 was 172,537 out of a total of 637,049, or 27.1 per cent, a proportion which has shown a gradual increase since 1892.

¹ The statements in this section are based on material furnished by C. E. Stangeland, Ph. D.

² *Sociala Meddelanden*, utgit av K. Socialstyrelsen, Stockholm, 1915, vol. 2, p. 997 ff.

³ *Svensk Forfattningssamling*, 1912, Stockholm, pp. 841-842.

⁴ *Sociala Meddelanden*, utgit av K. Socialstyrelsen, Stockholm, 1915, vol. 2, pp. 997-1002.

The aid given to mothers in confinement has been strikingly small and by isolated funds. In 1909, for example, such aid was given by only 15 funds, affecting only 75 women, at a total expenditure of 984.03 kroner, or about \$263. Eighty of the funds existing at that time forbade giving benefits on account of childbirth, while 1,120 funds forbade giving sick benefit until from 3 to 12 days had elapsed after the childbirth. The explanation is undoubtedly to be found in the fact that in Sweden women have taken a much less active part in sickness insurance than men, as is seen in the fact that they number about one-fourth of the total, while in Norway and Denmark they are about one-half of the total insured.¹ Of the more than 2,000 sick funds in existence in 1909, 58 were for females only, and these 58 funds had a membership of 11,491; but more than 90 per cent of all females belonging to sick funds belonged to such as contained both male and female members.

The official report on maternity insurance (p. 124) remarks that "the slight interest in the giving of aid to mothers during confinement has been due no doubt largely to ignorance concerning the significance of the problem and the fear of overburdening the fund by obligations, which it was believed would be the result of giving the benefits desired * * *. People have ignored the fact that the woman who is bedridden through childbirth is prevented from working exactly as is the person who is affected by normal illness * * *. People have even overlooked the possibility of a working woman's health being so undermined by unavoidable hardships during and preceding her confinement that the economy to the sick fund is more than lost through normal sickness which may result and which then entitles her to benefits."

The situation existing before 1913 caused much discussion. At the first conference of the Swedish sick funds at Norrköping, in 1905, the committee on resolutions reported that "women in confinement should receive sick benefits as in the case of other illness," but the difficulties in the way seemed to the meeting to be too great and it concluded that the question should be left to each fund for individual action. The problem was taken up again at the Stockholm conference in 1907, and at Gothenburg in 1910. The last-named conference adopted a resolution to the effect that its board of directors should give special attention to the problem of maternity insurance and report thereon for the benefit of the members.

The following year (1911) in March, at a meeting of the society for poor relief, resolutions were adopted urging that poor mothers

¹ See *Betänkande angående införande af Moderskapsförsäkring*, afgivet den 19. Dec., 1911, Bihang till Riksdagens Protokoll, 1912, 2. Saml., 2. Afd., 5. Bandet, pp. 122-123. This is a report by experts for the Swedish Government and is by far the most complete and varied study of the subject that has appeared in Scandinavian countries. A summary of this report, by M. Marcus, one of the three experts engaged, will be found in *Annalen für Soziale Politik und Gesetzgebung*, 1912, pp. 562-567. See also *Bulletin des Assurances Sociales*, 1914, 1, pp. 148-149.

be given aid in such a way that they be not separated from their infants; that this purpose be attained through State maternity insurance, and that bureaus to care for neglected children be established.

As a result of this growing agitation the question was made the subject of considerable debate in the Riksdag, in 1911 and 1912, and the report on the subject, to which reference has been made, was the result of this agitation. The actual result was the law which went into effect on January 1, 1913, but concerning whose operation no detailed information was available on January 1, 1917.

The Swedish report calls attention to the relief furnished to mothers by free maternity homes and hospitals, free milk distributing agencies and crèches. It calls attention to the general level of daily wages prevailing for women from 15 to 49 years of age, the average being 1.95 kroner (\$0.52) for married and 1.79 kroner (\$0.469) for unmarried workers. This wage level is low and naturally suggests what the minimum maternity benefit might or should be. Consideration was given to the rate of illegitimate as well as of legitimate births among working women, and to the proper protecting of illegitimates by protecting the mothers. Inasmuch as the illegitimacy rate is higher in Sweden than in Norway or Denmark (it was 15.46 per cent of total in 1912) and unmarried mothers are usually of the poorer classes, the problem is really of considerable importance from the point of view of maternity insurance and aid.¹ The report concludes with a discussion of compulsory and voluntary maternity benefits and the special financial and other problems involved, such as the effect on birth rates connected with the two possibilities. As far as the financial aspect of the problem is concerned, the report undertakes by means of tables to illustrate the varying and increasing premiums as the birth rate varies or increases.² Students of maternity insurance will find many valuable suggestions in this excellent Swedish report, whose scope has been barely indicated here, and also in the bills or laws proposed by the committee responsible for the report and which are appended to it.

The decree of December 6, 1912, provides that a sum of 25,000 kroner (\$6,700) be appropriated for division among the sick funds registered under the law of July 4, 1910, which make provision for maternity benefits to the extent of at least 90 öre (\$0.24) a day for a period of at least 14 days following childbirth to female members of the sick funds, or for care of such members at maternity homes. The amount of this subsidy has since been increased to 50,000 kroner (\$13,400). The decree specifies that such benefits must be given

¹ Cf. Sverige Statistisk Årsbok, 1916, p. 34.

² Cf. Sverige Arbetsstatistik, Meddelanden, 1912, vol. 1, pp. 108-116; also Kungl. Maj:ts nad. Proposition Nr. 240, Apr. 26, 1912, in Bihang till Riksdagens Protokoll, 1912, 1. Samlingen, 9. Bandet.

only to female members who were continuously insured for at least 270 days preceding the birth. From the sum provided by the State, 60 öre (about \$0.16) is to be given to the sick fund for each day during which maternity benefits are paid by the fund to its female members, but such aid must not be granted by the fund in addition to sick benefits, nor for more than 42 days all told for each birth, nor for a longer period than the member remains away from her employment. Contributions will not be made by the State for female members who receive more than 4 kroner (\$1.07) a day as sick or maternity benefits from a fund, and contributions granted must be used only in connection with maternity benefits of the fund.

Applications for State contributions are to be made in connection with application for contributions as provided in the sickness insurance law of July 4, 1910, supplemented by the decree of December 23, 1910.

The law as it stands provides an incentive of a psychological rather than of a financial nature, since it is obvious that the small sum to be distributed by the State can not cover a large number of cases; the fact that such a law exists, however, calls continual attention to the matter and has led to considerable extension of benefits to working women at childbirth. Data as to operations are not available for the period since the decree was issued and a consideration of the actual effect is therefore impossible.

The commission prepared a bill for an independent compulsory maternity insurance system which it recommended for adoption. Though this bill was not enacted into law, the proposal is of interest. Under the plan recommended, all women prohibited by the industrial code from employment after childbirth, who were from 15 to 51 years of age, should be included. The report suggested that at a later time this group could be extended as experience showed the need for increasing the scope of the insurance. The contributions of the insured persons should be 2.16 kroner (\$0.58) per year, to which the employer should add 50 per cent. The benefits should consist of (a) a cash benefit of 2 kroner (\$0.54) per day for six weeks; (b) a nursing premium of 15 kroner (\$4.02) for the mother who had herself nursed the child. The total amount for a case of childbirth would thus be 87 kroner (\$23.32). The bill also included a provision changing the industrial code so that two weeks of the six weeks of prohibited employment should come before the date of the birth. The State would provide one-fourth of the cost of the cash benefit, the cost of the nursing premium, and the costs of administration. To be eligible for the benefit, the mother must have been insured for 180 days before the date of birth. The insurance carriers were to be the sick funds, but in localities where no such fund existed the local government could administer the insurance. The sick funds were to re-

ceive from the State an annual fee of 0.5 kroner (\$0.134) per insured woman for conducting the insurance. As stated above, the bill was not enacted.

SOURCES OF INFORMATION.

The official law gazette of Sweden is entitled "Svensk Författings-samling," and contains the text of the laws and decrees mentioned above. Current information on the operation of the insurance will be found in the official journal of the labor department, Sociala Meddelanden, and in the annual statistical yearbook, Statistik Arsbok. The title of the report of the parliamentary commission on maternity insurance was given above.

The first of these is the fact that the...

SWITZERLAND

The second of these is the fact that the...

The third of these is the fact that the...

The fourth of these is the fact that the...

SWITZERLAND.

Maternity benefits in Switzerland are provided under the Federal law of June 13, 1911, granting subsidies to voluntary sickness insurance organizations. Operations under this law began on January 1, 1914.

By its law of 1877, Switzerland prohibited the employment of women in industrial establishments during the period of childbirth, the prohibited period consisting of eight weeks, two of which might come before confinement. This act was the first national law of its kind and has served as the model in many countries in this phase of factory legislation.

The adoption of systems of compulsory sickness insurance by the adjoining countries of Germany and Austria in the eighties exerted considerable influence in Switzerland, and in order to open the way for such legislation the national council proposed an amendment to the Federal constitution, authorizing the enactment of an obligatory system of sickness and accident insurance. The vote was taken on October 12, 1890, and the amendment was adopted by a large majority. Prior to this date, however, an effort was made to introduce a system of national medical service by which the Federal Government should provide medical treatment and medicines to needy persons in all parts of the Republic. This measure failed of adoption in the Federal legislature, and the advocates of the plan then devoted their attention to plans for compulsory sickness insurance. After the acceptance of the Federal amendment, it was not until 1898 that the advocates of an insurance system secured agreement on a plan, and this was finally adopted by the legislature in 1899. The act provided for a system of public local funds which would compete with the existing private funds and included practically all wage earners. A referendum was called for by a sufficient number of signatures, and when the vote was taken in 1900, the measure was rejected by a large majority. Apparently the advocates of the act had not made sufficient allowance for the attachment felt by many members for their mutual aid societies, some of which had been in operation for a long time. In order to meet the wishes of these members, it was decided to make the voluntary societies the principal agencies for the administration of the insurance, and, as the first step in this direction, to secure full information as to their ability to do this work. An investigation of the scope and operations of the existing organizations providing sickness insurance was made in 1903. The report of this study by the Federal department of industry

showed that the mutual societies providing aid in sickness had had the following development:

Year.	Number of societies.	Member-ship.
1875.....	632	96,000
1890.....	1,085	209,920
1903.....	2,006	505,947

The great majority of these funds, 1,812 with a membership of 422,000 persons, provided relief for sickness; 190 provided other benefits, such as burial expense, invalidity benefits, aid to widows and orphans, etc. Of the membership, 359,000, or 76 per cent, were men; 90,000, or 21 per cent, were women; while about 2.5 per cent were children. Most of the funds were located in the cities; only a few existed in the rural districts, while there were practically none in the mountainous regions, where the need was greatest. It was shown that in the mountain districts it was always difficult and sometimes impossible to secure a physician, especially in winter. In some of these regions the fee for a physician's visit was 20, 40, and even 50 francs. It was also shown that in the Canton Wallis, for instance, about half of those who died were without medical attendance, while in one community, 39 out of 42 deaths in a specified period occurred without any physician being available. It is a reasonable inference that the number of confinements without medical aid must also have been large. The report also calls attention to the small proportion of the women employed in factories who were insured in these funds. In 1901 there were 92,331 women employed in factories, or about 38 per cent of the factory employees; according to the 1903 study, only about 7 per cent of the adult women in factories were members of funds. The study showed that out of 100 funds, 57 refused to admit women as members, 39 admitted both men and women, while 4 consisted of women only. The report stated that there was strong opposition to the admission of women in a large number of these funds. In part, this hostility was due to the fact that women often competed with men for the same jobs; in part, it was due to the fact that the men did not like to have women present at their club meetings, but the most general objection offered was that women had a higher sickness rate than men. In many cases it developed that the lower earnings of the women made it impossible for them to pay the dues of the societies. In 1903 but a very small number of the societies paid benefits for childbirth; the general objection was that this benefit caused a heavy expenditure. With these facts as a basis, the advocates of a system of State insurance prepared a bill which was introduced in December, 1906. It endeavored to meet the wishes of the members of the existing insurance organizations by providing for a

system of subsidies to the mutual aid societies, thus making insurance voluntary; but it also provided that any Canton or any municipality (commune) might make insurance compulsory either for all wage earners, or for certain occupations only, or for certain classes of wage earners—such as those receiving low wages. It did require, however, that women must be admitted to the societies on terms of equality with men, and to meet the objection that women had a higher sickness rate it provided a higher Federal subsidy for women members.

Special subsidies were provided to secure medical service in the sparsely populated districts. The maternity benefit and the benefit for mothers who nursed their infants in the first 10 weeks, as stated by the chairman of the committee in charge of the bill, were regarded by them as one of the achievements of the measure. The bill was finally passed by the legislature in 1911, but owing largely to the fact that a system of compulsory accident insurance was also included in the bill, some opposition to it developed and a referendum was called for. The vote took place in February, 1912, when it was accepted by a small majority. The act came into force on January 1, 1914. Up to the end of the year 1916, the following Cantons had enacted laws providing or authorizing some degree of compulsory sickness insurance, including maternity benefits: Zurich, law of December 10, 1916; Lucerne, law of March 2, 1915; Uri, law of April 7, 1914; Zug, law of October 26, 1916; Solothurn, law of March 31, 1916; Basel Zown, law of March 12, 1914; Appenzell on the Rhine, law of April 30, 1916; St. Gall, law of July 6, 1914; Graubünden, amended constitution of October 2, 1892, and November, 1907. A law of the Canton Waadt of August 31, 1916, created a special sickness insurance fund for school children, with benefits the same as those specified for children in the Federal law. In four of the above-named Cantons—Basel, Appenzell, St. Gall, and Zug—the laws provide for a cantonal system, while in the others the laws authorize the communal governments to provide a system for their inhabitants.

INDUSTRIES INCLUDED.

The funds which provide the insurance may include and, in fact, are supposed to cover all varieties of industries and occupations. Any particular fund, however, may restrict its membership to one occupation or one establishment; if a member changes her residence or leaves an occupation or an employer and can not find a new fund for which she is eligible, then the fund of which she is a member must permit her to continue in membership so long as she resides in Switzerland. Such a fund has the right to call on any fund in the new place of residence to take charge of the collection of her dues, payment of benefits, etc., for which any expenses incurred must be reimbursed.

PERSONS INCLUDED.

Every Swiss citizen, man or woman, has the right to become a member of a fund, if he complies with the conditions of membership. If the fund has restricted its membership to persons of a particular religious denomination, or of a particular political party, this restriction may not be used to exclude a person who otherwise qualifies for membership but who is not eligible for membership in any other fund in that locality. In all funds, both sexes shall be granted equal benefits unless there is a corresponding variation in the dues. Any fund may, however, restrict its membership to persons of one sex and may make admission dependent on the state of health of the applicant. One of the questions brought up in the year 1915 related to the matter of equality of sex prescribed by article 6 of the law. A women's fund objected to receiving a man as a member; the insurance office ruled that since men's funds were required to receive women as members if the latter could not find a fund to which they were eligible in that locality, then the women's funds must likewise receive men as members under these circumstances. As the question was a matter of law, an appeal was taken to the Federal Council, which sustained the ruling.¹ Since membership in the funds is voluntary, the wife of a wage earner may be admitted into the funds on the same terms as a wage earning woman and thus receive maternity and other benefits. Children under 14 years of age may be included as members of the funds, and the Federal Government evidently desired to encourage their insurance since it made the subsidy for children the same as that for an adult.

These funds (*caisses scolaires*) are most numerous in the Cantons of Freiburg and Lausanne. Most of them, however, paid only a cash benefit in case of sickness, against which strong opposition was expressed in the legislature, so the subsidy was carefully restricted to such funds as provided medical treatment and medicine in order that there might be no possibility of pecuniary gain from the children's sickness. The funds must see to it that none of their members is insured in more than two sickness insurance funds and also that the sick benefits do not become a source of profit to their members. However, if a person held membership in more than two funds on January 1, 1911, the limitation of membership to two funds is waived.

DISABILITY PROVIDED FOR.

The health insurance section of the law provides benefits for sickness causing inability to perform labor. Childbirth is specifically included as sickness, and a mother who nurses her child is entitled to a nursing benefit.

¹ Report for 1915, p. 423.

BENEFITS.

The benefits provided include (1) pecuniary benefit, (2) medical attendance and medicines, (3) maternity benefit, (4) nursing benefit.

(1) The pecuniary benefit must be not less than 1 franc (\$0.193) per day; it must begin not later than the third day after the beginning of the sickness. In a period of 360 consecutive days, benefits must be payable for at least 180 days; in other words, in any one year, a member must be entitled to money benefit for half the time. These amounts of course are the minimum benefits required of the funds in order to be eligible to the Federal subsidies.

(2) Medical attendance and medicines must be provided from the beginning of the sickness, and for at least 180 days out of each consecutive 360 days. If, however, these benefits are provided for by a fund for at least 270 of the 360 consecutive days, then the fund is not required to pay more than 75 per cent of the cost of the medical attendance and medicines. Free choice of physician is permitted. A fund may make a contract with physicians or with associations of physicians for the treatment of members at fixed rates; in such case, the members must select their physician from the panel made up of these contract physicians. Any physician who has practiced in the district for at least one year is entitled to participate in these contracts.

In the mountainous regions where communication is difficult and the population sparse, if the public and compulsory funds have made a contract with certain physicians, assuring to them a definite annual payment, then other physicians may be excluded from the panel.

A fund may call in a consulting physician, either on its own initiative or on the request of the attending physician or of the family of the insured person.

The supply of medicines and drugs is regulated in a manner similar to that of medical attendance. The insured person may select the pharmacy from which he secures his medicines, but the funds have the right to make contracts with pharmacists or associations of pharmacists to supply medicines, etc., at fixed rates, and in such case, the member must use one of the contract pharmacies. Any registered pharmacist in the district of the fund may participate in these contracts.

The funds may also delegate to a hospital the duty of supplying the medicines.

In no case can the fund be required to pay unreasonable physician's fees or to pay for medicines or drugs not prescribed by the authorized physician.

(3) Maternity benefit: The funds must consider childbirth as sickness if at the time of confinement the insured person has been a member of the fund for at least nine months without an interruption

in excess of three months. If she complies with these conditions, then the pecuniary benefit, medical attendance, and medicine must be provided her for at least six weeks. The law makes no mention of inability to work during the period prior to confinement, and the Federal official reports contain no information as to the practice of the funds in this respect, but apparently members are entitled to the regular sickness benefits at this time.

According to the official guide for the funds ¹ these six weeks may not be included in counting the maximum period for which benefits are to be paid.

An effort is made to induce the mother to take a complete rest by providing that if she returns to work before the end of the period during which she receives maternity benefit, the amount of her earnings may be deducted from her benefits.

(4) Nursing benefit: The pecuniary benefit must be paid for at least six weeks after the date of childbirth; if at the end of four weeks after the pecuniary benefit has stopped, that is, at the end of a minimum period of 10 weeks, the mother can prove that she has herself nursed the child, a lump sum nursing benefit of at least 20 francs (\$3.86) must be paid to her.

SOURCES OF INCOME.

As the system of insurance is based on the plan of subsidizing voluntary organizations, the sources of income consist, for all practical purposes, of the dues of the members and the subsidy of the Federal Government. The Federal subsidy consists of the following annual payments:

1. For each insured child, up to and including the fourteenth year of age, 3.5 francs (\$0.675).

2. (a) If the fund provides either medical care and medicine or a cash benefit of not less than 1 franc (\$0.193) per day, 3.5 francs (\$0.675) for each male member and 4 francs (\$0.772) for each female member. (b) If the fund provides both medical care and medicine and a cash benefit of not less than 1 franc (\$0.193) per day, 5 francs (\$0.965) per member. If the fund provides benefits for at least 360 days out of any consecutive 540 days—that is, for a full year out of any year and a half—then all of the above subsidies are increased by 0.5 franc (\$0.097) per member annually.

The subsidy for each case of confinement consists of 20 francs (\$3.86) per case; an additional 20 francs (\$3.86) is paid for the nursing benefit. In other words, the Federal Government pays the entire cost of the minimum nursing benefit; if the fund provides the minimum maternity benefit of 1 franc per day for six weeks, or 42

¹ *Wegleitung*, p. 43.

francs, the Federal subsidy of 20 francs defrays nearly half of the cost.

The total amount of the annual subsidies paid by the Federal Government on account of these benefits may not exceed one-half of the receipts from members' dues and donations to current expenses. If a member is insured in more than one fund, the subsidy shall be paid only once, and to that fund in which he has held membership for the longest time.

In the mountainous districts, already referred to, where communication is difficult and the population sparse, the Federal Government pays an additional subsidy of 7 francs (\$1.35) per annum for each insured man, woman, or child. Furthermore, in these districts the Federal Government pays an additional subsidy to the canton for its own use, or to be turned over to its communes, on behalf of hospitals or other institutions which provide treatment and care for cases of sickness and for cases of maternity. These institutional subsidies, however, must not exceed the total amount received by the institution from the canton, the commune, and from third persons, nor may the subsidies exceed 3 francs (\$0.579) per capita of the population of the district in which the institution operates. The Federal Government may also make the payment of the institutional subsidy contingent upon the creation of an insurance fund in the commune.

Where a canton or a commune declares insurance compulsory, either for all occupations or for specified groups, and if the canton or commune assumes the responsibility for the payment of the dues of indigent persons under such insurance, then the Federal Government will reimburse payments on this account to the extent of one-third of such expenditure.

GENERAL ADMINISTRATION.

The law provides that in general the sickness insurance funds may organize in any manner they may desire, subject to certain requirements. The funds must have their headquarters in Switzerland, Swiss citizens must not be less favorably treated than other persons, and in particular they must operate as mutual organizations not conducted for profit. They may conduct other forms of insurance besides sickness. They may restrict membership to persons of a particular political party or religious faith, or to the employees of a particular establishment, or to a specified occupation, or to one sex. However, any Swiss citizen who complies with the conditions of membership must be admitted. If a Swiss citizen can not secure admission to a fund in his place of residence, then conditions of entrance based on political party or religious faith may not be used to exclude him, provided that he is otherwise eligible.

To become a "recognized" sickness insurance society—that is, a society entitled to the subsidies of the Federal Government—the funds must submit their constitution and by-laws to the Federal Council; all modifications must be similarly submitted. If approved, then the fund becomes entitled to the subsidies, and by presenting its annual statement of receipts, expenses, membership, etc., receives the sums specified in the law.

The work of supervising the operations of the funds and of representing the Federal Government is handled by the social insurance office of the department of public economy (Office Fédéral des Assurances Sociales du Département de l'Economie Publique). This office was created by the decree of December 19, 1912, and began operations on February 1, 1913. After organization its first work was the examination of the by-laws of the different sickness insurance funds submitted by them as the first step in securing the approval necessary to make them eligible for Federal subsidies. The interpretation of the Federal law is also intrusted to the office, subject to review by the department of public economy and ultimately by the Federal Council, if the matter at issue is a question of law. In general, the office grants recognition to funds, supervises their operations, and must approve their accounts before the subsidy is allowed. It also passes on violations of the law by the funds. The functions of the office are prescribed by the decree of November 17, 1914.

OPERATIONS.

The data relating to the operations of the recognized sickness insurance are contained in the annual reports of the department of public economy. The funds began operations under the law on January 1, 1914, and the information available relates to the years ended December 31, 1916. The number of recognized funds on December 31, 1914, was 453; the report for 1916 shows that the number had increased to 535 in 1915, and that this number included funds with branches, so that the total number of funds at the close of 1915 was 2,167. (See Table XLVI.)

TABLE XLVI.—Switzerland. Number and membership of sickness insurance funds, according to kind of benefits provided, Dec. 31, 1914, and Dec. 31, 1915.

[Source: Switzerland. Bundesamt für Sozialversicherung. Bericht. 1916, p. 7.]

Kind of insurance.	Year.	Number of funds.	Persons insured.			
			Total.	Men.	Women.	Children.
Total.....	1914	453	361,621	243,030	93,772	24,819
	1915	535	428,879	281,296	115,259	32,324
Sickness only.....	1914	137	175,194	92,872	59,407	22,915
	1915	141	168,273	85,930	56,332	26,011
Sickness and death.....	1914	302	179,363	143,675	33,791	1,897
	1915	357	242,026	181,714	54,680	5,632
Sickness, death, and old age.....	1914	3	711	425	286	.....
	1915	3	628	443	185	.....
Sickness, death, old age, and invalidity.....	1914	4	2,215	2,183	25	7
	1915	10	6,885	6,038	836	11
Sickness, death, old age, and invalidity (widows' and orphans').	1914	.....	.....	.....	.....	.....
	1915	1	252	225	27	.....
Sickness, death, and old age (widows' and orphans').	1914	.....	.....	.....	.....	.....
	1915	1	280	280	.....	.....
Sickness, death, and invalidity (widows' and orphans').	1914	.....	.....	.....	.....	.....
	1915	1	1,321	1,252	69	.....
Sickness, death, invalidity, and unemployment.	1914	.....	883	883	.....	.....
	1915	1	890	890	.....	.....
Sickness, death, and invalidity.....	1914	5	3,134	2,938	196	.....
	1915	14	4,588	3,409	1,003	176
Sickness and deaths (widows' and orphans').	1914	.....	.....	.....	.....	.....
	1915	1	212	212	.....	.....
Sickness and invalidity.....	1914	1	121	54	67	.....
	1915	5	3,524	903	2,127	494

The greater part of the funds provide only sickness or sickness and funeral benefit.

One of the interesting results of the law of 1911 is the inclusion of a larger number of women among the insured persons. According to the data collected in 1903 by the Federal department of industry, 57 per cent of the funds did not admit women to membership at that time. The number of persons of each sex and of children insured at the end of each year, classified according to the membership restrictions, is given in Table XLVII.

TABLE XLVII.—Switzerland. *Membership of sickness insurance funds, according to class of members admitted, Dec. 31, 1914, and Dec. 31, 1915.*

[Source: Switzerland. Bundesamt für Sozialversicherung. Bericht, 1916, p. 8.]

Persons admitted.	Year.	Number of funds.	Persons insured.			
			Total.	Children.	Men.	Women.
Total.....	1914	453	361,621	24,819	243,030	93,772
	1915	535	428,879	32,324	281,296	115,259
Children.....	1914	5	2,200	2,200	.....	.....
	1915	7	2,931	2,931	.....	.....
Children, men, and women.....	1914	73	147,986	22,619	75,722	49,645
	1915	87	169,885	28,989	81,008	59,888
Children and women.....	1914	.....	.....	.....	.....	.....
	1915	1	566	404	.....	162
Women and men.....	1914	319	192,401	.....	149,808	42,593
	1915	366	222,040	.....	168,100	53,940
Women.....	1914	6	1,534	.....	.....	1,534
	1915	4	1,269	.....	.....	1,269
Men.....	1914	50	17,500	.....	17,500	.....
	1915	70	32,188	.....	32,188	.....

TABLE XLVIII.—Switzerland. *Membership of sickness insurance funds, according to rate of subsidy paid by the Federal Government, 1914.*

[Source: Switzerland. Bundesamt für Sozialversicherung. Bericht, 1915, p. 8.]

Rate of subsidy.	Number of funds.	Insured persons.			
		Total.	Men.	Women.	Children.
Total.....	453	361,621	243,030	93,772	24,819
3.50 francs (\$0.675) or 4 francs (\$0.77).....	158	101,798	80,339	20,250	1,209
4 francs (\$0.77) or 4.50 francs (\$0.856).....	78	131,111	72,045	38,904	20,162
5 francs (\$0.965).....	119	30,185	21,270	8,856	59
5.50 francs (\$1.06).....	28	10,078	8,101	1,977	.....
Varying according to membership.....	70	88,449	61,275	23,785	3,389

TABLE XLIX.—Switzerland. *Membership of sickness insurance funds and total amount of Federal subsidy, according to rate of subsidy paid, 1915.*

[Source: Switzerland. Bundesamt für Sozialversicherung. Bericht, 1916, p. 13.]

Rate of subsidy.	Insured persons.				Amount of Federal subsidy.
	Total.	Men.	Women.	Children.	
Total.....	364,056	231,649	102,288	30,119	\$301,980
3.50 francs (\$0.675).....	87,952	84,348	.....	3,604	59,411
4 francs (\$0.77).....	125,798	70,522	28,761	26,515	97,116
4.50 francs (\$0.856).....	46,628	.....	46,628	.....	40,498
5 francs (\$0.965).....	52,835	35,743	17,092	.....	50,385
5.50 francs (\$1.06).....	50,843	41,036	9,807	.....	53,970

The funds open to women included all except 55 out of the total of 435, or 88 per cent, in 1914; in 1915 it was 85.6 per cent. In 1903, women formed 21 per cent; in 1914 they formed 26 per cent; and in 1915, 27 per cent of the total membership. In the same period the

proportion of children increased from 2 per cent to 7 per cent in 1914 and in 1915.

The subsidies paid by the Federal Government vary according to the kind and the duration of the benefits (see article 35 of the law). Tables XLVIII and XLIX show the number of insured persons classified according to the rate of annual subsidy paid by the Federal Government per member in 1914 and 1915.

The report for 1916 gives the 1915 data in slightly different form; the number of funds in each group, for instance, is not reported.

These tables can be best understood by noting the rates of subsidies listed on page 188. In 1914, out of the 93,772 women insured, 20,250 were members of funds entitled to receive an annual subsidy of 3.5 or 4 francs per member; that is, there were 20,250 women insured in 158 funds providing either medical attendance and medicine or a cash benefit of at least 1 franc per day. The second line of the 1914 table shows that 38,904 women were members of funds receiving an annual subsidy of 4 or 4.5 francs per member, which means that they were members of 78 funds providing benefits for at least 360 days in a period of 540 consecutive days.

The receipts and expenditures of the funds in the years 1914-1915 are given in Tables L and LI.

TABLE L.—Switzerland. Receipts of the sickness insurance funds, 1914 and 1915.

[Source: Switzerland. Bundesamt für Sozialversicherung. Bericht, 1916, p. 15.]

Source.	Receipts.	
	1914	1915
Total.....	\$1,519,671	\$1,772,748
Dues of active members.....	1,413,102	1,587,444
Dues of other members.....	2,344	2,527
Subsidies of cantons.....	13,655	69,452
Subsidies of communes.....	1,103	3,326
Subsidies of employers:		
(a) Regular.....	82,049	95,913
(b) Special.....	7,418	14,086

TABLE LI.—Switzerland. Expenditures of the sickness insurance funds, 1914 and 1915.

[Source: Switzerland. Bundesamt für Sozialversicherung. Bericht, 1916, p. 16.]

Object of expenditure.	Expenditures.		Object of expenditure.	Expenditures.	
	1914	1915		1914	1915
Total.....	\$1,448,135	\$2,131,751	Aid to convalescents.....	\$2,211	\$3,207
Benefits for loss of time....	1,029,826	1,330,577	Nursing benefit.....	3,091	8,091
Physician's services.....	231,628	327,159	Funeral benefit.....	21,075	26,615
Medicines.....	74,376	106,811	Aid to indigent members (active).....	5,902	4,573
Other curative means.....	7,903	13,689	Prophylactic measures....	1,410	2,046
Hospital treatment.....	70,713	140,777	Cost of administration....	(a)	169,205

a Not reported.

The amount of Federal subsidy claimed by the sick funds in 1915 for maternity benefits was 83,040 francs (\$16,026.72) and for nursing benefit 31,860 francs (\$6,148.98). As the Federal subsidy is 20 francs (\$3.86) for each maternity case, this means that 4,152 births were granted benefits and that the nursing benefit was paid to 1,593 mothers in 1915.

The expenditures for maternity cases are included in the amounts given for the items of the regular sickness benefits. The nursing benefit caused an expenditure of \$3,091, but no statement is given as to the number of cases receiving this amount. The total amount of subsidies paid by the Federal Government was 1,424,094.50 francs (\$274,850) in 1914 and 1,564,661.50 francs (\$301,980) in 1915. One of the principal purposes of the law was to encourage provision for medical attendance and medicine for the wage earners of the country. Apparently this feature is developing but slowly, for at the end of 1915, out of a total number of 535 funds, 214, or 40 per cent, provided only a cash benefit for loss of time. There were 30 funds, or 6 per cent of the total, which provided only medical attendance and medicines. The rest of the funds made a practice of providing medical care and medicine to certain classes of members, but replacing this with a cash benefit to other members. The 1915 report mentions some complaints from the funds in this connection, based on claims that the contracts made with physicians were not working out satisfactorily.

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The laws and decrees of the Federal Government are found in the official periodical *Recueil Officiel des Lois et Ordonnances de la Confédération Suisse*, published at Berne. The circulars of instruction and similar notifications are published in the official gazette, *Feuille Fédérale de la Confédération Suisse*, also published at Berne. The annual reports of the working of the insurance are given in the *Rapport du Conseil Fédéral à l'Assemblée Fédérale sur sa Gestion*; this volume is a collection of the reports of all the departments and the Report of the Federal Office of Social Insurance is included in that of the department of public economy (prior to 1915 called the department of commerce, industry, and agriculture). An English translation of the law of June 13, 1911, is given in the bulletin of the United States Bureau of Labor, No. 103, August 1, 1912. Some of the more important decrees are also given in the English edition of the bulletin of the international labor office.

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