

tribes or nations for more than 6,000 years; not even among Jews or gypsies. Instead, conquerors and other migrants have made the whole region a genetic melting-pot. The most isolated peoples are not the most advanced. In dealing with (3) Sir Arthur confuses the issue by lumping together two different forms of amalgamation that arise out of warfare (for example, pp. 78-79); namely, where the *A*'s conquer the *B*'s and absorb or are absorbed by them, and where the *A*'s and *B*'s join on equal terms to fight the *C*'s. Genetically the result is not so different, but culturally very different. The second is generally considered more beneficial, at least to the *A*'s and *B*'s. This does not fit Sir Arthur's argument. It may be true for Europe that the most war-like peoples have been the most advanced; but it is not true for Asia, as Sir Arthur partly admits (pp. 177ff.).

Finally, the argument for (4), the undesirability or even impossibility of a world state or community, falls to the ground. Of course, a genuine difficulty still remains. Feelings of common interest and political loyalty have usually been the result of fighting a common enemy. If there is no common enemy, how are they to develop? The question was well expressed many years ago by William James; How are we to find a moral equivalent for war? Now that warfare has become so destructive as to be suicidal the question is more urgent than ever. While criticizing the way he has done it, one must be grateful to Sir Arthur Keith for his determination to focus attention on one of the greatest of moral and political problems.

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INSURANCE AGAINST SICKNESS

National Health Insurance

A Critical Study. By Hermann Levy. (National Institute of Economic and Social Research: Economic and Social Studies, No. 4.) Pp. x + 366. (Cambridge: At the University Press, 1944.) 18s. net.

THIS work by Prof. Hermann Levy forms No. 4 in the series published from the National Institute of Economic and Social Research. The work was completed in 1942, and should have been published in 1943. Despite the fact that much has happened in the interim, the work must be regarded as a serious and very helpful contribution to the most important medico-social problem of the day.

Whatever may be the fate of the Health Bill which is before Parliament at the moment of writing, Prof. Levy's book will remain not only as a very well documented exposition of the present position, but also as a repository of carefully thought-out suggestions, the spirit, if not the letter, of which may prove useful in the future. The first part of the book is devoted to an excellent summary of the historical aspect of national health insurance from its beginnings in 1911. The author points out that Chadwick was the first to enunciate that disease creates poverty. He is critical of the work of the Royal Commission of 1924-26, mainly on the grounds that it did not carry through any serious review of the administrative system on which national health insurance is based. So far as the position at the present day is concerned, Prof. Levy puts forward the old criticisms, and some new ones, in a balanced and forceful manner. He points out that no country has yet ventured to

guarantee to the sick worker full compensation for loss of earnings, and that national health insurance does not relieve the working-class family from further money contributions for sickness contingencies. The membership of approved societies covered for hospital treatment is very small. He considers that hospital treatment has probably been the greatest failure of the national health insurance scheme in Britain, and that this has not been compensated for by a growth of hospital schemes outside its ambit. In fact, Britain has more and more dissociated hospital benefit and treatment from the insurance scheme. It is well known, of course, that there are important medical services which are not covered by the scheme, and that only the barest cost of medicine is provided. Prof. Levy is inclined to labour the fact that the unsatisfactory payment of medical men has greatly restricted the interest which the ordinary panel doctor can be expected to take in any individual patient—a position which the profession has frequently denied. His criticism that existing conditions of cash benefits and treatment have caused insured persons to resort to self-medication is probably quite correct.

What are the remedies for these failings? Despite his admission that approved societies have nowhere shown a desire to originate and pursue a constructive and dynamic policy of health improvement, and that the insurance committees have done nothing in this direction either, Prof. Levy believes that it was not national health insurance which was wrong, but the way in which it was administered. He is convinced that national health insurance should remain a separate statutory social service under an entirely different system of organisation and administration. In effect, he says, abolish the approved societies and insurance committees, and replace them by a system of territorial or occupational institutions. He therefore proposes the setting up of new administrative bodies, in the main municipal or rural, while leaving it open to large industrial and other establishments to have their own sickness funds on the same basis as the statutory funds. There would be flexibility in the rate of contribution, and the local sickness funds should set up district insurance bureaux to deal with claims, the payment of benefits, inquiries and advice. He does not believe that the shortcomings of panel practitioners are any reason for changing the system to one of State medical men. Prof. Levy therefore runs counter to Sir William Beveridge and the Bill which has been modelled on his report. Beveridge suggested a union of the statutory services which all over the world have so far been separately administered with different aims. Levy recommends the retention of the separate services. Beveridge implies that the medical service is to be divorced from cash benefits; Levy recommends a system of integrated local and occupational funds.

It should not be thought that perusal of this book at the present time is simply equivalent to the reading of a commentary on some past and forgotten chapter in the history of social legislation. In Cicero's day *homines ad deos nulla re proprius accedunt quam salutem hominibus dando*, and the efforts made by men to give health to their fellow-men have continued—very slowly until recently, it is true—through the centuries. Should it be found necessary to reconsider within the next generation the constitution of the imminent 'medical Utopia', this volume will undoubtedly provide a sound basis for the required research.

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