

THE SOCIAL INSURANCE ACT OF GERMANY.

On Thursday, March 27th, Dr. Barty King lectured, under the auspices of the Nurses' Social Union, at the Institute of Hygiene, Devonshire Street, W., on the "lessons to be learned from the Social Insurance Act of Germany, with special reference to the Crusade against Disease."

The lecturer said that if the subject was to be of interest and profit it was necessary to devote some attention to the nation and its people who had been pioneers in this question of Social Insurance for thirty years. The recent progress of the German nation has been almost unparalleled both in regard to national prosperity and in increase of population. It has the finest army in the world, and the second finest navy. Its prosperity was raised on the health of the nation which had made the greatest sacrifices to maintain and strengthen health. The principle of social insurance had taken root before legislation was enacted, and when the State stepped in the German people took to the State scheme as ducks take to water. The quality of their independence differs from ours. They look upon what they receive from the State as theirs by right, and have adapted scientific facts to meet their social need. We are apt to look upon State aid as a form of pauperism.

In Germany State Insurance deals with sickness, accident, old age, and invalidity. Accident insurance was dealt with in 1885, Old Age and Invalidity in 1891. Subsequently the two Acts were united under the Insurance Consolidation Act. Pensions are also provided for salaried employees and their dependents.

The sickness insurance protects the health and strength of the workers. At first domestic servants and agricultural labourers were excluded from this. Besides the compulsory insurance, a voluntary form is open to several classes. In connection with the former, two-thirds of the contributions are paid by the workpeople and one-third by the employer. With the latter the whole amount is paid by the insured person.

Dr. Barty King emphasised the fact that under our own National Insurance Act approved societies may appoint nurses to visit and nurse insured persons. This was, he said, of incalculable benefit from an educational point of view.

In Germany the societies have the power to erect and maintain hospitals, as well as to give home care, but as a rule patients are sent to the Municipal hospitals. In regard to maternity benefit, we are, said the lecturer, far ahead. As to medical service, there is controversy in Germany as here, both over the free choice of doctors and the method and amount of payment. The German Government, he believed, would never give in in regard to the free choice of doctors, concerning which there were bitter disputes and open conflict.

In 1910 there were fourteen millions of insured persons in Germany.

The lecturer emphasised the fact that the object of the German Insurance scheme was the care and maintenance of the sick, the treatment of injuries, and permanent provision for old age. A most important side of the work was that concerned with prevention. Good health without payment of insurance benefits, instead of payment while incapacitated, and long life with employment instead of ill-health and unemployment were desirable alternatives.

In Germany the Pensions Board worked with the goodwill of the working classes. In regard to curative measures, expense was a secondary consideration. Referring to one of the institutions for insured patients which he visited in Germany, Dr. Barty King spoke of the luxury as almost unbelievable. He thought it would stimulate malingering, but he was assured that there was no trouble of that kind.

Under the Social Insurance Scheme in Germany power was given to inspect dwellings and to deal with public health and sanitation. Educational work was also undertaken, and lectures were given by medical men, for instance, in relation to alcohol and its effect on the spread of tuberculosis. There was also power to treat compulsorily any insured person.

Germany lagged behind in the provision of places for incurables; but in regard to tuberculosis, we were far behind in this country. The town of Charlottenburg has adopted ideal measures for controlling it. Dr. Barty King then described the "Forest Resorts," in a rural spot, easily accessible to a town—some six or seven miles distant—to which people not very well went out between seven and nine in the morning, and returned to their homes at seven at night, after enjoying in these cheaply-managed resorts good food and open-air life throughout the day.

A result of all the care and expense taken in relation to insurance in Germany was that the mortality in fifty years had fallen fifty per cent., being largely due to preventative measures, and to the better housing of the people. The aggregate cost to the community had been 53½ millions, apart from the State gifts; yet Germany was going ahead, and her population had increased from 49 millions in 1890 to 63½ millions in 1909.

To sum up, some of the effects of the Social Insurance Scheme were increased health, increased working capacity, a higher moral tone, as the result of relief from carking care and need.

Germany was forging ahead, and was one of the first nations in the world. It was the fashion in some quarters to fear Germany—his opinion, after visiting the country, and studying the insurance scheme, was that we should respect her. On the whole she owed more to us than we to her; but we should study her, and where possible learn from her.

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