



Little Sanctuaries

WITH the lion's share of a continent at our disposal, we Americans are rather given to thinking of wildlife conservation in very large and spacious terms. The idea that anything worth while can be done in less than a thousand square miles seems hardly worth considering.

Yet two of Europe's smaller countries, Denmark and the Netherlands, have well-worked-out systems for the protection and encouragement of wildlife, despite the intensive utilization of the last inch of cultivable land necessitated by their limited territories and dense populations.

In Denmark, the government may create wildlife preserves, upon suitable compensation to the landowners. But landowners themselves may set up preserves if they so desire, with the scientific advice and assistance of the government. Two types of wildlife preserves are provided for, intended respectively for game-providing and scientific purposes.

In the Netherlands the cause of wildlife conservation is a genuinely popular one. There is a well-organized society for nature protection, with a membership of 13,000, who are backed by other and even larger organizations such as the bicyclists' union, with over 100,000 members. These groups have been so well able to swing public opinion—not to mention fiscal legislation—that in the past 31 years no less than 39 game and wildlife sanctuaries have been established.

As in Denmark, private landowners are encouraged to put some of their lands to use for the benefit of wildlife. In the Netherlands, this encouragement takes the practical and highly tempting form of a partial remission of taxation.

As a result, more than 325 large estates, with a total of over 125,000 acres, have taken advantage of this law—and

given the country the advantage of their utilization as homes for game and wildfowl. *Science News Letter, December 3, 1938*

PUBLIC HEALTH

Tells of English Experience With Health Insurance

AMERICAN physicians and American laymen, now in the midst of a bitter struggle to find a mutually satisfactory method of providing medical care for all people, regardless of income, can learn many helpful lessons from English experience with National Health Insurance, Dr. Douglass W. Orr and his wife, Jean Walker Orr, report as a result of a personal survey of the situation in many parts of England.

Details of their survey are to be found in their book, "Health Insurance with Medical Care: The British Experience," (*Macmillan*). The study was made possible by a scholarship in honor of Samuel A. Barnett, founder of Toynbee Hall in London, the first of the world's social settlements.

One of the things this American physician and his social worker wife declare they learned is that National Health Insurance in England lives up to the 10 principles which the American Medical Association says should govern any American experiments for organizing medical and hospital services.

Another benefit seen by the authors in the English system is that it retains and makes full use of the general practitioner—the time-honored family doctor whose disappearance from the American medical scene has led to much lamenting.

Two significant defects of the English

system are also pointed out. One of these has to do with the question of how large a panel of patients, that is, how many a doctor can handle effectively. Most of the panel doctors do not believe their panels are too large for high quality work, but Dr. and Mrs. Orr, who have talked to patients as well as physicians, believe the limit should be lower than 2,500 insured persons.

"More significant difficulties," the Orrs state, "arise from the Approved Society system."

These voluntary insurance societies, existing before National Health Insurance, became the carriers of health insurance. While we do not have many such societies in the United States, the large life and industrial insurance companies might wish to take over this function as carriers of an American health insurance scheme. Possible difficulties with such a system are described by the Orrs.

Other defects of the English system as seen by the Orrs are:

It is not extensive enough in that it fails to take in all members of the insured worker's family; it is not closely enough tied in with other public health activities and with the services of consultants (specialists), laboratories, home nurses and hospitals.

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SHOW and SIDE-SHOW

By JOSHUA ROSETT

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