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THE FABIANS AND SOCIALIZED MEDICINE:
A Study of Fabian Attitudes
Toward National Health Services

Honors Thesis
for
Dr. J. Martin Ryle
In Partial Fulfillment of the Requirements of the Degree
Bachelor of Arts
University of Richmond

Linda McIntosh
1972
DEDICATED

to my Mother
who generously
supplied my
bus fare to
and from the
Library of Congress
Concentrating on the Minority Report of the Royal Commission on the Poor Law (1909), the National Insurance Act (1911), the Beveridge Report (1942), and the National Insurance and National Health Service Acts (1946), this thesis studies the various Fabian attitudes and philosophies toward British health services. No one "Fabian program" existed; the Society did not, as a single body, endorse specific programs or ideas, allowing its members freedom of thought and opinion. Inside Fabian publications this policy is enunciated:

This pamphlet, like all publications of the Fabian Society, represents not the collective view of the Society, but only the view of the individual who prepared it. The responsibility of the Fabian Society is limited to approving the publications which it issues as embodying facts and opinions worthy of consideration within the Labour Movement. It is the aim of the Society to encourage among socialists a high standard of free and independent research.

Nevertheless, although the Society did not require its members to support a certain program, a general consensus can be found among Fabians—in tracts, research pamphlets and memoirs. It is primarily this general consensus that is expounded in this paper, although some attention is paid to divergent views.
In 1883, the year Karl Marx died, the Fabian Society was born in Great Britain. Although a socialist organization, the Society was not Marxist. The members of this middle-class movement did not believe in the class struggle and aimed not for a proletarian revolution but for the gradual transformation of the capitalist state to a welfare state "in order to ensure to the people the means of decent living. . . ."¹ G. D. H. Cole, a Fabian and author of the multi-volume History of Socialist Thought, claimed that the Society aimed not for socialism but "social changes pointing in a socialist direction."² The Fabians, striving for "equality of opportunity,"³ formulated practical policies along socialist lines to reform economic, political, and social ills. Named after Fabius Cunctator, the "delayer," or strategist of gradual methods,⁴ the Fabians worked through Parliament and other key government offices for implementation of their programs and especially strove for the election of Fabians to these positions.⁵ They also worked for support of the British citizenry through publication of their ideas in well-researched tracts and research pamphlets.

Shortly after the creation of the Labor Party in 1900,⁶ the Fabians, disappointed with the Liberals, whom they had been supporting, attached themselves to this new party. George Bernard Shaw, the famous British playwright and one
of the best known Fabians, wrote of this attachment:

Though the Society may be officially affiliated to the Labor Party the true Fabian is not, and never can be, a Party man or woman. . . . All Fabians have their price, which is always the adoption of Fabian measures no matter by what party. . . . The Fabian Society exists, not to furnish the Labor Party or any other party with another squad of yesmen, but to head off the bolts of the labor movement in the wrong direction, and keep it to its vital points.7

It was through the Labor Party that the Fabians achieved the improvement of the nation's health services, a goal long advocated by them. Dr. D. E. Bunbury, a member of the Society, wrote that the Fabians were "perhaps the first to express their conviction that all was far from well with the health services. . . ." William A. Robson, a member of the Society's Executive Committee in the mid-1940's, stated that the Fabians claimed the origin of a national medical service.8

The Fabians believed that all should have an equal chance for survival in society and that any impediments to this chance must be removed. Ill health, a principal cause of poverty and destitution, was one of these impediments.

The first Fabian thrust against the existing health services came with the Minority Report of the Royal Commission on the Poor Law. This Report, issued in 1909, was written and signed by two prominent Fabians, Beatrice Webb and George Lansbury, the former being the primary author and the chief propagandist of the Report's proposals. The overall aim of
the Minority Report was the abolition of the Poor Law, in the section dealing with health, the authors of the Report proposed a statewide unified health service established on the idea of prevention of illness as well as curative treatment. In 1909 the medical services—Public Health, under the Local Health Authorities (county organizations), and the Poor Law Medical Service—overlapped in their duties, and there was thus a loss of efficiency and waste of much money. The main complaint with the Poor Law Service was that it "comes too late; it waits until the patient is destitute. It cannot legally do anything for a workman until his illness is so far gone that it actually prevents him from earning his wages." There was no effort at prevention of sickness with this Service, and, in addition, medical care was inadequate due to low salaries, lack of skilled personnel, etc. The Minority Report urged the merger of the Poor Law Medical Services and the Public Health Authorities into a unified, preventive and national service under the direction of the latter. The service would not be free, however; charges for medical care would be assessed on the individual patient’s ability to pay.

The ideas expounded in the Minority Report were, to a large extent, the views of Sidney and Beatrice Webb. Both Webbs were extremely active in the Fabian Society and were its best known members. Besides advocating the merger
of the existing medical services, they, too, opposed free services; "they wanted people to pay according to their means and to feel that this was their reciprocal obligation if they accepted the service." 15

To put the Minority Report into effect, Beatrice Webb established in 1909 the National Committee for the Prevention of Destitution, an organization separate from the Fabian Society. A number of Fabians participated in it, but many of its most active members came from outside the Society. 16 Nevertheless, in spite of the Committee's efforts, its work was defeated by the Lloyd George National Insurance Bill of 1911. 17

Lloyd George's scheme was primarily aimed at poverty and disease. His bill, which dealt with unemployment and sickness, aimed to alleviate these problems through a compulsory contributory insurance scheme; but the scheme was not comprehensive. Its basic provisions relating to health were the compulsory insurance contributions of all males and all females, sixteen to seventy, in manual employment and all in non-manual employment earning £160 or less. Insurance was on a voluntary basis to anyone else wholly or mainly dependent for a living on a regular occupation, still subject to a £160 income ceiling. ( Married women, who, it was thought, were not "wholly or mainly dependent" on a
regular occupation, could not become voluntary contributors.) Contributions from compulsorily insured workers were 4d. a week, 3d. from employers, and 2d. from the state. The contributor, in addition to receiving insurance benefits, could enroll on the "panel" of any doctor participating in the scheme and receive free medical treatment. (Hospital services were not free, the cost per patient being assessed according to his ability to pay.) Benefits were distributed through the counties; medical benefits were administered by insurance committees and sickness payments by approved societies, state-directed non-profit insurance companies. The sickness benefit varied from 5s. to 10s. for men and from 3s. to 7s. 6d. for women for 26 weeks and, after this, a disablement benefit amounting to 5s. a week. A maternity benefit of 30s. was also provided. The bill also appropriated £1,500,000 for sanatoria for the treatment of tuberculosis for the whole population.

Members of the Fabian Society criticized the important aspects of the bill, especially the compulsory contributory principle. Josiah Wedgwood, a Fabian and Labor MP in 1911, opposed the compulsory nature because it would force people to insure who might not want to. The Fabian Henry D. Harben "objected to a tax that fell on all alike, irrespective of their power to pay. . . ." The Society's pamphlet "The Insurance Bill and the Workers" criticized the
contributory scheme as such:

A contributory scheme . . . carries with it the disadvantage that from its very nature it is so far from being National. Moreover, it lays the heaviest burden on those least able to bear it, involving as it does, a compulsory contribution of the nature of a tax from the poorest workers. If its benefits are conditional upon a share contributed to the insurance funds from individual earnings, then only those can be benefited who earn money from which to contribute.\textsuperscript{22}

Philip Snowden in his speech to the Fabian Society heatedly exclaimed that the bill "would be a tax on the starvation of the people, a pettiflogging, meagre, meddlesome, inadequate and ineffective way of dealing with conditions which were a grave menace to the community."\textsuperscript{23}

Feeling that "those who could really afford to pay contributions would, if they wished to do so, already have insured themselves," the Fabian Executive Committee in June, 1911, offered two amendments to Lloyd George's bill: 1) "no contribution should be taken from persons receiving less than a 'living wage' (with the deficiency being made good by the state, not by the employer);" 2) "every insured person should get a certain 'minimum benefit' which, as things stood, those who most needed it\[those with incomes below £160\] would not receive."\textsuperscript{24}

Another criticism of the bill, running a close second to the contributory scheme, was that the bill was not national, for it covered only one-sixth of those employed.\textsuperscript{25}
The Fabians wanted "a sound collective provision for all sick and disabled citizens, young and old." George Lansbury, a Labor MP in 1911, complained that the scheme failed to provide for the person unable to contribute:

"My main objection is that . . . you are leaving out large masses of the very poorest part of the population. . . ." Josiah Wedgwood, besides opposing the contributory scheme, disliked the income limit (£160) because he would have liked to bring in the whole population. No married woman, even though earning a living in a regular occupation, could become a voluntary contributor. Wives and children of insured persons were also excluded from benefits. Keir Hardie, a prominent Fabian and Labor MP, wanted to bring the married woman more within the scheme, commenting that her position as the bill stood was a very anomalous one.

Benefits and the handling of these payments by "approved societies" were another cause of Fabian complaints. George Lansbury criticized the small benefits, feeling there should be nothing in the bill to prevent a sick man's receiving benefits almost equal to his earning power. Other faults
with the benefit aspect, according to the Fabians, were that 

1) it was unfair to those who joined late in life because those over fifty weren't eligible for benefits until they had paid premiums for 500 weeks; 2) women got a lower rate of benefit than men; 3) wives and children of insured men were excluded from benefits except maternity, although the husband's contribution, deducted from his salary, meant the family had less spendable income. The whole family was, therefore, contributing to the scheme; 4) sanatorium benefit was denied the wives of insured consumptives; 5) maternity benefit for the insured woman was not accompanied by sickness benefit unless a disabling condition, other than mere child-birth, was associated with her pregnancy, or if her employment made it advisable to stay home. Thus, she received no money in place of her wages; 6) funeral benefits were non-existant; and 7) different societies gave different benefits. 

Every insured person was to enroll in an approved society, but an approved society could reject an applicant. Thus, those societies having healthy persons on their rolls had the money to give additional "benefits" not available to members of less fortunate societies. This destroyed the concept of equal benefits for equal contributions. The deposit contributors (those not in an approved society through no fault of their own) could receive no insurance--only medical care--and this was obviously unfair as they had paid contributions
equal to those persons in approved societies.35

In addition to these shortcomings, the bill made it difficult for trade unions to become approved societies. By the terms of the bill, the trade union was required to separate its benefit funds from the rest of its money. Consequently its financial resources for other union activities were diminished36, making it difficult for the union to operate as a union.

Besides attacking specific provisions of the bill, many Fabians disapproved of it because it was not preventive in nature—the philosophy behind the bill was wrong. One Fabian, Sydney Herbert, preferred using the money for housing and sanitary reform,37 apparently seeing this as being a greater step toward the health of the nation. Beatrice Webb, the most vocal Fabian on prevention of sickness, aimed to use social services "as a means of disciplining the recipient into self-improvement."38 Believing the insurance scheme inferior to the Minority Report,39 she felt it "put plasters on the wounds but made no attempt to prevent ill-toward Lloyd George's bill health."40 A Fabian writing of the Webbs' attitude/said:

"There were no provisions in his Act for averting or curing sickness or for checking moral lassitude. Benefits were linked with contributions and the wording of the Act did not permit of any synthesis between cash payments and preventive and curative services."
Beatrice Webb, in connection with her complaint that sickness would not be prevented under the National Insurance Bill, thought persons receiving cash benefits would malingering. Obviously having little faith in the average person she wrote: "The fact that sick and unemployed persons were entitled to money incomes without any corresponding obligation to get well and keep well, or to seek and keep employment, seemed to us Sidney and her likely to encourage malingering and a disinclination to work for their livelihood." 42 For this reason she opposed the free-choice-of-doctor provision of the bill, feeling that patients would choose the "least censorious about personal weaknesses and most indulgent in dragging out convalescence. . . ." 43 Medical aid should be available to all, yet the sick person had a moral responsibility to get well and stay healthy. 44 One indirectly positive aspect of the bill that might prevent this malingering was that the benefits were "so wholly inadequate that it will be only the very worst workman who will want to claim it and remain out of work. . . ." 45

In addition to criticizing the bill, the majority of Fabians hoped to prevent its enactment 46, in spite of their inability even to gain complete support among their fellow members for their effort. The Labor Party, through which the Society worked, voted for the bill because to them it was a step in the right direction. 47 (The parliamentary
party was censured by a vote of 241 to 39 for this action by the 1912 Labor Party conference.\(^{48}\) Of the thirteen Fabian Labor MP's, only three voted against the third reading of the bill as a whole—Philip Snowden, James O'Grady, and George Lansbury.\(^{49}\) Differences of opinion among the Fabians even carried into the Society's Executive Committee; in spite of the overall critical attitude, Edward R. Pease, one of the Society's founders and its first secretary, and Sir Leo Chiozza Money, a Fabian MP, favored the bill. They wanted "to take the complacent view that the Society's principle was that of 'accepting and making the best of' a 'Bill introduced by a strong government,' and that the Society ought therefore dissociate itself from the attacks upon the measure."\(^{50}\) Chiozza Money supported it especially in hopes that this would be just the beginning of measures "for the health and well-being of all classes of the community."\(^{51}\) Clement Attlee, a young Fabian, having joined in 1907, was even officially chosen to explain the 1911 Act.\(^{52}\)

In spite of divisions within the Society, a campaign to defeat the bill began soon after its introduction in the spring of 1911. The Crusade, organ for the National Committee for the Prevention of Destitution, denounced the bill. The Webbs "put forward . . . their criticisms and alternative recommendations personally to ministers and officials and
publicly in their works,"\(^{53}\) such as *Prevention of Destitution* (1911
In early July, at the Annual Conference of the Fabian Societies, a resolution was passed 38 to 5 that though the conference "would cordially welcome a measure dealing nationally with maternity, sickness, and unemployment . . . the Bill now before Parliament should be opposed." They cited the contributory scheme, the non-provision for insured members' families, and the remedial rather than preventive nature of the bill as their reasons.\(^{54}\) On July 28 the Fabian Executive Committee and the London and South Counties Division of the Independent Labor Party (ILP), for the same reasons as the Annual Conference, denounced the National Insurance Bill as "unsound in principle" and called for opposition to it:

> Recognising that . . . these defects in the scheme are fundamental and cannot be removed by amendments in Committee,\(^{55}\) this meeting urges all Socialists and Trade Unionists to unite in demanding the withdrawal of the Bill now before Parliament in favor of measures dealing with maternity, sickness and unemployment on non-contributory and truly national lines.\(^{56}\)

Nonetheless, the anti-bill Fabians did not have enough support and the bill became law in December, 1911.

The Fabian Society's political power in 1911 was minimal. In 1919 Parliament passed an amendment to the National Insurance Act which, though raising the income ceiling to £250, continued to exclude dependents.\(^{57}\) Actually, Fabian agitation for improvement of British health services had died out following
passage of the 1911 act. In 1924 and 1927, two Fabians argued for improvement of the environment—clean air, more light, less crowding—to prevent sickness, but these were the only Fabian statements pertaining to health until 1941.

This lack of agitation for change in medical services can, to a great extent, be attributed to the Fabian Society's general silence on all matters in the 20's and 30's. Margaret Cole, a Fabian and wife of G. D. H. Cole, in her history of the Society, stated that the Society as a whole did not concern itself much with the Labor Party or socialist policy in the mid-twenties, and she called the 1930's a time of inertia. This lull in the Society's activities are evidenced by noticing the decline in the number of Fabian tracts during this time. Before 1914, the approximate number of tracts per year was six. In the twenties this average declined to 4.3 and in the thirties to 1.7. But, by the late 1930's the Fabian Society had returned to life. In 1941, with the appointment of the Beveridge Committee, the Society became more active than ever before.

The Inter-departmental Committee on Social Insurance and Allied Services, under Sir William Beveridge, was set up on June 10, 1941, by Arthur Greenwood, a Labor MP, to study the nation's social services and make recommendations for their improvement. (This was the largest social survey Britain had ever seen!) It was not until the outbreak of
of World War II that the government saw how bad the existing services were.

The formation of this committee served as a kick-in-the-pants for the Fabian Society. The Social Security Subcommittee of the Society, formed at this time, submitted much evidence to the Beveridge Committee, which used a good deal of it. This evidence called for "a free public medical service and rehabilitation service," claiming that too much attention had formerly been placed on the cash aspects and not enough on positive services. Sickness benefits must be at an adequate level to meet need and must extend for an indefinite period, although strong sanctions would be taken against the malingerer. Benefits would be awarded to all gainfully employed persons, but some allowance would go to even those unemployed.  

The Beveridge Report was submitted to Parliament on November 20, 1942. Its principal recommendation was the establishment of a Social Insurance Fund to which all would contribute and which would provide sickness, unemployment, maternity, retirement, and other benefits. Those unable to contribute would be exempted from their weekly contributions and their needs supplied, to a subsistence level, by national assistance. Assistance would be given "subject to proof of needs and examination of means," and its cost born by the national exchequer.
In regard to health the Report called for "the establishment of comprehensive health and rehabilitation services for the prevention and cure of disease and the restoration of capacity for work. . . ." Restoration of a sick person to health was seen as the responsibility of the state and the sick person. Adopting the Fabian ideas, the Report described the proposed health service as providing "preventive and curative treatment of every kind to every citizen without exceptions, without remuneration limit and without an economic barrier at any point to delay recourse to it. . . ."

With the contribution to the Social Insurance Fund all citizens would receive treatment without charge. Dental and ophthalmic appliances, however, would carry a charge. Also, the cash benefits would be separated from medical treatment.

The Fabians, as well as the rest of the nation, enthusiastically supported the Report. Enthusiasm was so strong that members of the Society set up a special committee to further the Report's progress and research its assumptions. The Fabian Quarterly, the Society's journal, called for speedy enactment of Beveridge's plan: "The plan can be whole-heartedly supported by every one of us. In essentials, it is very similar to the evidence submitted by the Society's Social Security Sub-Committee. . . . Our task now is to get the plan on to the Statute Book. . . ."
Fabians called for adoption of the proposals in spite of the increased cost of Beveridge's scheme. Herbert Morrison, a Fabian and leader of the House of Commons in Attlee's 1945 government, responded to critics of its cost: "Can we afford not to do it." One argument was that the Beveridge Plan would more than pay for itself; each of the persons presently ill, when restored to health and to work, would make a contribution of £300 a year to the national income.

It is necessary to inject here the fact that the Fabians in the early 40's were not sitting around letting William Beveridge do all the work. The formation of the Committee had sparked members of the Society to make numerous proposals concerning health services, in addition to those submitted to the Committee. The fact that these individual positions on health so closely coincided with Beveridge's ideas accounts for the great support among Fabians for his plan. For instance, the book *Social Security* (1943), edited by William A. Robson (cited earlier), and another outgrowth of the Fabian Social Security Sub-Committee, anticipated much of the Beveridge Report.

The general Fabian aim, as in 1911, was a united, national, preventive health service. In 1941, Somerville Hastings, in his Fabian research pamphlet on post-war health services, stated this rather concisely:
The service must be complete, providing everything that is necessary for the prevention and cure of disease; it must be free, or at any rate there must be no consideration of direct payment for services rendered or of refusal to those who cannot afford to pay; it must be positive in character and aim at maintaining everyone in the best possible health, and not merely at relieving them of the worst effects of disease and keeping them alive.\textsuperscript{72}

Dr. Brian Thompson in 1942 emphasized prevention of disease: "health education of the people would be an essential feature of our programme"\textsuperscript{73}, and the national aspect: "The same medical care will be available for all strata of the community, rich and poor alike, and it will be of such a standard that the rich could, if they would find no better."\textsuperscript{74}

Some of the faults found with the health services under the 1911 Insurance Act, such as general practitioner care only, lack of a unified hospital system, and others, should be remedied. The whole service would be "organized and administered regionally and controlled nationally by the Minister of Health."\textsuperscript{75} The basic idea was to divide Great Britain into regions, which would contain counties. Each county would have accessible health centers staffed with general practitioners and nurses. Near these centers would be a well-equipped hospital with specialists and a sufficient number of beds. Unlike the 1911 system, the voluntary and public health hospitals would be formed into one national hospital system. A fully staffed rehabilitation service, also omitted by Lloyd George's Act, yet seen as a
vital part of a good medical service, would be provided for all needing it. More emphasis would be placed on improving the tuberculosis, maternity, and school medical services. (The school medical service was especially needed for prevention and treatment of illness in children.) There should be a national salary and pension scheme for doctors, and patients should have free choice of a doctor. Doctors, however, would be allowed no more patients than they could efficiently serve. This policy represented a major change from national health insurance in which doctors were paid on a capitation fee and thus competed for patients, causing a decline in effective treatment and time for research. Under the Fabian scheme, the doctors would have time and be encouraged to conduct research.

In regard to sickness benefits, the Fabian Quarterly for the summer of 1942 said that cash payments must be closely allied to positive medical treatment, yet must not be deemed more important than treatment. The Quarterly was responding to the nature of the National Insurance Act of 1911, where medical treatment was a side benefit of insurance payments. Cash benefits should be higher—"high enough to maintain an adequate standard of food, clothing and domestic amenities, so that long periods of benefit would not impair vitality as at present. . . ."—and there should not be a limited benefit period as in the 1911 scheme. These benefits should also
come from the state, not approved societies.  

Aiming for enactment of the Beveridge Report, the Labor government, formed in late 1945 under the Fabian, Clement Attlee, succeeded in placing national insurance on the statute books. As in Beveridge's plan, the National Insurance Act, 1946, provided for a contributory insurance, compulsory on employees, employers, and the state. (Self-employed persons paid the employer's contribution, too.) Similar also to Lloyd George's scheme in this respect, the new act, in addition, adopted the idea of weekly stamps: With every contribution the insured person had a stamp placed on his insurance card; the paid-up contributor was therefore easily identified from the non-insured or delinquent contributor. Benefits covered unemployment, sickness, maternity, retirement, disability, death, and other problems. Standard benefits, allowing for adequate living standards, were 26s. a week for a single adult, 42s. a week for a couple living together, 7s. 6d. weekly for the first child (subsequent children also being provided for), and 16s. weekly for an adult dependent. Women now received the same benefits as men. Approved societies were out, the benefits being administered by the state for the period of need.

It is interesting that a government, three-fifths Fabian, supported a compulsory contributory insurance, when they had
opposed this principle in 1911. The National Insurance Act was passed without even a count on February 11, 1946.\(^83\) This support can be attributed to the fact that though this act was slightly similar to Lloyd George's, there were a number of differences. For one, the act was national. All were to contribute and thus everyone, including a contributor's dependents, would receive insurance benefits. Those too poor to make payments could be exempted from contributions and obtain relief under national assistance. (Provided for in the Beveridge Report, a National Assistance Act was passed in 1947.) Secondly, benefits under this Act were higher than under the 1911 scheme, where the benefits were hardly worth the contributions. Insured persons could now maintain a minimum standard of living as long as they needed benefits. Thirdly, the health services, as sketched in the Beveridge Report, would be free to all\(^84\) and did not depend, as did the 1911 act, upon whether or not a person participated in the insurance scheme. Thus, poor persons could receive medical care.

The National Health Services Act, 1946, provided the comprehensive and free health services mentioned above. It aimed at promoting "the establishment in England and Wales of a ... health service, designed to secure improvement in the physical and mental health of the people of England and Wales, and the prevention, diagnosis and treatment
of illness." The Ministry of Health was responsible for ensuring that health services of every kind and of the best quality were available to every citizen needing them.85

The country was divided into fourteen hospital regions, each with a teaching hospital and a medical school. A hospital board for each region has been in charge of planning and coordinating its region's hospital and specialist services. Below these boards were established 138 executive councils, one for almost every British county and county borough. These councils have been responsible for the administration and management of the counties' family practitioner services. The third and final administrative division are the local health authorities or county and county borough councils, numbering 144 in 1946. (These councils previously had charge of public health.) The local health authorities have provided the preventive services--health visitors (for instruction on health matters), immunizations, maternity and midwifery services, and environmental services such as street cleaning and control of the water supply. Although the Ministry of Health has supervised the regional hospital boards, executive councils, and local health authorities, the latter have been almost autonomous.86

The variety of services administered under the 1946 act has included, besides a family doctor service, specialist treatment and out-patient departments in hospitals, such things as home visits (when the patient is unable to get to
the doctor), dental and ophthalmic services, pharmaceutical service, treatment for mental disorder and tuberculosis, rehabilitation care, public health, laboratory services, and blood transfusion service. 87 (School medical services are separate.)

As established in the act, the patient was free to choose his doctor, a doctor's entry into the service being optional. If a doctor chose to enter the service, his salary would be a basic £300 plus a capitation free for each patient on his list. 88 Emphasis was placed on research and thus the doctor could not have an overwhelming number of patients.

Financing of the scheme has been primarily through taxes: 85 to 90 percent of cost from general tax revenues and 10 to 15 percent from the contribution by the National Insurance Fund to the health services. 89

The actual health services bill, which received the Royal Assent on November 6, 1946, was enthusiastically supported by the great majority of Fabians. 90 Dr. Bunbury summed up the general attitude when he wrote: "The Bill represents the greatest opportunity that has ever been given to this country for the development of a health service which from the point of view of the patient, which must be paramount, will provide everything he needs in the way of health care. . . ." 91

Besides the Fabians, the general population was extremely
pleased with the act as passed. Ninety-five percent of the population signed up for the service by the "appointed day", July 5, 1948, when approximately 3426 hospitals, convalescent homes, and clinics went under government control. The medical profession also signaled approval of the service for, by 1948, 18,636 of the 21,000 general practitioners had signed up to participate, besides ninety-one percent of the 10,000 estimated specialists and almost all of the pharmacists, ophthalmic and dispensing opticians.92

The Fabians had advocated a comprehensive medical service for all the nation. They got it. The Fabians wanted the service to be free, meaning that no citizen should have to be ill because of lack of money to pay for treatment. This they also got. The National Health Service does provide for even the poorest. The Fabians wanted a unified service. This, too, was achieved. The Ministry of Health is in charge of the Public Health Services and the National Health Services, and both services are partially administered by the local health authorities.

The one aspect of the health service that was not adequately accomplished was the prevention of sickness. The National Health Service is primarily a sickness insurance though it does direct some attention to prevention of illness. Laurie Pavitt, a Fabian writing in 1963, explained that the first stage of the health services had been achieved but that it was now time for stage two. One aspect of the second stage would be the shift of emphasis from cure to prevention.93
The Fabians, as seen by responses to Lloyd George's bill, were not always a unified body as far as individual programs were concerned, but their basic objectives were essentially the same. The Society aimed for equality of opportunity and prevention of disruption of earning power for all, and to achieve this, sickness, unemployment, etc.—those maladies which hampered citizens from obtaining a minimum standard of living—must be removed. In 1946, the National Insurance and National Health Service were, among other welfare measures, seen as a means to achieve this end.

The Fabian Society had grown tremendously in size and political power (through the Labor Party) since its birth, having in 1946, approximately five thousand members. Technically speaking, the National Insurance and National Health Service Acts, and other welfare acts, can be directly attributed to the Labor government, under Clement Attlee, established in August 1945. Of the approximate 393 Labor members, 229 were Fabians. Thirty-six Fabians were on the cabinet. But, it would be too easy and a mistake to give full credit to the Fabians. The Fabians favored these acts and the party which enacted these measures was approximately three-fifths Fabian, yet the British populace also favored and backed these programs. Did the Fabians influence the citizenry or had the people moved on their own in the direction of a welfare state? The influence of the Fabian Society on British
policy and thus the answer to this question are unfortunately beyond the scope of this paper. It is most probable that no matter which party, Conservative included, had come to power in 1945 would have enacted similar plans. Winston Churchill as early as 1941 had considered a comprehensive medical service as part of post-war reconstruction. Suffice it to say that in 1946 the Fabian Society played a vital role in achieving one of its goals and Great Britain moved closer toward becoming a welfare state.
FOOTNOTES


2. Ibid., p. 356.


5. Mary Murphy, p. 18.

6. The Labor Representation Committee created in 1900 became the Labor Party in 1906.

7. George Bernard Shaw, "Fabian Failures and Successes," Fabian Quarterly, XLI (April 1944), p. 4-5. H. G. Wells, the famous British writer, though not specifically cited in this paper, was also a prominent Fabian.


9. The Minority Report was not only written by Beatrice Webb and George Lansbury, but it bore the Webb stamp.

10. As early as 1890, Sidney Webb called for reform of the Poor Law in Tract No. 17. Joseph F. Oakeshott in "The Humanizing of the Poor Law", Fabian Tract, LIV (1897), advocating the change of the Poor Law (no mention of its abolition), aimed for its humanization, and cited the health services.


13. Ibid., p. 254.
14. Sidney Webb joined the Society in 1885 and was the leading Fabian theorist and expositor for a number of years. He was also active in the Labor Party and in the government, being a member of Parliament, President of the Board of Trade, Secretary for the dominions and colonies, etc. He and Beatrice were partner socialists from the time of their marriage in 1892.


17. Joan Clarke, Break-up, p. 103-4.


26. FS, Insurance Bill, p. 3.


28. Ibid., p. 1249.

30. Great Britain, Debates, July 5, 1911, p. 1196-7. Remember that a married woman could only be a compulsory contributor.

31. Ibid., July 19, 1911, p. 1244-5.

32. An insured woman qualifying for sickness benefit with maternity benefit could not receive the former for the first four weeks after confinement unless she was unmarried and her incapacity was not connected with childbirth.


37. Ibid., August 1911.


42. Beatrice Webb, *Cur Partnership*, Barbara Drake and Margaret I. Cole, ed. (New York, 1948), p. 430. The Webbs (principally Beatrice) were the only Fabians found to have this deep distrust of people.


44. Ibid., p. 177.

46. It must be noted that the Fabians were not the only persons in Britain criticizing the Bill. Lloyd George had much trouble bringing the doctors and others to his side. For further information on this, see William J. Braithwaite, *Lloyd George's Ambulance Wagon: Being the Memoirs of W. J. Braithwaite 1911-1912* (London, 1957). See also Gregg, *Welfare State*, p. 12-13.

47. Brand, p. 25.


49. McBriar, p. 325. It is interesting that Keir Hardie abstained from voting on the bill.

50. Ibid., p. 276.


55. The Fabian MP's on the bill's committee worked to amend the bill, but the basic faults remained.


66. Beatrice Webb reacted unenthusiastically to the Report when she heard of it (Muggeridge, p. 252) although G. D. H. Cole commented that much of it reproduced the ideas of the Minority Report (Anne Fremantle, *This Little Band of Prophets: The British Fabians* (New York, 1959), p. 188.) However, the main reasons Beatrice reacted this way were that those were such large-scale reforms she doubted they could be financed, and the unemployment insurance aspect brought up the old concept of malingering (Muggeridge, p. 252.).


76. Note the difference with Beatrice Webb over free choice of doctors.

77. These plans were found passim in Joan Simeon Clarke, "National Health Insurance," Social Security, p. 75-112; Joan Simeon Clarke, "Social Security," Fabian Quarterly, XXXII (Winter 1941/1942); Hastings; Dr. Donald C. Norris, "Rehabilitation of Disabled Persons," Fabian Quarterly, XXXIX (October 1943); R. B. Thomas, "The Health Services I: Maternity and Child Welfare, the School Medical Service, the Tuberculosis Service," Fabian Research Series, XI (1940); Murray.


79. J. S. Clarke, Fabian Quarterly, XXXII, p. 22.


81. Rappleye, p. 110.


83. Gregg, p. 46.

84. Glasses, dentures and certain other appliances carried a small fee, as in the Beveridge Report.

85. Reference Division, Central Office of Information (London), Health Services in Britain (London, 1968), p. 8. Health service acts, similar to the one for Great Britain, were also enacted for Scotland and Ireland, and they, too, went into effect on July 5, 1948.

86. Ibid., p. 11-13. For the numbers of regions, executive councils, etc. see Mendelsohn, p. 58. There are now 15 hospital regions, 134 executive councils and 174 local health authorities. For the duties of the latter see Gregg, p. 53. The health service has been run on a functional not regional basis—hospitals, practitioner services, etc., not each region handling its own services separately (Bruce, p. 283). This was to ensure national uniform treatment.

87. Ref. Div., Health Services, passim.
88. Gregg, p. 61-62.


90. Beatrice Webb died in 1943. Her reaction would have been favorable toward the NHS, but unfavorable to the National Insurance scheme which made no provision for malingerers.


92. Rappleye, p. 112.


94. Fabian News, September 1945.

BIBLIOGRAPHY

Primary


This book was no help as far as personal views go, but did provide a few interesting facts.


The Beveridge Report.


Childe stressed cleaning up the environment as a means to improve health.


Ms. Churchill emphasized the unification of the 1935 health services under the Ministry of Health.


Ms. Clarke favored a more personalized, efficiently run social service administration with more individual attention to patients.


This book was being written at the same time Beveridge was working on his report, though it wasn't published until 1943. It contains a number of articles, which, when put together, are opinions (researched opinions) of what should be done in the post-war social services.


Although this study spanned the 1940's, nothing helpful was found in this book.


The only information found in this volume was Beatrice's continuing complaints about Lloyd George's National Insurance Act.


The Story of Fabian Socialism (Stanford, 1961).

A thorough description of the Society from its birth, this history emphasizes what is going on within the Society.

Fabian Society. Fabian News.

This monthly paper of the Society is primarily concerned with Society social functions--dinners, dances, meetings, etc. In the 1911 issues, however, some helpful "news" was found--meetings protesting the National Insurance Bill--but the only usable information found in the 1943-1946 issues pertained to election results.


Quarterly reports are summaries of the Research Bureau's activities for the previous quarter.


The Insurance Bill and The Workers (London, June 1911).
This nineteen page pamphlet contained the criticisms and amendments prepared by the Society's Executive Committee to the National Insurance Bill. It proved very helpful.


This article proclaimed the Society's support of the Beveridge Report.


I specifically used volumes 26-31. The National Insurance Bill's committee debates were published in these volumes, and from these debates I used Fabian MP's critiques of the bill.


Guest argued for improvement in the school clinics.


Very useful. Hastings called for unification and enlargement of the hospital services.


Ms. Hutchins was concerned with public health. She advocated greater efforts to clean up the environment—improved sanitation, etc. She felt these efforts with alleviate a good deal of sickness.

Though Lansbury was an author of the Minority Report and an MP in 1911, this book was totally useless as far as obtaining his views of health services.


The NCPD was the committee founded by Beatrice Webb to further the Minority Report. This book advocates the establishment of a "national minimum"—of health, etc.—"below which no individual shall be permitted to fall."

Norris, Dr. Donald C. "Rehabilitation of Disabled Persons." Fabian Quarterly, XLIX (October 1943): 33-40.


Parker was secretary of the New Fabian Research Bureau in 1933, general secretary of the Society, 1939-45, and vice-chairman in 1947. It was thought that this volume would contain some helpful information, though it did not. There were no personal comments in it.


Thomas, R. B. "The Health Services I (Maternity and Child Welfare, the School Medical Service, the Tuberculosis Service)." *Fabian Research Series*, XLIX (1940): 1-44.


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*Our Partnership*, edited by Barbara Drake and Margaret Cole (New York, 1948).

Mrs. Webb was writing of her partnership with Sidney. The book is divided up into years and days like a diary. This volume was helpful in obtaining the Webb's views of Lloyd George's scheme.


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Both of these books by the Webbs concern themselves with improvement of the British health services, and both were used to the greatest extent for the Webb attitude toward the improvement of these services. The latter volume was primarily written to publicize the Minority Report, and it was this book that was used to obtain the Minority Report proposals re medicine. The Webbs in this volume spend much time stressing the merger of the Public Health Authorities and the Poor Law Medical Service.

Secondary


This is an excellent volume on Lloyd George's attempts to gain support of his bill, but it doesn't help on regard to the Fabians.


This book was helpful in obtaining a description of the National Health Service.


Ms. Gregg's book was the most useful secondary source I used. Though not discussing the Fabians, this book was used as a standard text in obtaining information of the 1911 Act, the Beveridge Report, and the 1946 Acts.


This book was only slightly helpful in this study.


This book was Sister McCarran's dissertation. It was almost useless because these years were the rather inactive years of the Society's life. Nothing could be found in her book on health services.


This was a descriptive account of the social services. It was only used to obtain information on the NHS Act.


This was the most detailed description of the NHS.


Wilson was a Fabian, but was not influential until the 1950's. This book was not concerned with personal attitudes.