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**SYSTEMS
OF
SOCIAL
SECURITY**

GREAT BRITAIN

INTERNATIONAL LABOUR OFFICE

GENEVA

1957

Price: 60 cents; 3s. 6d.

The I.L.O.

The International Labour Organisation is an intergovernmental agency, of which 77 countries are members. Representatives of governments, of management and of labour organisations participate in its work. It was established in 1919 and entered into relationship with the United Nations as a specialised agency in 1946.

Its purpose is to promote social justice in all the countries of the world. To this end it collects and disseminates information about labour and social conditions, formulates international standards and supervises their national application. It also engages in operational activities and provides technical assistance in carrying out social and economic development programmes.

The machinery of the Organisation consists of—

The International Labour Conference, which is the supreme body of the Organisation. It constitutes a world forum for labour and social questions. National delegations to the annual meetings comprise four delegates, two representing the government, one representing management, and one representing labour; each delegate speaks and votes independently, so that all points of view find full expression.

The Governing Body, composed of twenty government representatives, ten representatives of management and ten representatives of labour, which is the executive council of the Organisation.

The International Labour Office, which acts as a secretariat, an operational headquarters, a world information centre and a publishing house. It is staffed by experts drawn from many different countries, whose knowledge, experience and advice are available to all nations which are Members of the Organisation. It has branch offices and correspondents in many countries.

The Conference adopts international labour standards, which are formulated in special international treaties called *Conventions*, and in *Recommendations*. These are based on careful fact-finding and discussion. As a two-thirds majority of the Conference is required for their adoption, they represent the general agreement of informed world opinion. The decisions of the Conference are not automatically binding, but governments must submit the Conference standards to their national legislatures. When the legislature accepts a Convention the government is bound to apply it.

On the operational side the I.L.O. provides governments with expert advice and technical assistance in matters connected with labour and social policy. For this purpose it has established in various parts of the world field offices which serve as centres for assistance to governments in such matters as building up employment services, increasing productivity, the development of training facilities and the administration of social security programmes. The I.L.O. participates in operating the United Nations Expanded Programme of Technical Assistance.

The work of the Organisation also includes the holding of regional conferences, sessions of Industrial Committees to discuss the problems of particular industries on an international basis, and a variety of specialised technical meetings.

All these activities are closely co-ordinated with a view to fulfilment of the Organisation was created—the pro-



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SYSTEMS
OF SOCIAL SECURITY

GREAT BRITAIN

GENEVA

1957

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The I.L.O.

OF SOCIAL SECURITY SYSTEMS
IN GREAT BRITAIN

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PREFACE

This is the third of a series of monographs on national systems of social security.¹ It was drafted by the United Kingdom Ministries of Pensions and National Insurance and of Health in accordance with the plan drafted by the International Labour Office for the series. The Office wishes to thank the United Kingdom Government for preparing the text.

This monograph is concerned primarily with the five principal social security schemes now in force in Great Britain. These consist of National Insurance, Industrial Injury Insurance, Family Allowances, National Assistance and the National Health Service. It does not deal with the more specialised measures which provide services somewhat related to the above but are not a direct part of the five schemes cited.

It should also be noted that the monograph deals in turn with the legal provisions and benefit specifications for particular contingencies. For information about any one particular scheme, therefore, it is necessary to consult several different sections.

¹ The first two dealt with social security in New Zealand and the United States respectively. See *Systems of Social Security: New Zealand* (Geneva, I.L.O., 1949) and *Systems of Social Security: United States* (Geneva, I.L.O., 1954).

WELLCOME

This is the first of a series of monographs on national systems of social security. It was drafted by the United Kingdom Ministers of Pensions and National Insurance and is intended to be published with the plan drafted by the International Labour Office for the series. The Office wishes to thank the United Kingdom Government for preparing the text. The monograph is concerned primarily with the five principal social security schemes now in force in Great Britain. These schemes of National Insurance, Industrial Injuries Insurance, Family Allowances, National Assistance and the National Health Service. It does not deal with the more specialized measures which provide services somewhat related to the above but, as not a direct part of the five schemes, to the above. It should also be noted that the monograph deals in part with the legal provisions and benefit specifications for each of the schemes. For information about any one particular scheme, therefore, it is necessary to consult several different sources.

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INTRODUCTION

The system of social security in Great Britain centres on five schemes which came into operation during the years 1946-48. There are five analogous schemes in Northern Ireland, so similar and so closely integrated by reciprocal arrangements that for most purposes all these United Kingdom schemes work as a single system. This monograph describes the system in Great Britain but may be read as broadly relating also to Northern Ireland.

The five main social security schemes are—

(a) National Insurance, providing the benefits normally covered by social insurance other than employment injury benefit ;

(b) Industrial Injuries Insurance, providing for employment injury benefit ;

(c) Family Allowances ;

(d) National Assistance, providing assistance, normally in cash, in case of need ;

(e) the National Health Service, providing treatment in every condition requiring medical care.

These schemes are interdependent in the sense that the two insurance schemes are framed on the basis that medical benefit is not required as an insurance benefit owing to the existence of the National Health Service ; the insurance benefits take into account the provision of family allowances, and it is assumed that hard cases, to which insurance benefits are not applicable, will be covered under national assistance.

Provisions of a specialised nature (e.g. free or cheap meals for schoolchildren, arrangements for the care of old persons, training schemes for the blind) are provided under various laws outside these five main social security schemes and are administered by various authorities. It is not practicable to include in this monograph all the minor provisions of this sort.

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CHAPTER I

LEGAL BASIS

The general principles of each of the five schemes described in the introduction are laid down in one or more Acts of Parliament. These Acts empower the appropriate Ministers to prescribe by regulations the detailed application of the schemes; these regulations are submitted to, and can be annulled by, Parliament. The Acts of Parliament allow the two insurance schemes and the family allowances scheme to be modified to give effect to reciprocal agreements with other countries.

The Minister of Pensions and National Insurance is responsible to Parliament for the administration of the National Insurance Scheme, the Industrial Injuries Scheme and the Family Allowances Scheme. The National Assistance Board, which is appointed by the Queen, is responsible for the administration of the National Assistance Scheme and the older non-contributory pensions scheme. The National Health Service is administered in England and Wales by the Minister of Health and in Scotland by the Secretary of State for Scotland.

The legal basis of the social security provisions which fall outside these five central schemes are contained in a variety of Acts of Parliament, only the most important of which are listed in this chapter.

§ 1. Legislation ¹

A. FAMILY ALLOWANCES

Principal Act

Family Allowances Act, 1945, as amended by the Family Allowances and National Insurance Acts, 1952 and 1956.

¹ Only the main regulations are given in this chapter. A complete list of the regulations and orders relating to all five schemes, including those embodying all amending legislation, will be found in the series "Government Publications", obtainable by post from H.M. Stationery Office, P.O. Box 569, London, S.E.1.

Main Regulations

- Family Allowances (Making of Claims and Payments) Regulations, 1946.
 Family Allowances (Qualifications) Regulations, 1946.
 Family Allowances (References) Regulations, 1946.
 Family Allowances (Conditions for Increase of Allowance) Regulations, 1952 and 1956.

B. NATIONAL INSURANCE

A compulsory contributory scheme providing—(a) old-age (retirement) pensions; (b) widow's benefit (death of breadwinner from any cause except employment injury); (c) maternity benefit; (d) guardians' allowances in respect of full orphans; (e) grant towards funeral expenses of an insured person or his dependant. In addition, persons who contribute as "employed persons" (employees) or "self-employed" persons (persons working on their own account) are protected against incapacity for work other than incapacity due to employment injury. "Employed persons" are protected by the scheme against unemployment.

Principal Act

National Insurance Act, 1946, as amended by the National Insurance Acts, 1949, 1951, 1952, 1953, 1954, 1955 and 1956.

Main Regulations

- National Insurance (Non-Contributory Old-Age Pensions) Regulations, 1946.
 National Insurance (Determination of Claims and Questions) Regulations, 1948.
 National Insurance (Medical Certification) Regulations, 1948.
 National Insurance (Overlapping Benefits) Regulations, 1948.
 National Insurance (Widow's Benefit and Retirement Pensions) Regulations, 1948.
 National Insurance (Residence and Persons Abroad) Regulations, 1948.
 National Insurance (Unemployment and Sickness Benefit) Regulations, 1948.
 National Insurance (General Benefit) Regulations, 1948.
 National Insurance (Contributions) Regulations, 1948.
 National Insurance and Industrial Injuries (Stamps) Regulations, 1948¹, and Industrial Injuries (Collection of Contributions) Regulations, 1948.¹

¹ These regulations also apply to industrial injuries (see C. below).

- National Insurance (Classification) Regulations, 1948.
National Insurance (Airmen) Regulations, 1948.
National Insurance (Mariners) Regulations, 1948.
National Insurance (Married Women) Regulations, 1948.
National Insurance (Local Advisory Committees) Regulations, 1948.
National Insurance (Guardians' Allowances) Regulations, 1948.
National Insurance (Members of the Forces) Regulations, 1949.
National Insurance (Death Grant) Regulations, 1949.
National Insurance (Hospital In-Patients) Regulations, 1949.
National Insurance (Maternity Benefit and Miscellaneous Provisions) Regulations, 1954.

C. INDUSTRIAL INJURIES

A scheme protecting persons employed under contracts of service and certain other persons against injury, disablement, occupational disease or death arising out of and in the course of their employment.

Principal Acts

National Insurance (Industrial Injuries) Act, 1946, as amended by the National Insurance (Industrial Injuries) Acts, 1948 and 1953.
Industrial Diseases (Benefit) Act, 1954.

Main Regulations

- National Insurance (Industrial Injuries) (Medical Certification) Regulations, 1948.
National Insurance (Industrial Injuries) (Determination of Claims and Questions) Regulations, 1948.
National Insurance (Industrial Injuries) (Claims and Payments) Regulations, 1948.
National Insurance (Industrial Injuries) (Prescribed Diseases) Regulations, 1948.
National Insurance (Industrial Injuries) (Benefit) Regulations, 1948.
National Insurance (Industrial Injuries) (Insurable and Excepted Employments) Regulations, 1948.
National Insurance (Industrial Injuries) (Airmen), Regulations, 1948.
National Insurance (Industrial Injuries) (Mariners) Regulations, 1948.
National Insurance (Industrial Injuries) (Colliery Workers' Supplementary Scheme) Order, 1948.

D. NATIONAL ASSISTANCE

A scheme providing financial assistance for persons in Great Britain not in remunerative full-time employment whose resources,

including any state pension or benefit, are insufficient to meet their needs as assessed under the Statutory Regulations.

Principal Act

National Assistance Act, 1948.

Main Regulations

National Assistance (Determination of Need) Regulations, 1948 (as amended by the National Assistance (Determination of Need) Amendment Regulations, 1954 and 1955).

National Assistance (Appeal Tribunals) Rules Confirmation Instrument, 1948.

National Assistance (Reception Centres) Regulations Confirmation Instrument, 1948.

National Assistance (Administration of Assistance) Regulations Confirmation Instrument, 1948.

E. NATIONAL HEALTH SERVICE

A scheme to make available to all persons in Great Britain, free of charge, a comprehensive health service to secure the prevention, diagnosis and treatment of illness.

Principal Acts

National Health Service Act, 1946.

National Health Service (Amendment) Act, 1949.

National Health Service Act, 1951.

National Health Service Act, 1952.

National Health Service (Scotland) Act, 1947.

Main Regulations

The following are the main regulations in force in England and Wales on 31 December 1955. There are separate regulations applying to Scotland, but their content is broadly similar.

National Health Service (Executive Councils) Regulations, 1947.

National Health Service (Supplementary Ophthalmic Services) Regulations, 1948.

National Health Service (Joint Pricing Committee for England) Order, 1948.

National Health Service (Expenses in Attending Hospitals) Regulations, 1948.

National Health Service (Qualifications of Health Visitors and Tuberculosis Visitors) Regulations, 1948.

- National Health Service (Pay-Bed Accommodation in Hospitals, etc.) Regulations, 1948.
- National Health Service (Charges for Appliances) Regulations, 1948.
- National Health Service (Expenses in Attending Hospitals) Regulations, 1950.
- National Health Service (Charges for Appliances) Regulations, 1951.
- National Health Service (General Dental and Supplementary Ophthalmic Services) Regulations, 1951.
- National Health Service (Travelling Allowances, etc.) Regulations, 1952.
- National Health Service (Charges for Drugs and Appliances) Regulations, 1952.
- National Health Service (Pay-Bed Accommodation in Hospitals, etc.) Regulations, 1952.
- National Health Service (Hospital Charges for Drugs and Appliances) Regulations, 1952.
- National Health Service (Pay-Bed Accommodation in Hospitals, etc.) Regulations, 1953.
- National Health Service (Medical Auxiliaries) Regulations, 1954.
- National Health Service (Executive Councils) Regulations, 1954.
- National Health Service (General Medical and Pharmaceutical Services) Regulations, 1954.
- National Health Service (General Dental Services) Regulations, 1954.
- National Health Service (Superannuation) Regulations, 1955.

F. CARE OF CHILDREN

A scheme exists to provide for the care and maintenance up to the age of 18 of orphans and children deserted or without fit guardians.

Principal Act

Children Act, 1948.

G. BLINDNESS

A scheme exists to provide non-contributory pensions, subject to conditions of means, to resident blind persons aged 40 and over who are incapable of self-support. Special rates of assistance are provided for blind persons under National Assistance.

Principal Act

Blind Persons Act, 1938.

H. OLD AGE

A scheme exists to provide non-contributory pensions, subject to conditions of nationality, residence and means, to persons aged 70 and over.

Principal Act

Old-Age Pensions Act, 1936.

I. DISABLEMENT

A scheme exists to secure employment for persons handicapped by disablement, however caused.

Principal Act

Disabled Persons (Employment) Act, 1944.

CHAPTER II

SCOPE OF PROTECTION

The various social security benefits available in Great Britain are as follows :

(a) to the population in general, without exception or condition : the national health services, including local health services ;

(b) to the population in general, subject to contribution conditions : maternity grant and death (funeral) insurance benefit ;

(c) to the population in general, subject to contribution conditions and retirement or earnings rules : old-age and survivors' insurance benefits ;

(d) to the population in general, subject only to proof of need : national assistance ;

(e) to the resident population, subject to residence conditions : family allowances ;

(f) to the resident population, subject to nationality, age, means and residence conditions : non-contributory old-age pensions ;

(g) to the gainfully occupied population, subject to contribution conditions : sickness and invalidity insurance benefit and maternity allowance ;

(h) to all employed persons : employment injury insurance benefits ;

(i) to employed persons, subject to contribution conditions : unemployment insurance benefit.

§ 2. Range of Persons Protected

The National Insurance Scheme applies to all persons in Great Britain who are over school-leaving age.

There are three classes of insured persons for which both the contribution rates and the conditions governing eligibility for

benefits are different. Those who work for an employer under a contract of service or who are paid apprentices are in the "employed persons" class (Class 1); others who are gainfully employed but do not work under the control of an employer are in the "self-employed" class (Class 2); while persons who are not engaged in any gainful occupation are in the "non-employed" class (Class 3). This general classification is subject to certain modifications made by regulation to meet special circumstances.

Persons not required to pay contributions are in some cases credited with contributions. In other cases they may contribute voluntarily.

Persons domiciled or having a place of residence in Great Britain and employed in British ships or aircraft or, in certain circumstances, in other ships or aircraft are required to pay contributions, and persons absent from Great Britain may normally contribute voluntarily.

The following persons are not required to pay contributions :

- (a) persons under school-leaving age (normally 15 years);
- (b) men over 65 and women over 60;
- (c) married women (although they may elect to do so);
- (d) persons who have been resident in Great Britain for less than six months and are not in the "employed persons" class (Class 1);
- (e) certain persons who, by reason of reciprocal or other arrangements, remain insured under the scheme of another country;
- (f) certain students and apprentices;
- (g) persons in prison;
- (h) self-employed and non-employed persons with incomes of less than £156 a year;
- (i) persons under the age of 16 who are not gainfully occupied;
- (j) persons receiving certain insurance benefits.

A. MATERNITY

Every expectant mother in Great Britain can claim a maternity grant provided she or (if she is a married woman or widow) her husband has fulfilled the contribution conditions.

Women gainfully occupied can qualify for maternity allowances (see E.1(c) below).

B. CHILD MAINTENANCE

A child is defined in law as a person under "school-leaving age" (normally 15 years).

1. *Care of Children*

Under the Children Act, 1948, maintenance and care are provided for all orphans and children deserted or without fit guardians.

2. *Family Allowances*

Under the Family Allowances Act, 1945, as amended by the Family Allowances and National Insurance Acts, 1952 and 1956, an allowance of 8s. weekly is paid for the first child in a family other than the eldest and 10s. weekly for each subsequent child. Children who remain at school after school-leaving age or who become apprentices are covered until they reach their 18th birthday. The child must be living in Great Britain and the person who is maintaining the child (i.e. in whose family the child is included) must fulfil residence conditions which vary according to the nationality. Temporary absence abroad of either the child or the maintainer may be disregarded.

3. *Allowances Payable to Guardians*

Under the National Insurance Acts, 1946-56, an allowance is paid to the guardian of a child both of whose parents are dead if one of the parents was at any time a contributor under the Acts. The word "parent" includes step, adopted or natural parents. The child must normally be in Great Britain. In certain cases where the paternity of the child is not established, or the parents are divorced, or one of them is untraceable, the allowance may be paid on the death of one parent. The position of a child over school-leaving age or who is an apprentice is the same as for family allowances (see 2. above).

4. *Other Benefits*

Other insurance benefits are increased in respect of the children of a family. Such increases are described in relation to the relevant benefits.

C. CONDITION REQUIRING MEDICAL CARE

Under the National Health Service Acts, 1946-52, the population in general is covered for necessary medical care from whatever cause, irrespective of age, nationality, length of residence, means or occupation, and without time limit.

D. MAINTENANCE OF COMMUNITY HEALTH

The National Health Service Acts, 1946-52, the National Assistance Act, 1948, the Public Health Acts, the Food and Drugs Act,

the Shops Act, the Housing Act, etc., cover the entire population.

E. INCAPACITY FOR WORK

1. *Incapacity for Work from Any Cause*

(a) *Sickness* ; (b) *Invalidity*.

Gainfully occupied contributors in Classes 1 and 2 under the Acts (see p. 10 above) are covered ; in addition to personal benefit they may receive dependency benefits for one adult dependant and for children. The adult may be one of the following : the wife (or the husband, if he is incapable of supporting himself), a dependent relative, or a woman having the care of the beneficiary's children either residing with and maintained by him or her, or not resident but employed by him or her at a wage not less than 25s. per week. The children must be within the age limit fixed in the Family Allowances Act (see B.2 above) and members of the protected person's family.

A person in the " self-employed " class (Class 2) must be consistently working, and his earnings must ordinarily amount to not less than 20s. per week ; otherwise he will be regarded as " non-employed " (Class 3) and will contribute in that category, for which no cover is provided during incapacity.

Persons employed in ships or aircraft are contributors as described at the beginning of § 2. Benefit is not normally paid outside Great Britain except by virtue of a reciprocal agreement.

(c) *Maternity*.

A gainfully occupied woman who is paying full Class 1 or Class 2 contributions and has fulfilled the contribution conditions can qualify for a maternity allowance in addition to the maternity grant.

2. *Incapacity for Work Due to Employment Injury*

All employees in Great Britain and in British and certain foreign ships and aircraft, i.e. persons employed under contract of service or apprenticeship and certain others, are protected against personal injury arising out of and in the course of their employment. Casual employment is covered if for the purpose of the employer's trade. Children under school-leaving age and persons deemed to have retired from work are covered if working under a contract of service. There are no age limits or nationality conditions. Dependants' benefits are payable under the conditions set forth in E.1 above. Persons working on their own account are not covered. Benefit is not normally paid outside Great Britain except under a reciprocal agreement.

F. UNEMPLOYMENT

1. *General*

Unemployment benefit is included in the provisions of the National Insurance Acts, but only those persons who have contributed in the employed class (Class 1) are eligible to receive it.

Persons in the "self-employed" class (Class 2) and persons habitually employed to an "inconsiderable" extent are not eligible for unemployment benefit. Dependants are covered to the same extent as in the event of incapacity for work (see E.1 above) and persons employed in British and certain foreign ships and aircraft as indicated at the beginning of § 2.

2. *Disabled Persons*

Disabled persons may apply to register as "disabled" and benefit by special facilities for training and employment. There is no nationality test, but the applicant must ordinarily be resident in Great Britain except in the case of persons who have served in the armed forces (or auxiliaries) or the Merchant Navy.

Persons who apply to register must be over 16 years of age and must be willing to attend training and rehabilitation courses.

Persons of habitual bad character are not registered.

G. OLD AGE

1. *Non-Contributory Pensions*

Non-contributory pensions are payable at the age of 70. Conditions relating to nationality, residence and means must be satisfied.

2. *Contributory Pensions*

Contributors who have fulfilled the contribution conditions and who have retired or are deemed to have retired from work are eligible for pensions at the age of 65 (men) or 60 (women); additional allowances are payable for a dependent wife under 60 and children in the family under the age at which children's allowances cease to be payable. A widow may satisfy the contribution test wholly or partly on the basis of her late husband's contributions. While the pensioner is under the age of 70 (men) or 65 (women) the pension is subject to reduction if he is earning substantial sums. To obtain the right to continue contributing voluntarily while abroad contributors of British or foreign nationality must at some time have been continuously resident in Great Britain for at least three years.

Pensions are payable anywhere in the world, but, except where a reciprocal agreement otherwise provides, the rate is restricted to that for which the pensioner had qualified when he left Great Britain. A person who is abroad when he first qualifies for a pension receives the rate of pension current at that time.

H. FUNERAL

A death grant is payable in respect of the death of a contributor or his wife, husband or child to a person incurring expenses in connection with the death (normally funeral expenses). The death

must normally have occurred in Great Britain or in a country with which a reciprocal agreement exists.

I. DEATH OF BREADWINNER

1. *Death from Any Cause*

(a) *Provision for Orphans.*

See B.3 above.

(b) *Provision for Widows.*

Subject to the husband having fulfilled the contribution conditions, benefit is available for all widows for the first 13 weeks of widowhood.

Widow's benefit is payable for more than 13 weeks if—

(i) the widow has in her family a child or children within the age limits laid down in the Family Allowances Act or has a child under 18 residing with her, or

(ii) at the time of her husband's death she was over 50 and they had been married three years, or

(iii) when she ceases to have a child in her family she is over 40 and three years have elapsed since her remarriage, or

(iv) when she would otherwise cease to be entitled to benefit she is incapable of self support.

The payment of benefit ceases on her remarriage.

Payment of benefit other than the allowances for the first 13 weeks is subject to reduction or extinction on account of earnings. If there is no child, benefit is reduced by 6d. for every shilling of earnings between 50s. and 70s. and by 1s. for every 1s. of earnings over 70s. per week. Where there is a child, benefit is reduced by 6d. for every 1s. of earnings between 60s. and 80s. and by 1s. for every 1s. of earnings over 60s. weekly to a minimum of 16s. 6d. for weekly earnings of 110s. or more.

2. *Death from Employment Injury*

The persons who benefit are those who at the time of deceased's death were being maintained and would have continued to be maintained by the deceased, i.e. the spouse, each child, the parents or other relatives, and also a female person residing with the deceased and having the care of the latter's child or children.

J. OTHER CONTINGENCIES

1. *Employment Injury*

The Industrial Injuries Acts, 1946-54, cover injuries arising out of and in the course of, or prescribed diseases due to the nature

of, employment, causing loss of physical or mental faculties or disfigurement with or without incapacity for work. The range of coverage is the same as for incapacity for work due to employment injury (see E.2 above).

2. *Blindness*

Blindness from any cause or congenital defect is covered. Pensions are payable, subject to a means test, to persons aged 40 years or over and incapable of work for which eyesight is essential. They must have been resident in the country for 12 years since reaching the age of 20 years. (See also Chapter I, § 1.)

3. *Lack of Resources*

Under the National Assistance Act, 1948, assistance in cash or in kind is available to any person aged 16 years or over in Great Britain who is not in remunerative full-time employment or on strike and whose resources are insufficient to meet his needs based on a prescribed scale. There is no restriction based on length of residence or nationality.

The scope of this Act and of the National Health Service Act, 1946, is so comprehensive that there is scarcely any category of indigence, distress, or sickness which cannot be dealt with.

§ 3. Contingencies Covered

A. MATERNITY

1. *General Scheme*

A maternity grant is paid in respect of a confinement or expected confinement. Confinement is defined as "labour resulting in the issue of a living child or labour after 28 weeks of pregnancy resulting in the issue of a child whether alive or dead".

A wife confined may claim on the basis of her husband's contributions if she herself does not fulfil the contribution conditions.

A home confinement grant is paid following confinement if the woman is confined at home or otherwise at her own expense or in certain other circumstances.

2. *Scheme for Gainfully Occupied Women*

A maternity allowance is paid to a woman who has been paying full National Insurance contributions as an employed or self-employed person and has fulfilled the contribution conditions. It is normally payable for 18 weeks beginning 11 weeks before the expected date of confinement as certified by a qualified medical practitioner

or certified midwife. If the confinement occurs after the expected week the allowance continues to be payable until the expiration of the sixth week after the week in which the confinement occurs.

B. CHILD MAINTENANCE¹

Providing for a child means making available for the child food, clothing, lodging, education and all other things reasonably required for the child's benefit having regard to all the circumstances of the case.

A child is included in the family of his parents if he is living with them or if they are providing for him to the extent of at least 8s. per week. Otherwise the child may be included in the family of any other person maintaining him. The allowance is not payable to bodies, institutions, etc., or in respect of children of whom local authorities have assumed parental control. Similarly, children detained in approved schools or sentenced to detention for having committed certain grave offences are not eligible for inclusion in any family.

C. CONDITION REQUIRING MEDICAL CARE

Under the National Health Service Acts, 1946-52, medical service is available for any condition requiring treatment which is designed to improve physical or mental health or for the prevention, diagnosis or treatment of illness. Illness includes mental illness and any injury or disability requiring medical, surgical, dental or ophthalmic treatment; treatment is available without restriction relating to the cause of the condition, its duration or the probable issue. The facilities available cover treatment at home or in hospital, specialist services, research, bacteriological, blood-transfusion and other ancillary services.

Maternity medical services are provided (after diagnosis of pregnancy) throughout the antenatal period by a medical practitioner having obstetric experience; at the confinement, if the midwife in charge sends for the practitioner or he thinks it necessary; and for a period after confinement.

D. MAINTENANCE OF COMMUNITY HEALTH

The Public Health Act, 1936, deals with the environmental health services provided by local health authorities. The Education Act, 1944, makes specific provision for schoolchildren in respect of medical examinations and treatment, the provision of milk and school meals, facilities for recreation and social and physical training, etc. The National Health Service Act, 1946, defines the health

¹ For a definition of "child" see § 2, Section B, above.

services to be provided by local health authorities ; these include the provision of health centres, the care of expectant and nursing mothers and children under five years (with special reference to dental care), midwifery services, health visiting, home nursing, vaccination and immunisation, ambulance services, the prevention of illness, care during and after illness and domestic help. In addition, the local health authorities have certain duties under the Lunacy and Mental Treatment Acts and Mental Deficiency Acts.

E. INCAPACITY FOR WORK

1. *Incapacity for Work from Any Cause*

The National Insurance Acts, 1946-56, make no distinction between "sickness" and "invalidity". An employed or self-employed contributor under these Acts is entitled to benefit without limit of time while he remains "incapable of work by reason of some specific disease or bodily or mental disablement" provided he does not in fact work and has fulfilled the relevant contribution conditions.

The first three days of incapacity dating from the first medical certificate are disregarded unless the claimant has a further nine days of interruption of employment (whether through incapacity for work or through unemployment) forming part of the same period of interruption. Any two days of interruption of employment, whether consecutive or not, falling within six consecutive days are treated as a period of interruption of employment, and any two periods not separated by more than 13 weeks are treated as one period of interruption of employment. Sunday is disregarded in computing "consecutive days".

2. *Incapacity for Work Due to Employment Injury*

The Industrial Injuries Acts, 1946-54, embody a system of insurance against personal injury caused by any accident arising out of and in the course of a person's employment and against prescribed diseases and injuries due to the nature of a person's employment.

The term "employment" does not cover—

(a) employment undertaken on account of oneself or one's husband or wife or for a near relative in the home shared in common, except for the purpose of a trade or business carried on in the home ;

(b) casual employment if not for the purpose of the employer's trade or business ;

(c) employment as a mariner or airman on board a foreign ship or aircraft save in a case where a foreign ship is employed exclusively in Great Britain ;

(d) employment abroad, except where a reciprocal agreement is in existence or where it is covered by the special rules for mariners and airmen.

The scheme nevertheless covers certain accidents occurring—

(a) when the insured person is acting in breach of regulations, etc., if done for the purposes of and in connection with the employer's trade or business ;

(b) when the contract purporting to govern the employment was void or the employed person was not lawfully employed therein at the time or in the place where the accident happened ;

(c) while the insured person is travelling in transport provided by the employer (including ship or aircraft) ;

(d) while in or about any premises for the purposes of the employer's trade or business, including accidents occurring whilst taking steps to deal with an emergency.

An accident arising in the course of an insured person's employment is deemed, in the absence of evidence to the contrary, also to have arisen out of that employment.

Personal injury includes loss or impairment of a physical or mental faculty, with or without incapacity for work.

Injury benefit is payable for all days of incapacity within the injury benefit period except that benefit is not payable for the first three days of incapacity unless there are in all not less than 12 days of incapacity. The injury benefit period ranges from a minimum of three days to a maximum of 156 days from and including the day of the accident and excluding Sundays.

Any relevant loss of faculty existing at or arising after the end of the injury benefit period is assessed by a medical board. If the degree of disablement is 20 per cent. or over a weekly pension is paid according to a special schedule, with additional allowances for unemployability and hospital treatment (with both of which dependants' increases to the basic disablement pension are payable), lessening of earning capacity, or (if incapacity is assessed at 100 per cent.) the need for constant attendance.

In assessing the degree of disablement comparison is made with a person of the same age and sex whose physical and mental condition is normal; congenital defects and previous injuries or diseases are taken into account. The assessment is made without reference to the particular circumstances of the claim other than those relating to age, sex and physical and mental condition. Assessment may be provisional or final. Where the disablement is assessed at less than 20 per cent. a lump-sum "disablement gratuity" is paid.

F. UNEMPLOYMENT

To be entitled to unemployment benefit under the National Insurance Acts, 1946-56, a person must submit a claim in the prescribed manner at an employment exchange and prove that he is unemployed and capable of work and available for employment in an employed contributor's employment. The first three days in

a period of interruption of employment are disregarded in the same way as for incapacity (see E.1 above).

A day is not treated as a day of unemployment if—

(a) it is a day for which the claimant continues to receive remuneration or for which payment of more than a certain amount is received in compensation for loss of the remuneration he would have received if the employment had not ended ;

(b) on that day the claimant does no work and either is on holiday ¹ or, in the case of a person who does not normally work on every day of the week, has worked to his full normal extent in that week ;

(c) any occupation has been followed by the claimant on that day, unless the occupation is consistent with and different from full-time employment for which he is available and his earnings therefrom do not exceed 6s. 8d. a day ;

(d) he has incurred disqualification (see § 9, Section 1).

G. OLD AGE

Provision for old age takes the form of retirement pensions, payment of which is subject to the fulfilment of contributory conditions. A person must have reached the minimum pensionable age and have retired from regular employment. The minimum pensionable age is 65 for a man and 60 for a woman. At the age of 70 (men) or 65 (women) a person is deemed to have retired whether he or she is still working or not.

If the pensioner is working the sum of 6d. is deducted from the retirement pension for every complete 1s. earned between 50s. and 70s. a week, and 1s. is deducted for every complete 1s. earned over 70s. a week, as long as the pensioner is under the age of 70 (men) or 65 (women). The law makes no reference to unearned income.

A man's contributions cover his wife for pension purposes but she may not draw a pension based on his contributions until he is drawing his.

H. FUNERAL

Benefit is granted, subject to the fulfilment of contribution conditions, to a person who reasonably incurs expenses in connection with the death.

I. DEATH OF BREADWINNER

See Chapter III.

J. OTHER CONTINGENCIES

See Chapter III.

¹ This provision may not apply where additional holidays have to be taken.

CHAPTER III

PROVISION OF BENEFITS

Retirement pensions, widow's benefits, guardians' allowances, disablement benefits for employment injury and, subject to certain conditions, maternity and death grants are payable anywhere in the world. But a widowed mother or a guardian can qualify for a child's allowance only if the child is in Great Britain, or only temporarily absent from it, or in a country with which there is a reciprocal agreement.

Other benefits are not payable outside Great Britain except in special circumstances or by virtue of a reciprocal agreement.

Benefit is not paid to persons in prison, although entitlement to family allowances may remain if the person in prison continues to provide for the children in the family.

Two benefits may not be paid to the same person for the same contingency.

MATERNITY

1. *Maternity Grant*

The sum of £10 is payable in respect of a confinement to the mother on either her own or her husband's insurance. Where more than one child is born additional maternity grants can be claimed to bring the total number of grants payable for the confinement up to the number of newly born children who are living 12 hours after birth. Twenty-six weekly contributions of any class must actually have been paid between the date of entry into insurance and the date or expected date of the confinement, and 26 contributions of any class must have been paid or credited to the relevant person for the last complete contribution year before the benefit year in which the confinement takes place or in which the confinement is expected.¹

¹ For an explanation of the terms "contribution year" and "benefit year" see § 8, Section A.1.

2. *Home Confinement Grant*

The sum of £4 is payable following confinement at home or in certain other circumstances. There are no separate contribution conditions for the home confinement grant, but it cannot be paid unless the maternity grant has been awarded.

3. *Maternity Allowance*

A maternity allowance of 40s. a week for 18 weeks beginning 11 weeks before the expected week of confinement is payable to a gainfully occupied woman who is paying full National Insurance contributions and has fulfilled the contribution conditions. The woman is disqualified for receiving this allowance if she undertakes work outside her home duties during the period for which it is payable.

CHILD MAINTENANCE

The sum of 8s. is payable each week in respect of the first child in a family other than the eldest and 10s. in respect of each subsequent child. The allowance is payable to the person in whose family the child is (normally to the child's mother). Payment is dependent on satisfaction of a residence condition.

CONDITION REQUIRING MEDICAL CARE

Medical, surgical and dental treatment and hospital services, as well as the provision of medical appliances, are available to persons in Great Britain irrespective of any condition of insurance. The same services cover employment injury or maternity.

INCAPACITY FOR WORK

1. *Incapacity for Work from Any Cause*

(a) *Sickness* ; (b) *Invalidity*.

An allowance of 40s. a week is payable to persons insured either as employees or as persons working on their own account during incapacity for work not due to employment injury. The right to this benefit is dependent on fulfilment of a con-

tribution condition. Twenty-six contributions must have been paid at some time, and not less than 50 contributions must have been paid by or credited to the claimant during the relevant contribution year (§ 8, Section A.1). If less than 50 contributions but not less than 26 have been paid or credited benefit at a reduced rate is payable. Benefit is payable for a maximum of 312 days during one period of interruption of employment when less than 156 weekly contributions have actually been paid since entry. The rate of benefit may be increased by 25s. in respect of a dependent wife or other adult person, and by a further 11s. 6d. in respect of the first child in the family and by 3s. 6d. for every additional child. Lower rates of benefit are payable to married women and to persons under the age of 18. The circumstances in which benefit may be suspended are described in § 8, Section A.1.

The sickness benefit can be paid beyond 312 days in a continuous period indefinitely if the claimant has paid 156 weekly contributions between the date of becoming insured and the date of becoming incapable of work including at least 26 paid or credited during the relevant contribution year.

2. Incapacity for Work Due to Employment Injury

The sum of 67s. 6d. is payable each week for incapacity due to employment injury for a period not exceeding six months; the allowance is increased for dependants at the same rates as for sickness benefit. Lower rates of benefit are paid to persons under 18 who have no dependants. No contribution condition applies, but the incapacity must be due to an accident arising out of and in the course of employment as an employee, or to a prescribed disease due to the nature of such work. Should the period of incapacity exceed six months a benefit (see below under Other Contingencies: Industrial Injuries) is payable irrespective of the ability to work.

UNEMPLOYMENT

Persons insured as employees may claim unemployment benefit.

An allowance of 40s. a week, with the same increases for dependants as in the case of sickness benefit, is payable;

a lower rate of benefit is payable for married women and persons under the age of 18. The rate of benefit is reduced as in the case of sickness benefit if the number of contributions paid or credited during the previous contribution year is less than 50 but not less than 26. See § 9, Section 1, for conditions in which benefit may not be payable.

OLD AGE

A retirement pension not exceeding 40s. a week, with increases for a dependent wife under 60 years of age and children, is payable provided that a minimum of 156 contributions have been paid. Full benefit is paid when an average of 50 contributions have been paid or credited for each year of insurance; where the average is less than 50 the benefit rate is correspondingly reduced.

A married woman who has no right to a pension on her own contributions may receive a pension of up to 25s. per week on her husband's contribution record.

The pension is payable at the age of 65 (60 for women) if the beneficiary retires from regular employment; retirement is assumed at 70 (65 for women). A married woman cannot qualify for a pension on her husband's insurance before he qualifies for his pension. Up to the age of 70 (65 for a woman) the pension is reduced by 6d. for every complete 1s. earned between 50s. and 70s. a week and by 1s. for every complete 1s. earned over 70s. a week.

The rate of pension is increased where retirement is postponed beyond the minimum pension age, every 25 contributions for weeks of work after that age raising it by 1s. 6d. The rate payable to a wife is similarly increased by 1s. a week by reference to the contributions paid by her husband after both have reached pensionable age. The maximum rate payable to an insured person (or his widow) is 55s. a week; for a wife claiming on her husband's insurance the maximum is 35s. a week.

An old-age pension not exceeding 26s. a week is payable at the age of 70 to persons not entitled to a retirement pension under the conditions shown in the foregoing paragraphs; for married women the maximum payable is 16s. per week. The award of the pension is subject to conditions relating to means, residence and nationality.

Special conditions apply to persons aged between 55 and 65 (50 and 60 for women) who entered insurance on or just before 5 July 1948.

FUNERAL

A death grant of £20 (less for persons under the age of 18 at death or persons who were within ten years of the minimum pensionable age on 5 July 1948) is payable to a person incurring expenses in connection with the death of a person who himself or whose spouse or (for children) parent fulfils the contribution conditions. These are : first, that 26 contributions have been paid or credited since 5 July 1948 and secondly, for the full grant to be paid, that 45 contributions have been paid or credited in the previous contribution year, or an average of 45 a year have been paid or credited over the relevant person's insured life since 5 July 1948. Only one grant can be paid for a death.

DEATH OF BREADWINNER

1. *Death from Any Cause*

(a) *Guardian's Allowance.*

An allowance of 18s. per week is payable to the guardian of a child within the age limits prescribed in the Family Allowances Act, 1945, whose parents are both dead ; one of the parents must have been insured.

(b) *Widow's Benefit.*

The contribution conditions are to be fulfilled by the widow's late husband. He must have paid 156 contributions, and for the full rate of benefit to be paid an average of 50 contributions a year must have been paid by or credited to him over his insured life. If the average is less than 50 benefit is correspondingly reduced. The periods for which benefit is paid are described in § 2, Section I. 1 (b) above. The full weekly rates of benefit are as follows : during the first 13 weeks, 55s. with an increase of 16s. 6d. for the first child and 8s. 6d. for each other child (a widow over 60 qualifies for the higher rate of benefit during this period only if her husband was not entitled to a retirement pension) ; thereafter, where the widow

has a child, 56s. 6d. with an increase of 8s. 6d. for each child after the first ; where there is no child, 40s.

Benefit after the first 13 weeks is subject to reduction on account of earnings in the manner described in § 2, Section I. 1 (b) above.

2. *Death from Employment Injury*

No contribution conditions are required. A widow previously residing with or supported by her husband and a widower incapable of supporting himself and previously supported mainly by his wife are entitled to benefit.

The rates of benefit are as follows :

(a) *Widows.* During the first 13 weeks, 55s. per week and 45s. per week thereafter if she (1) has a child for whom an extra allowance is paid (normally 16s. 6d. per week for the first child and 8s. 6d. per week for each other child) ; or (2) although not entitled to a child's allowance has a child of the deceased's family under the age of 18 residing with her ; or (3) is over 40 when either of the two preceding conditions ceases to apply ; or (4) was over 50 or permanently incapable of supporting herself at her husband's death ; or (5) is pregnant by her late husband. In all other cases the rate is 20s. per week.

(b) *Other Persons.* A widower receives 45s. per week. A person whose family includes any child who was in the deceased's family at the date of his death can receive an allowance of 11s. 6d. for the first and 3s. 6d. for each other such child. Benefit at varying rates up to 20s. per week can be paid to parents or other relatives of the deceased or a woman looking after the deceased's children if they were mainly supported by the deceased. A parent or relative who was substantially but not mainly supported by the deceased can receive a gratuity not exceeding £52 (subject to a maximum aggregate of £78 for parents and £104 for relatives).

OTHER CONTINGENCIES

1. *Industrial Injuries*

Benefit up to 67s. 6d. weekly, according to the degree of disablement, is paid to any person suffering a loss or impair-

ment of faculty resulting from an accident arising out of and in the course of, or a prescribed disease due to the nature of, employment, irrespective of whether he is able to or actually does resume work. The following additional allowances are paid: for special hardship, up to 27s. 6d. weekly; for unemployability, 40s. (23s. to persons under 18 years); for constant attendance, up to a maximum of 30s. (in exceptional cases 60s.). An allowance bringing the disablement pension up to 100 per cent. is paid to a person undergoing approved hospital treatment. In addition dependants' increases to the basic disablement pension are paid if either the unemployability supplement or the hospital treatment allowance is payable. There are no contribution conditions.

2. *Blindness*

Subject to a means test, a pension is payable at the age of 40; it is supplemented if necessary by National Assistance (see 3. below) at special rates.

3. *Lack of Resources*

Assistance is given under the National Assistance Scheme to persons with insufficient resources to meet their needs. The amount of assistance payable is calculated by assessing requirements according to the scales and rules set out in the Statutory Regulations and deducting from the resultant figure such resources as may be available to the applicant; certain resources are disregarded. In assessing requirements allowances for dependants and for rent are included.

Higher rates are provided for blind persons and for persons who have suffered loss of income to undergo treatment for respiratory tuberculosis.

§ 4. *Maternity*

A. MATERNITY GRANT

Employed and self-employed persons as well as non-employed women contributors are covered; in addition male contributors are covered on behalf of their wives.

1. *Qualifying Conditions*

Number of Contributions.

Twenty-six of any class between the date of entry into insurance and the date or expected date of confinement and 26 of any class paid or credited in the last complete contribution year before the benefit year in which the confinement takes place or in which confinement is expected.

Residence.

Benefit may be paid even though the confinement takes place abroad if certain additional contribution or residence conditions are satisfied. There are special arrangements for the wife of a man serving in H.M. Forces. Reciprocal arrangements have been made with France, Ireland, Italy, Luxembourg, the Netherlands and Switzerland which in certain circumstances permit payment to be made for confinements which take place there. The exclusion from benefit of persons undergoing prison sentences does not apply here.

Behaviour or Other Conditions.

A medical examination by a practitioner appointed by the Minister may be required.

2. *Submission of Claim and Payment of Benefit*

The claim must be submitted by the expectant mother or a person acting on her behalf. A certificate from a qualified practitioner or certified midwife must be submitted stating the date of the expected or actual confinement. Where a wife is making a claim on the basis of her husband's contributions their marriage certificate must be produced.

The claim must be submitted to the insurance officer (the "Statutory Authority") attached to each local office of the Ministry of Pensions and National Insurance not earlier than nine weeks before the date stated on the certificate of expected confinement or at the latest three months after confinement. In practice the claimant usually chooses the office nearest her place of residence.

Maternity grants are payable by the Ministry of Pensions and National Insurance. One maternity grant can be paid before the confinement. A claim received from abroad is paid on the return of the claimant or to a nominee in Great Britain. A claim received from a woman in prison is paid on her discharge or to a nominee appointed by the Minister of Pensions and National Insurance. There are special arrangements for payment of maternity benefits to wives of men of H.M. Forces serving abroad.

3. *Rate and Duration of Benefit*

A lump-sum payment of £10 is payable for a confinement. If more than one child is born additional maternity grants can be

claimed to bring the total number of grants payable for the confinement up to the number of newly born children still living 12 hours after birth.

B. HOME CONFINEMENT GRANT

The coverage is the same as that of the maternity grant scheme (see A above).

1. *Qualifying Conditions*

As for A above.

Number of Contributions.

There are no separate contribution conditions, but this grant cannot be paid unless (a) a maternity grant has been awarded; and (b) confinement has taken place at the woman's own home or otherwise at her own expense. If the confinement took place in a hospital provided under the National Health Service a home confinement grant may be paid if it can be shown that—

(i) arrangements had been made for the confinement to take place at home;

(ii) the woman was admitted to hospital in an emergency;

(iii) the arrangements for admission were made not more than two days beforehand; and

(iv) she was discharged with the approval of the hospital authorities not later than the end of the third day after the day on which she was confined and not later than the end of the fifth day after admission.

Residence.

A grant is not payable in respect of a confinement outside Great Britain. The grant cannot be paid to a woman who was confined in, or in the course of transit to, a prison.

2. *Submission of Claim and Payment of Benefit*

The claim must be submitted to the insurance officer attached to the local office of the Ministry of Pensions and National Insurance by the mother (or some person acting on her behalf) as soon as possible after confinement but within three months of the event.

The paying authority is the Ministry of Pensions and National Insurance.

3. *Rate and Duration of Benefit*

A lump-sum payment of £4.

C. MATERNITY ALLOWANCE

The scheme covers employed and self-employed women.

1. *Qualifying Conditions*

Number of Contributions.

There are two contribution conditions: first, in the 52-week period ending 13 weeks before the expected week of confinement 26 contributions must actually have been paid as an employed or self-employed person; secondly, to qualify for the allowance at the full rate, 50 Class 1 or Class 2 contributions must have been paid by or credited to the woman during the same 52 weeks. If less than 50 contributions have been paid or credited but at least 26 have been paid, benefit will still be payable but at a reduced rate.

Residence.

A woman is not disqualified for receiving a maternity allowance if she is temporarily absent from Great Britain and is in the Isle of Man or the Channel Islands during the first six months from the date on which such absence commences, or if she is temporarily absent from Great Britain for the specific purpose of being treated for some incapacity which she incurred before she left Great Britain.

Behaviour or Other Conditions.

No gainful occupation must be undertaken; the beneficiary must take proper care of her health and must submit to a medical examination if required.

2. *Submission of Claim and Payment of Benefit*

The claim must be submitted to the insurance officer attached to the local office of the Ministry of Pensions and National Insurance by the expectant mother, together with a certificate from a registered medical practitioner or certified midwife stating the expected date of the confinement. The certificate must be submitted not more than 14 and not less than 11 weeks in advance of the expected date of confinement if the full allowance is to be claimed. If the claim is submitted after the confinement the certificate of confinement must be submitted within three weeks of the event.

The paying authority is the Ministry of Pensions and National Insurance.

3. *Rate and Duration of Benefit*

The benefit payable is 40s. per week, or less if the contribution conditions are not fully satisfied. It is normally payable for 18 weeks beginning in the eleventh week before the expected week of confinement.

The allowance may be increased for dependants, subject to the same conditions as sickness benefit. Where the confinement takes place later than expected the allowance is payable until the end of the sixth week after the week of the confinement.

§ 5. Child Maintenance

A. FAMILY ALLOWANCES

Allowances are payable to every family which includes two or more children in respect of each child other than the first.

1. *Qualifying Conditions*

There are no contribution conditions and no means test.

For the purposes of payment of family allowances a "child" is a person under the upper limit of the compulsory school age (normally 15 years), or under 18 years of age if he or she is undergoing full-time instruction in a school or is an apprentice.

The child must normally reside in Great Britain: temporary absence of up to six months (or longer periods in special circumstances) is covered. A child born outside the United Kingdom who comes to Great Britain and is maintained by some person other than his parent must reside for six consecutive months in Great Britain before he qualifies to be included in that person's family. Persons coming to Great Britain for the first time or returning after absence abroad cannot claim for the children in their family until one parent at least has resided for six out of the preceding 12 months in the country: this condition may be modified where a person has resided in a country with which a reciprocal agreement has been made. In the case of persons who are British subjects but were not born in the United Kingdom the residence qualification is a total of 52 weeks during the preceding two years. Aliens must have resided for a total of 156 weeks during the preceding four years. Service abroad in H.M. Forces or as a merchant seaman may be counted as residence in the United Kingdom.

A child may be included in his parents' family for allowance purposes if he is living with them or if they are contributing at least 8s. per week towards its maintenance. A child may be included in the family of a person other than a parent if that person is contributing more than any other to the child's maintenance, provided that the child is living with that person or if that person is contributing at least 8s. a week towards its maintenance. A child who can be included in its parents' family under the previous rule cannot be included in the family of any other person. Where a child might be included in either of two families (e.g. where the parents are separated and the child is living with one while the other

is contributing at least 8s. a week towards its maintenance) discretion as to the family in which the child shall be included shall be left, in default of agreement between the parents, to the Minister of Pensions and National Insurance. The father of an illegitimate child is not regarded as a parent. Children for whom guardians' allowances are payable do not qualify for family allowances in addition.

2. Submission of Claim and Payment of Benefit

Claims must be submitted to a local office of the Ministry of Pensions and National Insurance for transmission to the Family Allowances Central Administration. In the case of a husband and wife living together the claim is submitted by the wife; in other cases by the parent or person in whose family the child is to be included. The claim must be made on the prescribed form, signed and dated by the claimant in the presence of a witness. The date of the birth of the children, the nationality of the parent, etc., must be established in accordance with the requirements set out in 1. above.

A claim can be admitted from the date of entitlement only if it is made within a period of six months after that date.

3. Rate and Duration of Benefit

Allowances are paid by the Ministry of Pensions and National Insurance on presentation of an Allowances Order Book sent to the post office named by the claimant. The claimant's name is printed on the cover of the book. Allowances belong to the wife and cannot be assigned to any other person, but where husband and wife are living together the husband's name is also printed on the cover of the book so that either can draw the allowances.

The Allowances Order Book normally contains 52 orders which are encashable weekly at a post office unless a change of circumstances occurs, e.g. if a child leaves the family or passes the age limit. Payees must notify any change in their circumstances; if entitlement to allowances is likely to be affected the book must be returned to a local office of the Ministry of Pensions and National Insurance.

B. DEPENDANTS' BENEFIT

See § 8 (Incapacity for Work), § 9 (Unemployment) and § 10 (Old Age).

Provision is made for increased benefit to be paid to the insured person while he is incapable of work, unemployed or in receipt of a retirement or disablement pension, in respect of the children in his family who are within the age limits fixed in the Family Allowances Act, 1945.

C. SURVIVORS' BENEFIT

See § 8, Section C (Employment Injury), and § 12 (Death of Breadwinner).

§ 6. Condition Requiring Medical Care

A. GENERAL

The provision of medical care does not form part of the social insurance scheme, but is the function of the National Health Service, which came into operation on 5 July 1948. The purpose of the National Health Service is to improve the physical and mental health of the people and to provide a full range of services for the prevention, diagnosis and treatment of illness.

The National Health Service is available to every man, woman and child in the country. There are no "qualifying periods" or other conditions unrelated to the applicant's health. Generally the service is free, but there are certain exceptions to this (see D. below).

The cost of the service, apart from a relatively small annual contribution made from the National Insurance Fund and certain expenses which fall upon local rates, is borne by the national Exchequer from the proceeds of general taxation. There are certain differences in administrative control which distinguish the National Health Service operating in Scotland.

B. NATURE AND EXTENT OF CARE PROVIDED

The service is designed to provide, so long as may be necessary, whatever form of medical care may be required in the individual case. Its chief components are—

- (a) A general medical practitioner (or family doctor) service.
- (b) A pharmaceutical service.
- (c) General dental and ophthalmic services.
- (d) Hospital and specialist services.

(e) Services provided by local health authorities. These include maternity care, maternity and child welfare, vaccination and immunisation, measures for the prevention of illness, care during and after illness, home nursing, health visiting, domestic help, ambulance services and the provision of health centres.

C. METHODS OF OBTAINING MEDICAL CARE

1. *General Practitioner Care*

The professional attention of a general practitioner is available to all. The principle of the "family doctor" is preserved. Every member of the community may choose the doctor he wishes, provided only that the doctor is taking part in the service and consents to attend him (subject to the prescribed maximum number of patients—3,500 for a single-handed doctor—which the doctor may accept). All but a small number of general practitioners are in fact taking part. Participation does not prevent a doctor from having private patients. At present the general practitioner's practice is nearly always organised from his own surgery.

To obtain treatment a person applies to the doctor on an official form and if accepted is then provided with a medical card by the Executive Council for the area. He may change his doctor if he wishes, either at once if he has changed his address or obtained the permission of the doctor on whose list he is, or by informing the local Executive Council (in which case about 14 days' notice is usual). Similarly a doctor has the right to refuse an applicant. A person who has difficulty in obtaining a doctor in this way can apply to the Executive Council to be assigned to one.

2. *Pharmaceutical Service*

Every person on a doctor's list is entitled to medicines and specified minor appliances as prescribed by the doctor. These are supplied by chemists who have joined the service. (In rural areas the doctor may himself supply the medicines and appliances.)

3. *General Dental and Ophthalmic Services*

Through the general dental service patients are provided with all forms of treatment (including dentures) necessary for the restoration of dental fitness, and with repairs and replacements. The patient can be given some forms of more expensive treatment or appliances not clinically necessary on payment of the extra cost. As in the general medical practitioner service, there is complete freedom of choice by patients of dentists and by dentists of patients. Dentists may treat private as well as National Health Service patients if they wish. Patients are not required to register with dentists and the ordinary practice of visiting by appointment is followed.

At present ophthalmic treatment is provided both through a supplementary service organised by Executive Councils and by the hospital and specialist services. Under this service persons may have their eyes tested and be provided with glasses. Before using the service for the first time a person must obtain from his doctor

a note stating that he needs his eyes tested. Any ophthalmic medical practitioner or ophthalmic optician may be consulted for the testing of sight and any ophthalmic or dispensing optician for the supply of glasses.

4. *Hospital and Specialist Services*

These services provide—normally on the recommendation of a patient's general practitioner or on the advice of a specialist—all forms of hospital care and treatment, both in-patient and out-patient, in every kind of hospital, in maternity homes, tuberculosis sanatoria, infectious disease units, institutions for chronically sick persons, convalescent homes and rehabilitation centres. They also provide specialist opinion (e.g. at the request of a general practitioner) and specialist treatment such as plastic surgery, cancer treatment, orthopaedic and ear, nose and throat treatment. Specialist opinions and treatment are provided not only in hospitals, institutions and clinics but also, where this is medically necessary, at the homes of the patients. A blood-transfusion service and pathological laboratory service are at the disposal of every hospital as part of the general services. Appliances prescribed by specialists, e.g. artificial limbs, hearing aids and medical prostheses, are provided by the hospital service.

5. *Services Provided by the Local Health Authorities*

These services, which are enumerated in B above, are provided by the major local authorities (county councils and county borough councils) and form an important adjunct to the general practitioner and hospital and specialist services. Where, for example, maternity care is provided in the patient's home the patient may call upon the services either of a general practitioner obstetrician or of her own family doctor if he is willing to undertake maternity work. The doctor carries out antenatal and postnatal examinations and attends at the confinement if he thinks it necessary. The remainder of the antenatal care is provided by the midwife, working under the local health authority. The midwife visits the patient regularly before the confinement, gives her all necessary help and advice in carrying out the doctor's instructions, delivers the child (unless the doctor considers it necessary to be present himself) and continues in attendance for the first 14 days after the birth.

Confinements in hospital are reserved for the most part for mothers likely to need special medical attention or for cases where home conditions are unsuitable.

D. COST-SHARING

The National Health Service Acts require the responsible Ministers (§ 14) to provide a comprehensive health service but do not empower

them to contribute towards the cost of any treatment that patients may obtain outside that service. On the other hand the Acts require the following payments to be made by patients using the service.

1. *Pharmaceutical Service*

A charge of 1s. is payable by the patient to the dispensing chemist in respect of each prescription form made out by the doctor and presented for dispensing (where the doctor himself supplies the medicines, the 1s. is payable to him). Where the doctor prescribes elastic hosiery the patient pays 5s. or 10s. on each article.

2. *General Dental Service*

For dentures the patient is required to pay a charge corresponding to roughly half the cost to the Exchequer. For other dental treatment the charge to the patient is £1, or the full cost if less than £1. No charge is made for the clinical examination of a patient's mouth.

If a denture or other appliance needs replacement as a result of carelessness the patient pays all or part of the cost.

Dental treatment (other than the supply or relining of dentures or additions to them) is provided without charge for patients under 21 years of age and for expectant mothers or mothers who have had a child during the preceding 12 months.

3. *Supplementary Ophthalmic Service*

A charge of 10s. for each lens, plus the actual cost of the frames, is payable by the patient; an additional charge is made for certain special types of lens where these are not clinically necessary. No charge is made for children's glasses in the standard types of children's frame.

A contribution from Exchequer funds towards the cost of the repair of glasses or replacement of the same prescription can only be made where the applicant shows that the loss or damage was not due to personal carelessness.

4. *Hospital and Specialist Services*

A charge of 1s. is made to a hospital out-patient for each prescription form for drugs and medicines (unless administered at the hospital); patients attending venereal disease clinics who receive medicines as part of their treatment are exempt from this charge. Hospital out-patients also have to pay fixed charges for dentures, glasses, elastic hosiery, surgical abdominal supports, surgical footwear (and heeling and soling repairs) and wigs; children under 16 years of age or in full-time attendance at school are exempt from these charges.

5. *Exemptions and Refunds*

Persons receiving National Assistance and their dependants are relieved of the foregoing charges, and other persons who experience hardship in paying them may obtain assistance from the National Assistance Board if, by National Assistance standards, they have insufficient means to pay. War pensioners are relieved of all charges arising from their accepted war disabilities.

§ 7. Maintenance of Community Health

Under the terms of the National Health Service Act, 1946, the local health authorities are required to provide, equip and maintain health centres. These centres are intended to provide under one roof antenatal and postnatal clinics, a child welfare clinic, a school treatment centre, other local health services and facilities for general practitioner, dental and pharmaceutical services provided through the hospital out-patient services of the local Executive Council. These centres are to be freely available to persons residing in the area.

The local health authorities also maintain domiciliary services (through the health visitor services) which give advice on the care of young children, expectant or nursing mothers and persons suffering from illness, and on measures to prevent the spread of infection. In this work the health visitor is becoming increasingly associated with the general practitioner.

Home nursing and domestic help will be provided where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, a mental defective, an aged person or a child. A charge may be made according to the means of the family as assessed by the authorities.

Maternity and child welfare services are also provided, as well as a midwifery service with supervision of midwives; an obstetric practitioner service is also arranged with the local Executive Council. Milk and vitamins are issued free to expectant and nursing mothers and to children under five. Free dental care is also arranged for them.

Local health authorities are responsible under the Education Act, 1944, for a school medical and dental service, which provides inspection and treatment, both general and specialised. Milk and meals (and clothing if necessary) must be available at the school and in addition facilities for recreation and social and physical training must be provided; to this end the local education authorities may establish camps, playing fields, gymnasia and swimming baths. Children in the area who require special physical or mental education must be found and facilities for handicapped pupils provided. The school nurses follow up cases. There are child guidance as well as medical clinics.

Arrangements are made with medical practitioners for vaccination and diphtheria immunisation.

An ambulance service is also available.

The National Assistance Act, 1948, requires local authorities (i.e. county and county borough councils) to provide residential accommodation for persons who by reasons of age, infirmity or any other circumstances are in need of care and attention which is not otherwise available to them and temporary accommodation for persons who are in urgent need thereof on account of unforeseeable circumstances, e.g. flood or fire. The accommodation is of different descriptions suited to different types of persons and includes board and all necessary amenities. Every resident pays the local authority for his accommodation : where his resources are insufficient to enable him to pay a prescribed minimum charge he is assisted to do so by the National Assistance Board.

Local authorities are also empowered to make arrangements for promoting the welfare of persons who are blind, deaf or dumb or other persons who are substantially and permanently handicapped by illness, injury or congenital deformity. These arrangements may include information and advisory services, the provision of sheltered employment in special workshops or in the person's own home with help in the marketing of the produce of their work, and the provision of recreational facilities. The exercise of these powers is mandatory in the case of blind persons.

The Act also provides for special financial assistance to persons who have suffered a loss of income to undergo treatment for respiratory tuberculosis. This provision is a corollary of special arrangements for the early detection and diagnosis of tuberculosis, with the object of minimising the spread of infection.

Measures for the protection of the health of the community are contained in the Public Health Acts, which include provisions concerning sanitation, the removal of refuse, scavenging, the keeping of animals, the cleansing of filthy or verminous premises, the maintenance of municipal cleansing stations and fumigators, the inspection of nuisances, the supervision of offensive trades, the provision of pure domestic water supplies, the notification of infectious diseases, the detection, notification and prevention of tuberculosis and the provision of sanatoria and dispensaries.

The control of infectious diseases is within the responsibility of the local authorities acting on the advice of the Medical Officer of Health.

The local authorities may provide mortuaries, cemeteries and crematoria and are responsible for their maintenance.

Local authorities are also responsible for the enforcement of the Food and Drugs Act, 1955, and other enactments relating to the purity, wholesomeness and composition of food.

The local authorities have duties of inspection, clearance, demolition and redevelopment of housing under the Housing Act, duties under the Shops Act and responsibilities in connection with port health administration.

Most of the foregoing duties under the Public Health Acts are assigned to borough and district councils rather than to county councils. Port health administration in seaports is carried out by authorities specially constituted for the purpose.

§ 8. Incapacity for Work

A. SICKNESS

Gainfully occupied contributors under the National Insurance Acts, 1946-56, are covered.

1. *Qualifying Conditions*

Contributions.

Twenty-six Class 1 or Class 2 contributions must have actually been paid between the date of entry into the insurance scheme and the day for which benefit is claimed and not less than 50 contributions must have been paid or credited in respect of the relevant contribution year. ("The relevant contribution year" is a period of 12 months ending five months before the benefit year which it governs begins; each benefit year runs for 12 months. An insured person is not liable to pay a contribution for any contribution week throughout the whole of which he is unemployed or incapable of work and may be "credited" with having paid such a contribution.)

Where an insured person is not entitled to benefit for an unlimited period he may requalify for further sickness benefit by the payment of 13 weekly contributions as an employed or self-employed person after his entitlement to sickness benefit has ceased.

Residence.

The claimant must be resident in the United Kingdom or a country with which there is a reciprocal agreement. He is disqualified if he is in prison.

Behaviour and Other Conditions.

The claimant may be disqualified for benefit for a period not exceeding six weeks if—

- (a) incapacity is due to his misconduct;
- (b) he fails to attend for or submit to independent medical examination or to treatment; or
- (c) he fails to observe the following rules:
 - (i) to refrain from behaviour liable to retard his recovery;
 - (ii) not to be absent from his place of residence without leaving word where he may be found;
 - (iii) to do no work for which remuneration is or would ordinarily be payable unless it is work undertaken under medical supervision as part of his treatment while he is a patient in or of a hospital or similar institution and his earnings in respect of that work do not exceed 20s. a week.

Disqualification will not be imposed under (b) and (c) above if the claimant satisfies the statutory authorities that he had good cause for his failure.

2. *Submission of Claim and Payment of Benefit*

The claimant submits the claim on an approved form to the insurance officer attached to the local office of the Ministry of

Pensions and National Insurance, giving evidence of incapacity for work in support of the claim, within three clear days of the commencement of illness: the period for giving notice may be extended where good cause for delay is proved. No sickness benefit can be paid for any period more than six months before the date on which notice is given.

Benefits are paid by the Ministry of Pensions and National Insurance by postal draft or in cash or by means of a long-term sickness order book.

3. *Rate and Duration of Benefit*

A weekly payment of 40s. (or less, according to the number of contributions paid or credited in the relevant contribution year) with an allowance of 25s. per week for an adult dependant, 11s. 6d. per week for the first child within the age limits of the Family Allowances Act and 3s. 6d. for each other child. The benefit is subject to reduction after the completion of 56 days' free maintenance in a hospital.

Until 156 Class 1 or 2 contributions have been paid the benefit is payable for 312 days only (i.e. one year, not counting Sundays) in the same period of interruption of employment.

B. INVALIDITY

The range of persons covered is the same as for sickness benefit.

Benefit continues without limit of duration provided that 156 contributions have actually been paid since the date of entry into the scheme and not less than 26 (50 for full rate) contributions have been paid or credited during the relevant contribution year. The other conditions are the same as those governing sickness benefit.

C. EMPLOYMENT INJURY

There are three types of compensation for employment injury, namely injury benefit, disablement benefit and death benefit.

1. *Injury Benefit*

(a) *Qualifying Conditions.*

Contributions. Entitlement to benefit is not dependent on the number of contributions paid but on the fact that the employment is insurable under the Industrial Injuries Acts.

Residence. The insured person must be in the United Kingdom, or in a country with which there is a reciprocal agreement, or a pilot or a member of the crew (domiciled or resident in the United Kingdom or in one of the countries named in the Mariners' Industrial

Injuries Regulations) employed on any ship or aircraft registered in Great Britain or of which the owner or the manager resides or has his principal place of business in Great Britain.

Other conditions. The personal injury must have been caused by an accident arising out of and in the course of employment in Great Britain or a country with which there is a reciprocal agreement (seafarers and airmen are covered as above); or the claimant must be suffering from a prescribed disease due to the nature of the employment. Other general conditions as in A. and B. above.

(b) *Submission of Claim and Payment of Benefit.*

The insured person or some other person acting on his behalf must give notice of the accident, as soon as is practicable after it happens, to his employer. The latter investigates and records the circumstances.

The claim for benefit must be submitted to the local office of the Ministry of Pensions and National Insurance within 21 days of the commencement of incapacity. Evidence of incapacity must be submitted with the claim.

The insurance officer attached to the local office, who is the statutory authority appointed by the Minister of Pensions and National Insurance, obtains evidence of the accident from the employers.

If the claim is allowed by the insurance officer it is paid by the Ministry of Pensions and National Insurance.

(c) *Rate and Duration of Benefit.*

A weekly payment of 67s. 6d. plus 25s. for one adult dependant earning not more than 20s. per week, and 11s. 6d. for the first dependant child under school-leaving age, with an addition of 3s. 6d. for each other child. Lower rates are paid for persons under 18 years who have no dependants.

Benefit is payable for 156 days (less if incapacity for work ceases).

2. *Disablement Benefit*

(a) *Qualifying Conditions.*

As for injury benefit, except that the insured person need not be incapable of work and may receive payment in any country. The insured person must have suffered a loss of faculty as a result of an industrial accident or prescribed industrial disease.

(b) *Submission of Claim and Payment of Benefit.*

The insured person makes a claim for disablement benefit within three months of ceasing to be entitled to injury benefit or, if not incapacitated by the accident, within three months of the date of the accident. The insurance officer proceeds, in the same manner as for injury benefit, to determine the claim, basing his decision on the

findings of a medical board. Payment is made by the Ministry of Pensions and National Insurance.

(c) *Rate and Duration of Benefit.*

The payment may be—

(i) A gratuity or lump sum if the disablement is assessed at less than 20 per cent.

(ii) A pension or weekly payment if the disablement is assessed at 20 per cent. or more.

A lump-sum gratuity of up to £225 is payable if the disablement is assessed at less than 20 per cent. If the disablement is assessed at 20 per cent. or more a pension is payable ranging from 13s. 6d. per week (for 20 per cent. disablement) up to 67s. 6d. per week (for 100 per cent. disablement). Lower rates are paid to persons under 18 years of age who have no dependants. Supplements are made to the weekly pension in the following cases :

(i) Unemployability allowance. A supplement of 40s. (for persons under 18 years of age with no dependants 23s.) per week. Earnings up to £52 per year are disregarded.

(ii) Constant attendance allowance (if the disablement is assessed at 100 per cent.). A supplement of 30s. per week (less if attendance is part-time) or more in cases of exceptionally severe disablement.

(iii) Special hardship allowance. An allowance of up to 27s. 6d. per week, provided that when added to the disablement pension the total does not exceed 67s. 6d. This is also payable with a disablement gratuity.

(iv) Hospital treatment allowance. This allowance makes up the difference between the actual rate of disablement benefit and the 100 per cent. rate.

Where (i) or (iv) is payable the supplementary allowances for dependants are also payable.

The pension may be paid on a provisional assessment with re-assessment after a certain length of time, or on a final assessment for any period up to "for life".

3. *Death Benefit*

(a) *Qualifying Conditions.*

Death must have been the result of an industrial accident or prescribed industrial disease. Dependants may receive a pension, allowance or gratuity according to their relationship to the deceased and degree of dependence on him. The benefit is payable in any country.

(b) *Submission of Claim and Payment of Benefit.*

A claim must be lodged within three months of the death to the Ministry of Pensions and National Insurance, which is responsible for payment.

(c) *Rate and Duration of Benefit.*

(i) *Widows.* A widow receives 55s. a week during the first 13 weeks and 45s. a week thereafter if she : (1) has a child for whom an extra allowance is paid (normally 16s. 6d. for the first child, 8s. 6d. for each subsequent child) ; or (2) although not entitled to a child's allowance has a child of the deceased's family under the age of 18 residing with her ; or (3) is over 40 when either of the two preceding conditions ceases to apply ; or (4) is over 50 or permanently incapable of supporting herself at her husband's death ; or (5) is pregnant by her late husband. In all other cases the rate is 20s. a week.

(ii) *Widowers.* A widower incapable of self-support receives 45s. per week for life.

(iii) *Children.* Widows are entitled to children's allowances at the rate of 16s. 6d. weekly for the first child and 8s. 6d. for each other child within the age limits of the Family Allowances Acts (see § 2, Section B). For other beneficiaries the rates are 11s. 6d. and 3s. 6d. respectively.

(iv) *Parents.* The pension payable varies according to the extent to which the deceased supported his parents. The maximum payable is 20s. weekly for one parent or 30s. weekly for both. Alternatively a lump-sum grant of not more than £52 for one parent or £78 for both may be paid.

(v) *Relatives.* Pension allowances or gratuities are payable according to the number of claimants for previous benefits under (i), (ii), (iii) and (iv) above and the extent to which the deceased supported them as follows :

Pension. 20s. per week maximum.

Allowance. 36s. per week for 13 weeks.

Gratuity. Maximum of all gratuities (any one of which may not exceed £52) totalled together, £104.

(vi) *Woman having the care of a child (not benefiting otherwise).* A woman having the care of a child in the deceased's family from the date of accident until date of the death receives 20s. weekly while the child remains in her care.

4. *Colliery Workers' Supplementary Scheme*

The Colliery Workers' Supplementary Scheme has been approved by the Minister of Pensions and National Insurance. It is a contributory scheme providing additional payments for injury, disablement and death benefit where the injured person was a colliery worker. It is entirely self-supporting, contributions being payable by the workers and the National Coal Board into a special fund. The Minister of Pensions and National Insurance assists in its administration. National and local committees of employers and workers decide questions arising under the scheme other than those which involve decisions under the Acts.

§ 9. Unemployment

Persons insured as employed contributors (Class 1) are covered.

1. *Qualifying Conditions*

Contributions.

Not less than 26 Class 1 contributions must have actually been paid by the claimant between the date of entry into insurance and the day for which benefit is claimed. In addition, not less than 50 Class 1 contributions must have been paid or credited in respect of the relevant contribution year. If not less than 39 Class I contributions have been paid or credited during that year, contributions paid or credited in a lower class during that year may count as Class I contributions. Benefit is payable at reduced rates if less than 50 but at least 26 contributions were paid or credited.

Residence.

The claimant must be in Great Britain unless a mariner or covered by reciprocal arrangements. No benefit is paid for a period spent in prison or detention in legal custody.

Other Conditions.

The claimant must be unemployed, available for and capable of Class 1 employment, and over school-leaving age and under 70 if a man or 65 if a woman. Men between 65 and 70 and women between 60 and 65 are entitled to benefit only if in addition to satisfying the usual conditions they have not retired and their insurance would give them a retirement pension if they did retire. The rate of benefit is limited to the notional rate of retirement pension.

The claimant must not have left his employment voluntarily without just cause or lost his employment through misconduct (in the industrial sense). He must not refuse to accept an offer of suitable employment without good cause or otherwise to follow up opportunities of obtaining such employment or of training aimed to assist him to find employment. The period of disqualification for benefit in such cases will not exceed six weeks. The claimant has the right of appeal against any disqualification from or disallowance of benefit, in the first instance to a local tribunal and subsequently, in certain circumstances, to the National Insurance Commissioner.

A claimant who has lost his employment because of a stoppage of work which was due to a trade dispute at his place of employment is disqualified for receiving benefit so long as the stoppage of work continues unless during the stoppage of work he has found bona fide employment elsewhere in the occupation which he usually follows or has become regularly engaged in some other occupation. The disqualification does not apply if the insured contributor can prove—

(a) that he is not himself taking part in or financing or directly interested in the trade dispute which caused the stoppage of work ; and

(b) that the persons who are taking part in or financing or directly interested in the trade dispute do not include any members of his own grade or class who immediately before the stoppage of work were employed at the premises at which the stoppage is taking place.

Special conditions are applied to share fishermen and to seasonal workers.

2. *Submission of Claim and Payment of Benefit*

The claimant submits a claim and deposits his contribution card at an employment exchange.

The claim must be submitted on the first day of unemployment : in certain cases a later claim may be accepted, but benefit is not payable for any period earlier than six months before the date of the claim.

The claimant must attend regularly at specified intervals at the employment exchange to sign the unemployment register.

Benefit is paid by the employment exchange acting on behalf of the Ministry of Pensions and National Insurance.

3. *Rate and Duration of Benefit*

The benefit payable is 40s. per week plus the same dependants' allowances as for sickness benefit (see § 8. A.3 above) ; the basic rate of benefit and the increase for an adult dependant are reduced where less than 50 contributions have been paid during the relevant contribution year.

The basic benefit period is 180 days, but a person who has been insured for five years or more may be entitled to a maximum of 312 additional days, depending on his record of contributions paid as against benefit received. When benefit, including additional days, has been exhausted a claimant cannot again become entitled to unemployment benefit until at least 13 more Class 1 contributions have been paid.

§ 10. Old Age

A. NON-CONTRIBUTORY OLD-AGE PENSIONS

Persons aged 70 years or over are covered provided that they fulfil the statutory conditions as to British nationality, residence and limit of yearly means.

1. *Qualifying Conditions*

Contributions.

None.

Residence.

The person must have been a British subject for the ten years preceding the date on which the pension becomes payable and must have been resident in the United Kingdom for an aggregate period of 12 years since attaining the age of 50 years if a British subject by birth, or of 20 years in all in other cases. The pension is payable only to residents in Great Britain.

Other Conditions.

The capital assets and resources of the claimant are considered per a schedule of evaluation. No pension is payable if the claimant's means exceed the equivalent of £89 5s. per annum; the maximum rate of pension is receivable if his means do not exceed £26 5s. per annum.

2. Submission of Claim and Payment of Benefit

The claimant must make his claim in writing to the local office of the National Assistance Board on the form approved for the purpose or by letter. Evidence of date of birth and disclosure of assets and resources will be required.

A claim for a pension may be made at any time not more than four months before the date of probable entitlement: no pension will be paid for a period earlier than the receipt of the claim.

The pension is paid by the National Assistance Board.

3. Rate and Duration of Benefit

A weekly pension of 26s., 16s. for a married woman; or less if income exceeds a certain amount (see Section 1. above), is payable. The pension may in cases of need be supplemented under the National Assistance Scheme. It is payable for life or as long as annual means do not exceed the maximum allowed.

B. RETIREMENT PENSIONS

Employed, self-employed and non-employed contributors under the National Insurance Acts and their non-contributing wives or widows over pensionable age are covered.

1. Qualifying Conditions

Contributions.

Not less than 156 contributions must have been paid since the date of entry; a yearly average of not less than 50 contributions paid or credited must have been maintained for the pension to be payable at the full rate; a minimum of ten years' insurance is required since the date of entry into the scheme in certain transitional cases.

Residence.

Pensions are payable anywhere in the world, but, except where a reciprocal agreement provides otherwise, the pension may not exceed that for which the pensioner had qualified when he left Great Britain. A person who is abroad when he first qualifies for a pension receives the rate of pension current at that time.

Other Conditions.

The claimant must be over pensionable age (65 for a man, 60 for a woman) and must have retired from work or reached the age of 70 (men) or 65 (women). This condition applies also to the wife of a man who claims a retirement pension on his contributions. She cannot claim before he claims his retirement pension though she may have reached the age of 60 before he retires.

2. Submission of Claim and Payment of Benefit

The claimant (or in the case of a person unable to act for himself, a person appointed by the Minister of Pensions and National Insurance to act for him) must fill up and sign the approved form and have his signature witnessed. A birth certificate should be produced if possible.

The pension may accrue up to three months before the date of submission of the claim (six months where good cause is shown for delay in claiming) but not for any period prior to the giving of written notice of retirement unless the age of 70 (65 for a woman) has been reached. A claim may be made not more than four months before reaching pensionable age.

Claims must be submitted to a local office of the Ministry of Pensions and National Insurance. When the claim is allowed the pensioner is issued with a book of pension orders encashable at any post office.

3. Rate and Duration of Benefit

The standard rate of pension is 40s. per week, with an additional 25s. for a dependent wife under pensionable age, 11s. 6d. for the eldest child and 3s. 6d. for every other child within the age limits of the Family Allowances Acts (see § 2, Section B.2). The wife's allowance is paid subject to the condition that she is not engaged in any gainful occupation or occupations from which her weekly earnings exceed 40s. (20s. if she is not residing with her husband but is principally supported by him); if the pensioner is earning more than 50s. per week the pension (including allowances for wife or children) is reduced. Where the contribution average is less than 50 a proportionately reduced pension is payable (the minimum is 13 contributions per annum). The allowance for a child is unaffected by insufficiency in the contribution average, but the wife's allowance is proportionate to the amount of the beneficiary's own pension.

The dependent wife's allowance becomes a wife's retirement pension when she is 60 provided that she actually retires.

This pension is subject to reduction (as long as she is under 65) if the woman herself earns more than 50s. per week, but it is not affected by her husband's earnings. The rate of pension is the rate at which the allowance was payable (the wife's allowance minimum rate is 7s. per week, paid on her husband's average if this reached 13-17 contributions per annum). A widow over pensionable age receives 40s. a week (or less if her husband's contribution average was less than 50).

Where retirement is postponed beyond the pensionable age higher rates of pension are payable to the insured person according to the contributions paid after the minimum pension age is reached and up to a maximum of 55s. for the insured person (or his widow) and 35s. a week for his wife.

The pension is payable for life except in the case of widows whose retirement pension is based on their husband's insurance, in which case the pension ceases on remarriage.

C. NATIONAL ASSISTANCE

See § 13, Section B.

§ 11. Funeral

Benefit is paid to the person who reasonably incurs expenses in connection with the death, preference normally being given to the person paying the cost of burial.

1. *Qualifying Conditions*

The deceased or the husband or wife of the deceased, or the parent of a deceased child, must have paid or been credited with 26 contributions since 5 July 1948, and to be entitled to receive the grant at the full rate must have paid or been credited with 45 contributions in the contribution year preceding the death, or with an average of 45 contributions a year over his insured life since 5 July 1948.

The death must have occurred in the United Kingdom, unless the deceased was abroad serving with the armed forces, or in a country with which there is a reciprocal agreement, or in insurable employment as a mariner, or in certain other special circumstances.

2. *Submission of Claim and Payment of Benefit*

Claims must be submitted to any local office of the Ministry of Pensions and National Insurance on an approved form and accompanied by evidence of death.

Benefit is paid by the Ministry in the form of a postal draft or in cash.

3. *Amount of Benefit*

If the deceased was under the age of three the benefit payable is £6.

If the deceased was aged three to five years inclusive the maximum benefit payable is £10.

If the deceased was aged six to 17 years inclusive the maximum benefit payable is £15.

If the deceased was aged 18 or over the maximum benefit payable is £20.

If the deceased was within ten years of pensionable age on 5 July 1948 the maximum benefit payable is £10.

Benefit may be payable at a reduced rate when the contribution conditions are not fully satisfied.

The benefit payable may be reduced where the cost of the burial falls on public funds.

§ 12. **Death of Breadwinner**

A. *Death from Any Cause*

The conditions and coverage are shown in § 2 above. The procedure for claims and payment is the same as that for retirement pensions (see § 10 above).

B. *Death from Employment Injury*

See § 8, Section C.

§ 13. **Other Contingencies**

A. **BLINDNESS**

The conditions for receipt of a blind person's pension are similar to those for receipt of a non-contributory old-age pension, except that the residence condition must be satisfied from the age of 20 years and the person must be so blind as to be incapable of work for which eyesight is essential. It is, however, payable from the age of 40.

B. **LACK OF RESOURCES**

All the weekly benefits mentioned in the preceding chapters may be supplemented in cases of need by weekly grants under the National Assistance Act, which are payable also to persons without title to any other benefits.

Application can be made by any person aged 16 or over (children under that age are treated as dependent on their parents) and resident in the United Kingdom, but assistance cannot ordinarily be paid to a person or the wife of a person in remunerative full-time work or to a person engaged in a trade dispute except for the needs of his dependants. The Board may, however, make a grant to any person in an emergency, subject to repayment in certain circumstances.

Applications must be made to a local office of the National Assistance Board on a form obtainable at the post office or employment exchange.

Allowances are paid weekly either by means of a book of orders encashable at any post office or in cash at the employment exchange. Assistance may in exceptional cases be given in kind. Lump-sum grants may be made where required to meet exceptional needs.

Appeal lies to local independent appeal tribunals.

CHAPTER IV

ORGANISATION

The organisation of the five social security schemes in Great Britain is based on the principle of direct administration by government departments. At the head are the Minister of Health and the Minister of Pensions and National Insurance, who are answerable to Parliament for the functioning of their respective departments.

Responsibility for the National Health Service rests for England and Wales with the Minister of Health and for Scotland with the Secretary of State for Scotland.

The Minister of Pensions and National Insurance is responsible for the "benefits payable in cash" under the Family Allowances Acts, the National Insurance Acts and the National Insurance (Industrial Injuries) Acts.

National Assistance is administered by the National Assistance Board, whose members are appointed by Royal warrant. There are also local advisory committees.

The Minister of Pensions and National Insurance has certain functions connected with the making and confirming of regulations under the National Assistance Act, 1948, and is responsible for laying before Parliament the annual reports of the Board on its activities.

§ 14. Administration

A. MINISTRY OF PENSIONS AND NATIONAL INSURANCE

1. *Central Administration*

The Ministry of Pensions and National Insurance has headquarters offices in London with comparatively small staffs, which confine themselves mainly to dealing with questions of policy arising out of the administration of the National Insurance Acts, the National Insurance (Industrial Injuries) Acts, the Family Allowances Acts and also war pensions legislation.

At the head of the administration is the Secretary, assisted by the Deputy Secretary. There are four administrative departments, each with an Under-Secretary in charge. In addition there is an Establishment and Organisation Department directed by an Under-Secretary, a Finance Department headed by the Under-Secretary for Finance and Accountant-General, the Legal and Medical Departments and the Department of the Chief Insurance Officer, who is responsible for appeals to the National Insurance Commissioner (see § 17, A. 2 (a)) under the National Insurance Acts and the National Insurance (Industrial Injuries) Acts.

The private offices of the Minister and Parliamentary Secretaries are also at the London headquarters.

The Minister is assisted in the performance of his duties under the National Insurance Acts and the National Insurance (Industrial Injuries) Acts by a National Insurance Advisory Committee and an Industrial Injuries Advisory Council, each including representatives of employers and workers. Their main function is to advise the Minister on proposals for regulations, though they are also available to consider any other matters connected with the Acts which the Minister may refer to them for advice.

There are two central offices, at Newcastle-on-Tyne and Blackpool. The Newcastle-on-Tyne office keeps the records of all National Insurance contributions and is responsible for the award and payment of family allowances and guardians' allowances and the payment of retirement pensions (except for Scotland and Wales). The Blackpool office deals with the award and payment of war pensions.

A considerable part of the Finance Department is also stationed at Newcastle-on-Tyne and Blackpool.

2. *Regional Administration*

For administrative purposes England is divided into ten regions, each with a regional office under a Regional Controller who is responsible for the day-to-day control of the work and staff of the local offices in his region. There are also regional offices in Scotland and Wales, each under a Controller who, in addition to similar responsibilities, is responsible for the payment of certain classes of retirement and widows' pensions and for other pensions work which, in England, are carried out at the Newcastle-on-Tyne Central Office. The regional offices also supervise arrangements for local advisory committees, war pensions committees, local appeal tribunals, medical appeal tribunals and medical boards.

There are regional finance offices which are responsible for regional accounting, the auditing of local office accounts and, in Scotland and Wales, for the payment of monthly salaries and the finance and accounting work relating to retirement pensions. They also pay certain allowances authorised by war pensions offices and examine and pay accounts for fees from doctors, specialists, radiologists, medical appeal tribunals and chairmen of local tribunals

and claims for loss of earnings from members of, and witnesses at, local tribunals.

3. *Local Administration*

The local National Insurance Offices, of which there are some 900, are the main point of contact with the public and are responsible for the receipt and payment of claims to benefit under the National Insurance Acts (including payments under the Colliery Workers' Supplementary Scheme) and the Family Allowances Acts, except that—

(i) claims for family allowances and guardians' allowances are determined and paid by the Newcastle-on-Tyne Central Office. Local offices receive the claims and forward them to Newcastle-on-Tyne after initial scrutiny ;

(ii) pensions, after award by local offices, are paid by the appropriate Central Office at Newcastle-on-Tyne, Edinburgh or Cardiff ;

(iii) claims to unemployment benefit are dealt with by the employment exchanges of the Ministry of Labour and National Service.

Local National Insurance Offices are also responsible for the classification of insured persons, the collection of contributions and the enforcement of the liabilities of insured persons and employers in relation to payment of contributions under the National Insurance Acts. For these purposes, some officers are appointed inspectors under the powers of Section 49 of the National Insurance Act, 1946, and of Section 62 of the National Insurance (Industrial Injuries) Act, 1946. Local offices also undertake work for the Ministry of Agriculture, Fisheries and Food and the Department of Health for Scotland in connection with the welfare food scheme ; the Ministry of Labour and National Service in connection with the industrial classification of employed persons, and the National Assistance Board in connection with the payment of assistance grants. They also provide an advisory service for war pensioners and may carry out inquiries for the war pensions offices.

B. NATIONAL HEALTH SERVICE

1. ENGLAND AND WALES

For purposes of local and regional administration the National Health Service is divided into three sections, namely—

- (1) the hospital and specialist services ;
- (2) welfare and other services provided by local health authorities ; and
- (3) " practitioner " services.

Each of these three sections has its own local and regional administrative bodies, which are described below. The members of these bodies serve without pay.

1. *Hospital and Specialist Services*

(a) *Local Administration.*

Hospitals have been placed in groups consisting of an average of seven hospitals and 1,300 beds.

Each of these groups is under the control of a Hospital Management Committee, the members of which are appointed by the Regional Hospital Board after consultation with the local health authorities and Executive Councils in the area, the senior medical and dental staff of the hospitals in the group and such other organisations as the Board consider to be concerned.

Hospital Management Committees are responsible for the day-to-day administration of their hospitals and for the appointment of all but senior medical and dental staff.

In England and Wales teaching hospitals are placed under Boards of Governors which combine the functions of Hospital Management Committees with those of Regional Hospital Boards. The members of the Boards of Governors are appointed by the Minister, approximately half on the nomination of the university with which the hospital is associated, the Regional Hospital Board and the medical and dental teaching staff of the hospital, and the remainder after consultation with such local health authorities and other bodies as appear to the Minister to be concerned.

(b) *Regional Administration.*

There are 14 Regional Hospital Boards in England and Wales and five in Scotland, each responsible for the general planning of the hospital and specialist services in their areas and for the appointment of senior medical and dental staff.

These Boards are appointed by the Minister after consultation with the university with which the provision of hospital services is to be associated, the medical profession in the area, and generally the local health authorities in the area and such other organisations as appear to the Minister to be concerned.

(c) *Central Administration.*

The services are supervised by the Minister of Health, who has power (never yet exercised) to decide that any hospital authority is in default, in which case its members must vacate their offices.

2. *Welfare and Other Services Provided by Local Health Authorities.*

(a) *Local Administration.*

Local administration is in the hands of the 62 county councils and the 83 county borough councils, which are elected by adult suffrage.

The councils are designated "local health authorities" and exercise their functions through a statutory health committee.

(b) *Central Administration.*

Schemes by which the local health authorities propose to carry out their duties require the approval of the Minister of Health. He has power (never yet exercised) to direct local health authorities if he considers that they are failing to carry out their duties.

3. "Practitioner" Services

These consist of general medical, general dental, pharmaceutical and supplementary ophthalmic services.

(a) *Local Administration.*

Administration is in the hands of Executive Councils, of which there is one for each county or county borough area ; in a few cases, however, two areas have been combined under one executive council. An Executive Council consists of five members appointed by the Minister, eight members appointed by the local health authority, seven by the doctors of the area, three by the dentists of the area and two by the chemists of the area. It elects its own chairman.

(b) *Central Administration.*

The service is supervised by the Minister of Health, who makes regulations determining the general principles and has power (never yet exercised) to declare that an Executive Council is in default, in which case its members must vacate their offices.

2. SCOTLAND

In Scotland the extent of the services provided is the same as that in England and Wales, and there are only minor differences in organisation. In that country the Secretary of State for Scotland is the responsible Minister ; the 31 county councils and 24 town councils of large burghs are the local health authorities ; and there are 25 Executive Councils, each serving the area of one or more local health authorities.

In Scotland the hospital and specialist services are administered by five Regional Hospital Boards appointed by the Secretary of State for Scotland on lines similar to the English Regional Hospital Boards. Teaching hospitals in Scotland, however, are not placed under special Boards of Governors as in England. They are administered like non-teaching hospitals by Boards of Management (the equivalent of the Hospital Management Committees in England). The reason for this is that the Scottish teaching hospitals constitute a proportionately greater part of the hospital resources than the English, and to have removed them from the Scottish Regional Hospital Board's authority would have left the latter with too limited a field of responsibility. There are in Scotland 84 Boards of Management, each administering on an average five hospitals with 770 beds. A Board of Management with a teaching hospital in its group includes members appointed from the hospital teaching staff and the uni-

versity with which the hospital is associated. Otherwise Boards of Management are constituted in the same way as Hospital Management Committees.

To advise the Scottish Regional Hospital Boards about the provision of facilities for medical education or research a Medical Education Committee for each hospital region has been appointed. The members of these Committees are mainly appointed by the universities and the Regional Hospital Boards.

C. NATIONAL ASSISTANCE BOARD

The Board consists of a chairman, a deputy chairman, and not less than one nor more than four other members; at least one of them must be a woman. All are appointed by the Queen on the advice of the Prime Minister, and they have the independence arising from the fact that they cannot in general be removed from office during their terms of appointment. When the affairs of the Board come under discussion in Parliament the Minister who speaks for the Board is the Minister of Pensions and National Insurance.

1. *Central Administration*

The headquarters staff is in two offices, one in London and one at Hinchley Wood, near Surbiton, Surrey. At headquarters are the Secretary (the permanent head of the department) and officers who, on the directions of the Board, are responsible for explaining the general policy of the department and for preparing the operative instructions for the staff. Other headquarters officers carry out the establishment and finance work of the department.

2. *Regional Administration*

The nature of the Board's work makes it necessary that the staff should be distributed throughout the country, dealing with the public in local offices known as Area Offices.

Control of the Area Offices by headquarters is exercised through ten Regional Offices in England and two similar offices, called Central Offices (one in Scotland and the other in Wales). The regional plan conforms, with some minor differences, with that of most other departments with a regional organisation—a standardisation which facilitates co-ordination of related government services. The officer in charge of a region is known as the Regional Controller and he is responsible to headquarters for the Board's work (except Polish resettlement) in his region and for maintaining co-operation with the regional staffs of other government departments and with local authorities and voluntary organisations.

3. *Local Administration*

The Board have in Great Britain some 425 Area Offices, each of which is responsible for the work arising within a defined territory.

The great majority of people who want assistance or a non-contributory pension make their applications by post, but there are occasions when people wish to call at the Board's office. To provide for those persons who do not live within easy reach of an Area Office the Board has nearly 1,000 Supplementary Stations, mainly in local offices of the Ministry of Pensions and National Insurance and the Ministry of Labour and National Service. Many of these stations are served by officers from the Area Office, but when a Board's officer is not there the officers of the Ministry concerned deal with simple inquiries, telephoning the Area Office in urgent or important cases.

The officer-in-charge of an Area Office is known as the Area Officer and he and his staff are responsible for—

(a) receiving applications for National Assistance and non-contributory pensions ;

(b) arranging home visits following an application or to review cases where an allowance or pension is being paid ;

(c) deciding whether assistance or a pension is to be granted, fixing the amount thereof and arranging payment ;

(d) promoting the welfare of the applicant and his dependants, invoking where necessary the aid of the other social services both statutory and voluntary ;

(e) carrying out certain agency duties for other departments ; and

(f) (in some Area Offices only) undertaking work in connection with the legal aid scheme.

4. *Appeal Tribunals*

Anyone not satisfied with the result of his application for assistance (or non-contributory pension) may ask for his case to be brought before the local appeal tribunal. These are independent bodies appointed by the Minister of Pensions and National Insurance. The chairman and one other member are appointed directly by the Minister ; the third member is selected in rotation from a panel of people nominated by the Minister to represent workpeople. Appeal tribunals also deal with certain other matters, including proposals to require particular unemployed applicants to enter a re-establishment centre. At the hearing appellants can be accompanied by or represented by a friend, and the whole procedure is kept as informal as possible. The tribunal's decision is final ; there is no appeal to a higher body.

5. *Advisory Committees*

In order to ensure that full use is made of the advice and assistance, both on general questions and on difficult individual cases, of persons having local knowledge and experience in matters affecting the functions of the Board, the latter is statutorily required to arrange for the establishment of advisory committees throughout

Great Britain to act for such areas as the Board thinks fit. There are 83 such committees for the purpose of dealing with individual cases; they are divided into subcommittees attached to the Area Offices. Committee members are drawn from a wide field and include members of local authorities, employers and workpeople, voluntary and professional social workers from many different organisations, ministers of religion, housewives, teachers, lawyers, doctors and many others.

§ 15. Terms of Service of Members of the Medical and Allied Professions

The following is a description of the arrangements in England and Wales; in Scotland the administrative arrangements are slightly different (see § 14.B).

A. METHODS OF SECURING MEDICAL CARE

1. *General Practitioner Care*

Executive Councils are required by the National Health Service Acts to make arrangements with medical practitioners for the provision by them of personal medical services for all persons in the area who wish to take advantage of the arrangements. The general terms and conditions on which medical practitioners take part in the service have been settled after discussion at the national level between the Minister and the profession.

2. *Specialist Care*

Regional Hospital Boards and Boards of Governors of teaching hospitals appoint specialists on a whole-time or part-time basis under terms and conditions of service agreed nationally between the Minister and the profession.

3. *General Dental Care*

Executive Councils are required by the National Health Service Act to make arrangements with dentists for the provision of general dental services for persons whom the dentists undertake to accept. The general terms and conditions on which dentists take part have been settled after discussion nationally between the Minister and the profession.

4. *Midwifery*

Domiciliary midwives are employed by local health authorities at rates nationally agreed.

5. *Pharmaceutical and Other Medical or Dental Supplies (Including Prostheses)*

Drugs and minor appliances (e.g. bandages) prescribed by a medical practitioner for a patient registered with him under the National Health Service are supplied by chemists under agreements made with Executive Councils. The general terms and conditions of these agreements have been settled after discussions nationally between the Minister and organisations representing the chemists. Major appliances (e.g. artificial limbs, surgical boots) are prescribed by specialists under the hospital service and provided by firms with which contracts have been made. Dental appliances (except for treatment given in hospital) are provided under the arrangements for general dental services (see 3. above).

6. *Residential Care*

Under the hospital service, this is provided in the hospitals and convalescent homes under the control of the Minister, or in some of the relatively few hospitals not in the National Health Service under contract made between the Minister and the owners. Residential recuperative care for patients not requiring medical treatment is also provided by local health authorities within the scope of their preventive and after-care service.

7. *Other Care*

Ophthalmic services are provided both by the hospital service through its own ophthalmic staff and by the practitioner service through ophthalmic medical practitioners and opticians with whom the Executive Councils have contracts.

Local health authorities also provide the services listed in § 6.B. through staff employed by them whole-time or part-time.

B. REMUNERATION FOR SERVICES RENDERED AND SUPPLIES

Payments are normally made directly by the service to the practitioner or supplier, who also collects from the patient any charge due from him (§ 6.D.)

1. *Non-Residential Care*

(a) *General Practitioner Care.*

Normally a medical practitioner's main income comes from capitation fees, but an elderly doctor with a small list of patients may be granted a supplementary annual payment of up to £350 as long as he continues to provide satisfactory services. Financial help may also be given to a general practitioner who is setting up an

essential practice on his own by the payment of an initial practice allowance for three years. The maximum of this allowance is £600 for the first year, £450 for the second and £200 for the third. Practitioners may also receive various other payments, e.g. "inducement" payments for doctors in difficult and unpopular areas, grants for training assistants and mileage allowances for doctors in rural areas.

(b) *Specialist Care.*

Work in out-patient departments of hospitals and clinics is included along with the care of in-patients in the duties of hospital specialist staff. Specialists of consultant status hold full-time or part-time appointments under Regional Hospital Boards or Boards of Governors of teaching hospitals. Full-time appointments (at age 32 or over) carry a basic salary of £2,100 rising to £3,100 per annum. Additional remuneration of £500 to £2,500 per annum may be paid where a consultant is considered to be specially distinguished. Other senior hospital practitioners who limit their activities to particular branches of medicine but are not of full consultant status receive salaries of £1,500 rising to £1,950 per annum for full-time appointments.

Clinical teachers may also be paid from university sources for teaching work. Part-time salary is broadly proportional to whole-time, according to the time spent. Travelling and subsistence expenses are payable in addition.

Domiciliary consultations by part-time specialists are paid for separately on a fee-per-consultation basis, with certain increases where private apparatus is used or a very long distance has to be travelled.

(c) *Dental Care.*

Dentists working in their own surgeries are paid on the basis of work done, each item of service carrying a fixed fee. A dentist on a hospital staff receives a salary in the same way as his medical colleagues.

(d) *Midwifery.*

Midwives are paid salaries by local health authorities at rates nationally agreed.

(e) *Pharmaceutical and Other Medical and Dental Supplies and Protheses.*

Rates for drugs or appliances supplied under the practitioner service have been determined by the Minister after central negotiations: rates for appliances provided under the hospital service are determined by contracts between the Minister and the suppliers.

2. *Residential Care*

Institutions providing residential care belong to the Minister of Health. Their staff is employed full-time or part-time by Regional

Hospital Boards, Boards of Governors of teaching hospitals or Hospital Management Committees, usually at rates which have been agreed upon at the national level with representative professional or trade union organisations. The remuneration of specialists for residential care has been mentioned under 1(b) above.

§ 16. Supervision of Administration

The following is a description of the arrangements in England and Wales ; in Scotland the administrative arrangements are slightly different (see § 14.B.).

A. SUPERVISION OF ADMINISTRATION

Local offices which are grouped in a region are subject to inspection and audit by the regional office to which they are attached, or the central office if there is no intermediate authority.

B. SUPERVISION OF BENEFICIARIES

A system of sick visiting is administered by local offices. In appropriate cases the beneficiary may be referred to a medical referee appointed for the region by the Minister of Pensions and National Insurance.

C. SUPERVISION OF PROFESSIONAL CARE

The responsibility for the supervision of professional care is vested in the bodies indicated in § 14 above as agents of the Minister of Health, namely—

In the hospital and specialist services Hospital Management Committees (Boards of Governors in the case of teaching hospitals) generally speaking are responsible in day-to-day administration for seeing that patients receive proper, sufficient and economical care. Senior medical and dental staff are employed directly by Regional Hospital Boards (Boards of Governors in teaching hospitals) and these bodies therefore have the responsibility of seeing that competent practitioners are appointed.

There is no "medical supervisory officer" in individual hospitals in relation to the senior staff of the hospital, except where there is a medical superintendent ; in any case the object is to leave the individual practitioner the fullest responsibility for the care of patients in his charge.

The staff engaged in the local health authority service is supervised by the local health authority.

Persons engaged in the practitioner services are responsible to the Executive Councils with whom they are in contract for providing a proper standard of service. Supervision is confined to the right of "investigation of any matters relating to the administration of general medical services, pharmaceutical services or ophthalmic or dental services, whether or not any such matter has been raised on complaint".

Such investigation is referred by the local Executive Council to the appropriate service committee. The Council may go as far as to make representations to the tribunal that the continued inclusion of the medical practitioner or chemist or dentist or ophthalmic practitioner on the list of those engaged in the National Health Service would be prejudicial to the efficiency of the service.

§ 17. Sanctions and Settlement of Disputes

A. DISPUTES CONCERNING ADMINISTRATIVE MATTERS

1. Remedies of Government

The local office of the Ministry of Pensions and National Insurance collects the preliminary information, after which the case is handed over to the Inspectorate.

The powers of the inspectors are very wide, including entry of premises (except a dwelling house if not used for trade purposes) and questioning of persons in the course of investigation. Any person wilfully delaying or obstructing an inspector in the exercise of his powers or refusing to supply information when required to do so is liable to a fine not exceeding £10 for the first offence and £50 for a subsequent offence. No one is required to give evidence likely to incriminate himself. The Group Inspector will decide the appropriate action to be taken to ensure compliance.

There is a Legal Department to which cases are submitted if necessary. Criminal, civil or High Court proceedings may be taken. The penalties which can be inflicted for offences under the Acts are fines of £10 up to £100 and imprisonment from three months to a maximum of 14 years' penal servitude if a felony has been committed.

2. Remedies of Beneficiaries

(a) Pensions and Insurance.

Under the National Insurance Acts certain questions (as to contributions, etc.) are decided by the Minister of Pensions and National Insurance, but claims are generally settled by independent authorities.

A claim goes in the first instance to an insurance officer (at a local office of the Ministry), who may deal with it himself or refer it for decision to a local tribunal, consisting of a chairman and two

persons representing employed persons and employers respectively. A claimant dissatisfied with an adverse decision by an insurance officer can also appeal to the local tribunal. Subject to certain conditions an appeal may be made to the National Insurance Commissioner against a decision of a local tribunal. The latter is a lawyer of high standing, as are also the Deputy Commissioners who deal with certain cases on his behalf. Under the National Insurance (Industrial Injuries) Acts the arrangements are similar, but, on claims to disablement benefit, decisions as to the assessment of disablement, etc., are given by medical boards or, on appeal, by medical appeal tribunals. The former (which operate at about 100 centres throughout the country) consist of two medical practitioners; the latter (operating at a centre at each of the 12 regions) consist of a chairman (a lawyer of standing) and two medical practitioners of consultant status.

Under the Family Allowances Act claims are decided by the Minister, subject to appeal to one or more independent referees selected from a panel.

A panel of referees, who are all barristers-at-law, solicitors or advocates and are not officers of the Ministry, has been appointed for the purpose by the Minister of Pensions and National Insurance.

(b) *National Assistance.*

Decisions on applications for assistance are made by the National Assistance Board, subject to appeal to local appeal tribunals.

These tribunals are similar in character to those set up under the National Insurance Acts.

(c) *Matters within the Competence of the Ministry of Health.*

See § 16.C.

B. DISPUTES CONCERNING PROFESSIONAL CARE

1. *Hospital and Specialist Services*

(a) *Complaints by Patients.*

The patient may complain about his treatment to the Hospital Management Committee, which investigates the complaint. If the Committee (or, in the case of senior medical or dental staff, the competent Regional Hospital Board) is satisfied that a member of its staff has acted improperly it may impose sanctions (see (b) below) ranging up to dismissal.

A patient who is aggrieved at the treatment given him may proceed in a court of law against the doctor who attended him or against the hospital authority or both.

Where, as is usually the case, the doctor is a member of a defence society and that body accepts responsibility for him, any payment made to the plaintiff is apportioned between the doctor and the

hospital authority as agreed privately between them, or, in default of agreement, in equal shares. Where an action is brought against any other member of the staff, e.g. a nurse, the hospital authority would normally undertake the defence and pay any damages, except where the officer had clearly acted outside the scope of his authority.

(b) *Complaints by Staff Members.*

There is no Whitley agreement¹ at present on procedure for disciplinary action against National Health Service staff generally. The Minister has given guidance to employing authorities on the lines that subordinate staff who can be disciplined by an officer or a subordinate committee and who are aggrieved by dismissal or other disciplinary action shall have a right of appeal to their employing authority, while if circumstances arise which might lead to disciplinary action, including dismissal, in respect of a senior officer, no decision is to be taken by the employing authority without first giving the officer an opportunity of being heard. It is afterwards open to an aggrieved employee to make representations to the Minister or, in the case of an employee of a Hospital Management Committee, to the Regional Hospital Board. In that event it is entirely for the Minister or the Board to decide what action, if any, shall be taken.

A doctor of consultant status who is to be dismissed by a Regional Hospital Board may appeal to the Minister, who will seek the advice of a professional committee before deciding whether or not to confirm the dismissal.

(c) *Procedure for Settling Disputes relating to Conditions of Service.*

Under a Whitley agreement a procedure has been established for settling differences between staff and employers about matters affecting conditions of service (other than dismissal or disciplinary action). It includes small regional appeals committees, composed of members drawn from both management and staff in the health services, which deal with appeals on the legal application of national conditions of service and of Whitley Council decisions (and in particular on questions of grading) in cases where there is an unresolved dispute between the employing authority and any of its employees whose conditions of service are within the scope of the Health Services Whitley Councils. Where the regional appeals committee cannot reach an agreed decision the dispute can be referred to the appropriate Whitley Council itself.

¹ An agreement concluded by a Joint Industrial Council (commonly known as a "Whitley Council" and so called after Mr. J. H. Whitley, M.P., who was the chairman of a committee of employers and workers set up to study methods of improving industrial relations). These Councils, which exist for most of the main industries in the United Kingdom, are standing joint bodies whose task it is to secure the largest possible measure of joint action between employers and workers for the development of the industry concerned and the improvement of conditions therein. A Whitley Council consists of representatives of employers and workers in equal numbers; other persons may be co-opted in an advisory capacity.

2. *Local Health Authorities*

The relationship between a local health authority and its staff is normally that of employer and employee.

3. *Practitioner Services*

A formal procedure is laid down by regulations issued under the National Health Service Act. In each Executive Council area medical, dental and pharmaceutical service committees have been established; half the members are appointed by the local medical practitioners, dentists or pharmacists and the other half by the lay members of the Executive Council; there is a lay chairman.

All complaints (other than those involving purely professional considerations, which are in the first instance considered by wholly professional bodies), e.g. of failure to provide a proper standard of service, are considered in the first instance by the local medical, dental or pharmaceutical service committee. The committee reports to the Executive Council, whose decision is notified to the Minister.

An appeal may be made by either party from a decision of the Executive Council (except a decision to make representations to the tribunal—see below) to the Minister, whose decision is final.

Penalties may consist of warnings or, in more serious cases, the withholding of payments.

In the most serious cases the Executive Council may represent to an independent statutory tribunal, consisting of the chairman (a lawyer appointed by the Lord Chancellor, or in Scotland by the Lord President of the Court of Session) and two other members, that the practitioner should no longer be permitted to take part in the service. If the tribunal's decision is in favour of the practitioner it is final. If it is against him he can appeal to the Minister, whose decision is then final.

The procedure is similar in the case of complaints against persons providing supplementary ophthalmic services, the Ophthalmic Services Committee of the Executive Council conducting the initial investigation in those cases.

CHAPTER V

FINANCING OF SOCIAL SECURITY

The social security system is financed by contributions from protected persons and employers, by contributions from the State proportionate to the contributions of protected persons and employers and by direct payments by the State and municipalities.

The National Insurance Scheme is supported by contributions from protected persons, employers and the State, based on rates estimated to meet the cost of benefits if all protected persons had begun to be insured at the age of 16. State subsidies will be required to meet the additional cost of providing pensions for people who, at the start of the scheme in 1948, became insured above the age of 16 and of extending subsequent increases of benefit to virtually all contributors and pensioners. The Industrial Injuries Insurance Scheme is financed by contributions from protected persons, employers and the State.

The National Health Service is a direct charge on the State except for a contribution from the National Insurance Fund based on the contributions paid by protected persons and employers, payments by persons using the service and payments by local authorities from local rates.

National Assistance, non-contributory pensions and family allowances are a direct charge on the State.

Other services are financed directly by the State or municipalities or both.

Contribution rates do not, in general, vary with the rate of wages.

As the insurance schemes are unified and centrally administered, no problem arises of dividing contributions between separate contingency funds.

§ 18. Participation of Protected Persons

A. EMPLOYEES (CLASS 1 CONTRIBUTORS)

Employed persons pay contributions at flat weekly rates.

Table I shows the contributions payable and their apportionment between the National Insurance Scheme (for maternity, sickness (including long-term sickness), unemployment, death (funeral), old age, and survivors' benefits), to the Industrial Injuries Insurance Scheme and to the National Health Service. Persons employed as coal miners also contribute to the Colliery Workers' Supplementary scheme.

TABLE I. CONTRIBUTIONS OF EMPLOYEES AND THEIR APPORTIONMENT

Category of insured person	Weekly rate	Apportionment			Additional industrial injuries insurance for coal miners
		National Insurance	Industrial Injuries Insurance	National Health Service	
	s. d.	s. d.	s. d.	s. d.	s. d.
Men over 18	6 9	5 7½	0 5	0 8½	0 4
Women over 18	5 6	4 5½	0 3	0 6½	0 3
Boys under 18	3 11	3 3½	0 3	0 4½	0 2½
Girls under 18	3 3	2 8½	0 2	0 4½	0 2

Men over the age of 65 and women over the age of 60 who have retired from regular work and men over the age of 70 and women over the age of 65, whether retired or not, do not pay contributions for National Insurance or for the National Health Service.

Employees earning 60s. or less a week pay 2s. 11½d. (men) and 2s. 6½d. (women) to the National Insurance Scheme. The contribution rates of their employers are correspondingly increased.

There are no special arrangements for the payment of a different rate of contribution in respect of employees not in receipt of regular wages or working only short hours. Some such persons are treated as if they were not employees.

The contribution to the National Health Service is, strictly speaking, not a direct contribution from the employee. A payment in respect of each insured person's contribution is made from the National Insurance Fund to the National Health Service.

B. SELF-EMPLOYED PERSONS (CLASS 2 CONTRIBUTORS)

Persons in the self-employed class pay contributions at flat weekly rates.

Table II shows the contributions payable and their apportionment between National Insurance (for all the benefits except unemployment insurance benefit) and to the National Health Service.

TABLE II. CONTRIBUTIONS OF SELF-EMPLOYED PERSONS AND THEIR APPORTIONMENT

Category of insured person	Weekly rate	Apportionment			
		National Insurance		National Health Service	
	s. d.	s. d.	s. d.	s. d.	
Men over 18	8 5	7 7	0 10		
Women over 18	7 2	6 6	0 8		
Boys under 18	4 10	4 4	0 6		
Girls under 18	4 3	3 9	0 6		

No contributions are paid by men and women after they reach the age of 70 and 65 respectively, or after age 65 (men) and 60 (women) if they have retired from regular work.

C. NON-EMPLOYED PERSONS (CLASS 3 CONTRIBUTORS)

Persons not gainfully occupied pay contributions at flat weekly rates.

Table III shows the contributions payable and their apportionment between the National Insurance Scheme (for all benefits except unemployment insurance benefit, sickness benefit and the maternity allowance provided for working women) and towards the National Health Service.

TABLE III. CONTRIBUTION RATES FOR NON-EMPLOYED PERSONS AND THEIR APPORTIONMENT

Category of insured person	Weekly rate	Apportionment			
		National Insurance		National Health Service	
	s. d.	s. d.	s. d.	s. d.	
Men over 18	6 6	5 8	0 10		
Women over 18	5 2	4 6	0 8		
Boys under 18	3 9	3 3	0 6		
Girls under 18	3 1	2 7	0 6		

Men over the age of 65 and women over the age of 60 do not pay contributions.

The contribution to the National Health Service is not in fact a direct contribution; it is paid to the Service by the National Insurance Fund.

§ 19. Participation of Employers

Employers pay contributions at flat weekly rates.

Table IV shows the contributions payable and their apportionment between the National Insurance Scheme, the Industrial Injuries Insurance Scheme, and to the National Health Service.

TABLE IV. EMPLOYERS' CONTRIBUTIONS AND THEIR APPORTIONMENT

Category of insured person	Weekly rate	Apportionment					
		National Insurance		Industrial Injuries Insurance		National Health Service	
	s. d.	s.	d.	s.	d.	s.	d.
Men over 18 . . .	6 0	5	4½	0	6	0	1½
Women over 18 . .	4 11	4	5½	0	4	0	1½
Boys under 18 . .	3 6	3	1½	0	3	0	1½
Girls under 18 . .	2 10	2	6½	0	2	0	1½

The employer pays contributions in respect of each employee even if the employee himself is not required to pay a contribution owing to age or if, being a married woman, she is not required to pay.

As explained in § 18, Section A, the National Health Service contribution shown in table IV is the employer's portion of a sum paid in respect of the employer's and employee's contribution jointly.

Where an employee's wages are 60s. or less a week the employer's contribution for National Insurance is 8s. 0½d. (men) and 6s. 7½d. (women).

It is impossible to express the total payment to be made by the employer as a percentage of the payroll, as contributions bear no relation to wages (except where the special contribution rate is paid in respect of employees earning 60s. or less a week).

The Colliery Workers' Supplementary Scheme is financed entirely by contributions of 4d. a week from the workers and 4d. for each ton of saleable coal mined from the employer (the National Coal Board). The finances of the scheme are subject to periodical actuarial review.

§ 20. Participation of Public Bodies

A. PARTICIPATION OF THE CENTRAL GOVERNMENT

Contributions are paid into the National Insurance Scheme by the Central Government at the following flat weekly rates in respect of each contributing protected person :

TABLE V. CONTRIBUTIONS OF THE CENTRAL GOVERNMENT

Description of insured person	Employed person (Class 1)		Self-employed person (Class 2)		Non-employed person (Class 3)	
	s.	d.	s.	d.	s.	d.
Men over 18	1	10	2	6	1	10
Women over 18	1	6	2	2	1	6
Boys under 18	1	0	1	5½	1	1
Girls under 18	0	10	1	3	0	10½

In addition the Central Government has undertaken to make available to the National Insurance Fund, if required, sums not exceeding a total of £325 million for the five years beginning 1 April 1955 and for later years such sums as Parliament may determine. The purpose of these payments is to make good expected deficits on the working of the scheme. It is estimated that the deficits may reach £145 million a year by 1959-60, £295 million a year by 1969-70 and £424 million a year by 1979-80.

The Central Government pays into the Industrial Injuries Insurance Scheme an amount equal to one-fifth of the total of employers' and employees' contributions.

The Central Government meets the whole cost of the National Assistance and Family Allowances Schemes.

The Central Government also finances entirely a number of the specialised social security schemes of secondary importance (such as non-contributory old-age pensions and blind persons' pensions) and contributes to the budgets of municipal authorities for specialised services such as the provision of cheap or free meals at school.

Subject to certain exceptions the Central Government meets the whole cost of the hospital and specialist services and of the general medical and other services, and half the cost of the services provided by local authorities. The main offsets (apart from temporary items relating to the inauguration of the health service) are as follows:

(1) contribution from the National Insurance Fund (calculated by multiplying the estimated number of contributions paid by insured persons of the undermentioned descriptions by the sum set against each category):

Men over the age of 18	10d.
Women over the age of 18	8d.
Boys under the age of 18	6d.
Girls under the age of 18	6d.

(2) payments by persons using the services (see § 6.D.), including payments by private patients in private wards in hospitals;

(3) payments by persons normally resident outside Great Britain (not yet in operation);

(4) superannuation contributions by employees and employers (these are not credited to a separate fund but to the Central Government, which meets the cost of pensions).

The net expenditure is met out of taxes voted by Parliament.

The income of the National Health Service in England and Wales (in millions of pounds) and its sources during the financial year 1955-56 are as follows :

Exchequer	414
Transfer from National Insurance Fund	40
Superannuation contributions and transfer values	26
Payments by persons using the service	27
Payments by local authorities from rates	22
Other income	2
	<hr/>
Total	531

B. PARTICIPATION OF LOCAL AUTHORITIES

Local authorities meet out of the rates levied by them half the cost of the health services they provide.

§ 21. Collection and Handling of Contributions

A. COLLECTION OF CONTRIBUTIONS

1. *Assessment and Payment of Contributions*

Contributions are normally collected by means of specially printed National Insurance stamps which are purchased at post offices and stuck on contribution cards. One stamp covers the contribution in respect of one protected person to the National Insurance Scheme and the Industrial Injuries Insurance Scheme (if applicable to him). Employers are responsible for stamping the cards of their employees with a stamp representing the value of both their own and the employee's contribution. The employer is entitled to recover the amount of the employee's contribution from his wages. Protected persons other than employees are responsible for stamping their own cards. Alternative arrangements varying this general method of collecting contributions from employers have been made. A significant variation in force is that contributions in respect of established civil servants and members of the armed forces are paid in bulk and arrangements are made to see that the appropriate credit is given in the contribution record of each individual concerned.

No question of assessment of contributions normally arises owing to the system of flat-rate weekly contributions.

Inspectors of the Ministry of Pensions and National Insurance are empowered to enter the premises of employers and examine the insurance cards of employees in order to ensure that the appropriate contributions are being paid. Each protected person is registered when he first becomes an insured person, and steps are

taken to investigate the position if the individual record kept centrally shows an inadequate payment of contributions during any contribution year (the period covered by a contribution card).

2. *Accounting System*

The money collected from the sale of stamps is transmitted from the post office to the National Insurance Fund and the Industrial Injuries Fund and contributions collected by means of the alternative arrangements mentioned above are paid directly to those funds. As there is no division of contributions between independent administrative authorities, no complicated accounting is necessary. An account for each individual protected person is maintained at a central office of the Ministry of Pensions and National Insurance and on this account is recorded each contribution paid in respect of the person as shown by the number of stamps on his card when it is surrendered at the end of the year. Similar entries are made on this account to record notional payment of the contribution in respect of weeks when the protected person was excused from payment by reason of illness, unemployment, etc. The local offices of the Ministry are responsible for the despatch of stamped cards and records of illness, etc., to the central office.

Owing to the centralised administration no compensation or equalisation is necessary except between the National Insurance Fund and the Industrial Injuries Fund of Great Britain on the one hand and the corresponding funds for Northern Ireland on the other. Annual adjustments between these funds are made so as to spread the financial burden equitably between the two countries.

B. INVESTMENT OF FUNDS

Money held in the National Insurance Fund may be transferred to the National Insurance (Reserve) Fund, and any money in either of these two funds or the Industrial Injuries Fund may be paid over to the National Debt Commissioners and invested by them in any securities authorised by Parliament as investments for Savings Bank Funds. The National Debt Commissioners present annually to Parliament an account of the securities in which such money is invested.

§ 22. Allocation of Contribution Income and Receipts and Expenditure of Social Security

A. ALLOCATION OF CONTRIBUTION INCOME

Contributions are normally collected by means of stamps on cards as described above. The money received from the sale of

stamps is allocated between the National Insurance Scheme, the Industrial Injuries Insurance Scheme and the National Health Service in the manner described in § 18 and § 19. Contributions from the State are paid over in bulk, the total sum being calculated by reference to the number of contributions collected from protected persons and from employers. As the whole National Insurance Scheme is financed from the National Insurance Fund, no attempt is made to allocate contribution income between the different benefits of that scheme.

B. RECEIPTS AND EXPENDITURE

Tables VI, VII and VIII give the expenditure on the social services which appear to be most closely related to social security during the period April 1953-March 1954. They cannot be regarded as a comprehensive statement of the money derived from public funds and contributions and spent on services which protect the income level and standard of living of the individual.

The national income in the calendar year 1953 has been estimated at roughly £14,000 million.

TABLE VI. RECEIPTS AND PAYMENTS OF THE NATIONAL INSURANCE FUND, 1953-54

(In millions of pounds)

Receipts		Payments	
Source	Amount	Nature	Amount
Protected persons and employers	480.5	Benefits :	
Exchequer	71.7	Unemployment	22.2
Income from investments .	42.6	Sickness	84.9
		Maternity	10.5
		Widows and guardians .	30.9
		Retirement	334.1
		Death grant	2.8
		Total benefits.	485.4
		Contribution to the National Health Service .	40.3
		Administrative costs . .	26.4
		Transfers to Northern Ireland Insurance Fund	6.0
		Other payments	0.6
Total	594.8	Total	558.7
		Surplus	36.1
			594.8

TABLE VII. RECEIPTS AND PAYMENTS OF THE INDUSTRIAL INJURIES FUND, 1953-54

(In millions of pounds)

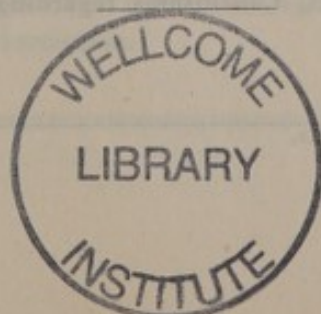
Receipts		Payments	
Source	Amount	Nature	Amount
Protected persons and employers	34.1	Benefits :	
Exchequer	6.7	Injury	11.0
Income from investments	3.3	Disablement	12.2
		Death	1.1
		Other payments	0.5
		Administration	4.2
Total	44.1	Total	29.0
		Surplus	15.1
			44.1

As a result of the provisions of the National Insurance Act, 1954, the payments and receipts of both the National Insurance and the Industrial Injuries Funds have been substantially increased. These increases will not take full effect until the year 1956-57.

TABLE VIII. EXPENDITURE ON OTHER SOCIAL SERVICES (INCLUDING ADMINISTRATION), AND SOURCES OF FUNDS, 1953-54

(In millions of pounds)

Item	Source of funds			
	Protect- ed person and em- ployer	Ex- chequer	Local author- ities	Total ex- penditure
National assistance and non-contributory old-age pensions	—	127.0	—	127.0
Family allowances	—	105.7	—	105.7
National health services	67.0	414.0	22.0	503.0
Totals	67.0	646.7	22.0	735.7



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The protective labour laws assumed in this guide to be enforceable by inspectors are those dealing with hours of work and related questions (e.g. meal and rest breaks, overtime and night work), wages, the prohibition of child labour, the various regulated aspects of the conditions under which women and young workers are employed, and industrial safety, health and welfare—in short, the laws and regulations concerning conditions of work and the protection of workers while they are engaged in their work.

Although the protection of the safety and health of workers requires the technical skill of competent specialists, these duties are sometimes assigned to general labour inspectors. For this reason the guide includes a section dealing mainly with general problems of industrial safety and health; and, to assist inspectors who may wish to obtain more specific guidance on the most common safety and health risks, a selected bibliography of publications dealing with such problems is appended.

The study is divided into two parts. The first part deals briefly with standards for organising a system of labour inspection; its purpose is to promote a fuller understanding of the principles underlying the organisation, staffing and procedure of the service. Part II deals more particularly with the techniques and procedures to be applied by inspectors in their work of supervising compliance with protective labour legislation.

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