

work and just pottering about at home, even 5s. a week is something to him. It is not that he could earn any more money: he would be in the same position whether he had it or not in the ordinary circumstances of life; but it is to his benefit to keep up the chronic act or chronic complaint that will keep him on the books.

82. But if the medical attendant certified that he could do some work?—Then the man has not got any employment: he is out of work and not looking for work. His illness may have stopped his work.

83. And, generally speaking, it is the younger man drawing £1 a week and perhaps other money that there is more malingering with?—Yes.

84. *Hon. the Chairman.*] Have the friendly societies ever established anything on the lines of the out-patients' department at hospitals?—No, nothing like that. They have in the Old Country.

85. You have to visit the members at their homes?—Yes, or at the surgery.

86. *Hon. Mr. Beehan.*] In regard to friendly-society members who have attended as out-patients at the hospital here, how do they provide for them?—They go in just as ordinary patients, I understand.

87. Members attending the hospitals as patients have to pay for their keep?—Yes, for their board and keep. I think it is £1 5s. a week. They get the sick-benefit, and they are like one of the public as soon as they enter the hospital.

88. *Mr. Hayes.*] You suggested that the Department in showing the expenditure of friendly societies on medical and medicine expenses might differentiate—that is, to show the sums separately?—That is so.

89. The reason it is not shown separately is, as you are probably aware, that many of the doctors have a contract which includes medicine as well as medical attendance?—That may be.

90. Do you think there would be any difficulty in obtaining from the medical men the division of those amounts in such cases where it is not shown in the accounts? In Wellington it is not done, because the dispensary deals with it?—I think it is £1 with medicine and 15s. without; but it is always differentiated in the agreement with the lodge, and that is really all the doctor can give you. He could not give an actual tally as to what it came to, but if you put the extra to the medicine account and the ordinary contributions to the medical account it would meet the requirements.

91. It has always been difficult for us to try and separate the amounts?—Yes.

92. *Hon. Mr. Fisher.*] It is, roughly, about a quarter?—Yes, except in Wellington it is not charged, because they use the dispensary. In the country it runs up as high as £1 10s., and it would be very useful if you could differentiate between the amounts.

93. *Mr. Hayes.*] In regard to the 1s. a visit that you mentioned, could you say if that was merely taken out by dividing the payment by the actual number of visits made?—That is so.

94. It did not cover the estimated number of visits—that would include those that were not sick?—No. What was done was that members of the profession were asked to provide themselves with counters and to have a common receptacle on the table to put them in. For each visit they would throw one counter into the receptacle, and at the end of the quarter they would count them up and divide the cheque received by the number of counters.

“*British Medical Association (New Zealand Branch).*”

“*SIR,—*

“An informal meeting of the Council of this branch of the British Medical Association has considered the proposed subvention to friendly societies, but has not yet had the time nor opportunity to consider the question in all its bearings, nor to communicate with the several divisions of this branch. We note that the subvention will merely benefit the friendly societies without respect to the remuneration of medical practitioners, on whom the medical attendance on beneficiaries will fall, and we are of opinion that the merits of the case impose, if anything is necessary to be done, the obligation on the Government of paying a subvention or payment direct to the medical attendant of people who will be entitled to the benefit of medical attendance under the present proposed scheme of subvention. The whole question of social insurance has now been referred to the divisions of this branch for consideration.

“I am, &c.,

“*H. E. GIBBS, M.D., Hon. Secretary.*”

“*The Chairman of the Joint Friendly Societies Committee.*”

Dr. JOHN HAROLD KEMP examined. (No. 13.)

1. *Hon. the Chairman.*] What are you?—I am a medical practitioner practising in Wellington, and I was appointed as a delegate by the association.

2. Do you wish to add anything to what has been said by Dr. Gibb?—I have nothing to add in particular to what Dr. Gibb has said, but being in active lodge practice I might be able to answer questions.

3. *Hon. Mr. Fisher.*] Could you give us any information in regard to that outside class that we find it so difficult to get figures about?—You mean the intermediate class between the poorest and those in lodges and attending the hospital?

4. No, I mean the intermediate class between the people who get into lodges and the people who can make provision for themselves—the class of people who are medically unfitted to join a lodge and yet unable to make adequate provision for themselves?—My experience is that,