21. It is not usual, to your knowledge, that a very poor person who may not be in a lodge and who may want medical treatment has been refused by the medical profession?—I do not think there is a doctor in Wellington who would refuse on that score.

22. You may hope to get paid, but you have little prospect of payment when you attend to him?—Yes.

23. Would you think 10s. a week for indoor treatment of members of lodges in a public hospital a reasonable charge?—I do not know enough about the cost of maintenance for that.

24. To your knowledge are there many members of lodges admitted into the public hospital for treatment?—For certain things and under certain conditions there are—conditions in which patients are acutely ill. Take the mother of a family who has nobody to look after her at home: the husband goes out to work, and she from force of circumstances, through not being able to get adequate nursing at home, necessarily becomes a hospital patient; and it means the saving of that person's life perhaps.

25. Where they cannot be treated at home?—Yes, and in other cases where operations are necessary and they cannot afford payment. Those mainly are the two classes that go into the hospital.

26. Then you have no knowledge of the amount that is charged to members of friendly societies in the public hospital?—I have no definite knowledge, but I think it is the same as the ordinary price—namely, £1 10s. a week.

27. *Hon. Mr. Beehan.*] In regard to members in lodges suffering from chronic illness, what effect has that upon small struggling lodges?—I know that some small lodges feel it—with much chronic sickness they would soon be bankrupt. I refer to the small new lodges which have not had time to accumulate any funds at all.

28. What do you think about subvention for that class of people?—I think they are the people who would benefit by it.

29. In regard to the old members of 65 years and upwards, do you think it would be a good thing if some scheme were formulated whereby those old members were relieved of paying their contributions?—Are you speaking of lodges generally or small lodges?

30. Generally?—In some of the big lodges, on account of the accumulation of funds, the older members are already relieved of paying the contributions—at any rate, some of them. Some members do not pay half what it used to be, and some pay nothing at all.

31. Those that are actuarially sound financially?—Yes.

32. But, generally speaking, the Friendly Societies Act prevents them doing that kind of thing. Have you given any consideration at all to the New South Wales scheme?—You mean as to sickness, funeral, and medical attendance?

33. Yes. You have heard Dr. Gibbs's evidence: do you agree with that?—Yes, I do.

34. *Hon. the Chairman.*] What is the arrangement in regard to members of a lodge who are getting medical attendance?—They pay into the lodge, and then they are put on to the list of a particular doctor; then when they require attention they ask the doctor to call, and he does so.

35. Who is the judge as to whether a man is fit for work or not—the doctor who is attending him or the patient?—The doctor generally. The doctor has the signing of him on and off the lodge.

36. The doctor can do it?—Yes.

37. Dr. Gibbs said there was sometimes a difficulty in getting a man off a lodge, is that the doctor's fault?—No, owing to force of circumstances. A man has had some trifling accident and says he has a pain in the back, and you cannot say he has not. A doctor has very often to give the man the benefit of the doubt. It is very difficult to say a man is fit to go back to work if he has to go to a heavy job.

38. Do you think the fact of this subvention scheme being brought into force would increase the imaginary sickness and increase the number of members of lodges?—Yes, it would increase the number of members of lodges.

39. And do you think it would increase the imaginary sickness?—If it increased the amount payable per week as sick-pay probably it would, but in the case of chronic sickness the lodge pays 7s. 6d. per week after twelve months, and if the lodge has to pay 5s. and the Government the other 2s. 6d., the member is not going to make anything out of it—it is the lodge that is going to do so—so that I do not think it would have a big effect upon sickness in that way.

40. You say that some lodges should have the right to be helped and others not. Have you ever thought of how we could discriminate between the two lodges?—I am afraid I am not an actuary and do not know, but I know there are two classes of lodges. I am not prepared to say how you could discriminate, but I should have thought that consolidation of the sick and funeral funds would have been the best way out of the difficulty.

41. Why should the older lodges have accrued funds and the newer lodges not?—Because the older lodges generally have a larger membership, and a larger membership necessarily means a small proportion in the way of sickness, and so their funds are not drawn upon to the same extent as would be the case in the smaller lodges; and also good investments.

42. And the larger lodge has been established longer?—Yes.

43. Were there any surrounding conditions regarding the formation of those lodges in their earlier years that would tend to make them more stable than the later lodges?—That I do not know. I do not know much about the inception of the lodges. Of course, there are some lodges where they are practically paying life insurance, and the contributions would be very little in advance of the others.

44. Do you think that members who joined the older lodges many years ago were less given to getting something for nothing than they are at present?—Well, I should say it was so. The trend of the present day is to get as much as you can for nothing—it is increasing.

45. You said that some lodges now had a difficulty in finding the sick-pay?—And in keeping actuarially sound.

46. Do you think that the lodges find a difficulty in paying the doctors' fees?—No. If a man pays, say, 18s. 6d. a quarter into the lodge, 5s. of that is at once earmarked, 3s. 9d. to the doctor and 1s. 3d. to the chemist. It is paid in for a special purpose, and they have a sick and funeral benefit, and it is partly on that account we wanted to get the differentiation between the