underground he may become ill, and the doctor will state that he has tuberculosis. He has caught that through infection in the mine, therefore the two diseases should be treated as parallel?—There is no question about that. The average miner who has contracted silicosis, if there has been a consumptive history in his family, will die quickly. The second stage of miner's phthisis develops quickly, if there is consumptive history in his family, then, with a little care, and with avoidance of the tubercular germ, he might live for years. If with consumptive history he goes to work in a mine it is good-bye to him.

13. A peculiar case came under my notice a little while ago. A man came to Waihi from Australia, where he had worked as a miner for twenty-odd years. He was examined by doctors here for the purposes of a friendly society, and was found to be perfectly healthy. Subsequently he met with an accident, and on being examined then his lungs were certified to be absolutely clean. He worked in the Waihi Mine for seven years, and eventually he contracted miner's phthisis. Like many others, he would not give up work until he was obliged to do so, but eventually he became ill and could go no further. The local medical authorities certified that he had miner's phthisis. He went before a Medical Board, which also certified that he had miner's phthisis. Yet his application for a pension was declined because the Department said he had not contracted the disease in New Zealand—that he must have contracted it in Australia. Finally, the Pensions Board granted him a pension. If your suggestion were adopted, and a man were examined as soon as he went into a mine by competent medical authorities, that would clear up all after-questions as to where the disease was contracted?—Absolutely so; and it would clean the industry up too.

14. On the question of funeral allowance: some four years ago I went into the matter with the then Minister in charge of the Pensions Department, and used the same argument that you have put forward, that £13 was not a sufficient allowance. The Minister then granted an allowance of £17 10s. in regard to Waihi funerals—I was only concerned with Ohinemuri—so there should not be any difficulty in getting the amount increased to £17 10s. all over New Zealand?—That would be understood, then, by Postmasters in the North, but what about the Postmasters in other parts of the Dominion?

15. Seeing that the amount has been increased to £17 10s. in Waihi there is no reason why it should not be increased to £20 in districts where burials are more expensive?—Perhaps not. There is the question of the white paper mentioned by Mr. McKane. I know one man who would not draw his pension because he had to go into the post-office and be interrogated, perhaps in the presence of a number of people, by an officious Postmaster, who would say, "You have not filled out this paper. What money have you earned since you drew your last pension?" And there would be other questions of the same kind as to his earnings. Surely that should not be necessary. There would be a certificate from a doctor to the effect that he was totally incapacitated, and that ought to be sufficient. The last question on the paper is as to "income from other sources." If the man had not some income from other sources it would be a case of God help him, because he could not keep himself and his wife and family on £1 15s. a week. One point that I want to make is this: if a man had £1,000 put away, it would only bring him in £50 a year. If he did not answer that question truthfully each month he may land himself in a difficulty. The point is that under the Act the qualification for a pension is that the man shall for five years immediately preceding his application have been resident in this country, and he shall have rendered mining service for at least two and a half years. Having become totally incapacitated, he has established his right to a pension, no matter what his income is from other sources. The Department has no right to ask that question. Some young clerks insist upon the question, and the conscientious applicant is put in an awkward position. Whatever may be the relevancy of the other questions for the purpose of the Act, this last one should be cut out, because there is no right to ask it. It is not a necessary qualification under the Act, and the question is absolutely unnecessary.

16. *Mr. Bodkin.*] Do you know of any cases of the disease being caught in its incipient stage and a cure being effected? For instance, a man leaving the mining industry altogether: assume that a man has an X-ray examination and it detects the first stage of the disease, and he takes up another occupation: has he a reasonable chance of being permanently cured?—There is no doubt about that. There have been cases where a man has left the mining industry in the first stage, when he has been suffering from silicosis. Such a man has subsequently died as the result of an accident, or from some other cause, and a post-mortem examination has been made. His lungs have been found to show old scars, which have healed. All traces of active silicosis had been set up, but because he has taken to a healthy occupation the lung has completely healed, and all further traces had disappeared.

17. *The Chairman.*] Is it not a fact that miner's phthisis can be contracted in other mines than quartz-mines—in a coal-mine, for instance?—Yes. There is a strange impression abroad in Reefton, and even among medical men, that the Act is merely a quartz-miner's phthisis Act, but it is called the Miner's Phthisis Act. It does not matter if a man has never been in a quartz-mine in his life, but has spent all his years in a coal-mine: he is entitled to a pension under the Miner's Phthisis Act if he contracts the disease. There are numbers of cases in which coal-miners have been incapacitated. There are the same conditions in a coal-mine, tending to the disease—vitiated air, the dust from the machines, the dust from dynamite smoke. Some of the conditions in a quartz-mine are the conditions in a coal-mine also. I have known cases where doctors have turned men down on learning that they have not worked in quartz-mines. The conditions in stone-drives also conduce to miner's phthisis.

18. You are satisfied from your experience that as far as the future is concerned, by means of the X-ray examination we can cut this disease out in New Zealand altogether?—Certainly.

19. So that in the course of time we should not have any miner's phthisis pensioners?—That is so.