

and Dr. Gordon Short, also eminent in his profession. He has had experience for a period of some eighteen years in regard to miner's phthisis, and is very highly thought of in Waihi. Both these medical gentlemen have certified that all the applicants whose cases are before the Committee are suffering from pneumoconiosis. This diagnosis is based upon a thorough examination of the applicants, and an intimate knowledge of their general condition, derived from their observation of the men as patients. On the other hand, we have the evidence of the departmental officers, with their X-ray apparatus, and conflict arises. I should mention that we have had occasions where the decision of a medical man who was the sole appointee of the Government to examine these cases has been opposed, and his decision has been arrived at as the result of X-ray examination. I refer particularly to the case of Ben Pascoe, of Waihi, who was examined by Dr. Bernstein, of Morrinsville, who was the radiologist appointed by the Government to go into these cases. The applicant was certified by him as a tuberculosis subject, and not having pneumoconiosis. He was re-examined by two doctors in Auckland, apart from other medical men, and they stated definitely that he had pneumoconiosis, whereupon the pension was granted. I merely bring this up to show how even the Government medical officers themselves, after a radio examination, can be proved definitely wrong in their diagnosis. I think this should be brought out, because it may prevent injustice being done in the future. Of course, I am not saying that Drs. Cole and Short are right and the Auckland doctors wrong, but I do suggest that there may be a mistake, and if there has been a mistake at all, then the applicant should certainly get the benefit of any doubt that exists. That is not only justice, but it is justice that should be tempered with mercy in cases of this kind. I do not think it is necessary for me to go on elaborating the situation. You have heard the petitions read, you have heard the evidence of the Department, but unfortunately you have not heard the evidence of the local doctors. Mr. Bice, who is secretary of the Ohinemuri Mines and Batteries Union, is appearing to-day on behalf of the applicants whose cases are before you, and I am assured that he is armed with the certificates of Drs. Short and Cole that these men had pneumoconiosis. The power, of course, is in the hands of the Commissioner of Pensions, and he has to be satisfied that the applicant is not only suffering from pneumoconiosis, but also that he is totally incapacitated.

*The Chairman:* That is where the weakness in the Act comes in.

*Mr. Samuel:* That is certainly, as the Chairman points out, a definite weakness in the Act. Unfortunately, the applicant cannot get relief under the Act. That is decided by the Commissioner, and the Commissioner is bound hand and foot by the report of the medical authorities who examine the applicant. Then it comes down to the question that the petitioners, having exhausted every legal remedy, have applied to Parliament for relief, and that is the only way in which it can be granted. I ask the Committee to take that into serious consideration when coming to its decision. I would also suggest to the Committee that an amendment of the Pensions Act is absolutely necessary in cases of this kind. I do not suppose there is any necessity for me to stress this point, because the Minister of Mines has promised definitely that something of the kind will be done. I feel certain that something of the kind will be provided for, but it might be a recommendation from this Committee that some amendment is required. That is all I have to say as far as the cases of the male applicants are concerned. I would like to mention the cases of the two female petitioners. Mrs. Brown is the widow of a miner who was not only suffering from pneumoconiosis, but was blown up in a mine and blinded, and who had a very wretched life. Through his infirmity, and mostly through the depression caused by the ravages of pneumoconiosis, he became daily more depressed, and during a fit of this depression he took his life. Here is another anomaly in the Act: because he had pneumoconiosis his widow is refused a pension, and the Government is thus freed from all responsibility, because he took his own life; whereas if he had not taken his own life he might have lived for thirty years more, and the Government would have had to pay him £1 15s. a week for as long as he lived. He was actually in receipt of the pension. If he had died of the disease his widow would get only 17s. 6d. per week, but because, through depression caused by the disease, he took his own life, the Government divests itself of responsibility. That is certainly an anomaly that should be removed. The other case is that of Mrs. Ashby. It is a rather peculiar case, because, as the pension was declined by the Medical Board, it was another case of conflict of medical opinion; but if any one dies from pneumoconiosis, his widow is entitled to a pension. That exhausts the legal side of the matter.

*Hon. Mr. Veitch:* It is a point that should be elucidated. I am going into it over the week-end.

*Mr. Samuel:* It strikes me this way: She is not eligible for a pension legally, because her husband was not drawing the pension. In any case, if she were, it would have to be certified that her husband died from pneumoconiosis. The only certificate of his death that has been issued states definitely that he died from pneumoconiosis.

*The Chairman:* It is because he did not receive the pension that she is not entitled to one?

*Mr. Samuel:* That is so. Mrs. Ashby is left in poor circumstances. In some of these cases the Commissioner of Pensions states that the applicants are entitled to the old-age pension, but in these circumstances people may be eligible for both pensions, and that is where hardship comes in. Dr. Cole, as I have stated, is superintendent of the Waihi Hospital. He has given a certificate of death from pneumoconiosis. Certainly, he had previously given a certificate that the applicant was suffering from that disease, and the Medical Board had turned it down—it said that he was not. It seems to me an extraordinary position that here we have reputable medical authorities, members of the British Medical Association, two of whom say that the man had not the disease, and there is evidence from two, who are equally members of the Association, who say that he had. Because two on one side say that he was not suffering from the disease, and two on the other side say that he was, the matter is entitled to some consideration. The evidence of the two local practitioners, experienced in connection with the disease, is thrown on one side, and the applicant and his dependants