and he was prepared to admit that there was a certain amount of emphysema, which is a condition of the lungs due to old age, but at the same time he was satisfied that pneumoconiosis was present, and was the cause of the disability.

Mr. Samuel: I know of a similar case—that of a man named Mackay, who lived at Paeroa. He was a very old man, and was in receipt of a miner's pension for pneumoconiosis. When he died the doctor who gave the certificate of death, knowing nothing about the pension, certified that the cause of death was senile decay. The widow applied for a pension, and she was refused on the ground that her husband had not died from pneumoconiosis. As soon as he got the facts of the case he reversed his decision and gave a certificate that the man had died from pneumoconiosis, and the Department accepted that and gave the widow the pension.

Witness: As to the case of N. M. Mudgway, he has been mining at Waihi for eleven years. For most of that time he worked in what we call the "dead ends" in driving. These are places where a man cannot avoid getting dust, in spite of all the precautions taken in conformity with the Mining Act. Mudgway worked in "dead ends" all the time and apparently he has developed the complaint quickly. Dr. Gray, when he was Acting-Superintendent of the Waihi Hospital, gave him a certificate in the first instance. Dr. Cole has not been so definite as Dr. Gray, but still he says that Mudgway has pneumoconiosis. His report is as follows:—

> "History: Well until June, 1928. Then began to develop a cough, and swelling of hands and feet—shortness of breath. At Christmas was unable to carry on, and was certified as pneumoconiosis. Seen by me on 7/5/29, and was then considered to be suffering from pneumoconiosis. 24/9/29—still complaining of shortness of breath and pain in left side; cough at night; appetite poor. Chest shows prolonged breath sounds, and evidence of miner's trouble. Heart is enlarged, and pulse weak. Kidneys—urine-analysis shows no inflammation. Conclusion—this patient has a moderate degree of pneumoconiosis, coupled with myocardial (heart-muscle) weakness."

This report is dated the 24th instant. W. L. Davies has been mining in South Africa and New Zealand. Dr. Short's certificate states that he "is suffering from pneumoconiosis, and that he is thereby prevented from doing any work." His trouble is put down to spinal trouble. He has had spinal trouble for a good many years, but nevertheless continued working until this month, but he cannot work at the present time. With regard to Mrs. Brown, I do not think I can add anything to what has been said by Mr. Samuel. She finds that because her husband did not die of miner's phthisis she is deprived of the pension. But there is no doubt that Brown's blindness, coupled with the trouble he had with miner's phthisis, was what led him to commit suicide. The accident which blinded him occurred in the Waihi Mine in 1924. In this case the allowance for burial expenses was declined as well as the pension.

9. *Mr. Samuel.*] What amount of pension do you think a miner should draw when he is totally incapacitated?—I am quite in accord with the provisions of the Bill introduced by Mr. Parry—£2 per week for the miner and allowances for his wife and children.

10. Something approximate to the standard rate of wages for the family?—Yes. The position is that when the miner receives the pension he is totally incapacitated. He may happen to be able to pick up a few shillings if he is fit for a clerical job, but otherwise he cannot earn any money, because he is not able to do it.

11. He has no right to do so?—In any case he is not able. In all these cases the medical men in Auckland, besides our own medical men, say that the men were totally unfit for further work; but their argument, where the pension was turned down, was that the disablement was not due to the pneumoconiosis. The reason why I think the pension should be increased is that the men are unable to supplement the pensions.

12. Is there a certificate by the authority granting the pension of total incapacity for further work?—Yes.

13. I think we are agreed that the family should be granted an amount which will keep them in reasonable circumstances of comfort?—Yes, because when a man is down with the disease he is necessarily under medical treatment all the time. Perhaps the doctor may be easy in the matter of looking after him, but the chemist must have his money, and medicines cost a considerable amount. The men in Waihi have to spend 5s. and 6s. a week upon medicine all the time.

14. Would you suggest that miners suffering from this disease and in receipt of the pension should be provided with medicine free?—Yes; that would be a help.

15. Are the applicants satisfied with the constitution of what is called an independent Medical Board?—Not at all satisfied.

16. Do you consider that a death-certificate from a recognized medical authority that the miner was suffering from miner's phthisis should be sufficient evidence of the fact?—I should certainly say that when such a man as Dr. Short, who has had seventeen years' experience on a mining-field and has followed the ravages of the disease in different men certifies, that should be accepted. I know that a miner may go to Dr. Short with some little complaint, and when examining him Dr. Short is at the same time testing him for miner's disease for his own satisfaction. He has followed the ravages of the disease in dozens of miners at Waihi, though probably the men were not aware of the fact at the time. He has told me that he has made a special study of miner's complaint.

17. Would it be a protection to the State if the Government were to appoint Drs. Short and Cole as examining authorities, and put the responsibility upon them?—Yes. Only if Dr. Short would not give a certificate, I should say that the man should have the right to go further back, because he is the individual that suffers. It does not matter much to the Department, except from the monetary point of view, but the person that is sick ought to have the right to go further back.