1929.

NEW ZEALAND.

GOLDFIELDS AND MINES COMMITTEE

(REPORT ON PETITION OF INANGAHUA GOLD- AND COAL-MINERS' UNION, TOGETHER WITH MINUTES OF EVIDENCE).

(MR. G. C. BLACK, CHAIRMAN.)

(MINER'S PHTHISIS PENSIONS.)

Report brought up 6th November, 1929, and, together with Minutes of Evidence, ordered to be printed.

ORDER OF REFERENCE.

Extract from the Journals of the House of Representatives.

FRIDAY, THE 2ND DAY OF AUGUST, 1929.

Ordered, "That a Select Committee be appointed, consisting of ten members, to whom shall be referred all matters relating to mining and all Bills relating to mining; with power to call for persons and papers; three to be a quorum: the Committee to consist of Mr. Black, Mr. Bodkin, Mr. Hamilton, Mr. Hawke, Mr. H. E. Holland, Mr. Martin, Mr. Munns, Mr. Samuel, the Hon. Mr. Veitch, and Mr. Waite."—(Hon. Mr. TAVERNER, for the Hon. Mr. VEITCH.)

REPORT

ON THE PETITION OF THE INANGAHUA MINERS' UNION, OF REEFTON.

PRAYING FOR COMPASSIONATE ALLOWANCE IN LIEU OF MINER'S PENSION FOR W. MITCHELL, AND FOR AMENDMENT OF THE MINER'S PHTHISIS PENSION LAW.

I AM directed to report that the Goldfields and Mines Committee has heard evidence on and carefully considered the above-mentioned petition, and recommend that it be referred to the Government for most favourable consideration.

The Committee are of opinion that the existing miner's phthisis pension of thirty-five shillings per week in the case of a married man or a widower with children under fourteen years of age, and of twenty-five shillings per week in the case of an unmarried man, is inadequate, and recommends that it be increased.

The Committee further recommends to the Government that the existing legislation be reviewed to provide for the removal of the anomalies disclosed in the evidence tendered in support of the above-mentioned petition.

The Committee also recommends that the Government investigate the question of annual X-ray examination with a view to further safeguarding the health and lives of those engaged in the mining industry in New Zealand.

The minutes of evidence taken on the above-mentioned petition are attached hereto.

GEO. C. BLACK,
Chairman.

6th November, 1929.

PETITION.

To the Honourable the Speaker and Members of the House of Representatives of the Dominion of New Zealand in Parliament assembled.

THE petition of the Inangahua Miners' Union (Inc.), of Reefton, humbly showeth:—

1. That your petitioner has on several occasions applied on behalf of William Mitchell, of Reefton, miner, for a Miner's phthisis pension.

2. That the said William Mitchell worked in the Progress, Globe, Inglewood, Ulster, Energetic, and other mines in the Reefton field from 1904 until 1923, when he had to cease work. Since that time and for the past six years he has been so incapacitated that he has been unable to follow his calling.

3. That although your petitioner had a certificate from Dr. L. J. Wicken, of Reefton, that the said William Mitchell was suffering from pneumoconiosis, the pension has not been granted.

Wherefore your petitioner humbly prays that a compassionate allowance be granted Mr. William Mitchell in lieu of a Miner's pension, and also that the miner's phthisis pensions law be amended.

And your petitioner, as in duty bound, will ever pray.

Dated this 11th day of September, 1929.

INANGAHUA MINER'S UNION:
D. MCKANE, Secretary.

MINUTES OF EVIDENCE.

THURSDAY, 12TH SEPTEMBER, 1929.

DAVID MCKANE examined. (No. 1.)

1. *The Chairman.*] What is your full name?—David McKane.

2. And your official position?—I am secretary of the Inangahua Gold and Coal Miners' Union, and I wish to give evidence with regard to the circumstances connected with pneumoconiosis, and particularly the petition of William Mitchell. Mitchell has worked on the goldfields for eighteen years, and we contend that if he has fibrosis of the lungs it must have been caused in the first instance by the inhalation of quartz-dust. Dr. Wickin has given it as his opinion that quartz-dust was the original cause of his complaint, and Dr. Ringfield says that he has a secondary disease—Potts' disease. Our experience on the Reefton Goldfield has been that if a man has been working underground for any period up to twenty years he has miner's complaint. I do not know of any man in Reefton who has worked in a mine for twenty years and is not a sufferer from miner's phthisis. Mr. Mitchell has been incapacitated for six years, and has spent five years on his back. Let us say that he is at present suffering mostly from Potts' disease, but we think that he had miner's complaint in the first instance. He has been in a very bad way financially. His wife has had to go out to work as well as nursing him. She has reared five children, and besides nursing the patient has had to keep the house and see to the feeding of the family. The union asks that something should be done for them. If the authorities cannot see their way to granting Mitchell the pension we would like to have the Pensions Act amended. If it is found that Mitchell has fibrous lungs, he should have the benefit of the doubt, on the ground that quartz-dust was the original cause of the fibrosis. Even Dr. Conlon admits that he has tuberculosis of the lungs, but until the time comes for a post-mortem examination it cannot be stated with certainty whether his trouble is tuberculosis or miner's complaint. It would require an X-ray examination to establish that he has either of these ailments.

3. Your petition asks for an amendment of the Pensions Act?—Yes. First we would ask that the Act should be amended so as to provide that applicants for the pension should go to the nearest place where X-ray apparatus is available. Miners are often weak and ill when they apply for the pension—they will not apply so long as they can work at all. They continue to work so long as they are fit to do it on two or three days a week, until their finances are exhausted. For examination they have to go to Christchurch, and the train journey is too long. There is an X-ray apparatus in Greymouth, and they could be sent there, or to the nearest town where there is an X-ray expert. We also ask that the white paper which applicants have to sign every month after pensions are granted to them, showing the amount of their earnings, should be dispensed with. All pensioners have an objection to signing it. In some instances pensioners have the opportunity to earn a casual pound or two, but they are required to sign a statement on this white paper that they have earned nothing at all. We contend that that should be cut out of the system. It should be sufficient if the pensioner is re-examined and found to have miner's complaint, and he should be allowed to earn the few shillings a week that are available to him. Sometimes little jobs are open to him, such as keeping the gate of a sports-ground, or something of that kind, but he is told that if he earns money in that way he will lose the pension. When a miner receives the pension he knows that it amounts to his death-sentence, but you can say that it is also a bread-and-water sentence. I know a married man with six children to support on his pension of 35s. per week, and in that case it is actually a matter of bread and water. So what we ask is that the pension be increased, and that the white paper be cut out, that the distances to be travelled

for examination be reduced, and that the applicants be provided with reasonable accommodation when they have to be sent to Christchurch. On some occasions I have known them to be sent to third-class boardinghouses, such as they never had to use when they were able to pay their way—so bad, indeed, that they have refused to stay at them, on account of the dirtiness of the beds and the inferiority of the food provided. Another point that I wish to bring up relates to the payment of accrued pensions. I consider that the widow should be entitled to receive them.

4. *Mr. H. E. Holland.*] What is meant by "accrued amounts"?—From the date of a pensioner's death nothing is paid to his widow on account of his pension. If he lives to the 22nd of a month, his pension stops there, and his widow seems to be expected to live on nothing. At present the undertaker gets the money, and I can see nothing in the Act providing that he should do so. The widow is left unprovided for until she gets the widow's pension. I know of one Reefton case in which a man died the day before his pension was payable, and the undertaker received the amount due, less one day. It was not till six weeks later that the widow received her own pension.

5. Do you not think that the miner's pension should be a living-wage?—Most decidedly. I can give instances where men have suffered from miner's complaint, and their wives have had to go out to work. There are cases in which men have been invalids for four years, and their wives have been up for the greater part of each night nursing them, and sometimes they have suffered hardship because on that account they could not go out to work. Sometimes the wife loses part of the month's pension payable on account of her husband, and after his death she gets into debt, and it takes her the rest of her life to get out of it.

6. You advocate that applicants should be sent to Greymouth from Reefton for examination: Is the X-ray plant at Greymouth strong enough to locate miner's phthisis?—I understand so. The Pensions Department sent some men to Greymouth, and they received the pension.

7. The Westport apparatus is not strong enough?—No.

8. Where a medical man with such experience as, say, Dr. Conlon in regard to this disease certifies a case to be miner's phthis, do you not think it should be provided that the Department should accept his decision?—Not in all cases.

9. My point is that when a doctor so highly qualified, and with such experience, as Dr. Conlon gives a decision that a man is suffering from miner's phthisis, the Department should not set out to try to prove against the claim—that his certificate should be accepted by the Department, instead of it making what is practically an appeal against his view?—I would be quite satisfied if an amendment of that kind were made, but I would not like to see any doctor given the sole right to be the examiner. We have had applicants turned down by medical men who were supposed to know, but afterwards pensions have been granted, and after drawing one or two instalments the pensioners have died from the disease.

10. With respect to the white paper which the pensioners are asked to sign every month, I am informed by Mr. Samuel that the pensioners at Waihi are allowed to earn £1 a week without it affecting their pensions, and I believe it is the same at Westport, but I am not sure. That was an unwritten arrangement made with the Hon. Mr. Anderson, the late Minister in charge of the Pensions Department, through Mr. Samuel. Are you aware of that arrangement?—I know of two cases in which it was reported to the Pensions Department that pensioners were earning money, and a policeman was sent to make inquiries. There was a good deal of trouble over the matter, but these men had not written applying for permission to make these earnings. On one occasion a pension was stopped for about two months, and the man had to apply afresh, and go through a lot of red-tape, just because one day he felt rather better than usual and started to do a painting job at a shop, for which he was to receive a few shillings. The other case was that of a man who cut up some kindling-wood at a boardinghouse, and on the fact being reported his pension was held up. Once I applied to the Commissioner of Pensions for permission for a pensioner to look after the swimming-baths at Reefton. Leave was granted, and the man got £1 a week. Quite recently I applied that a pensioner should be allowed to work as a watchman at the Globe battery. The Department wrote back asking what he would earn. In the meantime the man became so ill that he could not take the work. It was a light job, and he might have been allowed to take it. That man has six children and his wife to support out of his pension of 35s. per week, and he has house-rent to pay.

11. *Mr. Samuel.*] Do you not think that where a doctor has been in a mining district such as Reefton for a number of years he should be competent to judge whether a man is suffering from miner's phthisis or not?—Yes, but there may be difference of opinion between doctors whether the sufferer has been originally tuberculous or not. He may have both complaints. If a miner's general history is that he has been fifteen or twenty years at mining-work in Reefton, you can confidently say that he has miner's phthisis.

12. Take the case where a local doctor has certified that a man has miner's phthisis, and he is then sent before a Medical Board, which decides that his complaint is tuberculosis and not miner's phthisis. He is then sent to an independent Medical Board at the request of your union. Do you not think that in such a case the local doctor should be given a chance to state the reasons why he considers the man has miner's phthisis?—I certainly do.

13. Otherwise his evidence is of no use at all, because it has been considered by the first Board, which overrode it, and then the independent Board can only take the evidence of the Board that has rejected the claim, and the local doctor does not come into the picture. You agree that he should be given an opportunity to state his case, and give evidence on behalf of the applicant?—Yes.

14. Do you not also think that in all cases based on miner's phthisis the applicant should be represented by some one who understands his condition?—Yes. As a matter of fact Dr. Wickin, before I left Reefton, said with regard to Mitchell's case that he is satisfied now beyond doubt that he is suffering from miner's complaint, and is starting to go downhill. The doctor added that

he will perhaps soon have to hold a post-mortem examination that will prove this. He is willing to state this if he is brought before a Board—that it is only a matter of a year or two.

15. The question of the payment up to the date of a miner's death has often been brought up before. I am certain the Minister will agree that the present system is most unfair. If a man dies a day before his monthly pension is due his widow gets nothing ?—That is so.

16. As to the arrangement about fugitive earnings, there is no law permitting what is now being allowed, but the Hon. Mr. Anderson, on one of his visits to Waihi, received a deputation from the Miners' Union, and he agreed that these small earnings, so long as they were for outdoor work, would not be taken notice of by the Commissioner of Pensions ?—I should say that where such work is quite out-of-doors no notice should be taken of it. When once a man has been certified by a doctor to be totally incapacitated for his calling he should get his full pension. No man will apply for the pension until he is really done for. To show how far gone men usually are before they apply, I may say that in the five years for which I have been secretary of the Miners' Union nearly one hundred applications for pensions have gone through my hands. Out of those only two applications have been refused, and most of the one hundred applicants are already dead. Men sometimes wait for months before they will apply, and all that time they are worrying. There is a man I know waiting now, and he is worrying. I cannot see why they should have to wait so long as they do for decisions when they do apply. One man lately received his pension after waiting a long time, and had received just two instalments when he died.

Hon. Mr. Veitch: As regards the casual earnings, I understood that my predecessor had given instructions that the old rule was to be relaxed, and I agreed that that relaxation should be continued. As there seems to be doubt on the point in some districts, I will give instructions that Mr. Anderson's system shall be continued, though it is really a breach of the law, and I am not entitled to do it. Moreover, I do not want too much publicity given to the arrangement. On the other hand, the Prime Minister has given an undertaking, and Cabinet has agreed, that the whole matter of miner's pensions shall be reviewed, to see if we can improve the position. As to the terms in detail, I do not yet know what I shall recommend Cabinet to do. In the meantime the practice that was in operation in regard to casual earnings when I came into office will be kept going. I will see that the officers of the Department understand that.

Witness: There are instances in which men in receipt of the pension will not sign the white paper if they are earning a single penny.

17. *The Chairman.*] Is it your experience that a miner suffering from this disease may be feeling quite well one day and be down and out for the next week ?—Possibly he will keep quite well for a few weeks, provided that he avoids exerting himself to any extent. There are times when he can do a little light work, but he does not know the day when he will be knocked down again, so he cannot take any permanent work. One day he will be all right, and the next day he will be in bed, where he will have to stay for three or four days.

18. Under section 33 of the Pensions Act, 1926, which provides for the miner's phthisis pension, a man has to be totally incapacitated before he can enjoy the pension. Is not total incapacity a most difficult thing to define ?—There is no doubt about that. As regards mining, I should say that a man is totally incapacitated when he can do no underground work.

19. Would you be in favour of an amendment of the Act providing that a medical certificate certifying phthisis should be taken for the pension, rather than have the difficult definition of total incapacity in the Act ?—Yes.

20. Then you would be prepared to have a certificate from a medical man that the sufferer should receive the pension, rather than require that his condition should conform to a legal definition ?—Yes. I would like to see the Act amended by providing that all miners should be examined under the X rays every six months. When a man's incapacity for mining is shown he should get the pension, and not be allowed to work underground.

21. Do you think the rate of pension—£1 15s. a week for married men or widowers, and £1 5s. for unmarried men—is an adequate one ?—Absolutely not.

22. What is your experience of the case when a pensioner has to go into hospital ? What benefit does he then receive by the pension ?—He really receives no benefit. The Hospital Board can take up to its full charge of three guineas a week, and towards this it takes the whole of his pension. In some cases the Board allows him a few shillings a week, but in other instances the Board takes the whole of it. Sometimes this allowance is 5s. a week. Under the Act the Board must take over his pension certificate.

23. You have had a case, have you not, in Reefton where a pensioner repeatedly complained because he did not receive a little pension-money to buy tobacco, or cigarettes, &c.: worries of that kind did not contribute to his peace of mind ?—In point of fact that helped to kill the man. He would have lived a little longer if he had not been harrassed over his hospital account and his pension.

24. *Hon. Mr. Veitch.*] Has the Hospital Board power to take over a man's pension-certificate ?—Full power under the Pensions Act, when once the man is in hospital.

25. Does that apply to all pensioners ?—Yes.

26. *The Chairman.*] Would you be in favour of medical practitioners resident in a mining district being officially recognized and gazetted as specialists in miner's phthisis ?—Yes.

27. When suffering miners have to go to Christchurch or other distant places, what is the effect, in your opinion, of the journey upon the man ?—In some cases it is very bad. Men will not apply for the pension until they are really down, and after the journey to Christchurch they come back very much exhausted.

28. What has it cost some men to get the pension ?—I know of cases where many pounds have gone in expenses.

29. *Mr. Samuel.*] Does not the Government provide for those expenses?—It pays bare fares, board, and travelling-expenses.

30. *The Chairman.*] There is provision in the Act for the payment of £20 for miners' funerals. What is your experience in that matter?—On some occasions, about a year ago, no mourners' car was provided to carry the Minister and the pall-bearers. Mr. Bellamy had the contract from the Pensions Department, and his account was for £17 10s. for funerals from Waiuta, and £15 for Reefton funerals. He wanted to make them no more than paupers' funerals. We objected to that. We claimed that if a man died for the industry in which he worked he was entitled to be buried more decently than that. In some cases it has cost the union a good deal to put on cars from Waiuta—sometimes £4 or £5 more than was allowed by the Pensions Department, and we got no refund.

31. The Act provides that the widow shall receive a pension on the death of a pensioner under the miner's phthisis clause. Have there not been cases in which miners have shifted from Reefton to other districts for health and climatic reasons, and have died at their new abode, and the doctor of such a non-mining district, being unfamiliar with this disease, has not certified pneumoconiosis as the cause of death and thereby the widow has been barred from the pension?—Yes.

32. In view of the fact that the principle underlying the widow's miner's pension, is the recognition of the fact that the miner sufferer dies at a comparatively early age, would you favour the granting of the pension to a miner's widow by reason of the fact that her husband had received the pension?—Yes.

33. Is it not a pure technicality that pensions have been refused to such women?—Yes. One man who died in Reefton had been receiving the pension for a considerable time, and his widow received no pension.

MARK FAGAN examined. (No. 2.)

1. *The Chairman.*] What is your full name?—Mark Fagan.

2. You have had many years of experience in mining?—Yes; roughly speaking, sixteen years—from 1909 to 1925.

3. I understand that you wish to give evidence on the general question of miner's phthisis?—Yes, at the request of the Inangahua miners, to supplement the evidence of Mr. McKane. From 1909 to 1925 I was general secretary of the Inangahua Gold and Coal Miners' Union, and workmen's inspector in the mines. In that capacity I had frequently to take the cases of the miners in the Arbitration Court. In those cases the aspect of the health of the miners frequently came under review. Naturally, that was part of the union's case, and in preparing for the case I had often to go to the office of the Registrar of Deaths in Reefton, to ascertain exactly what was happening in the industry in regard to mortality. Up to the time of the last case I conducted, in 1923, there had been 202 deaths in Reefton from miner's phthisis. Besides that a considerable number of men left the district, withdrawing from the industry in alarm at the state of their health, and many of them died away from Reefton. Of those cases we had no record, but it is certain that 202 is a conservative number.

4. *Mr. Bodkin.*] From what record did you take those figures?—From the Deaths Register at the Reefton Courthouse. That state of affairs left something like a stigma upon the industry, and towards the end of my term of office many men went away, getting afraid to continue in the occupation of mining. Because of the prominence given to the health aspect of the miner's calling many amendments were made in the Mining Act, such as improvement of the ventilation in the mines, better changing-rooms, bathhouses, a Saturday half-holiday, and better sanitation, with the view of making the occupation more healthy. In my opinion these precautions stopped short of what should have been done. Speaking from my experience of sixteen years I should say that if the right thing had been done in 1916 or 1917, immediately after the Mines Commission sat, miner's phthisis could have been stamped out of this country. I am sure that it would have been possible to have made it non-existent to-day.

5. What steps could have been taken that would have had that effect?—Compulsory X-ray examination of all miners. In South Africa, where, I suppose, there are five hundred miners employed for every man we have in the industry in New Zealand, the problem has been handled along those lines. The situation there became so serious that a Commission was set up, consisting of three mining engineers and two medical practitioners. That Commission sat for six years, and as the result of its reports the law was amended by providing that all miners should be regularly examined under the X rays. It is claimed that by that means about 75 per cent. of miner's phthisis has been stamped out. At Broken Hill, again, the problem has been dealt with on the same practical lines. In South Africa, and also at Broken Hill, these examinations take place yearly, and unless the employee can bring back a certificate of health, showing that he is clear of the disease, he cannot resume his occupation—he leaves the employment of the mining company. As the direct result of very lengthened inquiries made both in Africa and at Broken Hill, it was proved beyond question that the disease is highly contagious. That was the strongest point made in both those countries. The Commissions in those countries laid it down, and it is agreed by medical men in New Zealand who are conversant with the complaint, that there are two definite stages of the disease. The first is the state of silicosis, or silica on the lung. When the miner is examined under the X rays and it is found that his lungs show in general silicosis, he is not allowed to enter the mine again, and the disease is arrested at that stage. Under the existing conditions in New Zealand the miner is allowed to go beyond that stage, and the second stage is what is known as miner's phthisis. That is really tuberculosis superimposed upon silicosis. Both in Africa and at Broken Hill it was agreed that when a man contracted silicosis his vitality suffered, the condition of his lungs became weakened, and to the tuberculosis germ he became much the same as a hollow tree in the bush to the honey-bee. When a man is in the first stage—that is, when his lungs show the condition of silicosis—he is not permitted

to go underground, and consequently his life is lengthened, while the disease is prevented from spreading to other miners. In the last stage the disease is really galloping consumption. A doctor who is not conversant with miner's phthisis—say, one practising in Nelson or Hawke's Bay—if he met with such a case, would undoubtedly say that the patient was suffering from galloping consumption. The nature of the miner's work tends towards the spread of the disease. He works in temperatures of from 75 to 80 degrees, in confined spaces, with vitiated air, consequent upon poor ventilation. These men work in rises 6 ft. by 3 ft., with their bodies sweating, and breathing in one another's faces, so one can imagine what happens. If a man is in the second stage of the disease he is a positive danger to his mate. It has been proved that the disease is spread by means of spittle on the tools the man works with, and also by spittle on the rungs of the ladders by which he has to travel in the passes, and through men breathing in one another's faces in confined places. Spitting at "crib" places is another cause. It has been proved in practice at Broken Hill that the disease is spread in that way. It is held that in order to deal with the problem in a practical way the proper course is to stop the disease in its first stage, and prevent men from going into the mines when they arrive at that stage, thus preventing the disease from spreading. In view of the fact that we have only the men at Waihi and at Waiuta to deal with, the number is infinitesimal in comparison with the large numbers concerned in the matter at Broken Hill and in Africa. In those countries every man working in the mines has a clean bill of health, and is not in the condition that conduces to the spread of the disease, so they are cleaning it up. If that can be done in countries where so many more men are working, surely we can do the same in New Zealand with our smaller number. I believe there are not more than eight hundred men employed in the New Zealand quartz-mines to-day. Amongst those eight hundred there are a large number of men whom I know to be suffering from the secondary stage of the disease. I have seen some pathetic cases on the Reefton Goldfield. It is most distressing to see a man forced to continue working when he reaches the second stage of this disease. Such a man knows that he is doomed—that he has received his death-warrant—but he cannot leave his work. He wants to pay off the cost of his house, and he may have three or four children to keep, and he knows that though he gets the pension, the £1 15s. per week will not support his family. He is obliged to keep going in order to supply his family with food. I know of one case of a man who died at Waiuta when forty-one years of age. He was an expert miner, and would be earning £5 to £6 a week on contract. He was in such a condition that he had to take a young man into the face to assist him. I went to him and asked him if it would not be as well for him, considering the state of his health, to knock off working. He asked me what he was to do in that case, seeing that he had his wife and four children to support. He knew that he was not able to work properly without the assistance of the younger man, and that he was causing his mate to run the risk of contagion. He kept on until finally he fell down on the roadside when going home from work, and from that time onward he could work no longer. The miners raised £127 for him, and that supplement to his pension kept him until he died. That was about 1922.

6. *Mr. H. E. Holland.*] And then is it not a fact that his widow was better off than while he was alive?—That is the irony of the matter. As soon as her husband died I applied on her behalf for the widows' pension, and under the more liberal scale allowed under that system she received £3 7s. 6d. per week, so that she was really much better off than when her husband was alive. Then, while he was ill there had been medicines to pay for, and other expenses from which she was relieved after his death. I know of other men who have hung on to their work from necessity, because they had no other alternative. I feel sure that if the X-ray examination had been made compulsory—if a man had had to bring a clean bill of health before he was permitted to work underground—the disease would be practically stamped out in New Zealand to-day. Under such a system provision should be made for the Government to give such a man a full wage, or at any rate sufficient to enable him to maintain his wife and family. I heard some questions put to Mr. McKane as to the local doctors. In the case of every miners' pension granted from 1915 to the time I left office as secretary I made out the application form, and had something to do with bringing the man to the doctor. Speaking advisedly, I will say that my experience is that external examinations of the applicants are of no use. They are not in the interests of the miner. Though I speak as a layman, I am sure from the number of border-line cases I have seen that all methods of external examination are useless as a method of diagnosis for silicosis or miner's phthisis. I am satisfied that by the time the medical men in the mining districts are able to diagnose the disease with certainty it is too late for the miner—he is doomed. I would say that it is beyond the power of the medical man to make a real diagnosis until the man is incurable and has not long to live. With the X rays the diagnosis is a certainty. If there is only a very small patch of fibrosis or silicosis on the lung it is discerned—there can be no further argument on the subject. The question of personal bias does not come in, for the miner gets a fair go. There are cases on record where the doctor in the mining district, very conversant with the disease, turned down three men, and reported to the Commissioner of Pensions, quite definitely, that they were not suffering from miner's phthisis. The result was that the Commissioner wrote to each of the applicants stating that he regretted that he could not grant pensions to them, in the face of the medical advice that they were not suffering from miner's phthisis. We put the case to the Commissioner—it was then Mr. Fache—who was very sympathetic, and told him we were satisfied that the doctor was acting conscientiously, but that some mistake had been made. The men were brought to Wellington and examined by means of the X rays, and the examination showed long-standing phthisis. The men were therefore granted the pension. That incident showed that the external examination is of no use. Had those men been examined with the X rays in the first instance, years of weary waiting would have been saved to them, with the worry attendant upon it. To sum up, I would say that the disease could be stamped out quite easily in New Zealand by the use of the X rays. Within two years there need not be a miner in the Dominion in the second stage of tuberculosis.

The State would have to give a living-wage to the miner, to enable him to keep his wife and family. There has always been an anomaly with regard to the burial of deceased miner's phthisis pensioners. The Act provides that his relatives are entitled to an amount not exceeding £20 for the burial expenses, but my experience was that up to 1925 a sum of £13 was allowed by the Pensions Commissioner. The difference between the £13 and somewhere about £22 10s. or £25 had to be made up by the widow and relatives. The Commissioner said that £13 was enough for the burial. In all the years of my term of office I never knew of £20 being allowed in the case of any man who died at Reefton or Waiuta. The distance from Waiuta to the Reefton Cemetery and back is fifty miles, and when an undertaker has to go that distance and back he wants about £25. The Commissioner apparently thought that the men had died in Reefton. I think that that matter requires to be looked into. There is another class of hardship that arises frequently under the present Act. A miner suffering from miner's phthisis may find the West Coast winter too hard for him, and his doctor may advise him to try a warmer climate. The Commissioner grants him leave to go to Australia. He will take his wife with him, and consequently may sell his home before leaving. Under the present law he can draw his pension for two years while living in Australia, but at the end of that time he must return to New Zealand. It will be recognized that even to come back and obtain permission to remain in Australia for another two years will cost him the equivalent of three or four months' pension. If he remained in Australia he would have to build or provide a home there, and he may have relatives there and desire to stay there. Remaining there may prolong his life by a year or two, but he has either to renounce his pension or come back to New Zealand and start to build another home here. I suppose the Pensions Department may say that an applicant may " put something over it " when so far away from New Zealand. I would suggest that if the Department got into touch with the police or the Pensions Department in Australia reports could be obtained which would enable our Commissioner of Pensions to renew the pension for another period of two years, without bringing the man back. Under the same heading there is another kind of hardship to which I would like to draw attention. It is the case of the married man whose doctor orders him to Australia. Say that he takes his wife with him, and he dies after having received his pension there for six or seven months. The widow can receive no pension whatever if he is buried in Australia. I have had several such instances. If the widow came back to New Zealand, fortified with all the necessary documents, it is possible that she might be able to establish her claim to a pension, but she cannot draw it and remain in Australia. I put the matter to Mr. Fache when he was Commissioner of Pensions, and he told me that in such a case the Department would not know how soon the widow might marry again and yet continue to draw the pension. I should say that that danger could be avoided by requiring the woman, each time she drew the pension, to make a declaration that she is still a widow. The Pensions Department in Australia, and the Australian police, could also advise our Department from time to time as to her position. I think the hardship I have indicated is one that should be remedied. Mr. McKane touched upon the question of the right of a mining pensioner to so some light work. There will be times when the pensioner will feel quite well, and able to do a little light work. If he were able to do that he would live longer, and be a better citizen and a brighter man. But, as far as the law is concerned, if he worked one day, and some officious member of the Post Office staff heard of it, his pension would be stopped. Sometimes such a man will be well for two or three days in the week, and in that case it would be better for him if he were allowed to do a little work, and so supplement his small pension if he feels able to do so.

7. Have you the details of the South African and New South Wales pensions systems ?—They are in the Miner's Union office at Reefton.

8. You claim that there should be an X-ray examination of every individual miner ?—Yes.

9. Would that mean that you would advocate having an X-ray plant in each gold-mining centre ?—It seems to me that the radiologist who made the examinations could go to the northern goldfields once a year, and also come to Greymouth once a year. There could be X-ray plant at Waihi, and another at Waiuta, where the whole of the men could be examined in two or three days.

10. *Mr. Samuel.*] You say that miner's phthisis is a highly contagious disease, and that it can be contracted by using tools that are infected by the saliva of sufferers. What effect would that have on the prevalence of the disease ? Would it not have the effect of giving tuberculosis to other men than miners themselves ?—Yes.

11. In a case like that, the X-ray examination might not show miner's phthisis, but it would certainly show tuberculosis. We have had cases in which men have been in the last stages of tuberculosis contracted in the mine ; when they have been examined under the X rays the doctors have said that the plate did not show miner's phthisis, but that the sufferer had tuberculosis—which was certainly contracted in the mine—therefore the man gets no pension. That is why I have maintained that the system is wrong. The man is in the last stages of a chest complaint, but does not receive the pension because the Medical Board says it is not miner's phthisis, but tuberculosis, which is one and the same thing if contracted in the mine ?—I said that to the miner the external examination is of no use. When I said that I had something in my mind similar to what is behind your question. It is so difficult to diagnose with the external examination that when the disease is so pronounced as to enable a doctor to say of a patient whose history he knows that from an external examination he is suffering from miner's phthisis, that opinion should be acted upon. When a doctor who knows the history of the case says it is miner's phthisis as the result of his external examination, his opinion should guide the authorities. Where he will not give the applicant the benefit of any doubt, the applicant should have the right to come to Wellington, if necessary, for an X-ray examination.

12. Another reason why I raise that question is that a man may have a clean bill of health, inasmuch as he has been certified as being healthy for lodge purposes, and after several years of work

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.

20. Take the men already in the mines, who will probably contract the disease, or who may have it now: besides the X-ray examination, you would also agree that the medical examination should take place ?—Yes.

21. Is there not something else besides the medical examination of the man ? Take the history of the field: are not certain stopes and winzes definitely known to be death traps ?—Yes.

22. Do you not know of mines in Reefton as to which every man who has worked in a particular winze or level has died from miner's phthisis ?—Yes.

23. Would it be an advantage if some kind of history could be obtained by the Mines Department of those places ?—Such a thing would be valuable as showing that every one who has worked in a given mine, or section of a mine, has died from or contracted miner's phthisis. I worked in one quartz-mine from 1906 to 1909, and of the 120 fellow-workers those who are still living I could count them on the fingers of one hand.

24. Do you think the X-ray examinations would prevent men who might get the disease from going into a mine ? So far as the improved conditions are concerned, would you say that the industry can still carry on ?—Yes. The conditions that made it difficult and expensive to the mine-owners were brought into operation because of the recommendations of the Mines Commission, which led to the use of water-liner drills, provision of proper changing-rooms, and various other improvements, besides the giving of a half-holiday on Saturday, so adding to the overhead cost of mining. Nothing has been done since. We stopped short of what I suggest was the logical thing to have done—to have required that every man working in a mine should have a clean bill of health. By that means we could have cleaned up the whole of a mine. With the number of men we have to deal with we could stamp out the disease in a couple of years. Not only would it be a good thing from the humanitarian point of view, but from the Pensions Department's point of view we would be studying economy, because we would be extinguishing the pensions.

25. Would it not be a good thing if the Act were amended in such a way as to provide for a hardship clause, whereby the Minister of Pensions could grant pensions by getting over technicalities such as have been mentioned ?—I think a better idea would be reciprocity between the Commonwealth Government and our own in connection with New Zealand pensioners living in Australia, and Australian pensioners living in New Zealand.

THURSDAY, 26TH SEPTEMBER, 1929.

MARK FAGAN further examined. (No. 3.)

1. *The Chairman.*] I understand that you desire to elaborate a point made in your evidence in chief before the Committee ?—There is just one point as to which I wish to avoid being misunderstood, in connection with my suggestion that if all miners were examined by means of the X rays once a year, miner's phthisis as we know it now would be stamped out of New Zealand in two or three years. After I left the Committee-room it occurred to me that I might have been misunderstood. I do not want the medical examination that I suggested to be confounded with the examinations that were in operation in 1908. In that year miner's phthisis was included as an "accident" in the then Workers' Compensation Act, and it was compulsory for all miners to get examined at the beginning of 1909 before they could go to work. A strike took place at Waihi and Reefton as a protest against that examination, because the miners considered that when this examination took place they were not being examined for miner's phthisis, but that a general examination was effected, and that if they had any other defects or disabilities, that would interfere with their getting employment. I do not want that to be confused with the examination I suggested. The examination I have now suggested would result in an X-ray photograph of the condition of the miner's lungs. It would be taken through his clothing, and no other part of his body need be examined. As I said before, I think that if that were done, it would go a long way towards stamping out the disease. Once a year a man's lungs could be examined, without other medical examination. I am sure that the same objections that were made in 1908 or 1909 would not be raised.

2. *Mr. Hamilton.*] Is this disease infectious, that you consider that it could be stamped out in the way you suggest ?—It is. It starts as silicosis, and the second stage is tuberculosis, superimposed upon the silicosis. When that arrives it takes the form of consumption, and the man's spittle and breath become infectious, and doubly dangerous because of working in vitiated air and confined places. Undoubtedly contagion takes place in the mines of New Zealand to-day, because infected men are allowed to work in them.

DISCUSSION.

Mr. Samuel, M.P.: The several petitions speak for themselves, and so do the departmental reports upon them. In my opinion the whole matter of these petitions hinges upon the medical examination. In these cases—and I know of many others in the Waihi district—there is a decided conflict of medical evidence and opinion. The two medical men of Waihi are held in the same kind of esteem as other doctors in mining towns—that is, they are thoroughly reliable, and the miners and other people of the district have every confidence in them. As far as Waihi is concerned, there are two very eminent members of the medical profession in residence—Dr. Murray Cole, who is Superintendent of the Waihi Hospital, and has been in practice there for a considerable number of years,

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, is 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

suffer. I say the thing is altogether wrong. However, I do not wish to go into that matter any further. Mr. Bice has come to Wellington expressly for the purpose of giving evidence, and he is armed with the medical certificates.

Hon. Mr. Veitch: Perhaps it would help if I state exactly the position from my point of view: that would perhaps assist the witness to state the case more satisfactorily to the interests of the petitioners. I can speak in general terms of all the petitions with one exception. All these petitions are really on the same lines. They all ask for an improvement of the conditions of the miner's phthisis pension, in different directions. First of all I want to defend the Department to the extent of saying that however great may be the hardship in each of these cases, they are all outside the provisions of the Pensions Act as it stands to-day. The law, in my judgment, is weak, and the administration of the law is in the hands of the Commissioner, but he is absolutely bound hard and fast.

Mr. Samuel: I said he is bound by the certificate given by the examiners.

Hon. Mr. Veitch: I have arrived at this point: that I have visited some of the hospitals and seen some of the cases, having the notion of going through some of these petitions; and have discussed the position with the late Commissioner of Pensions, Mr. Fache, who has just gone out of office, and also with Mr. Boyes, the new Commissioner, as well as with the Under-Secretary of Mines, who is here this morning, and I have come to the conclusion that it is necessary to amend the Pensions Act, and to give some relief along these lines. I came to this conclusion some time ago. I asked for the authority of Cabinet to submit certain recommendations in connection with the pensions law, and I have the authority of Cabinet now to prepare certain provisions, which are as yet undefined. I am going into the matter over the week-end, and some time next week I have to make definite proposals to Cabinet. The intention is to amend the law in this particular direction. I have arranged to discuss the whole position with the Commissioner of Pensions. I hope I shall be able to make my recommendations to Cabinet during the coming week, and it should be possible to bring the proposed amendment of the law before the House within a reasonable time. I would like the witness to understand the position before his examination begins.

Mr. Bice: Could the amendment be made retrospective to a certain time? These applicants, for instance, should not be debarred from reappealing.

Hon. Mr. Veitch: It could not be made retrospective for an indefinite period. That would entail an immense amount of money.

Mr. Bodkin: Under the present Act, within what time must the application be made for a pension?

The Chairman: The only limitation is that the applicant must be a British subject by birth, or have been naturalized for at least one year, and have been five years in New Zealand, and have worked in a mine for two years out of the five years.

Mr. Bodkin: Then there is no necessity to make the provision retrospective.

WILLIAM BICE examined. (No. 4.)

1. *The Chairman.*] What is your full name?—William Bice. And your position?—I am secretary of the Ohinemuri Mines and Batteries Union. With regard to the case of Mrs. Ashby, I contend that it does come within the law, because the Act says that the widow of a miner who has died from pneumoconiosis shall be entitled to a pension. It does not say that he shall have drawn the pension before his death.

2. It says that if any man entitled to a pension dies of miner's phthisis, leaving a widow, his widow shall be entitled to a pension?—In that case we have definite proof that he died from miner's phthisis, so that she comes within the Act. Dr. Cole certified in the first instance that Ashby was suffering from pneumoconiosis, and he had an X-ray photograph taken by Dr. Harris, of Hamilton. This X-ray photograph the Department sent back to Dr. Harris for a report. Dr. Cole, before giving a certificate, also examined that X-ray photograph. He read it as indicating pneumoconiosis, but Dr. Harris, who took the radiograph, read it as tuberculosis. I suggest that in that instance the evidence of Dr. Cole should carry more weight, owing to his long experience. In the face of that position the Department refused to grant a pension. Dr. Cole was quite aware of that, but he wrote the death-certificate, which gave the cause of death as pneumoconiosis. I submit that that is a clear case. I do not think there can be any argument in connection with Mrs. Ashby's claim.

3. If there is, it can only be a legal quibble as to whether the miner's right to a pension is governed by the words "total incapacity," and whether death is not "total incapacity" from the legal point of view?—That is so. If a miner is entitled to a pension at the time of his death, his widow should also be entitled to it. That gets over the anomaly existing. I know of a case where a miner named Odlin, who is in receipt of the pension, went to visit relatives in Tauranga for the benefit of his health, and met with a motor-car accident, in which he received a shock that killed him. Nobody else in the car was injured, but owing to the low state of his health he died. With regard to the case of Vosper, he has been mining for fifty years, and according to the report on the departmental documents his disability was due to tuberculosis. I do not think that Vosper ever suffered from tuberculosis. The fact that he has worked for fifty years underground does not seem to point that way. Quite a lot of stress is laid by the Department and the doctors on the question of tuberculosis. Both Dr. Cole and Dr. Short tell me that tuberculosis is the natural sequence of pneumoconiosis—that it will follow pneumoconiosis in practically every case. I have here a certificate with regard to Vosper from Dr. Cole, who is very much perturbed over these cases. He told me that he cannot understand why Vosper was turned down. His certificate gives Vosper's age as about seventy, of which fifty years have been spent in mining, and says, "In my opinion he is suffering from pneumoconiosis, and totally unfit for working." The date of that certificate is the 21st of this month, which is after the refusal of the Department to grant the pension, and after the pronouncement of the Auckland doctors.

It stands to reason that when a man has been fifty years underground it is of no use saying that he has not the disease. I have known miners to get the disease in from three to four yeras. It may be that some men have the luck of working in decent places. Vosper had fifty years underground, and Dr. Cole's certificate is strong evidence that he has the disease. When Vosper was turned down the people of Waihi thought it was time to move in the matter, because they could not understand the position. Against the medical evidence they are satisfied that Vosper has the dust.

4. In what part of the West Coast did he work ?—He worked in the copper-mines in Nelson in 1878, and followed on at Lyell. He was there for ten years. Then he had a period at Broken Hill from 1889 to 1905, and from 1906 to 1929 he worked for the Waihi Gold-mining Co. For the whole fifty years he was underground.

5. *Mr. Bodkin.*] Has he any dependants ?—Yes, a daughter and a son; but the son is only a young fellow, not working at present—just about old enough to begin working now. The daughter is his housekeeper. In the case of Thorburn, he is set down as seventy-two years of age, and started mining in 1898—started in a battery at Waihi, in the days of dry crushing. I do not think there is another man living to-day who worked in the dry-crushing batteries at that time. Thorburn worked in the battery most of his time—in the later years at the Waihi Co.'s battery at Waikino, where he has been engaged in repairing stamps. That work keeps him in the dust practically all the time. No matter how you try, you cannot control all the dust. Thorburn has been engaged in these dusty occupations for thirty-one years. For part of his time he was filling trucks from the Grand Junction Co.'s hoppers, and there he would get a fair amount of dust. You can hardly avoid it.

6. *Hon. Mr. Veitch.*] Does that mean that under the present law this man is entitled to a pension—that he might contract the disease through working at a battery ?—Yes; he is entitled to the pension. The Auckland medical opinion is not that pneumoconiosis was not the cause of his disablement. The trouble is that as the law reads you must be totally disabled through pneumoconiosis. If you had 20 per cent. of some other disability you could be turned down.

7. *Mr. Samuel.*] If you had 40 per cent. pneumoconiosis and 60 per cent. tuberculosis, you would be turned down because you were not totally incapacitated through the pneumoconiosis ?—That is so. Tuberculosis follows as the usual sequence, so Dr. Short states definitely. Tuberculosis gallops, and the man's disability is perhaps 75 per cent. tuberculosis and only 25 per cent. of the pneumoconiosis, which was the original cause.

8. I suppose the man's age probably contributed to the unfavourable decision. Men may be suffering from 20 per cent. disability through inhaling dust, and old age creeps on, and they are incapacitated from work. The certificate may debar them because it may show 50 per cent. disability due to the dust and 50 per cent. old age ?—That is so. I may say that the conditions underground predispose to the disease, for the men underground get tuberculosis more than those working on the surface. A miner may be working underground in a confined space with another man who has tuberculosis, and on that account may have a tendency to get it. Thorburn's pension was declined because the pneumoconiosis was not the whole cause of his disability. It was not stated that he did not have pneumoconiosis, but just that it was not the cause. Dr. Short has, in the face of that, on the 24th September, certified that Thorburn is suffering from pneumoconiosis, and thereby prevented from doing any work. That is in the face of the turning-down of the other medical men. As to the case of Hayward, he has been mining in New Zealand for thirty-nine years. The reply he received from the Department was that the disease was not contracted whilst mining in New Zealand; but he had never been out of New Zealand. He strained his heart about the end of last year. He was compensated with a lump sum, about £240. Dr. Gunson, one of the assessors in the compensation inquiry, stated that he could not agree to a larger sum as compensation, though he was of opinion that Hayward was totally disabled, because of the fact that his lungs were badly affected by miner's complaint, therefore he had to agree on the smaller amount, though the man was totally disabled. I have here a letter which he wrote on the 24th June to Mrs. Hayward, in which he says, "With regard to your letter of the 4th June: We settled Mr. Hayward's claim partly from the date of his accident and partly from the date on which I examined him. The real difficulty was that there had been previous trouble prior to the accident, and it was not possible to arrange a settlement on any better terms. As regards the condition of the lungs, there is evidence of old-standing change which I think would entitle Mr. Hayward to a miner's pension. If he is unable to work I should be pleased to let you have a certificate recommending him for a miner's pension, if he has not already applied for it." Dr. Short also gave a certificate on the 24th instant "that Mr. John Hayward is suffering from pneumoconiosis, and that he is thereby totally prevented from doing any work." The position is that Hayward has been penalized both ways—penalized in regard to compensation because the doctors in Auckland stated that only 25 per cent. of his disability was due to strained heart, and that his condition was due to miner's phthisis; then he applied for the miner's pension, and he was refused the pension because it was stated that his condition is due to strained heart. Hayward has a wife and six young children entirely dependent upon him. All the children are going to school, and he has no income whatever. The Hospital and Charitable Aid Board has to support him. The case of Patrick McLoughlin is that his age is sixty-four, and that he has been engaged for twenty-five years in mining and battery work. While he was working at Waihi he was on duties which placed him in positions where he had to inhale a certain amount of dust—such duties as filling trucks from the hoppers. In his last two or three years, when he was begininng to get short-winded, he was given the job of hauling trucks on the top of the hoppers, and in that position he could also get dust. Dr. Short gave a certificate in his case that he was suffering from pneumoconiosis. Again, on the 24th instant, Dr. Short gave a further certificate that "he is suffering from pneumoconiosis, and he is thereby totally prevented from doing any work." When McLoughlin was refused the pension we asked for a report as to the cause of his disability, and it was the same. I referred the report to Dr. Short,

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.

18. If the Government would not set up the local medical man as its authoritative representative, would the miners be satisfied to have their local medical man made one of a Board of two or three ?—Certainly.

19. And that would be an adequate protection for the miner ? A city doctor might be able to convince the local doctor that he was mistaken. In the case of a disagreement some other authority might have to be called in. The matter might be referred to a committee of the British Medical Association. If it was definitely decided by the British Medical Association, everybody must be satisfied that there must be a mistake; but, in your opinion, would the applicant be satisfied if he were turned down in that way ?—No. The local doctor knows what he is talking about, because he will have been treating the applicant for years for different complaints. If the matter was to be determined by Auckland medical men who have never seen a mine the applicant would certainly not be satisfied.

20. For how long has Dr. Short been practising in Waihi ?—For about ten years; and before that he was on the West Coast, in a mining district.

21. Then all his experience has been gained in mining districts ?—Yes.

22. And he has given most of the certificates in the cases now before the Committee ?—Yes.

23. How long has Dr. Cole been in Waihi ?—For seven years; and he is Superintendent of the Waihi Hospital.

24. *Mr. H. E. Holland.*] Are any of the men working in the mines acquiring this disease now ?—Yes.

25. You have the water-jet machine in all the mines ?—Yes.

26. Do you know of any one who has acquired the disease since its installation ?—Dr. Short has informed me that men are getting it to-day.

27. Notwithstanding the water-jet machine ?—Yes.

28. *Hon. Mr. Veitch.*] And to the same extent as formerly ?—Perhaps not to the same extent. At the same time, the dust is there. I think that in any mine, if you put a wet bottle in an air-course and return after a few hours, you will find that the bottle has a coating of dust. You cannot keep it down.

29. But apparently it is not being developed to the same extent as it was when the old water-spray machine was in use ?—No.

30. I think you have made it fairly clear that you favour a miner's pension that would be the equivalent of a living-wage for the man and his family ?—Yes.

31. At the present time, if a miner is drawing the pension on account of phthisis, his pension is stopped if he takes on work ?—Yes.

32. I take it that you would be in favour of an alteration of the law that would make the pension depend solely on the fact that the man was suffering from phthisis, and would not take it from him in the event of his doing a light work to supplement his pension ?—No.

33. *The Chairman.*] Would you be in favour of an amendment of the Mining Act providing for an X-ray examination of all miners, say, once every year ?—Yes.

34. Mr. Fagan said in his evidence that he was confident that by a general X-ray examination it would be possible to almost eradicate the disease altogether. Would you be in favour of that ?—Yes; the man to be compensated accordingly, and be able to get out. I think that if the examination revealed that the man has contracted the disease to a certain extent he should be compensated.

35. That that should bring him under the Pensions Act ?—Yes.

36. You know the system in operation in South Africa ?—Yes.

37. And you would be in favour of that ?—Yes.

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