

(b) LABORATORY AND RADIOLOGY.

40. The medical witnesses who appeared before the Committee stressed the desirability of having available at the outset full laboratory and radiology facilities. It was emphasized that without the aids available from this source the general practitioner service would be incomplete.

41. We recommend that the Minister be empowered to enter into an arrangement with Hospital Boards to provide free of cost to patients under the care of general practitioners serving under the scheme such X-ray examinations and treatments, radium treatment, and other examinations and treatment as may be generally available in laboratories, clinics, or other Departments of the hospital and as may be determined.

(c) SPECIALIST AND CONSULTANT.

42. We have given particular attention to the contention of the medical witnesses and others that a specialist and consultant service should be established at the outset of the health scheme in order that it might be fully effective. We have been impressed with the statement that a complete medical service cannot be effective unless and until specialist-consultant services are included with that of the general practitioner.

43. We would therefore urge the Government to develop a specialist and consultant service as soon as possible after the inauguration of a general-practitioner service.

44. In the meantime the needs of a large section of the community will be met by making this service available at the public hospitals either by in-patient or out-patient treatment.

45. One point upon which it seems desirable that there should be some finality is the definition of a "specialist." We have found it very difficult to appreciate what the term is meant to cover. It would appear that in New Zealand there has grown up a type of general practitioner-cum-specialist practice in which the doctor does ordinary general practitioner work and specializes in one or more phases of disease. The real specialist who is thoroughly qualified by post-graduate training holds higher degrees and is recognized by the profession for his eminence is fairly rare. It would not appear possible for the Government to make arrangements concerning a specialist service until such time as the meaning of this term is resolved with satisfaction to the profession and the public.

(d) MASSAGE AND PHYSIO-THERAPY.

46. This service is already available at most of our larger public hospitals, and we recommend that it be extended to all when the necessary staff has been trained.

(e) TRANSPORT SERVICE TO AND FROM HOSPITAL.

47. As the Government did not contemplate the inauguration of such a service at the outset, we have not given full consideration to this matter. The representatives of the St. John Ambulance Association have made available to the Committee extensive evidence on transport costs. We have also perused the evidence given by the Free Ambulance Association before the Preliminary Committee.

48. We recommend that when the Government is inaugurating an ambulance service it should utilize to the fullest possible extent the existing organization.

(f) DENTAL BENEFIT.

49. While the Government's proposals do not indicate when it is intended to establish a dental benefit, the Committee heard evidence from the New Zealand Dental Association and from the Director, Dental Division, Health Department. We have been greatly impressed with the need for greater care in connection with the treatment of teeth in the comparatively young. It was good to have definite evidence that the present school dental clinic system is meeting a need in the community and that the quality of the work is exceedingly high. We would recommend to the Government that the most suitable way of meeting the dental needs of the people will be to extend the dental clinic system, until ultimately all children of school age shall be included. This will not mean a large increase in building costs, the actual expense being mainly due to the salaries of the fully qualified male staff necessary to meet the additional needs of the older youths.

(g) OPTICAL BENEFITS.

50. No direct evidence was furnished to this Committee concerning the proposed optical benefit. A perusal of the evidence submitted to the Preliminary Investigation Committee indicates that the New Zealand Institute of Opticians would be prepared to assist the Government in every way to develop a service of this type. We would emphasize, however, that it is not desirable that an optical service should be commenced until such time as the services of qualified ophthalmologists are available under the Social Security Scheme. It is probable that there are many cases which would be better treated by an ophthalmologist rather than an optician.

HOME NURSING.

FREE HOME-NURSING AND DOMESTIC-HELP SERVICE.

51. There appears to be a unanimous opinion that the institution of a home-nursing and domestic-help service is highly desirable. The Director-General of Health submitted in evidence that the training of the necessary staff could very well be undertaken in those hospitals which are not at present recognized training centres for nurses. His suggestion is that a trainee should spend two years in the institution—one year on the domestic side and the other on the nursing. At the end