

insolvent society into a solvent position, so that they could with the aid of subvention give perhaps other privileges to the members.

30. Do you think there would be any malingering in the case of those old pioneers of 65 years of age?—No. We have a central sick-fund, and our branches are very much scattered throughout the Dominion. Some of the branches have a very small membership, and we have continuous sickness in those branches, and every one, so far as my knowledge goes, is a *bona fide* case of illness.

31. *Mr. Hayes.*] Is it your experience that many members lapse after long membership?—Not after long membership, but there are cases. That is the saddest experience we have.

32. You could not give any idea as to what proportion that would be of the general lapses?—It would be a very small proportion.

33. *Hon. the Chairman.*] I suppose you would be willing if the Government were to increase the subsidy to 7s. 6d. a week instead of 5s.?—Yes. You see this aid comes into the home after a lengthy illness—after twelve months' illness—just when people need it more than at any other time. You can understand that. In the home where the head of the house has been ill for a period covering twelve months, and perhaps in that home there was no provision other than the society, you can understand what a great help it would be at that period; and that, I understand, is the whole intention.

34. How would you look at the same procedure if you were not a friendly-society man: you would also be quite agreeable that the Government might take over the contributions after 65 years of age?—Yes.

35. You would be willing to reduce that to 60 years of age, would you?—Yes.

36. You speak as a Rechabite?—Yes.

37. Can you give the Committee any idea of how many Rechabite lodges show a deficiency?—There is a considerable number that show a deficiency.

38. Do you think that is any reason why you should agree with subvention while the representative of the Manchester Unity disagrees with it? If your lodges were all showing a surplus do you think you would still be of that opinion?—Yes, I look at it outside the society. I understand the object of the State is to assist members of the community who are unable practically to assist themselves. The friendly societies are the recognized organizations, and the value of the societies have been acknowledged by the British Government as a medium through which to run their scheme, and the value of the societies is admitted and acknowledged in this Dominion. It is the medium through which any scheme might be worked with great advantage.

39. You do not think there is any malingering going on?—Not to any great extent.

40. You do not think it would be increased considerably by the Government giving something for nothing?—No, I do not. I am inclined to think that the people are keen enough to pick out those weaknesses and thus prevent malingering.

41. *Hon. Mr. Beehan.*] Will you explain what is the effect on a lodge of having as members a few who are suffering from chronic illness?—I know of one case where the funds of a small branch was absolutely wiped out, and the other branches of the order stood by that branch. Of course, it was an unusual case.

42. That is where subvention would come in?—Yes.

43. *Hon. Mr. Luke.*] Have you any proof that in your society, which is based on total abstinence, there is a larger or smaller percentage of sickness?—It is admitted that abstainers live longer. In a general way they allow from five to eight years. As against that they have from five to eight years' longer period of sickness, which is rather against the abstaining societies than otherwise.

44. They live too long?—Yes.

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FRIDAY, 14TH NOVEMBER, 1913.

Dr. HARRY EDWARD GIBBS examined. (No. 12.)

1. *Hon. the Chairman.*] What are you?—President of the Wellington Branch of the British Medical Association.

2. Does your association wish evidence to be given before the Committee in regard to the order of reference or specially in reference to social insurance?—It is just in relation to the Imperial Act, and with the idea that it is perhaps probable that some similar Act or legislation will be passed in New Zealand. I presume this Committee is set up with the idea of collecting data for that purpose, and if that is so we wish to ask the Committee that before anything of that nature is carried out the medical profession should be very closely consulted in regard to it, and if possible thereby obviate the great trouble that has taken place in regard to the institution of that Act in England. It has been recognized since by Lloyd George himself in the new amendments proposed recently that he made a mistake in the initial instance in not more fully consulting and asking the advice of those who were so intimately associated with the work—namely, the medical profession. One wants to remember that the Imperial Act is dealing with a double class of people, the selected lives, as we commonly understand them, belonging to the friendly societies, and a very large body of lives which are not selected. That is, a person entering a lodge has to pass a medical examination as regards his fitness to become a lodge member, whereas the Imperial Act makes it compulsory on all workmen, whether they are medically fit or not, to come under the insurance scheme and to obtain the benefits of that scheme. This fact requires to be very carefully recognized and remembered in bringing forward a scheme in New Zealand if, as is mentioned in the friendly societies and trades-unions' report,