

it should practically be formulated on the lines of the friendly societies. It has made the difficulty with regard to remuneration so much more difficult at Home when the remuneration has been graded very much on the pre-existing rate in regard to friendly societies, so that the 6s. or 7s. as recommended under the new Act does not compare so favourably as it seems to on the surface with the 4s. previously paid, when you take into consideration the vast number of unselected lives that come under the Act compared with the selected lives that originally were dealt with by friendly societies themselves. According to the friendly societies' report which I have here it is not proposed to subsidize the medical attendance, whereas in New South Wales it is done in the case of aged members. It is just those aged members and the chronic cases which are a burden to the lodges that are also a burden to the medical profession where they have been in the lodge a long time. They have a right to the attention and the privileges of the lodge, but just as they are the individuals who practically spoil the funds of the lodge, so are they the very men who make the medical work practically unremunerative. Recently we made inquiries throughout the medical profession in New Zealand with the idea of finding out what was the return per visit and attention to lodge people in the district. A number of the members of the profession sent in returns, and it turned out that the doctor was practically attending to this class of work at the rate of 1s. per visit, whether at the house or in the surgery. I am speaking only of New Zealand.

3. *Mr. Harris.*] Does that include medicine?—No, merely the attendance. The members of the profession were asked to take note of what attendance they paid to individual members of lodges, and at the end of the quarter to divide the cheque by the number of attendances and see how it worked out. The result was that it worked out at the rate of about 1s. per visit, and that is not taking into account the expense in getting about nor for wear-and-tear.

4. *Hon. Mr. Beehan.*] That is for the whole of the members of the lodge?—Yes. We would ask that, in order to obtain more data upon which to work in a scheme, that in the friendly societies' annual report there should be a differentiation in regard to expenses of a lodge in regard to members' benefit and sick-pay; secondly, in respect of chemists' accounts; and, thirdly, in respect of medical attention. In this report as it is set out it is impossible to find out just what the different expenses come to, and if a scheme of national insurance is to be brought about this data could very easily be obtained. I think that information would be of very great benefit so that we would know just where the expenses lie, and to see in which way we could cut or change it to suit the circumstances. I think that is all I have to say on the matter.

5. *Mr. Harris.*] In your opinion how would the British Medical Association view a proposal for State insurance on the lines of Lloyd George's Act, for instance?—I can only speak personally to some extent. I would not care to voice the opinion as a whole, but the general impression is that it would be rather encouraged and approved of by them, providing, of course, that it was run on satisfactory lines; but we feel that it is such a large innovation—it is not an entity in itself, and it is so much wrapped up and so much affecting allied conditions. For instance, at Home the Workers' Compensation Act is almost being spoilt altogether by reason of the Insurance Act. It touches so many different aspects that it is a thing we ought to take up very carefully and with due consideration, and that instead of embarking upon it at once it would be far wiser, since the Old Country has already embarked upon it, for us to wait some little time and get the benefit of their experience before we start on our own. I think it would be almost suicidal for us to enter into it while we have the opportunity of studying the results at Home.

6. At the same time the Committee can be assured, in your opinion, that if the State did undertake such a scheme the British Medical Association would not be antagonistic?—I feel certain I can give you that assurance, especially as I feel sure that you will not make the initial blunders that they made at Home by ignoring us in the inception of it.

7. *Hon. Mr. Barr.*] Your profession in New Zealand is controlled entirely by the British Association?—In the profession in New Zealand there are between seven hundred and eight hundred members, and of those between four hundred and five hundred belong to the British Medical Association. The local branch of the British Medical Association has practically the ruling and control of all measures relating to the association. We are very little interfered with by the Home body, except that we have to subscribe to the articles of association of the Home body. We are what you might say under one organization of the British Medical Association, but the profession as a whole in New Zealand you must separate from the British Medical Association in that there are practically five-sevenths of the total number that comprise the British Medical Association, and the odd two-sevenths are outside the association, and we have no control over them and nothing to do with them. It means that they have not joined the association and that they are outside of it—not in any other sense.

8. In other words, they are non-unionists?—No, not in that way. It is very much in the nature of a club. A person who is not a member of a club is not necessarily tabooed by the members of it. It is mostly in the country districts where they do not see the benefit of joining the association, the same as a country member may not see the advantage of joining a club. They are not tabooed, and they are not antagonistically out of it.

9. You think in New Zealand we should wait until we see how they get on in the Old Country before putting any scheme into operation?—I am quite assured of that.

10. Do you think that is a wise stand in view of the fact that your profession must know that there are many in the community who would benefit by a State scheme? Would it not be better for us to go right ahead and devise a scheme suitable to New Zealand and take into consideration the work which has been done in the Old Country for our guidance when considering a scheme for New Zealand? Why should we wait if people are deserving and needing assistance which could be rendered by a State scheme?—It is a matter of opinion. Do you think that the people here are quite in the same urgent need that they were and have been at Home for such a scheme as that? I do not think it is such an urgent matter as it has been at Home.