

medical training has gone away from the idea of lecturing. The question is rather one of doing work—coming in contact with the actual work.

14. Could you improve that in New Zealand by getting other professional men to take up this work?—You might improve that very much by getting men there who would go in for clinical teaching.

15. Do you know men in New Zealand who could take on that work?—I do not. It is obviously a very difficult thing to arrange.

16. It would be difficult to get the class of men you refer to?—It would be difficult, but it is made very much more difficult by the corrupt methods. I have given an instance of a thoroughly capable man who came out here and was very much needed in connection with the diseases of children, yet when they make an appointment in the Dunedin Hospital they appoint a man who has had absolutely no experience of diseases of children at all. He has been brought up in a hospital that does not admit children.

17. Your charge is one of favouritism?—Certainly.

18. It is rather against the management, is it not, than the class of work performed by the lecturers?—We should attempt, as is the case in London, to get men who are highly paid for their work. In London, from the point of view of wage-earning, they are not employed for many hours in the day. The balance of their time is spent in research, reading, and teaching at the hospital. Take the men in Harley Street: they do not work after 1 o'clock. After that they can go to the hospital or read or anything else they wish to do. In Dunedin nearly all the staff are general practitioners, and the result is that they are tearing about making their living. All they give to the hospital is their spare time. You should first of all say to a man who is going to take a hospital appointment, "The hospital is to have the first call on your time. Here is what you have to do; that has to be done. If you will not sacrifice your private practice to that extent we do not want you."

19. Does the question of money come in?—Certainly. Any man who gets a hospital appointment at once indirectly increases, or hopes to increase, his income tremendously. People who have any special trouble will naturally go to the man who is the specialist for that at the hospital.

20. Can you get the men in Dunedin?—I think you could. You could get them slowly, but you would have at first to see what you wanted for the proper supervision of the Hospital. The Hospital wants to be in the hands of somebody—not a Charitable Aid Board, for instance. That is mischievous at once.

21. Can you say it is a subject of general complaint?—There are always complaints about hospitals. There are any number of complaints about the Dunedin Hospital. If a hospital once begins to do good work from the point of view of the man who knows best—that is, the man who is trained there—he is only too willing to do some work at the hospital. I am sure that if you were to ask the dozens of people who have gone from this country to the Old Country after they have qualified in medicine here what they thought of it they would—every one of them—tell you they regretted every hour they had spent at the Medical School in Dunedin. I admit that that would be so under even the best possible conditions in New Zealand.

22. You say that the New Zealand diploma in arts, in medicine, or in science is not valued in the Old Country—the diploma that is granted by the New Zealand University?—I have no experience of arts and science degrees in the Old Country.

23. Well, as to medicine?—As to medicine the New Zealand degree is of no value in the Old Country. In the London hospitals it is absolutely impossible to get an appointment on the surgical side unless you are a Fellow of the Royal College of Surgeons. You might have another degree as good, or perhaps even superior.

24. Do they regard a man with our diploma as competent to practice?—Yes, he is admitted as competent. They have decided to recognize the New Zealand diploma in medicine for the purposes of practice in England.

25. In your opinion that is merely a matter of form—it is recognition of the paper, not of the equipment of the individual?—I remember when Dr. Batchelor was trying to get a maternity hospital in New Zealand he mentioned as a reason that if the people at Home knew what our training in midwifery was they would not recognize us.

26. Before the University gets the right to confer these degrees and diplomas the Home authorities are aware of the regulations?—But they only see the syllabus. The syllabus is a very different thing from the course of study.

27. From your observation the work done at the Medical School does not come up to the conditions laid down upon which the University get their authority to issue diplomas?—That is quite obvious from what I have read. I have pointed out that a man who has never studied bacteriology is appointed to be professor in it, and what happens in his class.

28. Are you referring to Dr. Champtaloup?—No, Dr. Roberts.

29. Who do you say is Professor of Bacteriology?—Now Dr. Champtaloup is.

30. Do you know anything about his work?—No.

31. Do you know anything about the work done by him for the Public Health Department?—I do not know that there has been much work done by the Public Health Department. Dr. Champtaloup is giving up that position, I understand. I do not think a great deal of work has been done in connection with the Public Health Department.

32. The work has really been done by the office, then, as far as you know?—I am not in a position to state; the work done by the Public Health Department does not cross my line.

33. As to Dr. Batchelor, I gather from your remarks that he has been the philosopher, guide, and friend?—Dr. Batchelor has had very great influence and has acted with the Hospital Trustees, and has been very active controlling appointments mainly, I believe, through the lay