131. What year are you talking of?—1893.
132. That is twenty years ago?—Yes.
133. Do you know whether there has been an alteration in the teaching of physiology in those twenty years?—I have not said anything about the teaching of physiology. Physiology at the present time is one of the brightest spots in the University teaching.
134. In 1893 it was bad; in 1913 it is one of the brightest spots in the University teaching?—Yes.
135. Then the teaching of physiology has materially changed in twenty years?—Yes, but I am speaking about the Hospital and the clinical teaching.
136. Was your anatomy teaching good in 1893?—Anatomy teaching was good, but it would have been better if there had been demonstrators.
137. With regard to bacteriology what is your experience?—I have had none.
138. You do not know anything about it?—No.
139. You do not even know that there has been a new Professor of Bacteriology appointed?—Yes, I do know that. I thought you were asking me about the bacteriological teaching.
140. I want to know what your opinion is of the bacteriological teaching in 1913?—Very good, I should think.
141. Anatomy?—Good.
142. Anatomy good, and bacteriology good, and physiology good. Has there been a vast improvement all round since 1903–5?—Except in those things that I have drawn attention to.
143. You have drawn attention to the diseases of children and the clinical teaching in the Hospital: those are the only two grievances you have, are they?—The clinical teaching and the conditions of appointment to positions on the Hospital staff—the divided authority.
144. You were drawing attention to these, I think, as they were in 1903–5? Is there any difficulty now with regard to them?—The position is exactly the same.
145. Are you a member of the Hospital staff?—I am not.
146. Have you ever been?—Yes.
147. Are you a member of the University teaching staff?—No.
148. Have you ever been?—Only in so far as I was one of the tutors at the Hospital.
149. Have you ever applied for a post at the University?—No.
150. Have you applied for positions on the honorary staff of the Hospital?—Yes.
151. Were you appointed?—No. I was appointed the first time.
152. Were you disappointed because you were not appointed?—No.
153. You have no grievance against anybody else because he was?—Not a bit. After I had been two years at the Hospital I sent in a report on the condition of the out-patient department, and I also sent in a complaint with regard to certain irregularities. Those went under the same cover as my application for reappointment, because I did not wish it to be said afterwards that I was merely grumbling because I had not been appointed. I complained at the time, and the result was that no notice was taken of my complaint and my reappointment was not ratified.
154. You have a grievance against the teaching as given by Dr. Williams in the diseases of children?—Yes.
155. And you say that he has no experience: how do you know?—Because he is a graduate of this Hospital and has held no other hospital appointments.
156. Has he been Home?—Yes, but he has held no other hospital appointment.
157. Has he had no experience in the diseases of children in New Zealand?—Very likely, but I do not count that.
158. Do you know whether he goes to Karitane Home? Do you know the Karitane Home?—I have heard of it.
159. Have you ever been there?—No.
160. You do not know much about it?—No.
161. Are there children taken in there?—I dare say.
162. If a doctor went to see children at Karitane Home would he get any experience of the diseases of children?—He would get opportunities for experience. It is a question of education. When one speaks of a man having had no experience it means that he has held no positions under a good man—that is to say, he has not got the imprimatur of having been with a good man.
163. Are there no good men in Dunedin in the diseases of children?—I think there are two men now who have had special training.
164. Who are they?—Dr. Evans and Dr. Allen.
165. Has Dr. Truby King not had experience in the diseases of children?—No; he never had any.
166. You say that the clinical teaching in the Hospital is now bad?—Yes.
167. Now?—That is what I gather from the students who are leaving the Hospital.
168. Where is the clinical teaching weak—in the teaching, or in the opportunities as far as the Hospital itself is concerned?—There is no clinical teaching done. What was being done, and I believe what is being done still, is that a man will get hold of an article and will read a little condensed piece out of a text-book. What we mean by a clinical lecture is for a man to go to a patient and examine the patient, and let the student see what is going on in his mind; he just tries to let the student see how he goes into the case and comes to a conclusion.
169. Do you mean to say that that is not done in the Dunedin Hospital at the present time?—It is not being done as it should be done.
170. Is it done at all?—I understand from people leaving the Hospital that the chief defect is the want of proper clinical training.