

171. That is hearsay evidence, is it not? Have you experience of your own by which you can guide us?—How could I get information otherwise? It must be hearsay.

172. Do you know what has been done of late years to improve the clinical teaching in the Hospital?—Yes. There was a clinical tutor appointed in surgery, and when he was appointed he was not allowed to enter the wards.

173. Was there one in medicine?—There was afterwards.

174. Is there now a tutor in medicine and a tutor in surgery?—Yes.

175. Are there now three physicians and lecturers in clinical medicine?—Yes.

176. Are there three surgeons and lecturers in clinical surgery?—Yes.

177. Are there three assistant surgeons?—Yes.

178. A gynecologist?—Yes.

179. And two assistant gynecologists?—Yes.

180. Three assistant physicians?—Yes.

181. An ophthalmic surgeon and two assistants?—Yes.

182. A radiologist?—Yes.

183. Two anæsthetists?—Yes.

184. And a dental surgeon?—Yes.

185. Is not the teaching of most of those men clinical teaching?—No.

186. Which one's teaching is not?—I will take one of your examples. How can a man hope to teach radiology on the strength of a few weeks' treatment? When I was in London and working with Mr. Harry Fenwick, for five years he would not look at the English radiographs, because he said he could not trust them. Now he has written a book on the subject. These subjects cannot be learned in two or three weeks.

187. I understand that you have discovered one other weakness. The first weakness was the lecturer in the diseases of children, and the second is the radiologist?—No; I have spoken about the clinical teaching.

188. But the radiologist is a clinical teacher, is he not?—Yes.

189. Is he weak?—I think so. I do not see how he can be otherwise.

190. Are there any others weak of those I have read out?—I say that any man is weak who has not had some hospital experience.

191. Are any of these weak?—I say that any man who has not had hospital experience is weak. You wish to put me into the position of making it a personal matter against a particular man. I do not propose to do that.

192. You have made it a personal matter against Dr. Williams, Dr. Batchelor, and Dr. Cameron: have you any others that you want to put on the list?—I have only made it a personal matter with them in so far as they have fallen into the position.

193. Can you name any others that you think are not competent?—I answered the question in this way: I consider anybody who has not had hospital experience is not qualified as a teacher.

194. About the connection between the University and the Charitable Aid Board: were you in your evidence speaking of 1903 or now?—I was speaking of 1903-5.

195. Do you or do you not know that the condition has entirely altered since 1903?—I know it has.

196. Is there the same reason to be dissatisfied in the matter of the connection between the Hospital and Charitable Aid Board and the University to-day as there was in 1903-5?—There will be so long as a Board of laymen control the appointments to the Hospital.

197. Is there the same reason to-day for saying that matters as between the Charitable Aid Board and the University Council are unsatisfactory?—I think the arrangement is unsatisfactory.

198. Which arrangement?—The arrangement of dual control.

199. As regards the practical working of the present scheme, are there improvements to-day as compared with 1903?—Any arrangement by which the Council, guided by people who understand the position, have a larger proportion of power with regard to the University appointments in the Medical School would be a good one.

200. Do you know that prior to the alterations made a few years ago the Hospital and Charitable Aid Board consulted the Council before making their appointments, or, rather, that they accepted their advice with regard to appointments? And do you know that the University Council is now represented on the Hospital Board, and the Hospital Board on the University Council?—Yes.

201. Does that not make a material alteration in the conditions?—I think it may lead to more trouble than ever.

202. When you spoke about the "mischievous sham" were you talking of 1893 or 1903 or 1913?—I was referring to the time of my experience—1903—when I was in the out-patients department. I do not refer to 1893 at all, except in so far as I have replied to your questions.

203. What do you mean by "mischievous sham" in 1903-5: what was there mischievous in the training of the students?—"Mischievous sham" is a quotation from Professor MacGregor's report.

204. Which you adopt?—No, I do not adopt the phrase. What I say is that the truth of that statement has been exemplified. I go on to state that the condition of affairs verifies to a very great extent the correctness of his report as to what would happen—that is to say, that it would be a mischievous sham. Because you must recollect that a great deal of the improvement in connection with Hospital and University affairs has been due to outside pressure; nothing was done till there was outside pressure.

205. Are we to understand that it is your agitation that has created all the improvement?—I think my agitation has had a great deal to do with it.