money necessary for that purpose. By this means New Zealand is the richer in the extended experience of its medical men, and we have also been able to test the efficacy of the instruction given here by the results of the examination open to our students in Great Britain. Writing on this subject in 1910 I made the following statement: "Eighty-three or eighty-four out of one hundred and thirty graduates have gone to Europe for post-graduate study. Of this number twelve have become Fellows of the Royal College of Surgeons of England, one that of Ireland, and two that of Edinburgh. In addition to the Fellowship of the English College one became a member of the College of Physicians of London. These are the highest qualifications open to our students, and the result—one to about five and a half who have gone Home—is astonishing. I do not think any British school can equal it. Most of the others have secured the conjoint qualification of the Colleges of Physicians and Surgeons—the usual one of London students. Several have taken the Diploma of Public Health of Cambridge." Not only have our students done well in academical work, but they have been successful in obtaining posts in many public institutions. Several Home hospitals have year after year been staffed by New Zealand graduates. Middlesex Hospital has established a special scholarship for them. This is partly due, no doubt, to the good will towards New Zealand which has been so prominent in England of late years, but I think we can claim that it is also in part due to the zeal and efficiency of the men themselves. Looking back on our twenty-eight years' work, the teachers of the school feel that it is a good record. We are proud of our pupils, and confident of the future of the school. We have had many disadvantages to contend with. The teachers have been poorly paid; some have worked for years with no payment at all. It is a simple fact that not one of them but would have done better for himself, from a money point of view, if he had devoted to his own practice the time spent in teaching. For several years all the students' Hospital fees have been thrown into a common fund to secure laboratories for Hospital work and teaching. The public of Dunedin has given the Hospital, among other things, a very perfect X-ray plant, and money to build wards and nursing accommodation. The Hospital and school have never stood still, but if progress is to be continued the Medical School must be recognized as a national and not a local institution. The staff is in many ways overworked and underpaid. I would refer especially to one department—that of bacteriology. Dr. Champtaloup is at present Bacteriologist to the Hospital, professor and teacher of students in bacteriology and public health, and Officer of Public Health for a large district. We want more money for teachers generally, so that those who have to devote much time to their work may be free from the distractions of general practice. My own career is near its close, so that I can speak freely on this subject. The Professors of Medicine, of Surgery, of Gynæcology, and of Pathology should have such a salary that, with consulting work, they should not have to do the work of a general practitioner. New buildings are needed for the laboratory work of the Hospital and the University. The expense of these ought to fall partly on the local institution and partly on the University. Medicine is a constantly expanding science, and we must expect in the future, as in the past, that new departments will be added to the Hospital and Medical School. Hitherto Otago has borne the main part of the expense of a school which has educated students from and supplied doctors to every part of the Dominion. This state of affairs is obviously unjust, and should not continue.

1. *Mr. Hanan.*] Have you any observations to make in regard to clinical work?—No; the clinical work is quite good. We have quite a large enough number of beds—much larger in proportion to our students than, say, a place like Edinburgh. We have one hundred and fifty beds now constantly filled—very often there are one hundred and sixty or one hundred and seventy beds; and we find that the material is ample for all the clinical work that is needed.

2. Going back as far as 1903, have conditions improved in regard to clinical work?—Yes, they have improved considerably. Since that time we have had appointed paid tutors in medicine and in surgery. It is their business specially to teach students details that were formerly left to the physicians and surgeons in the wards. This is now done systematically, and clinical lectures are now given three times a week, winter and summer, by both the surgeons and the physicians on the staff—lectures on the cases as they occur in the Hospital, pointing out to the students the noticeable points in each.

3. You think that the nature of the clinical work done and the training in connection with that work is satisfactory?—Yes. As with other institutions, I have no doubt it can be improved. Much depends upon the zeal and application of the students themselves. An idle man can very often evade doing the work. On the other hand, a man who is eager to do the work will find plenty to do, and plenty of instruction as to the methods of doing it.

4. With regard to the course of study prescribed for a medical course in connection with our University, how does it compare with courses of study in Australia?—All the great universities in the world now follow one course. If you consulted the curricula of a great many different schools you would find that they all practically go upon the same lines.

5. In other words, the course prescribed in connection with the Medical School is not inferior to that which obtains in connection with other constituted colleges?—It is inferior in no way.

6. Regarding the examinations and tests applied in connection with the Otago School, are they inferior to examinations and tests applied for similar work in connection with other University colleges?—I should say they are above rather than below the average. We had in view, especially in the early days of the school, the fact that we were a new school, and that any slackness on our part in the matter of examinations would undoubtedly cause our degrees to get into the hands of unsuitable men, and we purposely made our standard as high a one as we possibly could. Of course, individual examiners differ; but that has been on the whole steadily kept in view by all the Dunedin examiners—that we could not afford to have a low standard of examination.

7. You have been Home frequently since the Medical School started?—Yes, three times.