centres would be done by the house surgeons or even assistant surgeons, and they get a better practical education than they would get in many of the larger schools.

25. Not like the Edinburgh boy, sitting five or six forms back?—No. An Edinburgh man told me that the student in Dunedin did what the Edinburgh student saw from the fifth row of benches.

26. The surgical work that he gets in Dunedin will fit him for almost any New Zealand position?—I think so, as far as any training can fit a man for those things. As I said before, much depends on the man himself. If he is eager and willing to learn he has facilities for learning.

27. I am only asking as to the surgical side. If you had a son and you thought he had an aptitude for surgery, what would you do with him, or suggest that he should do, when he matriculated?—I have often had to consider that question and advise upon it, and my deliberate opinion, formed many years ago and still maintained, is that if the boy were a New-Zealander and were going to spend his life in New Zealand—as I hoped he would spend it—I would train him during the most impressionable years of his life in the country in which I hoped he would live. I would know that he would get the ABC of his work as well there as he would get it anywhere else. I am satisfied of that. After graduation I would send him Home for special study to some of the larger centres. By the time he graduated one would be able, of course, to judge whether he was fitted to take advantage of those opportunities. On many young men they would be wasted. If he showed any ability I would send him Home for a year, or two years, or three if possible, for post-graduate study.

28. Do you agree generally with Dr. Valintine's report—you heard it read this morning?—I have read Dr. Valintine's report. I think he rather damns us with faint praise. There are, for instance, some things there which I think are not very just. He talks about the lack of clinical material available in the Dunedin Hospital. I do not admit there is a lack of clinical material. There are some things we cannot do: we cannot teach the students tropical diseases, because we have not got them. We have perhaps the lowest death-rate in the world amongst children, therefore we cannot teach children's diseases as they can elsewhere. We have a clean and healthy population, and we have very few skin-diseases. You will see more skin-diseases in an afternoon in the Blackfriars Hospital in London than you will see in three years in Dunedin, and if you go to the St. Louis Hospital in Paris you will see a whole hospital full of patients suffering from skin-diseases and syphilis; you will see more there in a day than you will see here almost in a lifetime. We cannot teach those things as they can in large centres. But of the ordinary general diseases that are met with in this country we have quite an ample supply of cases. Dr. Valintine mentions that the inadequate remuneration offered the professors is insufficient to secure the choice of suitable teachers. I do not object to that. But I say that, so far as we have gone up to the present, the question of remuneration has not in the slightest degree affected any of the teachers that I know of. They have taught their subjects as thoroughly and as well as they could; if you had given them ten times the remuneration they could not have taught any better than they have done. If they have been paid poorly I can say for my colleagues whose teaching I know that it has not been inferior teaching on account of that. This is the part where I think Dr. Valintine damns us with faint praise: he says, "Some of the students trained in the school, after supplementing their knowledge by experience in the medical schools of Europe, have attained very creditable positions in the ranks of the profession." I think that is quite an unjust description of our students. I would call attention, for instance, to the case Mr. Cameron mentioned to-day: one of our students came up here to Wellington three years ago as House Surgeon, with no training beyond what he had had in our school in Dunedin, and after being three years here he was considered good enough to be left in charge of all the multifarious institutions under the care of Dr. Hardwick-Smith. If Dr. Valintine were to say that some of the students trained in every school, after supplementing their knowledge, had attained very creditable positions in the ranks of the profession I would agree with him, but when he picks out our school specially for that particular kind of faint praise I certainly object to it. In regard to his suggestions, I did not know that he had made those suggestions at the time in regard to the payment of the men, and I am quite in accord with them.

29. *Mr. Sidey.*] When it was suggested that some of those students who had gone Home to the Old Country and had taken the whole of their course there had not turned out good men, that may have been the result of their being so far removed from home influences?—I think when a man comes to grief he is generally built that way, and he would probably have come to grief if he had stayed here. But I think that in most of these cases the parents would have had some knowledge that the young men were going wrong and could have stepped in and prevented it. I know of one man at Home who sent out a report that he had passed his examinations in Edinburgh, but it was purely a bogus report. Those young men who have come to grief at Home would, as I say, probably have come to grief anywhere, but they would have been checked sooner, and their parents would have been saved a great deal of money and anxiety.

30. Can you tell us how long ago it is since there was a separate lectureship established in the diseases of children?—It has not been established yet.

31. Did Dr. Williams not take that lectureship?—No, there has been no lectureship. Dr. Williams, with very great zeal and self-denial, for some years lectured on diseases of children without payment of any kind. But he is an Assistant Physician to the Hospital. For one year I think he had charge of the children's ward. There are very few cases indeed now. I may say that in regard to children's diseases there is a good deal of misconception. It does not follow because there is no lecturer in diseases of children that there is no instruction given in diseases of children. Take Dr. Barnett in surgery, or myself in medicine, and take, for instance, a given disease like stomach trouble or lung trouble, we must take it as it affects different ages—infants,