children, young people, and old people. It is quite an erroneous notion to suppose there is no teaching in children's diseases because there is no lectureship in that subject.

32. It was suggested, I think, that some time ago there was an appointment made for a position in which diseases of children were to be taught. What position was Dr. Williams appointed to?—He was appointed as Assistant Physician to the Hospital. He is the Senior Assistant Physician. He has been Honorary Assistant Physician to the Hospital for ten years, and he has paid special attention to children's diseases.

33. How would that appointment be made?—Appointments are advertised annually, and both the Trustees and the present Board have—I think very wisely—discouraged the practice of replacing one lot of men by another lot. They have given all the staff a security of tenure during good behaviour, practically.

34. Dr. Evans's name has been mentioned: do you know whether he was an applicant for the position at the time Dr. Williams was appointed?—No, it is not within my knowledge. Those applications would go in to the Hospital Trustees during their time, and to the Hospital Board now, and only the successful candidates' names are published. They do not say that "So-and-so also applied."

35. You say, I understand, that the clinical teaching at the University is thoroughly efficient?—Yes. I think it might be improved in many ways. Compare us with the London School. There there would be usually half a dozen young men waiting about hoping to get appointments on the staff, and these men very often employ their years of waiting in various kinds of teaching—grinding and demonstrating, and things of that kind. We have not got that class with us at all. I am quite sure that any student who wants to learn can learn all the elements of his profession as well, or in some cases better, in a small Hospital like ours than he can in the very big ones.

36. I have information that Dr. Evans did not apply at the time Dr. Williams was appointed?—I have never heard of it. I had never heard there was any rivalry in that direction at all.

37. Dr. Williams is, in your opinion, perfectly qualified to carry out the duties for which he was appointed?—I should like to say this about Dr. Williams, since his name has been brought in: that he is one of our own students, a graduate of the New Zealand University. He did well as a student, and he went home to London and spent two or three years in study and in practice. He was House Surgeon at one of the large infirmaries for a considerable time, where they are constantly dealing with children. He took the diploma of public health at Cambridge, which is a sign that he has paid special attention to hygienic conditions. When he came out and applied for a position on the staff his old teachers were very glad and proud to have him as a colleague.

38. With regard to clinical teaching, when Dr. Valintine suggests that the students should be sent to Auckland, is that because they may have a certain class of work there that might not be available at Dunedin?—If any workable scheme could be evolved by which our students could utilize Auckland, Wellington, and Christchurch experience in clinical work we should all of us welcome it. The unfortunate thing, however, is that we have a five-years curriculum, and in the fifth year the students have all to attend systematic lectures as well as do clinical work, and it seems to me almost impossible to get to some working arrangement. If Auckland, Wellington, and Christchurch were to establish lectureships in the practical subjects, so that the men could carry on the theoretical as well as the practical work, the difficulty would be overcome, but that would mean very considerable sacrifice of time and money on the part of the teachers in those places. It is not such an easy thing as you might think to give a systematic course of lectures. It requires great and continuous labour on the part of the teachers.

39. Do you think it would be impracticable to carry out the suggestion?—In the meantime; ultimately I think it might be carried out. No one would welcome it more than the teachers in Otago, because we should be glad to get all the available material possible.

40. Are there any cases in the Auckland Hospital that you do not get in the Dunedin one?—No, I do not think so. They have a great deal more typhoid than we have, and a great deal more children's ailments.

41. I am referring to their proximity to the islands—to tropical diseases?—I do not think so. The main disease is what they call coko in Fiji, and they hardly ever get that on the mainland. Now and again a case comes to Auckland, but not very often.

42. You have seen the published reports of statements that have been made reflecting upon the training given to the medical students of the Otago University: do you give these statements an emphatic denial?—The position, it seems to me, that I have taken up in the matter is this: certain statements have been made—I am speaking for the faculty, and we are not going to enter into any controversy, but I have been empowered to lay before you a plain statement of what the Medical School has done. The answer to the statements that have been made is contained in the statement that I made to you.

43. *Hon. Mr. Allen.*] You know something about the Royal College of Physicians and Surgeons in England, do you not?—Yes. I am a member of the Royal College of Surgeons and a Fellow of the Royal College of Physicians.

44. Do you think them tolerably conservative bodies, in this sense: would they be likely to open their doors to students from other institutions without very great care?—They have certain definite rules and regulations. They demand to be satisfied that the education given in a place is satisfactory—is good—and they admit them to their examinations.

45. In the demand for satisfaction are they likely to be easy?—I do not think they are extreme. They will take the word of any decently bred English-speaking man that he is telling the truth when he says that they are giving the students a fair education.

46. I am speaking about other institutions that are training for the medical profession: would they be likely to make the demands upon these institutions in the way of teaching less than their own demands?—No. Neither the Royal College of Physicians nor the Royal College