

of Surgeons is a teaching body. They are purely examining bodies, and they will examine anybody who comes to them with a certificate that he has gone through their prescribed course of training. They prescribe a course of training and certain conditions under which that training may be obtained.

47. About the prescribed course of training, would they be likely to accept a course of training inferior to that which they have adopted for Great Britain, for instance?—No, not for a moment.

48. What position do the Royal College of Physicians and Surgeons of England take up with regard to this Dunedin Medical School?—They admit our graduates to their final examination without asking them to go through the earlier preliminary examinations.

49. What position have they taken up with regard to the instruction in medicine?—They recognize the Otago University as a school in which a student may get an efficient course of instruction in medicine.

50. Do you know anything of the General Medical Council of Great Britain and Ireland?—In a general way. It is the Council which has control over all the examining bodies in Great Britain and Ireland.

51. Is it a fact that they recognize the preliminary medical examination of the University of New Zealand?—Yes.

52. Then, with regard to the Royal College of Physicians and Surgeons, is it a fact that the registered students here who pass two years of their medical course at the Otago University are recognized?—That is so. It is recognized practically as a British medical school.

53. Do they recognize the complete course?—Yes.

54. That is, qualifying for examination for their diploma?—Yes.

55. Would they be likely to do that if they were not satisfied with the teaching here?—I do not think so. I think they would very soon find it out. Several of our students who have gone Home for examination have told me on returning that they have been complimented by the examiners—that they have been asked, “Where did you learn such-and-such?” which is a most unusual question to be put to students, and implies, I think, a higher grade of knowledge than the examiners were accustomed to.

56. With regard to the clinical teaching, I wish you would explain to us what the nature of the clinical teaching is in this respect: is it perfunctory, or is it definite clinical teaching in which the student comes into contact with the subject he has to deal with, and feels it and touches it, and so on?—We have a teacher whose business it is to take the students in small classes, according to the number, and teach them all the different methods of examination. Those are partly by percussion, by the use of the stethoscope, by chemical examination, such as examinations of urine and analysis of the contents of the stomach. They get that preliminary teaching, and while that is going on, and sometimes afterwards, they are appointed in due course as clerks to a physician. A man who is a clerk to a physician is assigned certain beds—that is, certain patients—and it is his duty to examine those patients, to take a careful history of them and write out the condition of the patient's different organs, which he hands to the physician. It is his duty also to go round on set days with his physician in the morning and with the house physician. They go round together. He sees his physician examining the case, and hears what his opinion is. He is called upon very often to examine the patient to see that his methods of examination are the right methods. He is questioned as to his reasons. When he has done that work—he is appointed for three months—he usually goes on to another physician, and the next year he probably goes on as senior clerk who has control of the juniors. So that most of the men have two terms of three months as junior clerks, and one or two terms as senior clerks. Consequently they are actually handling the cases and examining the patients for themselves constantly. If you compare that with what occurs in many of the larger hospitals, with a larger number of beds and a very great number of students, you will find that our students often have more patients than they can attend to, whereas in some of the larger hospitals a man is considered lucky if he gets one case or two cases at a time.

57. With regard to the physician's opinion and treatment of a case, is that all explained to him too?—That is explained. There is a card to each bed, with the diet on one side and the treatment on the other, and the student has an opportunity of seeing the treatment. I would ask a student to write out a prescription, for instance, testing his knowledge as to the drugs and the doses that he would administer. These examinations are constantly going on throughout the year. The work goes on all the year round.

58. You are talking more of your own particular branch—medicine?—Yes.

59. Tell us, if you can, the story, as far as you know it, with regard to surgical operations?—It is about the same, except that a man begins as a rule a year earlier on the surgical side. We do not like them to go in to medicine until they have gone through a course in physiology, which we look upon as the foundation of all medicine—the working of the human body. With regard to the dressing of wounds and that kind of thing, the students of a junior year are admitted to that work, and they have to attend in the casualty-room, dress wounds, and put on splints and bandages, and in the wards they have to go round with the surgeon, and when the surgeon is not there they go round daily and see that such dressings as are required are done. That is the regular routine in every hospital in the world where teaching is carried on.

60. Now tell us about surgical operations: do you think the advantages for students here are as great as in any other hospital?—I think they are very good. The student goes down on to the floor. In many parts at Home the dresser is not admitted to the operating-floor—he stands outside; but in our Hospital the clerks go on the floor of the operating-room, and the dresser for the case usually assists the surgeon in minor ways. In big operations and serious operations the House Surgeon and the Assistant Surgeons assist, but the dresser for that particular case is always on the floor in close contact and sees actually every step of the operation.