made, that these are the ordinary iron pills of the British Pharmacopœia. But without reference to this feature, the sale of these pills, which has been going on for many years in Dunedin, is the last thing that one would expect to be associated with the name of a professor in a medical school. The thing would be impossible in England. Again, men who have long practised swimming in this element, and have established a secure position with the selectors, are naturally inclined as their private practice grows to neglect their Hospital duties. *E.g.*, about 1905 I reported to the Hospital Board that Dr. Ferguson was introducing his private assistant to do his out-patient work at the Hospital. Dr. Ferguson was challenged by the Hospital Board, and his Delphic reply was that he had done nothing that the Hospital Board was not cognizant of or words to that effect. This was accepted as satisfactory by the Board. As sequel a few months afterwards an assistant to Dr. Ferguson was appointed. Again, about three years ago Dr. Barnett, Professor of Surgery, had arranged to leave for America in July. He resigned from the Hospital for the whole of that year, doing his private work and lecturing at the University. He arranged with the University Council that from July Dr. Allen, who had no beds in the Hospital, would continue his lectures. The result was that during the whole of that year the lecturer on surgery did nothing for his students but deliver the formal lectures. Finally, the students who have waited for Dr. Ferguson's class in ophthalmology have probably put up something in the nature of a record in patience. These few examples will show what little consideration is paid to the proper training of the students and their interests.

Now for Professor MacGregor's second point—incompetent teachers. The University Council and Hospital Trustees both seem to have the idea that if they appoint a man to a special post they make him a specialist. A few instances: (1.) About 1904 Dr. Roberts, the pathologist to the Hospital, started a class in bacteriology. The whole thing was such a farce that fees having been collected, and certificates having been issued for work not done, the lecturer apologized to the class and told them he would read it for next year. Bacteriology! read it up next year! a year that would never dawn in their curriculum! (2.) Dr. Fitchett, who was physician to the Hospital, was appointed to a vacancy on the gynecological side. After a few weeks he was allowed to give it up and return to his old position on the medical side. (3.) Dr. Ritchie first appeared on the Hospital staff as the teacher in anæsthetics. When Dr. Fitchett vacated the gynecological appointment Dr. Ritchie was translated to that position. Shortly after he was made tutor in midwifery, a salaried post; later on he gave up the gynecological appointment and was appointed on the medical side, but was allowed to retain his midwifery tutorship, the position with a salary. I believe that Dr. Ritchie has had no special training in any of these departments. (4.) Dr. Cameron was appointed as specialist in pathology; he was assistant to Dr. Roberts. The position of radiologist fell vacant. The Hospital staff had a meeting, and this somewhat despised appointment seemed to be going abegging when, so I am informed by a member of the staff, to every one's surprise Dr. Cameron offered his services. His offer was accepted. He went at once to Sydney for a few weeks and came back an X-ray specialist. Within a few months he had done better; he was actually appointed as teacher in radiology in last year's post-graduate courses. Needless to say the post-graduate course met the fate that it deserved. Only one student materialized, I understand, to face the half-score or so of teachers. This would have been an *impasse* for less ingenious gentlemen. However, the Dean of the Faculty was able to report that the post-graduate classes had been satisfactory. One trembles at the thought of what "unsatisfactory" would mean. Consideration of these cases make it quite obvious that in the Otago Medical School there is no idea of men preparing themselves for positions on the teaching staff.

My first experience of the school dates from 1903, when I applied for a position on the surgical side. I was, of course, put on the medical side in charge of medical out-patients. The out-patients were formerly looked after by the resident staff. But when Dr. Batchelor's son arrived in Dunedin something had to be done, so he was made surgeon to the surgical out-patients, and at the same time Dr. Macdonald took charge of the medical out-patients. I succeeded Dr. Macdonald. The condition of affairs was extraordinary. I soon found that the students were more or less lectured to, but were taught to do nothing. They were treated as if they had one sense instead of five. Of eleven students going up for their final examination not one had used an ophthalmoscope, but all had had a course of lectures in ophthalmology. The thought of looking into an eye to see if those things were there of which they had heard in the lectures had never been born in them. There were no notes taken in the out-patient department. What was done in the out-patient department was evidently a piece of information not valued by the in-patients staff. Such notes as were taken in the in-patient department were not considered valuable as Hospital records. The surgeon, after a few years on the staff, was allowed to take away the notes of cases in his beds during the period; they were his private property if he wanted such useless lumber. No surgical anatomy was taught, and I found that the so-called clinical lectures were merely boiled-down private lectures delivered in the wards instead of in a lecture-hall. There were no tutors to teach students physical signs and run over cases with them. Later, when they did appoint a tutor, they would not let him into the Hospital to work from the cases. It was whispered at the time that if tutors were admitted they might disagree with the diagnoses of the senior members of the staff, and that would breed a spirit of distrust in students. Most amazing of all, the medical student had to do five or six cases of midwifery to entitle him to sit for his final examination. That constituted his total acquaintance with the child till it arrived at the age of two years. For the first two years of life a child is not a child for the purposes of the Dunedin Medical School. Lately, this question having been forced upon the attention of the authorities, they appointed a specialist on diseases of children. Do you think they tried to get a man of any experience? For twelve years Dr. Evans has been practising in Dunedin. He was for two years resident at the Shadwell Hospital for Children; was on the surgical side, then on the medical side, and finally Resident Medical Officer. For two years he was associated with