

the leading Paesiatrists of London, and left there with the most excellent testimonials. A wide-awake Council would have wished to get his services, but the Otago Council is wide awake for other things, and appointed Dr. Williams, who is a graduate of their own Medical School, and who has therefore had no training in the diseases of children whatsoever. In 1905 I sent in a report to the Charitable Aid Board and drew attention to the fact that the porters and window-cleaners were passing catheters on patients, and that I had under my care a patient who had suffered very severely from these unskilled attentions. The Auckland Hospital Commission had condemned this practice most severely some months before. The amount of interest taken in hospital affairs at the Dunedin Hospital was not sufficient to accept this hint and drop the practice. My complaint was referred to the staff, who reported that they quite agreed with the passage of catheters by porters, in spite of the Auckland finding. The practice was, however, immediately stopped. A dresser in a London hospital would stay for hours to have the opportunity of passing a catheter. In the Dunedin Hospital this bit of surgery was handed over to the porters, practical instruction evidently not being deemed important for the students.

In 1906 the Council were approached by the students asking for clinical instruction. I understand from house surgeons who have been recently in the Hospital that it is still unprovided. Without it medical education is a sham and a fraud. Clinical teaching has one drawback; it discloses all the weak places in the armour of the teacher, and the teacher in the Dunedin Hospital avoids differential diagnosis and bedside teaching generally, as he is not in accord with the maxim that a good teacher always lets his students see his limitations—*i.e.*, he is honest with them. About London hospitals one will find many young men lately qualified and doing odd jobs about the hospital waiting to get appointments on the resident staff. Very often a man will wait two years to get these positions to which no salaries are attached. In Dunedin you have to give a bait of some £200 a year to entice just-qualified students to join the resident staff. They either do not value clinical experience or do not value the kind they get at the Dunedin Hospital.

To conclude: My evidence shows—(1) That the system of appointment of teachers at the Dunedin Hospital has lent itself to grave abuses, so that (a) the duties of many teachers have been laxly performed; (b) the Otago University Council has not recognized the supreme importance of special training for University posts in medicine, but has been content to make experts with a mere stroke of the pen: (2) that there has been a criminal neglect of clinical teaching, the *sine qua non* of all decent medical education: (3) that the medical students in the Otago University receive no training in the diseases of children. It thus appears that the third point in Professor MacGregor's prophecy has been fulfilled, and my opening statement, that to spend further moneys on our Medical School without a full inquiry would be unwise, is justified.

3. *Mr. Hanan.*] You have given us a very severe indictment of the Medical School in Dunedin. Do I understand that you suggest it is necessary that a Royal Commission should be appointed in order to investigate the conditions that you allege exist, with a view to reforms being effected?—Yes.

4. Do you think that we can establish an efficient medical school in New Zealand?—You could if an attempt was made in New Zealand to include all the men practising in New Zealand—that is to say, get the best men from all the centres and try to assemble them in one town. In that case it would be possible at present to get a medical school to turn out a thoroughly good, sound practitioner in New Zealand. But I do not think that for many years to come any one who wished to learn the more special parts of medicine would ever dream of staying on this side of the line at all. He would go to Europe or America.

5. The diplomas issued by the Otago Council are of little value as to competency?—Certainly—that is to say, from the point of view of training, the students down there get practically no training at all.

6. In other words, they are not what you consider duly qualified men?—It all depends how you use the word “qualified.” If “qualified” means having taken a diploma, they certainly are qualified.

7. Would you say that these men who simply pass through the University down there, and pass the examinations such as they are, are duly qualified medical men?—I should say they were badly educated in medicine.

8. In other words, they are not duly qualified?—If you take a leading surgeon or physician and call him duly qualified, and then you put up against him a very good young man who has done a couple of years' work, compared to the former he is very badly qualified.

9. I am not speaking of the man who has been in practice some time, but the man that you would allow to hold himself out as a duly qualified man—as a man capable of practising medicine in the community?—You see there are a number of students that leave the Otago Medical School. Some men will become good medical men in spite of a bad training, but that is not an argument for bad training. I cannot say that nobody leaves the Medical School of Otago who is going to do any good as a medical practitioner. A man may rise superior to his training.

10. But what do you say, speaking of the majority who pass through?—I cannot speak of the majority, because to do so I would have to know everybody intimately.

11. Have you seen any work done by those who pass through the school which in your opinion shows them not to be duly qualified?—That is hardly a fair question. Naturally you get cases where very bad mistakes are made. I do not expect a general practitioner to know as much as I do about my specialty.

12. Your complaint is in regard to the training?—Yes, and in regard to the extremely corrupt methods that are at the back of the training.

13. So far as the lecturers are concerned, generally speaking, are they capable to do the work they undertake?—I have never heard them lecture. The modern attitude with regard to