

**Remarks on medical reform : being the substance of a lecture introductory to a course of anatomy, delivered to the students of Anderson's University : to which are added four statistical tables, showing the advantages of Glasgow as a medical school / by M.S. Buchanan.**

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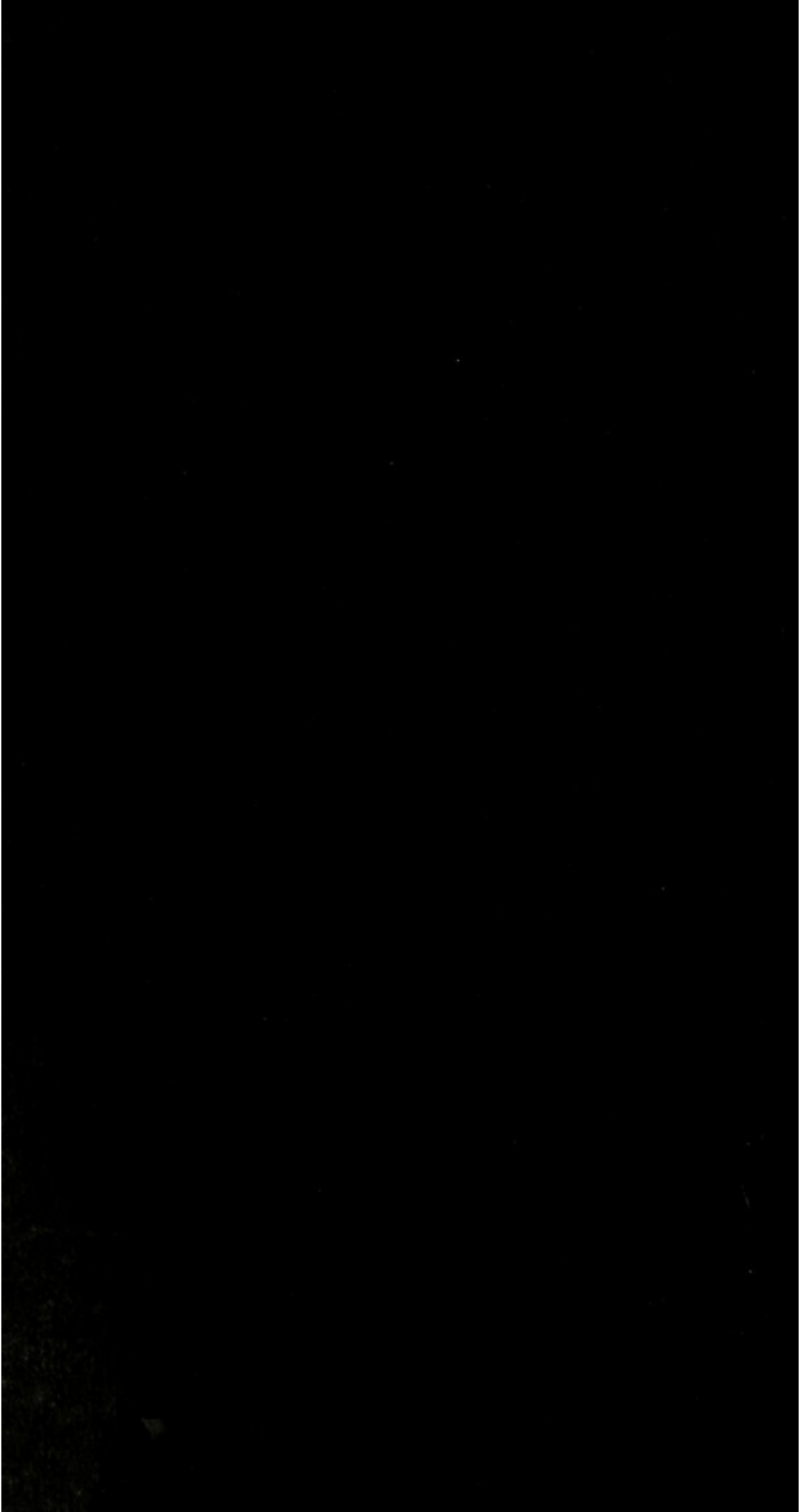
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*For Professor Fleming* 6.13  
*with kind regards*  
REMARKS  
ON  
*By Author*  
MEDICAL REFORM:

BEING

THE SUBSTANCE OF A LECTURE

INTRODUCTORY TO

A COURSE OF ANATOMY,

DELIVERED TO THE

STUDENTS OF ANDERSON'S UNIVERSITY.

TO WHICH ARE ADDED

FOUR STATISTICAL TABLES,

SHOWING THE ADVANTAGES OF GLASGOW AS A MEDICAL SCHOOL.

BY

M. S. BUCHANAN, M.D.

PROFESSOR OF ANATOMY, MEMBER OF THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW,  
LATE SENIOR SURGEON TO THE ROYAL INFIRMARY, ETC.

GLASGOW:

PRINTED BY BELL AND BAIN, ST. ENOCH SQUARE.

1846.

UNIVERSITY OF CALIFORNIA  
DEPARTMENT OF CHEMISTRY  
M. J. B. UNIVERSITY CLASS

THE NATURE OF A MATTER

The nature of a matter is a subject which has been treated in the subject of Physical Chemistry. It is the study of the physical properties of matter and the changes which it undergoes. It is a branch of chemistry which is concerned with the study of the physical properties of matter and the changes which it undergoes. It is a branch of chemistry which is concerned with the study of the physical properties of matter and the changes which it undergoes.

M. J. B. UNIVERSITY CLASS

TO THE  
STUDENTS OF ANATOMY

ATTENDING

ANDERSON'S UNIVERSITY, GLASGOW.

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GENTLEMEN,

THE agitation and contrariety of opinion which have for so many years prevailed on the subject of Medical Reform, induced me, at the commencement of our present course, to offer a few remarks which I am glad to understand have quieted the minds of many as to the position they now and hereafter must occupy in our profession.

Glasgow, the second city in the empire in population and mercantile importance, and which, from its vast capabilities for conveying hospital and anatomical instruction to the medical and surgical pupils who now frequent its amphitheatres, ought not to be overlooked in the Legislation of the present time.

If the observations contained in this Lecture, or if the facts stated in the accompanying tables, shall in the least tend to further this object, the labour which I have bestowed in collecting the materials shall not have been unrewarded. In the meantime believe me,

GENTLEMEN,

Your sincere friend,

M. S. BUCHANAN.

# STUDY OF ANATOMY

UNIVERSITY OF CALIFORNIA

The following is a list of the subjects included in the course of study for the degree of Bachelor of Science in Anatomy. The subjects are listed in the order in which they are to be taken, and the number of credits for each is given in parentheses.

1. General Anatomy (4 credits)  
2. Human Anatomy (4 credits)  
3. Comparative Anatomy (4 credits)  
4. Histology (4 credits)  
5. Embryology (4 credits)  
6. Microbiology (4 credits)  
7. Pathology (4 credits)  
8. Pharmacology (4 credits)  
9. Physiology (4 credits)  
10. Biochemistry (4 credits)

Total Credits: 40

## INTRODUCTORY LECTURE ON ANATOMY,

NOVEMBER 4, 1845.

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GENTLEMEN,

THERE is no period in the history of your lives which, in my opinion, is so important as that when you are called on to determine the profession you are to follow; and no question so interesting as that which is to fix the character of your subsequent pursuits. Why, I would ask, have you made choice of the profession of Medicine? What considerations have actuated you in thus presenting yourselves as pupils in this amphitheatre? Have you been attracted by the suggestions of vanity; by the ambition of friends; or the still more objectionable allurements of avarice? Then it is my duty to tell you candidly, that you will be doomed to disappointment. This self-examination I deem of essential moment at the present time, when so many both here and elsewhere are rushing headlong to a profession, the most arduous and difficult of attainment, and requiring in its prosecution the most devoted and sustained self-denial. I feel no astonishment, therefore, that such numbers lament the rash and unreflecting manner in which they have embarked in pursuits which they afterwards find



so uncongenial to their wishes, so unsuited to their abilities, tastes, and inclinations, and who seem to imagine that nature has destined them to be surgeons by intuition. “Multi ad scientiam pervenissent si se illuc pervenisse non putassent.”

On the other hand, I must inform you, that it has been my delight to witness the increasing number of those who, actuated by a noble ambition to excel, have exhibited the most unwearied application; whose every taste and feeling, leading them forward in the true path to knowledge, has enabled them rapidly to emerge from poverty and obscurity, and to attain the most exalted position in their profession. Depend upon it, no success can be attained, no true distinction will ever be reached, by any of you who has not to natural genius superadded indomitable perseverance; and his attainments must be of the most superficial kind, who does not experience the surest and most delightful recompense for the toils of research in the pleasure which he derives from the acquisition of knowledge. But whatever may be the object which you have in view in the choice of our profession, it is my duty to inform you in the outset, that even in the very preliminary part of it, and that which I shall have the honour to unfold, you must prepare to encounter many difficulties and hardships. “Tantos mortalibus esse labores.”

Anatomy is not to be learned except by the exercise of all those qualities on your part to which I have above adverted, to which there must be added manual dexterity in the use of your dissecting instruments, method and careful arrangement in unfolding the

various tissues ; in fine, a careful and sustained putting forth of all your physical as well as intellectual powers.

I am sorry to remark, that there are many even in the present so much vaunted and highly enlightened age, who act as if it was their opinion that a knowledge of this important science, upon which not only Surgery and Medicine, but Physiology and Pathology, must be founded, is to be obtained by an examination of plates, books, models, and diagrams, and seem to hold in utter detestation all those means which must, by every candid inquirer, be acknowledged as essential. It astonishes me not a little to hear some superficial talkers express themselves as if gratification was derived from the pursuit of dissection for its own sake, and apart from a conviction of its utility as the basis of all professional knowledge. Who, even the most enthusiastic among us, I ask, would prefer the pestilential air of the dissecting room, to the healthful atmosphere of the country or the snug fireside of his study, were it not for the solid advantage he thus obtains of a knowledge of structures which must every day be the subject of operation, or the basis of all his physiological and pathological reasoning.

Besides its strictly professional bearing, what an important vantage-ground does the study of this science afford to its cultivators, in the illustration of the principles of natural theology on the one hand, or in unfolding the manner in which the wonderful powers of mental manifestation and corporeal organization are entwined on the other ! As an example of the first, I would not follow Dr. Paley, and take so intricate an organization as the eye or ear, as an exhibition

of design ; but lifting the most simple of all the parts in the body, the cranium, I would demonstrate to the youngest and most uninstructed among you, the beautiful adaptation of means in its formation to the end in view, the protection of the contained organ. As an illustration of the second, the brain and cerebellum are the parts most generally made choice of ; but even the medulla and nerves of animal and organic life, are equally interesting as exhibitions of the manner in which matter and mind are inscrutably linked the one to the other.

But to revert to the subject in a more practical point of view. What, I would ask, has induced our Universities, Colleges, and Faculties to enact that two courses of Anatomy and as many of practical Anatomy must be attended before the candidate for a degree or diploma can be taken on trial? And the regulations of the Army, Navy, and East India boards on this subject are still more striking, enforcing as they do, *three* and *four* courses of Anatomy before the candidates can enter their respective services.

What, but a thorough knowledge of this groundwork can give confidence to the operator in the hospital amphitheatre, and what, but a conviction of its possession on the part of the private surgeon induces the agonised patient to submit his life into his hands.

I think, however, I hear some of you say, Oh, we do not intend to be operating surgeons, we intend to devote ourselves to prescribing, to be knights of the quill, rather than of the scalpel! We shall confine ourselves to midwifery and general practice! Now, how do you know at present what situations in life you may

be called on to occupy? you have interest, afterwards, to get into the army or navy; you require to go to some remote part of your own or some foreign clime, and perhaps your very first case may be one demanding prompt surgical interference and requiring all your anatomical knowledge; you operate with success, and your character is perhaps at once established, or you allow a valuable life to be lost through supineness, the consequence of ignorance of Anatomy, and your reputation is for ever blasted.

Having thus shortly adverted to the importance of the science of Anatomy, I shall now allude to the facilities which are afforded all of you for its cultivation, and more particularly to the position which Glasgow occupies in this respect.

If it be granted, which few will deny, that Anatomy is the true basis on which all the other branches of the healing art depend, then it must be allowed that there is no individual to whom the profession is so deeply indebted in this country as to Mr. Warburton. The labour which, as chairman of the Medical Committee of the House of Commons, in the year 1833-4, he bestowed in investigating the obstacles which presented themselves to the prosecution of dissection, the exposure which he made of the absurd laws which were so long retained in the statute book on this subject, and the simple, clear, and able manner in which the few clauses of his statesmanlike bill were drawn up, entail a deep debt of gratitude on the profession generally, and on the professors and lecturers on Anatomy and Surgery throughout the United Kingdom in particular, which no language of mine

can adequately express. Indeed, I have long been of opinion, that some substantial token should be presented him, which might mark unequivocally our gratitude and esteem. Take a retrospective glance at the position which, as teachers of this fundamental branch of the profession we occupied prior to the year 1833, and contrast it for a moment with that which we now enjoy, and the difference must be striking to you all.

The trial of Burke and Hare, in Edinburgh, for a series of the most cold-blooded and diabolical murders which were ever perpetrated in a civilized country, exhibits, I believe, a most correct picture of the deplorable state to which matters were reduced in order to procure a supply of material by some of the teachers of Anatomy at the above period.

If in criminal jurisprudence the resetter is held not only art and part in the guilt of the accused, but the great originator of crime, then (notwithstanding the jesuitical argument that in some rare cases we must do evil that good may arise,) I know of no crime more heinous than that of those who, with one-eyed obliquity, remarking the hardihood and blood-thirstiness of the above wretched culprits, and urging them on to further deeds of violence by bribery the most unblushing, could all the while conceal themselves behind a vail of the most impenetrable obscurity.

Even here, though no such scenes as those above alluded to were ever imagined to have existed, still, the insurmountable difficulties which presented themselves to the prosecution of dissection, compelled a vast majority of the medical students at the above

period either to betake themselves to Paris, and there to make up for their lamented home deficiency ; or engage in the practice of resurrecting, at the imminent hazard of life and reputation.

How stands the case, as to supply of subjects, since the introduction of Mr. Warburton's admirable bill in 1834? If I may hazard an opinion on this delicate affair, and draw my conclusion from what has been my own experience, as well as from that of the other anatomical lecturers in Glasgow, I may with confidence affirm, that the provision of subjects for anatomical purposes in the United Kingdom must have amounted, since the passing of the above bill, to upwards of 2000 annually—of which more than one half have been interred untouched. The prices also have been, (at least in this locality) such as the most indigent student can afford. I have heard much of the deficient supply in London and elsewhere,—of the exorbitant prices exacted, and the disgraceful quarrelling as to preference given to one school over another, which has in some metropolitan establishments made some legislative measure necessary. In Glasgow, however, we know of no such childish squabbings ; our regulations under Mr. Warburton's bill are of the most simple kind, our supply always so abundant that, as I have formerly stated, we might if free trade principles had the ascendancy, *export* to our dissatisfied neighbours all our superabundance.

These arrangements have been brought about without a single grave having been violated, or the feelings of the most sensitive injured. It therefore astonishes

me not a little, notwithstanding what is generally known as to the sources of our supply, that so much money is still thrown away on guards for our churchyards, mortsafes, iron tombs, and all the *et ceteras* of interested jobbers.

From what I have above advanced, you must remark that here you will enjoy advantages as to dissection which were denied to many of your predecessors and cotemporaries. I would say, therefore, to all of you, avail yourselves largely of your opportunities, and you may be assured that no exertions will be wanting on my part in conveying to you that information which will enable you to appear to advantage wherever Providence may call you to labour.

Besides the great advantage of the abundant supply of material for dissection to which I have adverted, I should wish for a moment to explain the facilities for acquiring a knowledge of Anatomy, afforded you in connection with the dissecting room of the school, and which I believe are not afforded any where else. To the anatomical museum, I have added a library and reading room, where, when not engaged in dissecting, you will find much to occupy your spare time. The separated bones of every part of the body are always at your command; the models in plaster, papier maché, and wax, are before you, and the medical periodicals of the day and other amusing reading, leave you no time for trifling; besides, the library of bones, &c. &c. is open twice a-week—you take the parts home—and thus by careful study of them, supplement the forenoon's labours; in short, by this method of procedure, *so necessary*, yet so neglected,

you must be ingenious in contriving to be ignorant of this important ground-work, the basis of all your after medical studies.

One word as to the manner in which the weekly examination of the class is conducted. The catalogue being regularly called, and the absentees marked, I put a number of written questions into the ballot box ; one is drawn ; the names of four pupils of the 1st, 2d, or 3d year of anatomy, are called on to answer the question in all its bearings, which by this means is thoroughly investigated, and so on till all the class pass the searching ordeal. At the close of the session I award one prize for every ten pupils, which are all decided by the votes of those who have been regularly present throughout the session ; and thus a correct knowledge is afforded of those who have distinguished themselves. Many of the senior pupils who feel averse to expose themselves, and request leave to be present at those examinations, have afterwards confessed that they have derived more benefit at those weekly concours, than during the regular lecture or demonstration. I have been told, that by the system of the open ballot of the students at the termination of the course, much canvassing takes place, and some pupils of inferior capacity do get prizes, but this I never experienced ; on the contrary, I have frequently made trial before the voting takes place, and marked those who I thought should get prizes, when, with very few exceptions, they have proved to be the identical pupils who have obtained the greatest number of votes of their fellow students.

Another department of my labour consists in the performance of the operations of Surgery in the dissect-



ing room. This is a part of Practical Anatomy which has been far too much neglected ; and it has been my object for many years to supply this desideratum. My store of instruments is always at command, and there is not a single blood-vessel in the body that you may not frequently delegate, without in the slightest degree injuring or interfering with the careful dissecting of the parts after your operation.\*

But it is not so much to the advantages, great as I have proved them to be, which you enjoy as students of Anatomy, that you have been induced to make choice of Glasgow before every other locality, for the study of your profession. No—I regard our splendid Hospital, and the incalculable advantages you must derive from the study of disease in all its variety there, with the accompanying courses of clinical lectures by all the attending physicians and surgeons, as the principal cause of your preference of this locality. Averse as I do feel to draw comparisons, which must be always invidious, I cannot refrain from the expression of my candid opinion, after a most careful examination of every hospital of note, either at home or on the Continent of Europe, that the Glasgow Royal Infirmary presents to the eye of the medical and surgical pupil the best microcosm of disease which is any where to be met with. It has been said that the Surgical Wards of our Hospital are too much crowded with accidents and operation cases,

\* I rejoice that so much is this department of Anatomy and Surgery prized by the talented and experienced individual at the head of the medical department of the British Navy, that, by a recent regulation, no one can be promoted from Assistant to Senior Surgeon before going through a complete course of all the operations of Surgery on the dead body.

and are deficient in many others of subordinate interest of a chronic character, which are more illustrative of pathology than those of a severe or acute kind ; but such remarks must have been made by those who have not investigated the subject, else they would discover by our annual reports, that in the above department a vast variety of cases are admitted daily. This is demonstrated by an inspection of the table of diseases treated and operations performed in the Infirmary, subjoined to this Lecture, and which ought to be carefully examined by every one interested in hospital statistics.

I know of no monopoly so baneful as that of teaching, more particularly as regards hospital instruction ; and, therefore, I feel pride in holding up the example of Glasgow to our neighbours in the eastern metropolis as worthy of their imitation in this respect. All the medical and surgical officers in our establishment, in their turn, must be clinical lecturers ; they are elected to their office by a board of directors, in great part chosen by the subscribers, and, therefore, monopoly is out of the question—from this constitution, and from this variety of clinical teaching, the best results arise to the pupils. All the cases in hospital are, or may be clinical ; every operation is brought under review, and every inspection properly explained. Having acted for twelve years as surgeon to this hospital—having seen the advantages of this method, and contrasted it with the muzzling of the hospital functionaries elsewhere, I can with confidence affirm, that if the above baneful system of monopoly in clinical teaching is much longer perpetuated by

the above parties, they may soon bid adieu to their much vaunted medical school, and find, when too late, that they have been supplanted by their more youthful, energetic, and mercantile rival of the west.

I should now proceed to give you an outline of the course which I intend to pursue; to explain the books on Anatomy which you ought to read; and to enforce our reciprocal duties; but I must delay these topics to our next lecture, and proceed to state to you my views on the subject of that all-engrossing theme, Medical Reform. I have, with this view, thrown together a few suggestions which I hope may tend to allay that excitement and anxiety which so universally prevail. Besides, having as it were been invited to express, as surgeons and lecturers, the opinions which we conscientiously entertain of those legislative enactments introduced into the House of Commons last session by Sir James Graham, on this subject, I do think that even now, though late, it is well befitting all of us calmly but firmly to give expression to our sentiments.

Before proceeding, however, to discuss those bills, or the subject generally, of medical reform, I beg to state to you all, that no enactments which may be made by Sir James Graham, or any other medical bill legislator, can in justice be retrospective. All of you have now entered on the study of your profession, with your eyes fixed on those qualifications which will enable you to appear before your examiners after the prescribed term of study has been accomplished and the requisite curriculum gone through,—to alter in regard to all such—to make an *ex-post facto* law which

would apply to a single individual so placed, would, in my opinion, be an act of the grossest injustice, and if attempted, I, for one, will raise my voice most strenuously against it. But indeed on this point I have no fears, for it is my conviction that this, for you, most essential point, will on all hands be cheerfully conceded. In this respect the Legislature will only be following the invariable and equitable practice of all the medical and surgical institutions of the kingdom, which, when adding to their period of study or increasing their curricula, have invariably made those new regulations to apply only to all such pupils as have entered on their professional career posterior to the date of these enactments.

The next point which concerns you all, supposing you to have obtained your diploma or degree, is, where may you practise? at once, I would reply—“*ubique orbis terrarum.*” You have obtained legally and honorably, the “*summas honores medicinæ vel chirurgiæ,*” and my maxim for all such would be, equality of qualification ought to confer equality of privilege throughout her Majesty’s dominions. But I would go one step further, and affirm, that either of those badges of professional merit having been conferred, ought, besides, to entitle the holder to the rank of member in any of the royal colleges about to be referred to; and also, eventually (if elected), to that both of Fellow and Counsellor. Having thus shortly stated my opinion of the position which you now and in future should occupy, as medical and surgical pupils and practitioners, I shall, in a few

words, explain my views of the last bill of Sir James Graham, dated July 28, 1845.

A Council of Health and Medical Police is on all hands allowed to be essential in the working out of Medical Reform. The number of the members, 12, is, in my opinion, quite sufficient; but instead of having them the nominees of the Crown, they ought to be elected by the Counsellors of the Royal Colleges of Physicians and Surgeons of the United Kingdom. Two from the Royal College of Surgeons of England; two from that of Physicians of England; and in a similar manner, four from the Royal Colleges of Physicians and Surgeons of Scotland and Ireland respectively. The arguments in favour of this opinion it would be out of place for me here to state. If given at any length, they would occupy far too much of our valuable time, and therefore I have thought it more judicious to leave them out altogether.

The next point of interest is the subdivision of the profession into three distinct grades by the bill. To every one who has examined the state of matters either at home or abroad, this must appear a measure fraught with inconvenience and mischief. In Scotland and Ireland, practically speaking, there is only one class of medical men, under the well known cognomen of general practitioners. A *pure*, either in Medicine or Surgery, is a nondescript now never to be met with,—family practice in all its extent being the aim of M.D., as well as those who have obtained a Surgical diploma. Even in England, how stands the case?—Sir B. Brodie, Mr. Liston, or Mr. Guthrie, is called to a person

labouring under fever, inflammation, or apoplexy, do they refuse to attend and prescribe because these are medical diseases? And again, would any Member of the College of Physicians refuse to attend a case of ulcer, syphilis, or cutaneous disease, because of its Surgical character?

No doubt in society we find every where men of superior intellectual attainments and great experience consulted on Medical or Surgical cases; but in general this has been quite irrespective of their having either a Medical or Surgical diploma; and though it might still be useful to maintain two professional grades, as at present, the utmost latitude ought, in my opinion, to be allowed, as to the nature of the practice pursued. By this means alone we shall prevent the profession from sinking, and at the same time secure such a supply of able, intelligent general practitioners, as will serve for all the purposes of both town and country.

Even at present, few of those who pass at the Apothecaries' Hall in London remain contented with this inferior title, or submit to be designated *Apothecaries*. In their progress they qualify for both the Hall and the College of Surgeons, and I believe a great majority, pass both. Now, if that barbarous enactment, which is so much reprobated,—the apprenticeship,—were abolished, and a standard curriculum of education for the diploma of Surgeon enforced throughout the United Kingdom, which would confer all the privileges enjoyed by that of the Hall and College in England, then all that is desirable would be gained. Of course, all those who now hold

certificates of qualification from any of the licensing bodies, would be entitled, by the above arrangement, to the rank of Members in the Royal Colleges of their respective divisions of the United Kingdom.

In the professions of Divinity and Law, the age of entrants has been fixed at 21; and both in Scotland and Ireland the same standard has, from time immemorial, prevailed in regard to Surgery and Medicine. To change the period, as proposed in the bill, to 22 and 26 years, is, in my opinion, quite uncalled for. Let the difference of qualification between the education for the diploma and the degree consist rather in some increase in the curriculum of literary attainments; such as, for example, making it imperative that the candidate for M.D. shall have previously obtained either M.A. or M.B. The period of study, however, ought not to be less than four complete years, reckoning from the date of the first sessional ticket; and this should apply both to diplomas and degrees.

As to the Fellowship about which so much has been written, a very simple arrangement, by supplemental charters, might enable annually a certain number of the members, as above designated, of a determinate age, &c. to be elected to the rank of Fellow by the members themselves; and also the Counsellors might, in a similar manner, be elected by the Fellows from their own rank, one-third of the Council annually retiring. The same arrangement might be extended both to the Royal Colleges of Surgeons of Scotland and Ireland. The Fellows in Scotland at the outset might include the present Members of the Royal

College of Surgeons of Edinburgh, and the Members of the Faculty of Physicians and Surgeons of Glasgow;\* thereafter, as in England, a certain number of the licentiates, who, of course, would then be members, might be elected annually to the rank of Fellows by the method above stated; and again, the Counsellors or Examinators might be elected by the Fellows. By these simple arrangements uniformity of election in all the Royal Colleges of Surgeons would be effected, and such a measure of Medical Reform introduced as would satisfy the most fastidious.

The Fellows of the Royal Colleges of Physicians of England, Scotland, and Ireland ought, in my opinion, to be formed in a similar way, by election from among those only who have obtained the degree of M.D., as ordinary Members of their respective Colleges; the Counsellors likewise ought to be elected by the Fellows of their respective Colleges; thus, three grades in each of the two great divisions of the profession would be formed—Members, Fellows, and Assessors or Counsellors; an equal number of the

\* Notwithstanding all that a well known Professor has written against the Faculty of Physicians and Surgeons of Glasgow, in his disingenuous article on Medical Reform in the *Edinburgh Review*, I must refer him to acts, not calumnious assertions, in proof of the liberality of our venerable body, and contrast these with those of the Royal College of Surgeons of Edinburgh. Dr. Knox, who is not a member of our body, made application to the Faculty to have his tickets recognised, on his coming to lecture in Glasgow on Anatomy. The Faculty immediately informed him that his request would be complied with. I made a similar application to the Royal College of Surgeons of Edinburgh, and the answer which I received from their president, after taking the sense of the meeting on this point, was, that unless I became a member of their body, and paid them £150 sterling, my tickets would not be taken if I came to lecture in Edinburgh. What a contrast!



Counsellors of the Colleges of Physicians being associated with the Universities in the examinations for M.D.\*

I have been told that Glasgow will suffer by any change which may take place, in consequence of the interested jobbing which Edinburgh has already exercised with Government. But, notwithstanding all the malevolence of Edinburgh Reviewers, of College monopolists, with the *et ceteras* of calumny heaped on the heads of the profession in Glasgow, I rejoice in this species of *argumentum, ad absurdum*; my opinion

\* The University of Edinburgh has lately followed the very consistent conduct of that of Glasgow, and enacted that the tickets of private lecturers in London and Dublin shall be received by them in obtaining the degree of M.D.; and the reason assigned for the rejection of the tickets of private lecturers in Edinburgh and Glasgow, has been, one which the University of Glasgow never dared to give, viz., that the above metropolitan private lecturers were elected, whereas, those of Edinburgh and Glasgow were self-elected. I should like to be informed by whom these first have been elected, and the manner of their election. It is now my duty, at the same time, to inform the Senate of the University of Edinburgh, that the Professors of Anderson's University, Glasgow, are subjected to an ordeal more severe, and to an election far more democratic than any in the three kingdoms. The electors being eighty-one in number, composed of nine classes, of nine electors in each class,—the clergy, lawyers, and medical men being twenty-seven in number—the classes of merchants, manufacturers, engineers, &c. &c. in and around the city, make up the rest. If this species of appointment is exceeded by any here or elsewhere, I am much mistaken, and the existence of it establishes a strong claim in favour of the Professors of this University being recognised both by Edinburgh and Glasgow Universities in graduation, as they have long been by the other Universities in the kingdom. But the fact must be told in spite of all Mr. Syme's *ex parte* assertions; the Senates of both the above Universities wish to obtain as many graduates as they can, and, at the same time, they try to prevent competition in lecturing when it comes near their own door—they fear such rivalry; knowing well that if their baneful monopoly were abolished, many among them might lecture to empty benches.

has all along been, that Government will not, and dare not, do the second city in the Empire any injustice.\* Our Hospital is without exception the best nursery in the Kingdom for Medical and Surgical recruits for her Majesty's army and navy, as may be seen by a glance at the accompanying tables. The command of material for dissection which we have, is not inferior to that of Paris. The Museums of Anatomy and Natural History, with the Libraries and Botanic Garden of this city, are nowhere surpassed; and the Halls of our Professors demonstrate by the increasing numbers who annually frequent them, that these and many other advantages, which it is needless for me to enumerate, are now generally appreciated.

I have thus briefly and very imperfectly given you my opinion on some of the most important points of Medical Reform. That the profession can no longer remain in its present unsettled state, is now self-evident; daily experience sufficiently attests the necessity for some able tactician so to arrange the materials into a well regulated medical code, as thus to put an end to the interminable strife of interested parties, and the confusion and uncertainty which so universally prevail.

In the three bills introduced into the House of Commons by Sir James Graham, so many diversified

\* As for the right to grant diplomas, possessed at present both by the Royal College of Surgeons in Edinburgh, and also by the Faculty of Physicians and Surgeons of Glasgow, three plans present themselves, any one of which might be adopted by the College of Surgeons of Scotland, as above constituted:—1st. Examination in *neither* of the above localities, but at Falkirk, the mid-station between the two cities, by a committee of the counsellors of the College. 2d. In both cities at the same time, by committees belonging to each. 3d. In each city every alternate year, beginning, of course, with the western metropolis.

interests have been necessarily attacked, and so much conciliation attempted in vain, that I am not astonished this right honourable gentleman, disgusted with the selfishness, the illiberality, and the mutual recriminations of the contending parties, should leave the Doctors to settle their own differences, and give up the task of Medical legislation in despair.\* In conclusion, however, I would respectfully suggest to him, that if he feels disinclined to adopt so extensive a measure of reform as that which I have above feebly sketched, let him, 1st, abolish the system of apprenticeship in England; 2d, by means of a General Council, fix a standard curriculum for the diploma of Medicine and Surgery, which will confer equality of privilege throughout her Majesty's dominions, and lastly, establish a register of all such, entitling those alone to recover their debts; and that even by these simple enactments he will confer a boon on the profession of inestimable value.

\* The fierce war waged in Dublin between Trinity College and the Royal College of Surgeons—one rejecting the tickets of the other,—and the intestine strife now going on in Edinburgh between the University and the Royal College of Surgeons on the same subject, afford proofs of the absolute necessity of some strong controlling power being brought to bear on such practices.

## STATISTICAL TABLE,

Showing the Fees exacted from Students of Medicine attending the Hospitals of Great Britain and Ireland, with the Hospital Population, &c.,—the Fees for Clinical Medicine and Surgery, &c.,—as also those for ANATOMY and PRACTICAL ANATOMY, &c., in the Schools of Medicine throughout the Empire.

HOSPITALS.	Number of Beds.	Average Number of Surgical Operations	Fee for Two Years' Attendance, &c.	Fee for Perpetual Attendance, &c.	Dresser's Diploma Fee.	Anatomy Fee for Six Months	Practical Anatomy for Six Months	Average Fee for other Classes.	Clinical Fee for Two Years.	Average Price of Subjects.	Average Class Fees for a Diploma.	
LONDON.	Guy's,.....	350	£50 0	£75 0	£32 0	£8 8	£8 8	£6 6	only once or twice, Average Number, weekly, during the Winter Session.	From £3 to £5, but frequently want of supply at any price.	From £130 to £150, and if Dressership also, to £200.	
	London,.....	260	42 0	52 0	21 0	8 8	8 8	5 5	Occasional only.	From £2 to £4,—good supply.	From £100 to £130, but generally go to London one course.	
	Middlesex,.....	200	43 0	53 0	21 0	6 6	6 6	5 5	£6 6	£2 2	From £100 to £130, but generally go to London one course.	
	St. Bartholomew,.....	440	42 0	84 0	37 0	8 8	8 8	6 6	£6 6	£2 2	From £100 to £130, but generally go to London one course.	
	St. George,.....	230	37 0	57 0	21 0	6 6	6 6	5 5	£6 6	£2 2	From £100 to £130, but generally go to London one course.	
	St. Thomas,.....	400	50 0	75 0	32 0	8 8	8 8	6 6	£6 6	£2 2	From £100 to £130, but generally go to London one course.	
	University,.....	120	36 0	36 0	21 0	6 6	6 6	6 6	£6 6	£2 2	From £100 to £130, but generally go to London one course.	
	Westminster,.....	170	36 0	42 0	21 0	7 7	7 7	5 5	£6 6	£2 2	From £100 to £130, but generally go to London one course.	
	Birmingham,.....	150	60	26 0	...	...	5 5	3 3	3 3	£6 6	£2 2	From £100 to £130, but generally go to London one course.
	Bristol,.....	140	50	20 0	...	...	5 5	3 3	3 3	£6 6	£2 2	From £100 to £130, but generally go to London one course.
ENGLAND.	Leeds,.....	120	22 0	...	...	6 6	4 4	4 4	£6 6	£2 2	From £100 to £130, but generally go to London one course.	
	Liverpool,.....	250	21 0	...	...	5 5	3 3	3 3	£6 6	£2 2	From £100 to £130, but generally go to London one course.	
	Manchester,.....	280	21 0	...	...	4 4	3 3	3 3	£6 6	£2 2	From £100 to £130, but generally go to London one course.	
	Sir Patrick Dun's,.....	100	24 0	...	...	3 3	2 2	3 3	£6 6	£2 2	From £100 to £130, but generally go to London one course.	
	Meath,.....	250	24 0	...	...	3 3	2 2	3 3	£6 6	£2 2	From £100 to £130, but generally go to London one course.	
	Mercer's,.....	70	18 0	...	...	3 3	2 2	3 3	£6 6	£2 2	From £100 to £130, but generally go to London one course.	
	Dr. Steeven's,.....	200	25 0	...	...	3 3	2 2	3 3	£6 6	£2 2	From £100 to £130, but generally go to London one course.	
	Belfast,.....	120	7 7	...	...	3 3	3 3	3 3	£6 6	£2 2	From £100 to £130, but generally go to London one course.	
	Cork,.....	100	15 0	...	...	3 3	3 3	3 3	£6 6	£2 2	From £100 to £130, but generally go to London one course.	
	IRELAND.	Aberdeen,.....	100	7 7	8 8	...	2 2	2 2	2 2	£6 6	£2 2	From £100 to £130, but generally go to London one course.
Edinburgh,.....		300	12 12	17 17	...	3 3	3 3	3 3	£6 6	£2 2	From £100 to £130, but generally go to London one course.	
Glasgow,.....		450	7 7	8 8	0 5	2 2	2 2	2 2	GRATIS*	£3 3	From £100 to £130, but generally go to London one course.	
SCOTLAND.	Aberdeen,.....	100	7 7	8 8	...	2 2	2 2	2 2	£6 6	£2 2	From £100 to £130, but generally go to London one course.	
	Edinburgh,.....	300	12 12	17 17	...	3 3	3 3	3 3	£6 6	£2 2	From £100 to £130, but generally go to London one course.	
	Glasgow,.....	450	7 7	8 8	0 5	2 2	2 2	2 2	GRATIS*	£3 3	From £100 to £130, but generally go to London one course.	

\* Two Full Courses of Clinical Medicine and Surgery, of Six Months each.

# STATISTICAL TABLE,

*Showing the Diseases treated in the Glasgow Royal Infirmary, from 1795 to 1846.*

DISEASES.	1795 to 1800	1800 to 1805.	1805 to 1810.	1810 to 1815.	1815 to 1820.	1820 to 1825.	1825 to 1830.	1830 to 1835.	1835 to 1840.	1840.	1841.	1842.	1843.	1844.	1845.	TOTAL.	
MEDICAL.	Apoplexy and Palsy,.....	71	68	113	117	119	182	148	129	68	42	46	36	23	30	1,305	
	Consumption, .....	50	111	173	197	306	207	279	330	82	70	65	48	63	70	2,313	
	Diabetes,.....	12	12	19	26	14	27	25	37	34	13	13	21	10	15	303	
	Dysentery, &c.,.....	14	69	46	47	55	49	370	172	144	41	25	16	24	12	1,126	
	Dropsy, .....	108	159	131	206	299	279	318	336	232	112	91	46	55	39	2,457	
	Fever, .....	327	470	440	349	3,351	1,583	5,285	6,553	14,219	2,396	2,533	1,146	3,374	535	43,976	
	Inflamations, Internal,	114	202	224	336	338	556	719	730	1,517	198	234	206	157	206	5,912	
	Rheumatism,.....	106	124	164	268	320	431	390	444	578	102	101	112	104	85	3,429	
	Scrofula, &c.,.....	92	117	149	101	261	99	82	77	146	30	42	34	50	44	1,370	
	Skin diseases, .....	119	58	81	160	198	266	316	227	379	87	92	82	81	57	155	2,288
	Syphilis, &c.,.....	253	366	326	385	289	457	426	371	487	126	133	116	101	112	138	4,086
	Abscess,.....	45	63	65	94	134	193	191	178	269	87	58	43	31	36	52	1,539
	Burns, &c.,.....	10	24	36	55	65	90	109	209	342	68	81	62	33	61	76	1,321
	Dislocations,.....	10	18	10	9	22	19	59	48	64	16	12	5	19	18	15	344
	Fractures,.....	68	86	98	125	234	315	615	728	870	232	225	203	163	214	254	4,430
	Joints, diseased,.....	125	103	101	176	244	296	142	294	432	95	126	109	87	86	79	2,495
	Tumours, .....	24	16	52	90	90	77	57	130	82	24	18	20	21	20	12	733
	Ulcers, .....	361	409	389	490	619	600	598	712	987	211	217	273	160	162	232	6,420
	Wounds, .....	12	21	93	79	82	160	152	390	672	175	152	134	58	130	72	2,382
	Various, .....	388	1,168	1,181	1,486	1,847	2,553	2,691	2,446	2,963	1,652	528	640	1,302	745	592	23,970
TOTAL,.....	2,309	3,664	3,891	4,796	8,887	8,470	12,934	14,509	24,876	5,815	4,793	3,405	5,921	3,478	2,458	110,199	
Average Mortality,.....	1 in 17	1 in 16	1 in 15	1 in 15	1 in 13	1 in 11	1 in 11	1 in 10	1 in 9	1 in 8	1 in 10	1 in 9	1 in 9	1 in 10	1 in 9*		
Average Residence,.....	47 days	40 d.	43 d.	48 d.	35 d.	34 d.	29 d.	29 d.	29 d.	28 d.	28 d.	28 d.	27 d.	27 d.	25 d.		
Average Expense, .....	52/	48/	56/	65/	55/	45/	38/	37/	29/	25/	26/	34/	32/	31/	35/		

\* The increase of mortality is explained by the great number of severe cases.

## STATISTICAL TABLE,

Showing the Operations performed in the Glasgow Royal Infirmary, from 1795 to 1846.

OPERATIONS.	1795 to 1800.	1800 to 1805.	1805 to 1810.	1810 to 1815.	1815 to 1820.	1820 to 1825.	1825 to 1830.	1830 to 1835.	1835 to 1840.	1840.	1841.	1842.	1843.	1844.	1845.	TOTAL.
Amputations, larger,	35	33	60	46	80	77	94	147	138	23	44	41	47	34	50*	949
Do. lesser,	...	...	8	10	11	13	68	112	91	12	10	13	27	24	34	433
Arteries tied, larger,	1	1	1	2	2	7	3	11	7	3	1	1	...	...	2	42
Do. lesser,	...	2	...	...	2	4	8	5	2	6	...	...	...	...	2	31
Cancer, Mamma, .....	14	15	24	13	19	28	21	31	20	4	1	4	5	3	7	209
Do., Lip, &c., .....	25	26	25	21	23	30	29	32	28	11	4	4	4	6	5	273
Eye Operations, .....	18	13	12	9	6	28	20	4	2	5	...	3	6	...	2	128
Fistula in Ano, .....	11	13	21	16	13	48	39	55	57	14	4	11	13	15	11	351
Hernia, .....	...	2	6	1	4	5	7	10	5	1	2	...	2	...	2	47
Hydrocele, .....	14	37	20	24	33	35	45	76	52	2	2	4	13	6	7	370
Lithotomy, .....	6	2	7	7	12	9	15	23	11	4	5	5	1	5	1	113
Trepan, .....	7	1	2	...	13	10	2	9	11	5	...	1	...	2	1	64
Tumours, .....	3	16	35	34	26	36	36	49	43	12	4	20	15	8	5	342
Various, .....	14	51	74	9	30	18	56	115	136	18	23	18	32	37	46	657
TOTAL, .....	148	212	295	192	274	348	443	679	603	120	100	125	165	140	175	4,009

\* 4 at Shoulder Joint, 24 of Thigh and Leg, and 10 of Arm and Forearm.

## STATISTICAL TABLE,

*Showing the number of Accidents admitted into the Glasgow Royal Infirmary, during 1845.*

CAUSE OF THE ACCIDENTS.	TOTAL CASES.	DISMISSED CURED.			DIED.		
		Males.	Females.	Total.	Males.	Females.	Total.
Assaults,.....	22	4	18	22	...	...	...
Burns,.....	75	43	26	69	2	4	6
Bites from Dogs,.....	2	...	1	1	1	...	1
Coal-pit Accidents,.....	23	19	...	19	4	...	4
Cases of Cut-throat,.....	3	2	...	2	1	...	1
Crushes between Walls, Stones, or Vehicles,....	7	6	...	6	1	...	1
Falls on the Ground,.....	70	46	21	67	1	2	3
Falls down Stairs,.....	59	25	33	58	1	...	1
Falls from a Height,.....	72	51	10	61	6	5	11
Gunshot Accidents,.....	4	4	...	4	...	...	...
Kicks from Horses,.....	6	5	...	5	1	...	1
Machinery Accidents,.....	61	43	12	55	5	1	6
Railway Accidents,.....	6	4	...	4	2	...	2
Run over by Carts or Carriages,.....	28	20	7	27	1	...	1
Thrown from Carts, Carriages, or Horses,.....	15	13	1	14	1	...	1
Thrust Arm through a Window,.....	1	...	1	1	...	...	...
Trod on Pieces of Glass,.....	2	1	1	2	...	...	...
Weights and Heavy Articles fell on Part,.....	71	62	4	66	7	1	8
Cause of Accidents not ascertained,.....	45	31	6	37	8	...	8
<b>TOTALS, .....</b>	<b>575</b>	<b>379</b>	<b>141</b>	<b>520</b>	<b>42</b>	<b>13</b>	<b>55</b>

Year	Day	Month	Year	Day	Month	Year	Day	Month
18	11	11	18	11	11	18	11	11
19	12	12	19	12	12	19	12	12
20	13	13	20	13	13	20	13	13
21	14	14	21	14	14	21	14	14
22	15	15	22	15	15	22	15	15
23	16	16	23	16	16	23	16	16
24	17	17	24	17	17	24	17	17
25	18	18	25	18	18	25	18	18
26	19	19	26	19	19	26	19	19
27	20	20	27	20	20	27	20	20
28	21	21	28	21	21	28	21	21
29	22	22	29	22	22	29	22	22
30	23	23	30	23	23	30	23	23
31	24	24	31	24	24	31	24	24
32	25	25	32	25	25	32	25	25
33	26	26	33	26	26	33	26	26
34	27	27	34	27	27	34	27	27
35	28	28	35	28	28	35	28	28
36	29	29	36	29	29	36	29	29
37	30	30	37	30	30	37	30	30
38	31	31	38	31	31	38	31	31
39	32	32	39	32	32	39	32	32
40	33	33	40	33	33	40	33	33
41	34	34	41	34	34	41	34	34
42	35	35	42	35	35	42	35	35
43	36	36	43	36	36	43	36	36
44	37	37	44	37	37	44	37	37
45	38	38	45	38	38	45	38	38
46	39	39	46	39	39	46	39	39
47	40	40	47	40	40	47	40	40
48	41	41	48	41	41	48	41	41
49	42	42	49	42	42	49	42	42
50	43	43	50	43	43	50	43	43
51	44	44	51	44	44	51	44	44
52	45	45	52	45	45	52	45	45
53	46	46	53	46	46	53	46	46
54	47	47	54	47	47	54	47	47
55	48	48	55	48	48	55	48	48
56	49	49	56	49	49	56	49	49
57	50	50	57	50	50	57	50	50
58	51	51	58	51	51	58	51	51
59	52	52	59	52	52	59	52	52
60	53	53	60	53	53	60	53	53
61	54	54	61	54	54	61	54	54
62	55	55	62	55	55	62	55	55
63	56	56	63	56	56	63	56	56
64	57	57	64	57	57	64	57	57
65	58	58	65	58	58	65	58	58
66	59	59	66	59	59	66	59	59
67	60	60	67	60	60	67	60	60
68	61	61	68	61	61	68	61	61
69	62	62	69	62	62	69	62	62
70	63	63	70	63	63	70	63	63
71	64	64	71	64	64	71	64	64
72	65	65	72	65	65	72	65	65
73	66	66	73	66	66	73	66	66
74	67	67	74	67	67	74	67	67
75	68	68	75	68	68	75	68	68
76	69	69	76	69	69	76	69	69
77	70	70	77	70	70	77	70	70
78	71	71	78	71	71	78	71	71
79	72	72	79	72	72	79	72	72
80	73	73	80	73	73	80	73	73
81	74	74	81	74	74	81	74	74
82	75	75	82	75	75	82	75	75
83	76	76	83	76	76	83	76	76
84	77	77	84	77	77	84	77	77
85	78	78	85	78	78	85	78	78
86	79	79	86	79	79	86	79	79
87	80	80	87	80	80	87	80	80
88	81	81	88	81	81	88	81	81
89	82	82	89	82	82	89	82	82
90	83	83	90	83	83	90	83	83
91	84	84	91	84	84	91	84	84
92	85	85	92	85	85	92	85	85
93	86	86	93	86	86	93	86	86
94	87	87	94	87	87	94	87	87
95	88	88	95	88	88	95	88	88
96	89	89	96	89	89	96	89	89
97	90	90	97	90	90	97	90	90
98	91	91	98	91	91	98	91	91
99	92	92	99	92	92	99	92	92
100	93	93	100	93	93	100	93	93

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