

## **Medical and surgical establishments of the infirmary.**

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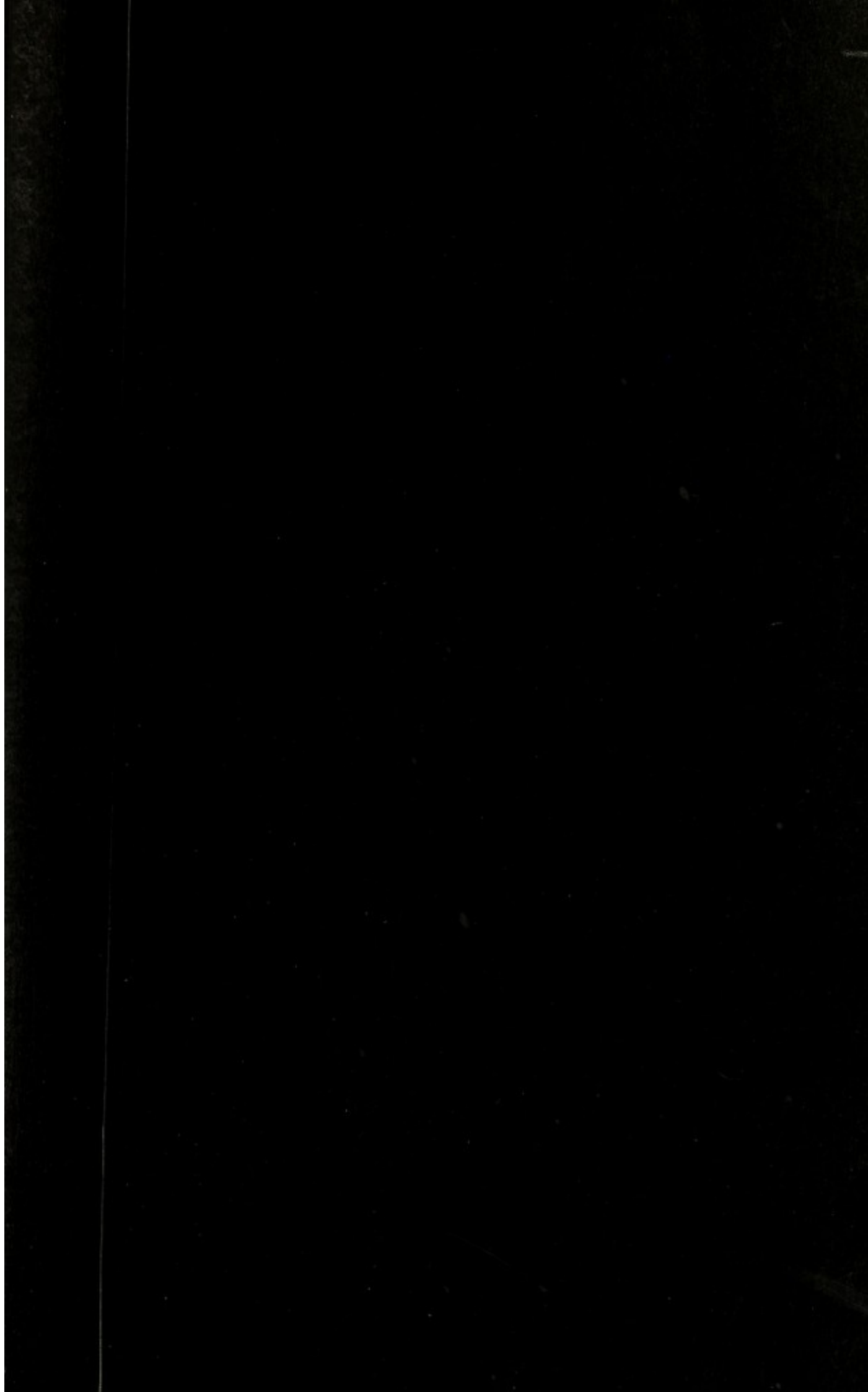
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# MEDICAL AND SURGICAL Establishments

OF  
THE INFIRMARY.

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SIR,

PREVIOUS to the motion I shall have the honour of submitting to the Board, on Monday next, allow me to offer a few remarks on the above two important Branches of Infirmary Management.—These remarks took their origin from a transaction that occurred at a recent Meeting of Managers: at this Meeting, in order to fill up the place of one of our Surgeons' Clerks, the late Mr. Hardie, Mr. M'Kinnon was ejected from his office of Physician's Clerk to Dr. Brown, notwithstanding the remonstrances of this last, both by word, and letter, and appointed to succeed Mr. Hardie, while at the same time, by our three Surgeon Directors, it was maintained as a standing law of the Institution, that in every case of vacancy of a Surgeon's Clerkship, one of the Physicians' Clerks must, in like manner, be displaced, in order to supply the void, with, or without, his own consent, with, or without, consent of the Physician under whom he serves, all this too independent of any restrictive power on the part of the Managers, but as matter of constant, and invariable, routine.

Now, Sir, the existence of any such law I utterly deny, and I would be glad to know on what part of our records it is to be found: I also beg leave, in the strongest manner, to protest at once against the above act, and its principle, as contrary to the rights of Physicians, and their Clerks; as throwing impediments in the way of the study of physic in contradistinction to Surgery; as withdrawing the Physicians' Clerk, during the term of incumbency, from his proper business; as impairing the discipline of the house; as inculcating, and encouraging, erroneous views regarding the



education of pupils; as injurious to the Medical School; and as subversive of that superintending control which the Managers ought, at all times, to exercise over the affairs of the Hospital.

Some of these objections must be obvious at first sight, others may require illustration. Thus, it must, surely, be admitted, that when a Candidate is elected to any of our offices, say that of Physicians' Clerk, he is entitled, barring incapacity, and misconduct, to hold the office during the usual period, and that in the last instance, the Physician under whom he acts, is no less entitled to reap the benefit of his services during the usual period, yet in the face of this obvious, and incontrovertible, principle, was Mr. M'Kinnon dismissed from his Clerkship, and another person put in his place, and Dr. Brown deprived of his assistance, notwithstanding his remonstrances to the contrary. The marked incivility, and disrespect, shown to Dr. Brown on this occasion, I submit entirely to the consideration of the Managers. Dr. Brown quits the house in November, whether ever to return I do not know, but if it be the wish of the Directors, as their duty dictates, that men of high, and long, standing in the Profession should be induced to attend the Hospital, their treatment of Dr. Brown, in this instance, seems rather an extraordinary mode of accomplishing their purpose. Besides, I doubt the legality of the act. I question if the Board can dismiss one of its officers without due reason assigned, more especially, when, as in the case of Mr. M'Kinnon, the bargain had been homologated by the payment of a stipulated sum to the charity. Perhaps I may be told here that Mr. M'Kinnon was willing to give up his office. That makes no difference as to the general point: whether he had objected or not, the result, and the principle, would have been precisely the same.

Another objection against the pretended law, or custom, is, that it perverts the proper system of education, by hindering the pupil, in his capacity of Physicians' Clerk, from studying *physic by itself, or devoting his whole mind, as his interest, and duty, alike require, to the Medical Cases*, if he be breeding a Physician, or from studying physic and surgery in succession,



as they ought to be studied, in case he be intended as a general practitioner. No, say the three Surgeon Directors, and their supporters without doors, this must not be. Whoever is elected Physicians' Clerk must not limit himself to his proper occupation, the care of the Medical Sick; he must attach himself as much, or more, to the Surgical Patients, so that he may be qualified at the end of his time, or in case of vacancy, for acting as Clerk to some of the Surgeons. A more unreasonable demand, I believe, has seldom been made, or one more hurtful to the young man concerned, not to speak of its overweening vanity professionally considered, as if in our Infirmary here, Surgery were every thing, Medicine nothing. These two branches are taught separately in the schools, why may they not also be taught separately in our Hospital? Blending them together can only serve to confuse, and distract the mind of the student.—But, it is farther evident, that if a Physician's Clerk is to lose his place on the occurrence of every Surgical vacancy, his office must become a mere contingency, and must be held entirely at the mercy of causes over which neither he nor the Physician has any control, and with which neither holds any necessary connexion; of such vacancy the sources are endless. A Surgeon's Clerk, for instance, may die, or be disabled by disease, or he may resign from whim, or he may be dismissed, from incapacity, or misconduct. In all such, and other cases, the Clerk, and the Physician, are alike punished without any fault of their own, the Clerk by forfeiting his place, the Physician by losing his services, and all this too, we are gravely told, without any possibility of veto on the part of the Managers. Nor does the evil stop here. When a young man is elected Physician's Clerk, from that moment he is foolishly supposed to acquire a sort of vested right to the next Surgeon's Clerkship, whether he deserves it or not, and to the exclusion, possibly, of more meritorious applicants, thus monopolizing two offices that are better exercised separately, as well as annulling, in this instance, the controlling power of the Board, and converting it from an electoral into one of mere register, or instalment; and, by the same rule, as the Directors generally listen to the Physician regarding the choice of



his Clerk, virtually throwing into the hands of that officer, not only the appointment of his own Clerk, but, eventually, that of the Surgeon. By the same system, likewise, the discipline of the Infirmary cannot fail to be impaired. Whoever acts as Physician's Clerk is, in this manner, taught to undervalue alike the instructions, patients, and orders of the Physician; he busies himself solely, or chiefly, with the sick of the Surgical wards, and full of his ulterior objects, he is merely anxious to merit the favour of his future master, the Surgeon.

But it is time now that I endeavour to trace the origin of all this folly and mischief, and I impute it, without hesitation, *to the assumed superiority, in our Hospital, of the Surgical over the Medical department*, a complete practical illustration of which we lately had in the treatment of Dr. Brown. A grave matter of inquiry, accordingly, presents itself here, whether such ascendancy ought to exist, or be consistent with the interests of the Institution, and the truth will be best determined by considering the following question, whether Physic or Surgery, comprehend within its range, the more numerous, and more important class of diseases, or, in other words, which of the two departments is to be esteemed the *more extensively* useful for the relief, and cure of the sick, without, or within, an Hospital.

In entering upon this discussion the true meaning of terms must be strictly attended to, and it must therefore be carefully premised that the individual styled Surgeon in common life, and he who is so named in our Infirmary, are two very opposite, and distinct, personages. In common life, this individual is at once Surgeon and Physician, the last much more frequently than the first, since for once that he appears in the former capacity, he acts, at least twenty times, in the latter; but the moment he sets foot within an hospital, the scene alters, he disengages himself entirely from his medical attributes, and is converted into the pure, and genuine, Surgeon. By the same rule, all patients are scrupulously divided into the two great classes of Medical and Surgical, each having a separate set of wards allotted for its reception; and a similar arrangement holds with respect to those who resort to the



lobby, or waiting room, for occasional advice. But we are told, and somewhat ostentatiously, that of these two descriptions of malady the Surgical are by far the more important, and it is the proof of this assertion we are now to examine.

What is called the importance of a disease is measured, chiefly by two circumstances, its frequency of occurrence, and its danger to life. Now in these two respects, who ever doubted, with exception of our three Surgeon Managers, the overwhelming preponderance of Medical over Surgical distempers, and through the whole period of human existence? Thus, it is a well known fact, that one half of mankind regularly perishes before 10 years of age, or even sooner, but has the bulk of maladies that thus thin the ranks of infancy and childhood any thing to do with Surgery, or Surgeons? Certainly not: for one case requiring the assistance of the Surgeon, taking the same strict division of our art that holds in the Infirmary, at least a thousand will demand the aid of the Physician. In after life, though from the greater number of casualties, more especially of the male sex, there be a more frequent call for Surgery, yet a similar marked disparity will be found to prevail. Even in war, among conflicting fleets and armies, where it might be supposed that Surgery would greatly predominate over Medicine, yet is the result altogether contrary, it being a certain fact that in calculating the losses of a campaign, we constantly find that more of the combatants have been deprived of life by disease, than by the united violence of fire-arms and steel. The truth is, it might not be difficult to name one or two distempers that destroy more of mankind, than the whole maladies of Surgery joined in one mass. Take for example the Epidemic Cholera of India. It were easy to show that more persons have died from this terrible scourge, in a couple of twelvemonths, than have fallen in all the wars of that part of the world, during the last half century.

So much for the relative importance of the Medical and Surgical departments in extra-hospital practice, let us now see how the balance stands in our own Infirmary. With this view, I have taken the first 30 years of the Institution, dividing the period into three decades, or three portions of



ten years each, throwing them into tables, so as to present at a glance three essential elements of judgment in our present inquiry; *1st*, the number of Medical and Surgical patients respectively admitted into the house during each decade; *2d*, the average number of patients attended by each Physician, and each Surgeon, during the whole of each decade; *3dly*, the average number of patients treated by each Physician, and each Surgeon, respectively, during each year of each decade.

## 1ST DECADE.

Number of Medical Cases received during this Decade, . . . . .	4192
Surgical do. do. . . . .	2526
Average number of Cases treated by each Physician during this Decade, . . . . .	2096
Average number by each Surgeon, . . . . .	631
Average number treated by each Physician during each year of this Decade, . . . . .	209
Do. by each Surgeon do. do. . . . .	63

## 2D DECADE.

Number of Medical Cases received, . . . . .	6189
Number of Surgical, . . . . .	3611
Average number treated by each Physician during this Decade, . . . . .	3094
Do. by each Surgeon, . . . . .	902
Average number treated by each Physician during each year, . . . . .	309
Do. by each Surgeon, . . . . .	90

## 3D DECADE.

Number of Medical Cases received, . . . . .	13070
Number of Surgical, . . . . .	6197
Average number treated by each Physician, . . . . .	6535
Do. by each Surgeon, . . . . .	1549
Average number treated by each Physician during each year of this Decade, . . . . .	653
Do. by each Surgeon, . . . . .	154

From the above tables, every Manager will perceive the prodigious superiority in number of the Medical over the Surgical patients; and number, as already stated, is one of the elements by which we estimate the importance of any malady. The other element is its danger, or fatality; and here, too, the like unhappy preponderance will be found attaching itself to those distempers that range under the care of the Physician. For the exact relative mortality of the two classes



of disorders, we have unfortunately no proper data in our Infirmary Reports, because the portion of them relating to subjects of this sort was not drawn up, as it ought to have been, by professional men; but if we resort to what is known and admitted in such calculations, we can be at no loss for a decision; and if we estimate the deaths among the Medical cases as about one in nine, or ten, and among the Surgical about one in 14, or 15, we will arrive at a conclusion by no means remote from the truth. The comparative importance of the two sets of diseases, as met with in our Infirmary therefore, may be fairly said to be no less decided than as we have already found it to be in extra-hospital practice. From proofs in the above tables, indeed, the argument might be stated in still more forcible terms. Whoever casts his eye over them will perceive, that the number of patients treated by each Physician has always doubled or trebled, nay, not unfrequently quadrupled and quintupled that attended by each Surgeon, and the same assertion is no less true of the relative proportion that must have come under the care of the respective clerks. In Decade 3d, more were received for cure by each individual Physician, than by the whole four Surgeons put together. The preponderance of labour, therefore, will not readily be disputed; but should it be called in question, it might be farther stated, that the Physicians do duty in the Infirmary the whole year round, the Surgeons only one-half the period.

It will be by no means foreign to our present purpose, if I contrast still more closely together our Medical and Surgical establishments, as this is a subject involving points of great consequence to the welfare of the charity. To begin with the Surgical branch. Our arrangements here certainly are not the very best possible, nor will they furnish very powerful arguments for the assumed superiority of this over the Medical department. Our Surgeons are four in number, our Physicians only two. We have already seen that the amount of patients allotted to the latter is always double or treble of that intrusted to the former, and how the number of functionaries should thus increase in the inverse ratio of the labour to be performed, has always appeared to me an incomprehensible mystery in our constitution; of such mystery, however, I mean



to attempt no explanation. Two new Surgeons are appointed every year, of whom one has never served before, but who, nevertheless, has the privilege of operating from the first moment of attendance. This is rather a startling circumstance. I would put it to any Manager whether, if he had to undergo a dangerous operation, he would submit himself to a person who, for aught he knew, never performed the operation before. I am aware here that every thing must have its beginning, and that the most famous Surgeons must have had their commencing operations; true, but a commencing operation is a serious affair to the patient concerned, and the evil ought to be rendered of as unfrequent occurrence as possible. On the other hand, our system of electing Surgeons has been often applauded as highly liberal, as containing in it nothing exclusive, and as ensuring quick succession of office. To the Surgeons, without doubt, it is highly liberal; to the sick poor, it is just the reverse of liberal. Should any man choose to be operated upon by a Practitioner not accustomed to the work, it is his own affair; but the inmates of our Hospital have no choice, they must either take the Surgeons provided for them, or entirely forego the benefits of the charity. This rapid rotation of Surgeons, therefore, I have always considered as a part of our Infirmary management liable to great objection. Even those termed our old or senior Surgeons, can be hardly said to merit the title in its strictest possible acceptation; nor under the present system are they likely to attain the highest desirable grade of Hospital experience, and for the following reason. When a Glasgow Surgeon sets out in business, he has plenty of time for the Infirmary; he is even anxious to officiate, for the sake of operating, as operations abound there much more than in private practice. But as life advances, his views alter. The fee of a Surgeon is small, and to subsist he must have numerous patients. When his practice increases, therefore, he has not time for the Hospital. Besides, the hour of attendance is the most inconvenient of the whole day; and he is farther annoyed by consultations, and other extra duty. It cannot, therefore, be supposed that he is to neglect his business, or forego its emoluments, from a simple motive of charity, or for the slender pittance of £20 a-year. The con-



sequence of all this is, that a Surgeon never remains in our Infirmary after his practice becomes extensive, but retires, and makes way for his younger brethren. For this reason it is that we seldom see in our Infirmary any Surgeon of very mature age, or who has passed the middle period of life, and, of course, none whose Hospital experience can be said to be supereminently great. The contrast in this respect with London, and some other places, is striking enough. In London, for instance, the Surgeons not unfrequently remain in Hospitals almost to the end of their days, though in full practice, and at the head of their profession; witness Abernethy at St. Bartholomew's, and Pott before him; witness Sir Astley Cooper at Guy's. But there is good reason for every thing. In the London Hospitals, the Physicians and Surgeons share between them the whole fees of the pupils; and from this source, and lecturing, the income of the latter is so great, as to render their continuance in office any thing but a pecuniary sacrifice.—When we turn our eyes again to the Medical establishment of the charity, a far better system presents itself; one, however, emanating rather from accidental circumstances, than any concerted plan. Our Physicians have higher fees, and fewer patients; and there is none of them, though in considerable practice, who has not time to attend the Hospital. Being few in number, there is no necessity for their being changed in endless rotation like the Surgeons; on the contrary, many of them continue to act for a succession of years. The advantage of such a system cannot but be manifest. Remaining long in office, this Practitioner cannot fail of attaining much knowledge and experience in treating the diseases belonging to his own department; and upon the whole, the reflection irresistibly occurs, that though it may be possible to find in our Infirmary a very eminent and experienced Hospital Physician, it must be exceedingly difficult, under the present system, and without pecuniary sacrifices not to be expected, to meet with a very eminent and experienced Hospital Surgeon.

But enough of this subject, which may now be closed. Unless I greatly err, sufficient has been already said for enabling each Manager to form his own judgment concerning the point at issue, and to decide the question, whether the Medical or Surgical



diseases of the house be the more numerous and important, or whether Medicine or Surgery is to be reckoned of the more extensive utility to the sick poor, and, as a corollary, what grounds of justice there may be for the assumed superiority in our Hospital of the Surgical over the Medical department?

Having discussed the Physicians and Surgeons, we must next turn to the Clerks. These are four in number, two for each division of patients, and they are ordinarily chosen from the farthest advanced, and best educated, students. With respect to qualifications, I cannot help noticing here an opinion of our three Surgeon Directors, not less amusing in itself, than for the singular pertinacity with which it has been maintained. If a pupil has had a complete education, has attended all the classes, and the usual time at the Infirmary, it is allowed, on all hands, that he may offer himself as a candidate for a Physician's clerkship; and, it might naturally be supposed, that with the same advantages, and more especially if he have listened attentively, for two years, as the custom is, to the excellent lectures on Surgery, by Dr. Burns, and has besides acted as dresser in the Hospital, he might then also present himself, without the charge of presumption, as a competitor for the clerkship of a Surgeon. Oh, no! say the ultras in Surgery, that must not be. Our part of the profession is so profound in its nature, and its cases are so much more numerous and important than those of Physic, that far superior knowledge and endowments are required: before a young man can be eligible to so important a trust as the office in question, he must previously pass through the following process—he must enter the house as Physician's Clerk, and, while in that capacity, he must by no means limit himself to his own sick, he must, as frequently as he can, visit the Surgeons' wards, that he may observe what is transacting there; should any sudden illness occur, in the night, among his own patients, requiring immediate aid, he may, or he may not, obey the call; but should any Surgical casualty be brought into the house during night, he must on no account fail of repairing instantly to the place of consultation, that he may hear and treasure up the opinions, and instructions, of the Surgeons: in other words, under pretence of studying Physic,



he must in reality study Surgery, for a year previous, in order that he may become fitted for the high eminence he is one day to attain.

This precious piece of humbuggerly evidently proceeds on an entire ignorance of the functions of a Physician's Clerk, and were altogether unworthy of notice except for its mischief, and that it affords an opportunity of explaining the real nature, and importance of such functions. To every Physician of an Hospital, as well as the patients under his charge, a good Clerk is of the first importance, as will appear from the bare recital of his duties. It is, in the first place, his business to engross into the register an accurate statement of the case of every medical patient that enters the house; and the commencing prescriptions of the Physician are founded mainly on that statement. He must, farther, report from day to day, whatever change occurs in each sick person; he must study the disease of each, and render himself acquainted with the views of the Physician regarding it, so as to be able to prescribe, in need be, in his absence; he must take care that the nurses do their duty; that the diseased receive, and take, their medicines, the effects of which he must detail, and record in the register: in short, he has charge of the whole inmates of his wards, and must watch over their welfare by day, and night. His superintendence even exceeds that of the Physician himself; the latter visits generally only once a day, the clerk remains their guardian during three and twenty out of each four and twenty hours. Whoever attends to these various and complicated duties, will easily perceive that they are quite sufficient to occupy the whole time and attention of the young functionary, more especially as the individuals under his management amount, as they often do, to fifty or sixty, and that he has little leisure for Surgical studies, which are far better pursued separately, and the argument acquires additional strength, in case he be attending, as frequently happens, some of the classes in the University. But this point has already been so fully explained as to require no further illustration.

Our Infirmary customs regarding the Clerks therefore ought to be altered, nor is it difficult to discover what the reforms



ought to be. Separate entirely the Physicians and Surgeons Clerkships from one another, instead of blending them together, as is actually done, during the incumbency of the former office. It is this mixing of two things that ought to go separately, that is the cause of all the evil: it is this that misleads the minds of students to undervalue the Physician's Clerkship, incomparably the more valuable of the two, or to consider it as of no value in itself, but estimable only in so far as it serves for an introduction, or a stepping-stone to the like office under the Surgeon. In the same spirit, when a vacancy occurs in this last, instead of bestowing it invariably, as if it were a right of inheritance, on some person who has previously acted as Physician's Clerk, lay it open to the competition of every meritorious student. It is certainly too much that the same individual should thus be allowed regularly to engross these two valuable situations. The Infirmary Clerkships ought to be reserved as the guerdon of merit to distinguished students; we have only four to bestow, why diminish them, as our custom is, to two, or one half, since by abridging the rewards, we infallibly lessen the motives of exertion. Besides, we invert the natural order of education, which enjoins that the simple should always precede the more complex. Surgery is far less complicated in its principles than Medicine, and its study ought to go before that branch, not follow after it. As for the monstrous, but avowed, principle of forcibly taking away a Physician's Clerk in the middle of a term, enough has been already said. After this young man has fully learned his duties, and by his assiduity, and skill, has merited at once the confidence of his master, and the sick, suddenly snatching him away to make room for an utter stranger, every body must perceive to be a measure alike to be deprecated on account of the whole three parties concerned, the Clerk himself, the sick he superintends, and the Physician.

But it may be said, that attention must also be paid to the accommodation of the Surgeons, and to this I most readily agree. As far as I can learn, the chief reason why these gentlemen wish for the constant presence in the Infirmary of some person not unacquainted with Surgery, is, that they may



not be summoned needlessly from their homes, during the night, by false alarms. Alarms, really false, I should think do not very frequently occur, and it ought farther to be recollected that our Surgeons in general are men in the prime, and vigour, of life, and that they attend only during six months of the year; yet to avoid cavil, I shall concede the evil to its fullest extent; and it is surely not impossible to devise means of prevention. Various expedients might be suggested for the purpose. Thus, for example, we have now two Surgeons' Clerkships instead of one, as formerly, and it is not likely that they will be both vacant at the same time, and the resident Clerk will be quite competent to guard against unnecessary summonses. We have an auxiliary, to the same end, in the Apothecary. The person chosen for this office, according to the new system, is the best educated student the most rigid examination can enable us to obtain. This person, it is expected, will remain in the house for years, and it cannot be doubted that for his own sake he will soon become so conversant with surgical practice as to know whether any night casualty requires immediate consultation, or may safely wait till the usual visit of the Surgeon. Nor must the resource of dressers be forgotten. Those young persons now amount to 42, this year I believe they will be 50, and they are the peculiar *élèves*, and pupils, of the Surgeons. It is here too that we are to look for the proper school, or seminary, of Surgeons' Clerks. Why may not a portion of these young gentlemen be so educated, or trained, that some among them may be always competent to the office when vacant, and I venture to predict, that if a plan for this purpose be proposed, it will readily receive the sanction of the Managers. In this manner there will never be wanting some pupil fully qualified to act as assistant to the Surgeon; there will be no collision with the other branch of service, and the Physician, and his Clerk, will be permitted, as they ought to be, to pursue their avocations in peace, till the term appointed for the incumbency of the latter be completed.

In the course of the preceding remarks, it has more than once been asserted, that there exists an intimate connexion between the interest of the Hospital, and the prosperity of the



Medical School. To some of the Managers it is possible this may require explanation. What I allude to, then, regards the pecuniary resources of the charity. We derive our revenue, it is well known, from various quarters; one of them is from the contributions of the Students, and they are the best of our annual subscribers, the amount of fees being from £300 to £500 yearly; a sum at the present rate equal to the interest of many thousand pounds. Now, it is clear, that the more our School flourishes, the more subscriptions will be obtained. We have a good example of the importance of such a fund in the Edinburgh Infirmary. The Medical School of that city is well known to be the most famous in the world, drawing Students from every quarter; the income to the Hospital from the pupils is benefited in proportion, amounting to the large sum of £2000 annually. Our charities in Glasgow every body feels to be numerous and heavy; and had we a like assistance from the same source, it would materially lighten the burden of the Infirmary among our citizens. The flourishing state of our Medical Seminaries might prove beneficial in another, though more circuitous, way. The more celebrated our School becomes, the more will be increased the emoluments of teaching, so as to tempt the most eminent of the Profession to settle here, and ensure to us the benefit of their superior knowledge and ability.

Such, Sir, are some remarks concerning our Medical and Surgical Establishments, that have been suggested by the extraordinary proceeding that took place at our last Infirmary Board. They have run out to a length far beyond what I intended, and it is possible they may be imputed to motives that have no connexion with their origin. It has been said, for instance, that I am an enemy to all Surgery, and Surgeons, an imputation, at once, unfounded, and absurd. I have the honour to be President of the Surgeons, no less than the Physicians, of Glasgow, and I have, farther, the happiness to enjoy the intimacy of many among the former, both young and old, whose worth I esteem, and whose talents I respect. Besides, it is by no means my interest to quarrel with this class of Practitioners.—If the accusation is built on what I have said regarding the Surgical arrangements of the Infirmary,



or if my remarks appear chargeable with severity, the answer is easy, since it is the system only that I arraign, not the individuals who act under it—as for what regards the right of operating permitted to the youngest Surgeon, this is an old objection originating from some of their own brethren, but it is not insurmountable. Expedients might be readily devised for removing difficulties, reconciling the interests of both parties, and making the improvement of the young Practitioner go hand in hand with the welfare of the Hospital patient. Even granting all this, other defects remain not so easily removed. The essential quality of a Surgeon, besides a cool head, and knowledge of anatomy, is superior dexterity of hand; but this can only be acquired by long experience, and the same manipulations often repeated, advantages, I am afraid, not likely to be obtained during the brief sojourn of Surgical Practitioners in our Infirmary. To bring this branch to all the perfection it is capable of reaching, the term of service must be prolonged, and without this the most brilliant talents will be of no avail. Reform, then, is necessary here, and so obviously, that a hint only is sufficient.

Before concluding, I think it not unnecessary to add, that it was with considerable reluctance I entered upon the preceding discussion at all, and that the controversial part of it was none of my seeking. Doctrines were broached openly at the Board, injurious, as I conceived, to the true interests of the House, and more especially hostile to its Medical Establishments, and that these Doctrines were not to be considered as mere dead letter, was soon evinced by the treatment of Dr. Brown. Being the only Physician present at this attack, and, from long experience, not unqualified to judge concerning Physicians' Clerks, the defence in some measure devolved upon me—the gauntlet was thrown down, and, for want of a better champion, I was obliged to take it up. Perhaps, it may be said that the point at issue is too small to require so lengthened a reply; but this point involves others, and the animus here is more to be regarded than the naked proceeding. Who knows what ulterior object remains behind to be pushed, or abandoned, according to the success of the first encroachment? It is possible that other changes



may be contemplated, of which the first step is to drive away all respectable Physicians from the House, in order to make room for other persons to occupy their places. This is a project, if it exist at all, that cannot be realized without overturning the present constitution of the Hospital, and it will necessarily carry, at least, one evil in its train, affecting, alike, the Charity, and the Medical School. By a law of the India Company, no Candidate, for one of their Surgeoncies, can be admitted for examination, at their Board, unless he bring testimony that he has attended the daily rounds of a Physician in some Infirmary, during a period of at least half a year. Now, were all Physicians banished from our Hospital, it is evident such qualification could not be obtained here, but that the Student must resort for it to some other Seminary. A Surgeon, or Apothecary, with a degree, will not serve the turn, it being necessary that the certificate be signed by a bona fide, or practising, Physician. It may not be unimportant to add, that an East India Surgeoncy is one of the best professional openings, for a young man, to be found in the whole circle of the British dominions, and is, indeed, so lucrative, and respectable, as not to be unworthy the acceptance of any gentleman's son in the country.

I have the honour to be,

Sir,

Your obedient humble Servant,

RICHARD MILLAR.

*George-square, 2d August, 1828.*

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