

# **Report of the Committee of Medical and Surgical Revision to the managers of the Glasgow Royal Infirmary.**

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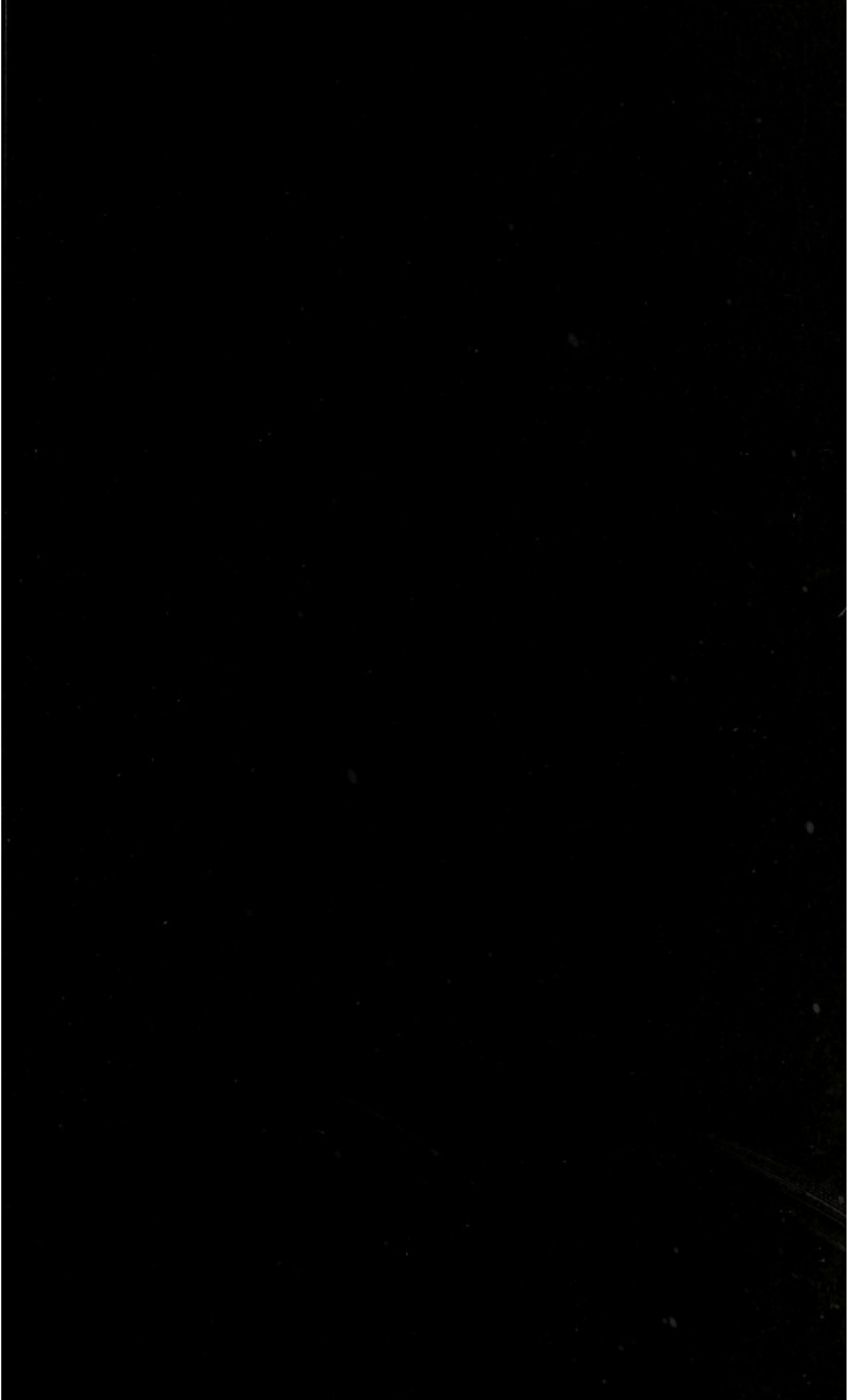
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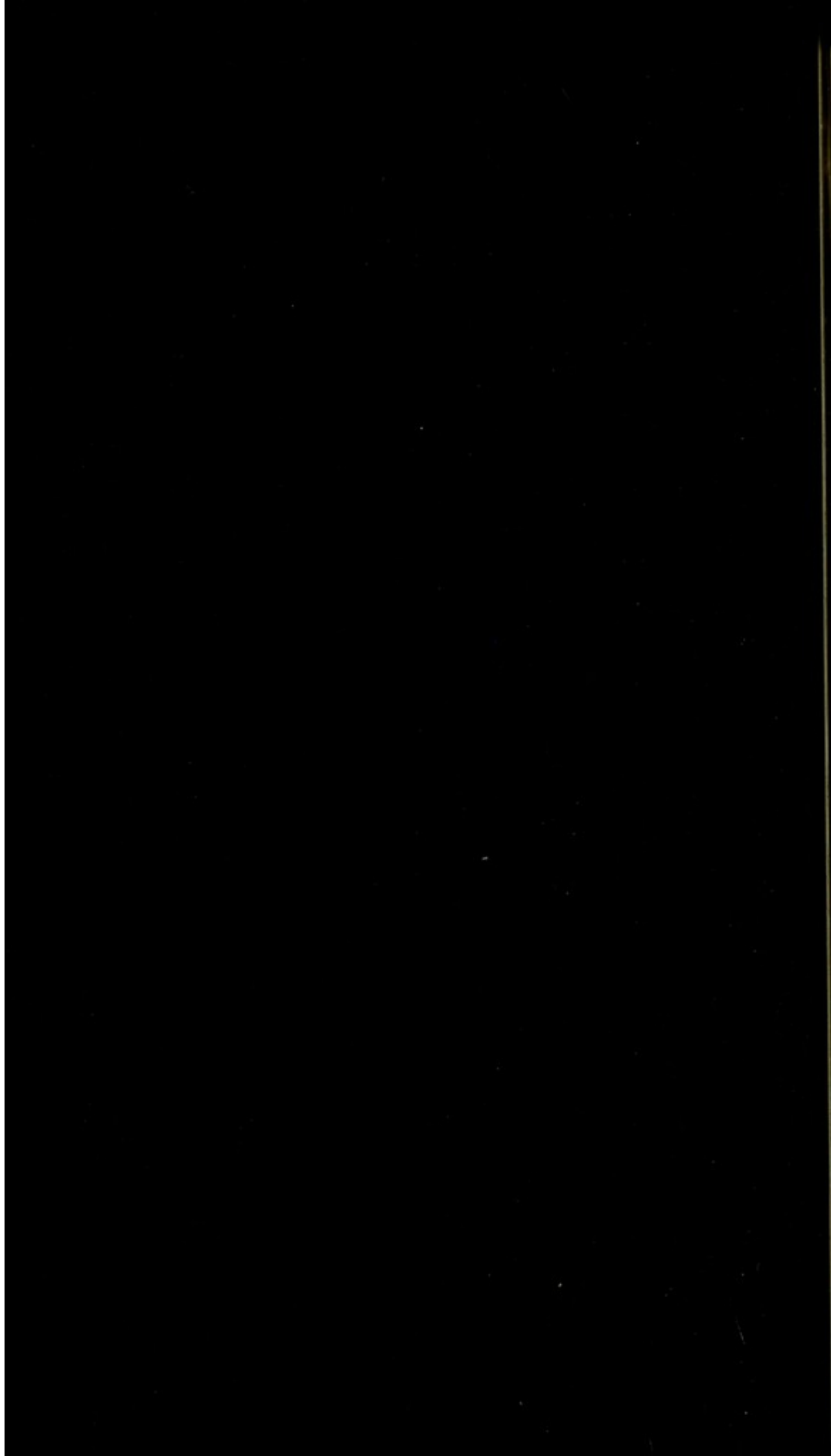
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OF THE

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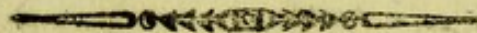
Medical and Surgical Revision,

TO THE

MANAGERS

OF THE

GLASGOW ROYAL INFIRMARY.



GLASGOW,

PRINTED BY SAMUEL HUNTER AND CO.

1807.

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REPORT

OF THE

COMMISSION

OF

THE ROYAL CANAL

TO THE

MANAGERS

OF THE

GLASGOW ROYAL CANAL

GLASGOW

PRINTED BY JAMES BROWN AND CO.

1867



On Monday the 2d of February last, at a Meeting held of the Managers of the Glasgow Royal Infirmary, a motion was submitted to the Directors, by Dr. MILLAR, "That a Committee should be appointed for the purpose of taking under review the whole Medical and Surgical Arrangements of the House, with power to suggest such Alterations or Improvements as might seem the best calculated to promote the benefits of the Institution." This motion having been seconded, and having lain on the table three months, was acceded to by the Managers at their next regular meeting in May, and the following Committee named, *viz.* all the Professional Managers, consisting of Dr. Jeffray, Dr. Freer, Dr. Millar, Dr. Balmanno, Physicians; Messrs. Anderson and Dunlop, Surgeons; together with the Rev. Dr. Lockhart, John Craig, David Connell, and John More, Esqrs.; Dr. Millar, Convenor; with orders to report that day six weeks.

On Monday 15th June, the annexed Report was delivered in, at the Hall of Meeting of the Infirmary, and read shortly. It was then directed to be printed, and distributed among the Contributors, in order that it might be perused and considered, not only by the Managers, but by all Subscribers to the Charity. Here follows a Copy of the Report:

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## REPORT, &c.

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**B**EFORE proposing any alterations, the Committee of Revision think it not inexpedient to lay before the Readers of this Report, a short view of the Medical and Surgical Departments,



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such as they at present exist in the Glasgow Royal Infirmary.

The Hospital here has, ever since its establishment, been regularly attended by *two Physicians* and *four Surgeons*. These Gentlemen are accustomed to take charge of the Patients in their respective departments, each for three months in turn; and, by a late regulation, they may be all rechosen at the end of the year, without restriction. The practice, however, has been, to replace one of the Physicians and two of the Surgeons each year, and to elect their Successors *viva voce*; so that each Physician and Surgeon is thus expected to attend the Hospital for two years, the former visiting and prescribing for twelve months during that time, the latter prescribing and operating for six months within the same period.

*Consultations* consist of the Physicians and Surgeons met together; and no operation can be performed, without the presence of a Physician at the previous consultation.

*Physicians' and Surgeons' Clerks* are appointed sometimes at a Quarterly Meeting of Managers, sometimes by the Weekly Committee; but, of late years, always at the recommendation of the Medical Committee.

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The following are some alterations in certain parts of the above system, submitted by their Committee of Medical and Surgical revision, to the Managers of the Glasgow Royal Infirmary:—



I. The first change proposed respects the *number* of *Physicians* and their *terms* of *attendance*. Formerly the choice of the Managers was limited to two Physicians, and it was customary (except when Clinical Lectures were delivered) for one of these only to visit the House at a time, each in his turn, for three consecutive months. It is now proposed, that instead of two, there shall be annually appointed *three Physicians*, and that of these, *two* should be constantly in attendance at the Hospital. It follows, from this arrangement, that the term of attendance, during each rotation, will be extended from three to four months; and the time of visiting during the year be prolonged from six to eight months. Each Physician, as will be specified afterwards, may be continued in office three years, if agreeable to the Managers. Still, however, notwithstanding the above provision, some latitude, it is suggested, may be allowed the Physicians in the distribution of their own exertions. If the House happen to be particularly thin, so that the whole business can be properly executed by one Physician, the absence of the other two may be occasionally permitted.

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This addition of a new Physician to the usual complement, your Committee conceive to be loudly called for by the increased number of Medical Patients, both in the Wards and the Lobby. So greatly, indeed, has this branch of labour aug-



mented of late, as to be hardly overtaken by a single individual: a third Physician, therefore, your Committee believe to be absolutely indispensable.

The protracted medical attendance, both monthly and annual, rising out of this new regulation, your Committee are in hopes will be fully compensated by the accompanying benefit, by the greater degree of facility and expertness it will necessarily confer on the Physician, in the performance of his duty. Hospital practice differs in certain respects from what occurs in private, and requires some new qualifications. In an Infirmary, it becomes necessary to acquire a habit of ascertaining the nature of a disease with rapidity, or by means of a few questions; of instantaneously directing the attention from one case to another no way related to it; and of speedily recollecting and selecting the most proper remedies. If the term of duty be too short, just at the time those valuable habits are attained, the Physician is dismissed from office, and before he is again re-elected to the same situation, he may have lost that promptitude which a longer continuance of Hospital experience might have effectually confirmed and secured.

II. The next alteration regards the *Surgical Department*; and here your Committee are of opinion, that instead of *four*, as formerly, *six Surgeons* ought to be appointed, *viz. two Senior Consulting Surgeons, three Ordinary Surgeons, and one Junior Consulting Surgeon*. Of these the following may be the functions; namely, that the duty of the Senior Con-



Consulting Surgeons should be to attend all Consultations and Operations; that each Ordinary Surgeon should visit the House, and operate, during four consecutive months each year; that the Junior Consulting Surgeon should be present at all Consultations and Operations, should take charge of all cases requiring surgical treatment in the Medical Wards, and should attend in the unavoidable absence of the Ordinary Officiating Surgeon; but that if it should be necessary to perform any Operation during the absence of the Officiating Surgeon, such Operation should be performed by one of the other Ordinary Surgeons. It is further understood to be part of the duty of the Junior Consulting Surgeon to walk, during the twelfth month of his attendance, the Wards of the Hospital, along with the Ordinary Officiating Surgeon. All Candidates for the former of these offices, it is proposed, must have attained the age of *twenty-five* years, or must have practised during at least three years either here or in Edinburgh; and it is suggested, that no competitor ought to be elected Ordinary Operating Surgeon, whose age exceeds that of *fifty* years. In order to prevent the influx of too many young Surgeons to the House at the same time, your Committee recommend it as adviseable to limit, each alternate year, the election of a Junior Consulting Surgeon, to such only as have already served either in the Glasgow or some other Infirmary.



The reasons that may be alledged in behalf of the  
 above alterations in the Surgical Department, to  
 your Committee appear both numerous and weigh-  
 ty. It seems, in the first place, matter of high im-  
 portance that no Surgeon should be permitted to at-  
 tend who has not previously attained some degree of  
 surgical experience. Hence it is proposed, that all  
 should be excluded under a certain age; and more  
 especially such who have not enjoyed the benefit of  
 practice, at least during three years, either here or  
 in Edinburgh. The reason why residence is re-  
 stricted to these two places is, both because the  
 field of acquirement is much more ample there than  
 in less considerable cities, and that the Managers  
 may have easier access of becoming acquainted  
 with the respective merits of Candidates. That  
 no person should become Officiating and Operat-  
 ing Surgeon without some degree of Hospital know-  
 ledge, is provided by the rule enjoining the Junior  
 Consulting Surgeon to attend, on the occasions  
 specified, in the House, and to walk the Wards at  
 least one month previous to his taking upon him  
 the duty of Ordinary Surgeon.

The addition of two *Senior Consulting Surgeons*  
 to this department of the Hospital, your Commit-  
 tee are disposed to consider as a great improve-  
 ment on the old system. Much inconvenience,  
 it is well known, has often occurred, from the want  
 of some provision of this sort. The situation of the  
 Glasgow Royal Infirmary, though admirably cal-



culated for the Patient, is yet, on account of its great distance from the usual range of his business, not a little inconvenient for the Practitioner. Hence, when a Surgeon has served his time as an ordinary attendant, he feels it somewhat irksome to visit the house for the purpose of *consultation* merely, and this disinclination must be particularly experienced by such as are frequently engaged in country practice. The consequence is, that the council of the Operating Surgeon is too often thinly attended; and this evil has sometimes arisen to so great a height, that Operations have been unavoidably postponed, though the case was urgent, and the mind of the Patient made up, from the sole want of due advice and assistance to the Ordinary Surgeon. Numerous facts in proof of this assertion have reached the knowledge of your Committee: among other instances, they have been informed, that out of fifteen consultations summoned by one of the Ordinary Surgeons, no less than eight, on the above account, failed of their object, having been attended only by the Surgeon himself, the Officiating Physician, and the Clerks.—By the proposed appointment of two Senior Consulting Surgeons, whose sole business will be to attend *occasional consultations*, it is hoped that this defect will be completely remedied in future.—Your Committee have it in their power to assert, that at this instant there exist many Surgeons in Glasgow, who, though they will certainly decline the more operose office of acting as Ordinary Surgeons, will yet readily undertake the less laborious



duty of Consultation. Your Committee, besides, consider it as no mean acquisition to the house, if by this regulation they can secure to its Patients the benefit of the valuable and extensive experience of those Gentlemen.

The regulation, that no Surgeon should be allowed to operate after he has passed *fifty* years of age, seems a precaution founded on sufficient grounds. Posterior to that period of life, the eye is neither so keen and perfect, nor the hand so steady as formerly. It may be affirmed as a truth, that during the years that intervene between *twenty-five* and *fifty*, a Surgeon, considered as an Operator, is to be reckoned at his best. The foregoing regulation provides for his presence at the Hospital within this æra of life, and if any Gentleman has attended the Infirmary so long as *twenty-five* years, he may be fairly said to have done his duty to the Charity. Should his benevolence prompt a longer service, he still continues eligible as a Senior Consulting Surgeon.

III. In the consultations, which ought to consist of the three Physicians and six Surgeons, your Committee would recommend, provided such arrangement meet the approbation of the parties concerned, that the opinion, when the case is medical, should be first pronounced by the youngest Physician, last by the oldest; among the Surgeons, in the same series: when the case is surgical, a similar order seems adviseable, beginning, however, with the Surgeons, and ending with the Physicians.—



No other persons but the Physicians and Surgeons are understood to be present at consultations, unless at the desire of the attending Physician or Surgeon.

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The reasons for the above changes are the following:—When the oldest Physician or oldest Surgeon were asked for their opinion, as formerly, such opinion has often appeared to obstruct that freedom of individual sentiment desirable, and, as your Committee conceive, indispensable, in all medical and surgical consultations. The exclusion of Physicians' and Surgeons' Clerks, unless their admission be particularly requested, is intended to guard against certain evils, your Committee are informed, used occasionally to result from their constant attendance on these occasions.

IV. Your Committee are of opinion, that all elections of Physicians and Surgeons, as heretofore, should be annual: they would recommend, however, that it should be understood as the practice, that each Physician and Surgeon is to be twice re-elected, provided he has paid proper attention to his duty, so that the ordinary term of service in these offices should be three years; and that it should also be the practice of the Hospital to choose the Junior Consulting Surgeon as one of the Ordinary Surgeons, at the expiry of his year of attendance, if the Managers are satisfied with his behavi-



our. It seems doubtful to your Committee, whether any limits should be fixed to the re-election of the Senior Consulting Surgeons. If such limits appear requisite, perhaps two new Office-Bearers of this description might be appointed annually, should new qualified Candidates present themselves; if none such offer, the old ones may be re-chosen. In an office to the performance of which every competitor must be supposed fully competent, no evil need be apprehended from quickness of rotation.

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The advantages resulting to the Hospital from the protracted attendance both of its Physicians and Surgeons have already been explained. It may be now remarked, that the benefit so derived is, perhaps, to be reckoned more remarkable in the Surgical than even the Medical Department. During the currency of three years, numerous opportunities of operating must occur to the Surgeon; and for acquiring great dexterity of hand, it is well known, that the aid of Operations is to be estimated less by their number than frequency, or the rapidity of their succession to one another within a limited time. With respect to the recommendation above expressed, that the Junior Consulting Surgeon should succeed, at the termination of his year, to the function of Ordinary Officiating Surgeon, it has been represented to your Committee, that with-



out an expectation of this sort, it would be difficult to find Candidates for the first named of these offices. The attendance in the house of too many Junior Surgeons, at the same time, is prevented by a preceding regulation.

In the transfer of Patients from one Physician to another, or from one Surgeon to another, it is understood, that the Physician or Surgeon who quits his office is at full liberty to attend such Patient or Patients as he may have left in a critical state, for any period he pleases, or till such time as the disease terminates, either in death or recovery.

V. Your Committee beg leave to submit it as their decided opinion, that all elections should in future be conducted by ballot, instead of *viva voce*, as formerly. In order, however, to assist the Managers in their choice, they would recommend, that previous to the elections, three lists should be prepared by the Medical Managers, and laid on the table, *viz.* 1st, A list of such Physicians as are willing to attend the Hospital; 2d, A list of Senior Surgeons in town who may be disposed to act as Senior Consulting Surgeons; 3d, A list of three Gentlemen qualified to be elected Junior Consulting Surgeons. In the event of two vacancies of Ordinary Surgeons, or of the Junior Consulting Surgeon not being elected an Ordinary Surgeon, it is proposed the Medical Managers should retire, and prepare a new list of three Gentlemen proper to be chosen Ordinary Surgeons. Notwithstanding



all the above suggestions, it is to be distinctly understood, that the Managers are not to be restricted in their choice to the Gentlemen named in these lists; but that they are at perfect liberty to conduct their election according to the dictates of their own private information and judgment.

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In the minds of your Committee, various objections lie against the mode of *viva voce* election hitherto practised in our Hospital. An obvious one is, that the person first named will be generally appointed, even though more able or experienced Practitioners might be readily found; and to this it may be added, that this method will not unfrequently give rise to unpleasant or improper discussions concerning the merits of different Candidates. In cases of re-election, too, it is calculated to prevent a Practitioner from being set aside unless guilty of some very considerable malversation, since the office of public accuser is too disagreeable to be lightly assumed by a Manager, even though convinced, that it would be highly advantageous to the Hospital to exclude from its offices any Physician or Surgeon who may have shewn inattention, or want of ability. All these inconveniences will be avoided by substituting a ballot in place of a *viva voce* election. Still, however, this part of our annual duty will remain liable to mistake and confu-



tion, without another expedient. Managers are apt to complain, that concerning the qualifications of Practitioners, as well as their willingness to serve the house, they are totally ignorant, so as to find themselves extremely perplexed in their choice of Candidates: besides, while the several Directors, without concert, vote, as it were, at random, for different Physicians and Surgeons, it is not improbable, that a person of inferior qualifications might occasionally stand higher than any of his competitors, although, in the opinion of the majority, he was far from being entitled to such preference. On all these accounts, therefore, it seems no less necessary than convenient, that information should be communicated on the above points, from a quarter whence it is most likely to be procured, namely, such of our fellow Directors as happen at the same time to be members of the Faculty. The lists formerly mentioned will supply all the information requisite on this occasion.

VI. The last improvements recommended by your Committee respect the Physicians' and Surgeons' Clerks. They may be reduced to the following:—1st, That each young Gentleman elected to either of these offices should serve for a year at least, and should give a month's intimation before quitting the Hospital: 2d, That whenever such intimation is given, the Physicians or Surgeons, according to the nature of the case, should be requested to apprise the Students of the circumstance,



and to attend the meeting of Managers appointed for receiving applications, and filling up the vacancy.

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Of the first of these provisions the purport is, that after teaching a Physician's or Surgeon's Clerk, his duty, the house may not instantly lose the benefit of what he has learned, but may at least enjoy it for the term of a year. With respect to the intimation alluded to, your Committee hold it desirable, that in electing a Physician's or Surgeon's Clerk, competition among the Students should be encouraged, by sedulously holding out the idea that all partiality is to be avoided, and that the road to favour is through merit alone. A certain period of time is necessary likewise, both for warning Students of the vacancy, and allowing an opportunity of presenting applications.—The suggestion of your Committee, that at all meetings called for choosing a new Physician's or Surgeon's Clerk, the Physician or Surgeon immediately on duty, though not Managers at the time, be invited to attend, is a measure they are disposed to recommend on several accounts. A primary one is, the known responsibility of the Physician and Surgeon, together with the zeal and interest they may be supposed to feel in the reco-



very and welfare of their Patients. From both motives, these Gentlemen must be naturally unwilling to trust the safety of their sick to the superintendence of a person with whose qualifications, it is possible, they may be entirely unacquainted, and in whom, of course, they cannot be expected to repose a high degree of confidence. Much of practical success in an Hospital will depend on the attention and fidelity of the two Clerks. It is the business of these last to engross in a book, with what abilities they are able, the case of every Patient, as he enters the House; to attend the Physician and Surgeon in their rounds, and note in the same register such alterations of the disease as may from time to time occur; to take care that the orders of the Physician and Surgeon, in respect of Medicines, Diet, Manual Treatment, &c. be in every respect faithfully and carefully fulfilled. It is, besides, the duty of both Clerks, to prescribe occasionally, in absence of the Physician and Surgeon; and that they be constantly at hand, for these and other purposes, they are always rendered inmates of the house. In short, it may be said, that the Patients of an Hospital continue longer under the care of these young Gentlemen than that of the Physicians and Surgeons themselves. The latter, it is well known, visit only during an hour or two each day; the former enjoy superintendence over the sick a much more lengthened period, that is, during no less than 22 or 23 hours out of the four-and-twenty. In the appointment to an office, therefore, on the due performance of which both



the welfare of the Patients and reputation of the Physician and Surgeon so materially depend, it seems reasonable, that some communication should take place betwixt these Functionaries and the Managers, when the former happen not to rank in the list of Directors. In this last instance, your Committee are of opinion, that the Physician or Surgeon ought ever to be present when his respective Clerk falls to be chosen, that in case he may have any thing to suggest, he may have an opportunity of stating it to the Electors.

3d, It is further proposed, regarding Physicians' and Surgeons' Clerks, that none be admitted to these offices, unless they produce certificates of their having attended, either here or in some other Medical School, the classes of Anatomy, Practice, Chemistry, and Materia Medica; and that candidates for the office of Surgeon's Clerk must likewise have acted in some public Hospital, for six months, as Dressers: 4th. That the Physician's Clerk should not, as matter of course, become Surgeon's Clerk on the first vacancy, though, if he has behaved well in his former capacity, the Managers will be naturally disposed to give his claims some preference over those of others.

The purport of the first of these suggestions is, that the house may always command the services of those among the Students who have made farthest advancement in their studies, and are therefore the most likely to fill with ability the offices entrusted to their charge. From the present flourishing and advancing state of the Medical School,



as well as from the merit of some late applicants, it is hoped, that a sufficient list of competitors of this description will never be wanting to the Hospital.—With respect to the customary succession of the Physician's Clerk to the office of Surgeon's Clerk, at the first vacancy of the latter, it is an arrangement your Committee conceive liable to some objection, as it may so happen, that the person who has filled with credit to himself the first of these situations may not be equally well qualified for the duties of the second. It is proposed, therefore, in future, to keep these two offices entirely distinct. Besides, the Physicians may be supposed, in most instances, to possess the chief influence in regulating the election of their own Clerk, and it seems hard to deny the Surgeons a similar privilege, so far as respects the same office-bearer under them. It is almost superfluous to remark, that by the former system, the Physicians must necessarily have named, not only to the appointment of their own Clerks, but also to that of the Surgeons.

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The above are the alterations, or improvements, in the Medical and Surgical arrangements of the Infirmary, the Committee of Revision have agreed



to recommend; and in submitting them to the Managers, they have now performed their allotted task. It cannot have escaped notice, that in these changes, attention has been chiefly directed towards two objects; one to prevent too rapid a rotation in the Offices of Physician and Surgeon; the other, to guard with equal solicitude, in filling up these offices, against a system of partiality and exclusion. Both extremes, your Committee are disposed to consider as alike injurious to the prosperity of the Hospital. Of the first, some of the evils have been already stated; nor, are those attending the last, of inferior magnitude. In every case where a system of exclusion is too rigorously pursued, as when the Physician or Surgeon of an Infirmary is elected for life, he is too commonly observed to become careless of his Patients, or to regard their attendance as matter merely of secondary interest. In England, where such modes of election prevail, such consequence, we are told, is no uncommon occurrence. A Physician or Surgeon endeavours to procure an Hospital as an introduction to private practice; and when the latter is attained, the former ceases to be any longer regarded. He either becomes negligent of his Patients in the Hospital, or quits it altogether, and thus abandons his situation at the very time, when by his previous experience, he has become the best fitted to perform its duties. Devoting himself solely to private practice, he yields his place to some other young Practitioner no less inexperienced than he himself at first



was; and the same routine going on, the indigent sick become thus consigned to a series of persons the least qualified to relieve their distresses. By the same system of exclusion, it is no less obvious, that professional merit will often be debarred from one of its most beneficial spheres of exertion, the succour of the Hospital Poor. The most splendid talents, both in Physic and Surgery, may exist in a City where an Hospital has been endowed, but they will exist in vain, so far as concerns the Patients confined within the walls of the Charity.

It will be no less easy to perceive, from the tenor of the foregoing proposals, that the grand scope of your Committee has been to suggest such changes solely, in the Medical and Surgical departments of the Infirmary, as seemed the best fitted to secure the lasting interests of the Institution, disregarding other considerations, or viewing them only as of inferior moment. They at the same time profess themselves not insensible to those collateral benefits that must ever flow from a prosperous state of the Glasgow Royal Infirmary, the advancement of the Medical School, and the inestimable service rendered the Public, by rearing a body of Physicians and Surgeons highly eminent and skillful in their professions. The attainment of these latter objects, they are not disposed to consider as incompatible with that of the former, with the welfare and best interests of the diseased poor committed to their charge. On the contrary, these are all advantages that must ever accompany each other;



and the least reflection will serve to shew, that whatever proficiency in the science of Physic or Surgery is to be gained by attending the Infirmary, must alike contribute to the recovery of the Sick, the advancement of the Medical School, and the benefit of the Community.



