

**Statement for the University Court of the University of Glasgow by
Professor Gairdner, in support of Professor Macleod's appeal against a
decision of the Senate of the University, on fourteenth February, 1878.**

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STATEMENT
FOR
THE UNIVERSITY COURT
OF THE UNIVERSITY OF GLASGOW,
BY
PROFESSOR GAIRDNER,
IN SUPPORT OF
PROFESSOR MACLEOD'S APPEAL
AGAINST A DECISION OF THE SENATE OF THE UNIVERSITY,
ON FOURTEENTH FEBRUARY, 1878.

The following is the Minute of Senate of February 14th, 1878, appealed against :

“The Clerk stated that he had received from Dr. Macleod a list of the students attending his Clinical Class ; that Dr. Buchanan objected to any other list than his own being printed ; that Dr. Macleod, at the suggestion of the Clerk, thereupon modified his proposal to the extent of not insisting upon more than having the names of the students in his Clinical Class indicated by a distinctive mark in the Surgery class list ; and that Drs. Buchanan and Anderson had lodged formal written objection to any marks of the kind being inserted in the Surgery class list. In these circumstances, the Clerk applied to the Senate for instructions. After statements from Drs. Macleod and Buchanan, Dr. Young moved, that inasmuch as students who are not matriculated students of the University may demand and obtain admission to any of the Clinical classes—no Clinical class list be printed. Dr. Cleland seconded the motion. At this point, the Principal having to leave the meeting, Dr. W. P. Dickson was appointed chairman. Mr. Blackburn moved as an amendment that, without pronouncing an opinion on any legal question involved, the Senate instruct the Clerk to follow the procedure of last year. This was seconded by Mr. Caird. On a division, four voted for the motion and five for the amendment. Seven members abstained from voting. The amendment was accordingly declared carried. Dr. Macleod protested, and appealed to the University Court for himself and those who might adhere to him.”

In associating myself, as Professor of Medicine, with Dr. Macleod's appeal to the University Court, I desire it to be understood that I adopt his narrative and contention in detail, so far as applicable in fact to the position of my own chair. The question appears to me to be simply this—Are the Clinical Professors, who accepted their offices under a reservation specially designed, and known by them to be designed, for the purpose of protecting us in our position as clinical teachers jointly with them, to be permitted, *First*, To isolate completely their own individual interests in the clinical instruction given in connection with the University; and *secondly*, To use the *prestige* of the Clinical Professorships for the purpose of injuriously affecting, and ultimately of destroying altogether, the claims which they themselves admitted as existing in fact, and requiring to be duly considered in the deeds of institution of the Clinical Chairs? Dr. Macleod and I have made no secret, all along, of the importance we attached to these claims, and we have throughout consistently maintained our views of their relation to the permanent value and efficiency of our systematic instruction. We believe and affirm that the invasion of these claims by the Clinical Professors is not only a breach of good faith and of academic order, but a proceeding fraught with the utmost danger to the University and Medical School; and, therefore, we ask for the interference of the University Court, not upon personal or merely technical grounds, but because, being anxious to be relieved from personal differences in the Senate, we look upon the Court as a body qualified and bound to consider impartially the whole interests of the University, and the rights and privileges of all its members, whether professors or students.

To begin, however, with the more technical questions at issue, on which I shall only touch very briefly. With the view of placing these more clearly before the Court, I have asked for, and obtained, a

certified record (privately printed for the members of the Court and Senate) of all minutes of Senate up to the present time, and likewise of all such minutes of Medical Faculty as were adopted by, or referred to, the Senate, bearing on the questions at issue. From this continuous record, I think it will clearly appear, 1st, That up to at least October, 1875,* no trace can be found in the University minutes of anything short of absolute equality of function, privilege, and emolument in clinical teaching, as between us and the Clinical Professors; 2nd, That all the apparent departures from such recognised equality have been of the nature of more or less irregular proceedings; acts done by, or at the instance of, the Clinical Professors, and some at least of these acts done in direct violation of the actual law of the University, as laid down by the Senate; or, if not so, in violation of resolutions adopted by the Medical Faculty, which, though not academically in the position of laws (because not formally confirmed by the Senate) have been throughout loyally obeyed by Dr. Macleod and myself, who in the discussion of them had also studied to make every possible concession to our colleagues for the sake of peace. It is a very serious additional aggravation of the evils arising from these proceedings, that the constant assertion of prerogatives, alike injurious to us and to the other clinical teachers

* "Extracts from University Records relative to Chairs of Clinical Surgery and Clinical Medicine," pp. 1-21 inclusive. The evidence specially bearing on this subject is at pp. 16-19, where it is shown that Dr. Macleod and I, along with the Clinical Professors, and Dr. Simpson as Convener of the Committee, were appointed to forward the arrangements on the part of the University with respect to the clinical teaching in the Western Infirmary; these arrangements including our appointment, on behalf of the University, as the first medical and surgical officers of the hospital. The somewhat vague language adopted in the minute of Senate as regards these appointments, arose from the fact that at that time only a provisional board of management existed in the Western Infirmary, and the position claimed for the four "professors of the University, who have hitherto been lecturing in the Royal Infirmary," was quite understood to be settled in accordance with previous understandings by this provisional committee. The nominations of the committee were confirmed afterwards by the permanent managers, who, however, were not appointed till some time after the actual commencement of the winter session 1874-75. The details, therefore, of all the arrangements for clinical teaching, including the appointments of the four University professors, were suggested by the University in the first instance, and were carried out with entire practical unanimity, the Clinical Professors going along with us throughout, upon the footing of strict and absolute equality, as laid down in the regulation of Senate on October 9th, 1874.

of the Western Infirmary, has greatly complicated the relations, and endangered the amity between the directors of that Institution and the University; and although this does not appear in the minutes referred to, I am satisfied that the facts are sufficiently well known to some of the members of the University Court, and therefore do not require detailed exposition here.

By a clause specially and by common consent introduced into the deeds of institution of each of the Clinical Chairs, the incumbents are bound to "teach Clinical Medicine" (or Surgery as the case may be) "by lectures or other instruction, *without prejudice to the claims of any of the other Professors in the Faculty of Medicine to similar teaching.*" These words, I hereby state for the information of the Court (and I call on the members of Senate therein to confirm my statement), were introduced after the deeds had been otherwise completed, and with special reference to certain discussions and understandings which had preceded the institution of the Chairs, the general character and object of which partly appear in the minutes of Senate. I state also, advisedly, that this clause was accepted without the slightest demur or question by the present incumbents of the Clinical Chairs, and by their friends, the promoters of the endowment. I presume it will hardly be disputed that "similar teaching" in this connection means clinical teaching, and that the reservation of a claim to "similar teaching" on behalf of other professors, means that these professors, when so placed as to give effect to their claims, are to be considered as having the sanction and approval of the University to their clinical teaching, equally with the Clinical Professors. It would be quite out of the question, I think, to suppose for a moment that, in the very act of accepting a new office conferred upon them by the University, under a deed stipulating that the office was to be held and exercised, "without prejudice to the claims" of certain of their colleagues, the Clinical Professors were deliberately intending to set aside these claims at the earliest possible opportunity, and finally to disown them altogether. Yet, if the clause has any meaning at all, its only possible meaning, construed in the light of actual facts, is that Dr. Macleod and myself were to be protected in the exercise of a function long exercised by us in the interests of the University, viz., that of clinical, as superadded to our systematic, teaching.

That this was the meaning actually intended by every one at the time, there is, happily, abundant evidence to prove. The two mem-

bers of the University Court, who are also members of the Senate of the University, were cognisant of all the facts, so far as not embodied in express minutes. The minutes themselves bear (p. 4) that previously to the institution of the chairs the Medical Faculty reported "That, upon a consideration of the whole circumstances, they are of opinion that the establishment in the University of *special** Professorships of Clinical Surgery and Clinical Medicine would be for the benefit of the Medical School; but that these objects, and the method of giving effect to them, should be carefully considered as regards the details, *so as to give security that such new chairs shall in no respect interfere with the claims of the Professors of Surgery and of Medicine, or of any other professors to whom the duty may be delegated, to take part in the clinical instruction given in the Western Infirmary or elsewhere on behalf of the University.*"

I am quite well aware that this report of the Medical Faculty, as it stands, even though approved and adopted (see p. 6) by the Senate and transmitted by them to the University Court, cannot be considered as actually giving the security which it only proposes to give after consideration of the details. But I am not referring to the document at present in the character of a legal instrument, but only as evidence of *intention*; and in this sense it is important to note that it was signed by Dr. Allen Thomson, himself the oldest and by far the most influential member of the Medical Faculty, and also the chief promoter in it of the Chair of Clinical Surgery. I have no doubt whatever (although not desirous personally to bring Dr. Thomson's respected name into the controversy) that he would, if necessary, declare freely that any desire to dispossess or restrain the Professors of Medicine and of Surgery from clinical teaching in the fullest sense of the word, was as far from his thoughts as it was from ours, when we consented to the institution of these new chairs with the express and often-discussed object of strengthening the position of the University in the Western Infirmary, as regards clinical instruction, by obtaining for it two new teachers, in addition to the Professors actually engaged in the work.

The reason why the details were *not* arranged in conformity with the language of this report of the Medical Faculty, was, as stated

* Observe this word "*special*," which certainly must be taken to mean in this connection *additional*, and not *exclusive*. Dr. Macleod and I, it is to be observed, as the Medical Faculty and Senate well knew, had been *de facto* clinical professors for many years.

by Dr. Macleod in his narrative, not any objection on the part of the University authorities, or anticipated objection on the part of the proposed new professors; but simply that the whole matter was found to be so complicated as to be difficult to reduce to precise expressions in detail; and hence the Principal and Dr. Allen Thomson concurred in requesting Dr. Macleod and myself to leave it over for future arrangement, in the full confidence that the Senate had the power, and would also have the will, to do justice to our claims. The general clause above quoted was therefore introduced into the deeds as a positive indication of certain claims to clinical teaching, known to all the parties concerned as existing prior to, and apart from, those of the Clinical Professors, who engaged, in the very act of their appointment, to exercise their office "without prejudice" to these pre-existing claims.

The document already quoted, "Extracts, p. 18," proves that in fact the Clinical Professors accepted without protest, and for two successive winter sessions acted under, an arrangement proposed by the Medical Faculty, and sanctioned by the Senate on October 9th, 1874, by which the whole of the clinical students of the University, in Medicine and Surgery respectively, were to be divided into equal sections; each of the two sections to follow in rotation the ward (or bedside) teaching of the new and the old professors, attending at the same time the clinical lectures of both; the hours and days for this being fixed, and all the arrangements made on the footing, as stated above, of co-operation and strict equality of function. The first differences arose upon the awarding of medals, which the Clinical Professors represented as a kind of inherent and indefeasible right belonging to their chairs, in virtue of which they claimed to exclude us from all share in the award of honours to those very classes which we had taught conjointly with them.* At a later period they announced to the Medical Faculty, not at all as a matter for discussion or arrangement, but simply as a resolution, *proprio motu*, their intention, at a certain date, to separate their classes entirely from ours, and although Dr. Macleod and I protested, on academic rather than on personal grounds, the regulations of the Western Infirmary afterwards enabled them to carry out this determination. Ever since that time, as is explained

* The resolutions of the Medical Faculty on this subject, with the subsequent proceedings of the Clinical Professors, rendering a protest necessary on the part of Dr. Macleod and myself, will be found in pp. 30-32 of the "Extracts."

in detail in Dr. Macleod's pleading, the object of every separate move of the Clinical Professors has been to the "prejudice" of those claims which, in the deed of institution, they became bound to respect.

Such are the facts, so far as I think it necessary to bring them directly under the notice of the Court, connected with the more technical questions involved in the constitution of the Clinical Chairs, as bearing on the present issue. I have now to represent to the Court the academic grounds upon which my claims to be, and to remain, a clinical teacher within the University are based. To a man who has been during the greater part of his professional life, and during the whole period of his career as a recognised teacher in Edinburgh and Glasgow, constantly engaged both in the systematic and the clinical teaching of medicine, it cannot be supposed to be an object of merely personal ambition to retain the very moderately remunerated, and highly responsible, duties connected with the hospital and clinical work therein, unless it can be shown that his doing so is of real importance to his students, and to the great academic institution with which his duties and interests are alike associated. In the numerous attempts made in the Medical Faculty to obtain a *modus vivendi*, so to speak, with the Clinical Professors, I have repeatedly represented that although I believe that in law and in fact I am entitled to teach conjointly, and on a footing of perfect equality, with the Professor of Clinical Medicine, I am not at all unwilling (speaking for myself) that he should have a larger share both of the students and of the fees, provided he will undertake also a larger share of responsibility for the elementary teaching, or *drill*, so to speak, of the clinical classes. This, it appears to me, is, above all, his natural function, and, in a really practical sense, his most indispensable if not legally most important duty as a Clinical Professor; and although I do not, in fact, decline this responsibility, or in any way avoid this duty, with those students who commit themselves to my care, I should be very glad, for the sake of the University, to have it properly organised under the Clinical Professors. I might even add (though it scarcely belongs to the questions brought up by the present appeal) that I have long entertained the idea that the whole of the materials and means of clinical instruction existing in the Western Infirmary, wards, beds, out-practice, and medical

officers, should be included in the programme of clinical work encouraged and allowed by the University, and to a certain extent directed in its employment upon a general plan. I should be perfectly willing to accept a reasonable share of this duty, and should not at all object to conform my methods, and to some extent the order of the instruction given, to a method and order sketched out by the Clinical Professors, and arranged so as to unite the various interests and special abilities of various teachers in the service of the University, the remuneration to be settled upon a plan sanctioned by the Medical Faculty and the Western Infirmary authorities. I am also in a position to state on the part of Dr. Finlayson (his views on this subject having been quite spontaneously conveyed to me a few days ago), that he, as an independent medical officer of the Western Infirmary, would not be disinclined to act under the instructions of the Clinical Professor with this end in view; and I may add that I know well how advantageous this would be to the students of the University, from having had past experience of Dr. Finlayson's rare qualifications for clinical work in the Royal Infirmary, where he acted for several years as a special clinical instructor in my wards.

But every effort to get this *elementary* clinical teaching well done in our University will be sure to be defeated, if it is established as a principle that the Clinical Professors are to take their stand upon the clinical *lectures* (which alone carry the *fees*) and are to do just as much or as little of the elementary teaching at the bedside as they themselves please, while they at most allow us, their colleagues, to do it *for nothing*, or for insignificant remuneration, to the few accidental students who may chance to stray into our wards, after the said Clinical Professors have done their best to monopolise the regular and authorised classes. And this is what, it seems to me, they are steadily aiming at, according to the latest light thrown upon their intentions by the evidence before the Universities' Commission. It is there distinctly stated that, in the opinion of the Clinical Professors, the right of all other Professors to have their tickets recognised as Clinical Teachers ought to cease, so soon as a Clinical Professor has been appointed. This position, so entirely at variance with the conditions implied in the deeds of institution of the Clinical Chairs, is affirmed by Dr. Anderson in Qu. 11,559 of the evidence given before the Commission, and still more strongly, if possible, by Dr. Buchanan in Qu. 11,507. The former gentleman,

indeed, (with whose opinions I am, of course, more especially concerned) arrives at this conclusion somewhat suddenly, and at a date which can be pretty exactly fixed ; for in his first evidence, given on 3rd February, 1877, he is inclined to concede to the *present* Professors of Medicine and Surgery the right of giving qualifying Clinical Lectures, "provided the principle was laid down that it was not to occur again ;" while in his second evidence, given on 30th March of the same year, he formally retracts even this limited concession, and maintains, with Dr Buchanan, the *exclusive* claims of the Clinical Professors in their most extreme sense. And I wish the Court specially to observe that these claims distinctly involve the statement that the *lectures* (which according to the existing regulations carry the *fees*, and all the *machinery*, so to speak, of regularly organised clinical instruction) are the one thing needful to which this exclusive claim applies. Dr. Anderson has not the slightest objection to his colleagues "going round their wards with *as many students as care to go with them*, examining the patients, treating them, and making any remarks upon them that they like. Clinical Lecturing" he proceeds "is what Dr. Buchanan and I are bound to undertake, *namely, to give two lectures every week in a lecture-room, which is a distinct thing altogether.* We want to prevent them (*i.e.*, Dr. Macleod and myself, their colleagues) giving a qualifying course of lectures, but we don't wish to prevent them teaching clinically." In other words, being pledged in the deed of institution of his chair to exercise his office "without prejudice to the claims of any of the other Professors in the Faculty of Medicine to similar teaching," he has now at last arrived at the curiously contorted conclusion that all the other Professors in the Faculty of Medicine ought now and in all time coming, to be entirely disqualified from conducting within the University and the Western Infirmary, any kind of clinical teaching "similar" to that of the Clinical Professors, in what *he* regards as the essential element of a clinical course.

It is my duty to explain to the Court the practical effect of this disqualification, were it imposed upon me according to these avowed intentions of the Clinical Professors. As they *alone* would be enabled to give *qualifying courses of lectures* as University Professors, on Clinical Medicine and Surgery, all the students would certainly feel practically obliged to attend these lectures and pay to the Clinical Professors the corresponding fees, which would alone entitle them to

be enrolled as members of a regular University clinical class. The hospital visit for all the physicians and surgeons being at the same hours, these hours would necessarily, for all the regular University clinical students, be preoccupied by the Clinical Professors; and no student, even of my own class of Practice of Medicine, if requiring a clinical certificate, could possibly attend even my wards and bedside instructions, to say nothing at all of clinical lectures, or of regular enrolment. Those students, on the other hand, who only required to "walk the hospitals," as it is called, without such regular enrolment, might possibly come to me out of personal liking, or otherwise; but they would in no case form a regular class, nor could I ever hope to obtain such a hold upon them as would be necessary for thorough teaching at the bedside. My wards might, perhaps, be regularly attended by my own clinical clerks, if I could succeed in obtaining any, or by such otherwise disengaged students as might elect to do so; but whatever pains I might take in their instruction, I could give no lectures, and, as a corresponding legal consequence, no certificates. My clinical teaching would, therefore, as a real and practically operative institution, in a brief space cease to exist, and all inducements to me to continue it regularly and laboriously, as at present, would disappear. The wards of the Clinical Professor, on the other hand, would necessarily be overcrowded by the overflow of his full class room, arising from the *exclusive* position claimed by him as a clinical teacher, in virtue of his *lectures*; and the true *clinical* teaching, the *bedside* instruction, would suffer in his case from the multitude, as in mine from the paucity and casual nature of the audience. I believe that this would be a calamity both for the teachers and the taught; and it would certainly have the effect of defeating entirely the purpose for which the appointment of Clinical Professors was encouraged by the Medical Faculty, viz., the increase in the numerical strength and teaching power of the Professors engaged in clinical instruction in the Western Infirmary.

It is difficult, perhaps, for persons not themselves familiar with the details of hospital work, to realise in what consists the difference between *clinical* and *systematic* instruction in medicine. But it is essential, nevertheless, that this difference should be kept steadily in view, otherwise the organisation requisite for the former will be sure to give way to the precedents implied in the phrase "qualifying courses of lectures," as applied to clinical teaching. Whatever can

be adequately conveyed by *lectures*, can be equally conveyed to classes of 20 or of 200 ; indeed there is no practical limit to the size of the class, except the range of the speaker's voice, and of the students' ears and eyes. But every really *clinical* teacher knows well that in all clinical instruction worthy of the name there is a practical limit ; and also that the more clinical teaching inclines in the direction of *lectures*, the less genuine and efficient it becomes for its true purpose—the *training*, by practical methods, of the individual student. On this subject I would venture respectfully to refer the Members of the University Court to the two addresses I delivered to my students at the commencement of the past winter session, in which I endeavoured, as the result of many years' experience, to present the relative merits and methods of clinical and systematic teaching in medicine in a clear and intelligible light.

But I am fortunately able to submit my own long-cherished and carefully matured convictions as regards the clinical instruction of a large Medical School in a form perfectly unexceptionable as regards the present inquiry, and not subject to any bias from considerations connected with the existing controversy. In June, 1868, the Medical Council, then sitting in London, appointed a Committee to inquire into the modes of teaching pursued in the various subjects included in the curriculum of Medical study. Mr. Syme was appointed Chairman of this Committee, and in answer to a requisition from him by letter, 131 teachers of different departments gave "information of great value on the best modes of medical education." The names of those who furnished this information in regard to "Medicine and Clinical Medicine" are prefixed to their communications as published at p. 123 *et seq.* of a volume of evidence issued by the Medical Council in 1869. These names include, in London, Drs. Beale, Chambers, Wilson Fox, Gull, Bence Jones, Owen Rees, Sieveking, Sir Thos. Watson, Wilks ; at Netley School, Drs. Aitken, and Maclean ; and in Scotland, Drs. Warburton Begbie, Gairdner, Haldane, and Laycock. Now at the time in question there was certainly no "Clinical Professor" in Glasgow in the Medical department, except myself ; and I believe that all, or almost all, of the teachers who returned answers to Mr. Syme's application either were, or had been, engaged both in clinical and systematic teaching ; certainly those enumerated above as representing Scotland were teachers in both departments. It would be easy for me to show from these documents and from the actual practice of the various Medical schools, the advan-

tages of this combination, but I prefer to limit myself to one short paragraph in the late Dr. Warburton Begbie's evidence. "These subjects" (Medicine and Clinical Medicine) "should be as much as possible taught simultaneously, and by the same teacher. Thus the teacher of Medicine by systematic lectures will possess the great advantage of illustrating them by a reference to diseases as they actually occur, while the method of treatment will be observed and canvassed by the students, who are learning from him their earliest lessons in therapeutics."

I hope it is not out of place for me to remark here, that the very high reputation enjoyed by Dr. Begbie both as a teacher and as a physician gives great weight to his opinion, and that it is fully confirmed by almost all the practical teachers in the Edinburgh school at present, as appears from the evidence given before the Universities' Commission by Professors Grainger Stewart, Sanders, Douglas Maclagan, Simpson, Spence; all of whom, though in some respects differing in details as to the expediency or not of having separate Clinical Professorships, agree in thinking that other professors, and especially the Professor of Medicine, ought to have a carefully reserved independent right or duty assigned to them of giving clinical in addition to their systematic courses. See especially Questions 4350-52; 6015; 7405; 7893-96; 8457-64. It is true that Professors Turner and Crum Brown, and also Professor Lister who held recently the Chair of Clinical Surgery in Edinburgh, appear to differ considerably from the others referred to above; but the first two are not officially connected with the teaching either of Medicine or of Surgery proper, and Mr. Lister had a quite exceptional position as a Clinical Professor, unexampled, I believe, in Europe.

My own remarks on this occasion I venture to submit to the Court at length, with the exception of two or three unimportant paragraphs, because there is after all no better or shorter way in which I can establish the nature of the "Claims" which I believe it was the object of the clause so often quoted above to preserve intact, not only for myself, but for my successors in the Chair of Practice of Medicine. These claims, it will be observed, are founded not in any degree upon a wish to *monopolise* clinical instruction, but on the idea, which increased experience extending now over a long period in two of the greatest medical schools in this country only tends to confirm, that the efficiency of every teacher is greatly dependent on

his not being a *mere* lecturer, but having also a practical field corresponding to the workshop of the engineer, and the laboratory of the chemist or physiologist. In Practice of Medicine the only possible field of this kind is the hospital, and it is on the immense importance of this field being kept freely open to the Professor of Practice of Medicine, acting as a clinical teacher with others, that my whole argument is based.

REMARKS BY DR. GAIRDNER, GLASGOW, included in the Appendix (p. 141) to a REPORT OF THE COMMITTEE ON PROFESSIONAL EDUCATION (1869); printed for the General Medical Council.

“ Practice of Medicine is a very wide field, and no teacher, I believe,
 “ can feel competent to do justice to it within the limits of a single
 “ course. It should, therefore, be taught so as to enable the student
 “ to spread his hospital study of Medicine, at least, over two years,
 “ and to supplement his deficiencies, according as he comes to feel
 “ them, either by a second clinical or a second systematic course. The
 “ regulations of most of the licensing boards are now, as I understand,
 “ favourable to this view of the case, and, in point of fact, a large pro-
 “ portion of my students, although not obliged to do so, actually take
 “ two courses of Practice of Physic. I have not on this account con-
 “ sidered it right to divide my course of lectures into two, as that
 “ might disappoint some who are satisfied with one session of Syste-
 “ matic Medicine, but I have for many years been in the habit of vary-
 “ ing the order, and, therefore, to some extent the mode of discussion
 “ of the different subjects from year to year; and thus I have usually
 “ brought into greater prominence some subjects in one year, and
 “ others in the next. I have also usually given a gratuitous course on
 “ two days a week in summer, limited to a group of specially chosen
 “ subjects, and have invited the students of several winter courses to
 “ attend. These summer courses have been always largely attended,
 “ and have been, I think, of very great use in preventing the dissipa-
 “ tion of the winter’s activity and information, and conducing to a
 “ more thorough and profitable study of disease in the hospital.

“ The Hospital, or Clinical, studies of medical students in Glasgow,
 “ are conducted in the Royal Infirmary, an institution over which the
 “ University has no direct control. It might therefore happen that
 “ the clinical instruction in Medicine and Surgery might be altogether

“ separated in some instances from the systematic. But as both Mr.
 “ Lister and I are at present on the staff of the Royal Infirmary, this
 “ severance does not take place, and both of us give much attention
 “ to the clinical instruction of our students. It is certainly well that
 “ this should be so, and I have a strong opinion, founded on experience,
 “ that no systematic teacher of Medicine can long maintain his
 “ efficiency at the highest point, without being also a clinical teacher.
 “ It is not a necessary corollary from this that systematic teachers
 “ only ought to be clinical teachers; on the contrary, at the seat of
 “ a large school, I hold that all hospital physicians and surgeons
 “ ought, as far as possible, to be clinical teachers; and what is more,
 “ I feel certain that there is plenty of work for them all to do.

“ The great difficulty in the clinical teaching of Medicine is to
 “ instruct large numbers without sacrificing something of what may be
 “ called the true clinical method, *i.e.*, the directness of the instruction
 “ as performed at the bedside. Some of the continental systems
 “ appear to ignore this difficulty, and accumulate crowds at the bedside,
 “ thus converting an hospital ward into a lecture-room and theatre of
 “ disputation. This method has its advantages, but puts out of view
 “ one of the first aims of true clinical teaching. No physician can
 “ adequately perform his duties to the sick when so surrounded, and so
 “ lecturing to large numbers. The students, therefore, witness only
 “ the more brilliant and startling parts of diagnosis or treatment, and
 “ most of the actual dealings with the sick escape their notice from
 “ being left to assistants. With small or moderate numbers a physi-
 “ cian can communicate a far higher quality of instruction, and his
 “ entire practice can be followed, and his manner of dealing with the
 “ sick observed throughout. I, therefore, much prefer small or mode-
 “ rate numbers at the bedside (say not more than a dozen) to thirty,
 “ forty, or fifty. In a large school it will be difficult to give instruc-
 “ tion in this way without a number of clinical teachers, and, therefore,
 “ I am favourable to as many as possible being induced to enter the
 “ field. Perhaps, also, the minor hospitals might be made more avail-
 “ able than at present for clinical instruction. If the personal ob-
 “ servation and recording of cases under the eye of a provincial
 “ teacher of experience, the record being perused and guaranteed
 “ by him, were made a substitute for a certain proportion of what are
 “ called clinical lectures, many students might be induced to devote
 “ a summer, or autumn, or even more, with great advantage, to the
 “ quiet and unassuming practical study of disease in various places

“ scattered over the country, and the duty of the great hospitals would
 “ be both lightened and assisted. I believe that clinical training
 “ would be made much more thorough than at present under such a
 “ system.

“ The clinical lecture is, strictly speaking, only a subordinate part
 “ of true clinical instruction ; but at present the clinical lecture is
 “ the only part of it which commands the attendance of the greater
 “ proportion of the students, and therefore the only point at which
 “ tests of attendance are applied by the regulations. In the case of
 “ Surgery, a good deal of truly clinical instruction can be given in
 “ the lecture-room. But in Medicine nearly the whole field of internal
 “ disease, and especially all that concerns râles, cardiac bruits, pulses,
 “ temperatures, and generally all the phenomena of acute diseases,
 “ can only be taught directly at the bedside ; and, therefore, it is
 “ very questionable whether the present arrangements are really
 “ efficient. Having regard to present arrangements, however, I
 “ always endeavour to make the lectures called clinical as direct and
 “ practical as possible, and wherever it is possible with good effect,
 “ I bring the patients into the lecture-room. When the lecture is
 “ based upon a report taken at the bedside, as often happens, it is
 “ very favourable to accuracy, and also to the general interest in the
 “ case, if the lecturer can say—‘ This report, gentlemen, is simply a
 “ record of observations made in the presence of a number of you,
 “ and it is in the very words and order in which we took down the
 “ facts at the bedside.’ There is also an advantage in telling off
 “ individual students, or sections of the class, for the investigation
 “ of particular points, under a senior student chosen by the teacher,
 “ or by themselves, and I have lately been extending the use of this
 “ method, I think with advantage. But after all, the clinical instruc-
 “ tion in Medicine of a large school is a very difficult duty, and a
 “ very heavy responsibility. I do not believe that any one method,
 “ or any one teacher, can do all that is required ; and on this account
 “ I should be favourable, within reasonable limits, to a multiplication
 “ of teachers.

“ I believe that the new regulations in force for the last three or
 “ four years as regards clinical examinations have given, and will
 “ yet give, a great impulse to genuine clinical instruction. But there
 “ is a serious difficulty in the way—the want of time. Students who
 “ begin surgical study in their second year and who get so far inter-
 “ rested in it as to continue in the surgical wards of the hospital

“during the third winter (or, perhaps, even the third summer),
 “simply cannot possibly learn Medicine at the bedside. They cannot
 “possibly have had opportunities for knowing all that is to be learnt
 “by stethoscope, microscope, chemical tests, thermometer, sphygmo-
 “graph, &c., &c., in addition to the ordinary facts of elementary
 “diagnosis. I am satisfied that very many students are thus thrown
 “out of all chance of a proper education in these matters; for these
 “are precisely the points that can only be learnt at the bedside.”

* * * * *

This document (which, in its originally published form, was, in some places, almost unintelligible from errors of the press) I am happy to have the opportunity of reprinting here; and I would beg the members of the Court to do me the justice to observe that, writing as I did in 1868, under no restraint from personal considerations, and even under circumstances that might have predisposed me to endeavour to strengthen my individual interest by representing large clinical classes assembled chiefly in the lecture-room to hear remarks *ex cathedra*, as being desirable and expedient in the teaching of Clinical Medicine, my argument was in fact all the other way, viz., that smaller and more subdivided classes, conducted by a number of teachers, were greatly more advantageous for the thorough teaching of details at the bedside. Dr. Anderson himself knows well, indeed, that so far from showing any jealousy of him on his succeeding Dr. Cowan in the Andersonian Chair of Medicine, and desiring to combine that office with clinical teaching exactly as I had been doing on the part of the University through an appointment as physician in the Royal Infirmary (which he obtained in August, 1869), I invariably gave to him and to all the other physicians of that institution, as clinical teachers, the most loyal and hearty support, informing the students on every possible occasion that I had no desire at all to monopolise them, but rather to see them dispersed over the various wards and teachers in such a way as to facilitate instruction in detail. I feel confident, therefore, that I shall be acquitted of all unworthy motives, and may also claim the credit of entire consistency in pleading *now* the results of a long and unbroken experience in the clinical, as well as systematic, teaching of medicine for nearly a quarter of a century, first in Edinburgh, as an extra-academical teacher, and afterwards in Glasgow as Professor in the University. Indeed, it is simply the fact (and I allude to it here in no invidious sense) that nearly at the very time when Dr.

Anderson was beginning his first hospital studies in Glasgow, I was engaged as a clinical teacher in Edinburgh in organising the extra-academical clinical classes of the Royal Infirmary there, on the very same co-operative principle that I *now* commend to the attention of the Court; and it was surely not unnatural or unbecoming in me to expect that when, after so many years' precedency as a Professor, and such frank co-operation with him and others as extra-academical teachers of Clinical Medicine, I consented to receive him as a colleague in the University, I should have from him a like amount of consideration. What I certainly did *not* expect was that in the face both of documents and of every honourable understanding, the apparent prerogative of the Clinical Professor was to be asserted in the form of an *exclusive* right, directed specially against the very colleague who had, more than any other, gone out of his way, so to speak, to assist Dr. Anderson to this goal of his ambition.*

But the questions that are really of greatest importance for the Court to consider in this case are, as I am well aware, altogether outside of the range of such personal, or even merely technical, considerations. What I chiefly desire to impress upon the Court in connection with my own chair is, that to allow the claims of the Clinical Professors, as stated in their evidence before the Commissioners, to prevail, would be not only unjust to me, but most injurious, nay, in my opinion not less than ruinous, to the efficiency in all time to come of the Chair of Practice of Medicine as a branch of University instruction. My own personal influence with the students for good might, for a time, survive the severance of my systematic from clinical teaching, because my position and character as a teacher are (if I may venture to say so) tolerably well established. But I am very sure, judging from experience, that the want of the stimulus derived from active and constant clinical teaching would, sooner or later, probably in five or eight or ten years, tell fatally upon the vividness and power, and still more upon the real interest and accuracy in detail, of my systematic lectures. Moreover, a young professor, or one not trained to his work, as I have been, by a constant association with students in the hospital as well as in the lecture-room, would be almost sure, I think, to fall at the outset into some of those too *bookish* and over-elaborated, if not actually

* On the personal questions arising out of the communications between Dr. Anderson and myself, prior to the foundation of the Clinical Chairs, see Appendix II.

false, ways of looking at the facts of disease, which have been the bane of the medical art, and especially of the teaching of it, in all ages. The temptations in this direction are enormous to a man who has to compose a long series of purely systematic lectures, still more if he has to read them from the paper in any considerable degree ; and the proper and only real counterpoise to the unduly dogmatic method in medicine is the presence every day of a certain amount of living fact, to which the professor and the student give attention *together*, and which is inevitably present to the mind, more or less, of both, when the lecturer is expatiating on the principles and details of diagnosis or of treatment. Of course, the less experience a man has, the more he requires this assistance. It is part of his education as a teacher, as well as part of the substance of his instructions. And, therefore, still more for my successors than for myself, I feel bound to resist to the utmost, with every respect for the really legitimate rights of my colleague, his claim to an *exclusive* position as a clinical professor.

I would particularly refer the Court, on the subject of the relations of clinical and systematic instruction in medicine, to the two introductory addresses formerly alluded to ; and also to certain excerpts from my evidence before the Commissioners which, to save trouble in reference, I shall print as an appendix to this paper. (See Appendix I.)

There remains only one consideration more, but it is an important one. I will suppose for the moment that the preceding arguments have satisfied the Court that the claim of *exclusion* as against other professors, on the part of the clinical professors, is inadmissible, and that the Professor of Practice of Medicine, so long as he holds an hospital appointment, may both teach at the bedside and give qualifying lectures on Clinical Medicine. I understand it to be the plea of the clinical professors that in the case supposed the instructions of their colleagues ought to be viewed as simply *extra-academical* lectures, having the sanction of the Court as such, but not truly within the University, and not entitled to notice of any kind in the academic lists. I object to this view on many grounds, which will appear more or less clearly from the whole course of the preceding argument, showing that, according to the constitution of the clinical chairs, we are entitled to claim "*similar teaching*," and according to the acts of the Senate *joint teaching*, with the clinical professors. But the chief objection I have to this view on academic grounds is that it

compels me, as it were, to cast in my lot permanently, as a clinical teacher, with the extra-academical as against the University element in the Western Infirmary; while, as the preceding statements show, the very object in view, through the institution of the clinical professorships, was to strengthen the academical element, by giving an opportunity for engaging, at the outset, the services of two professors instead of one, in medicine and surgery respectively. Had any one of my colleagues in the Medical Faculty supposed that the appointment of a clinical professor was to supersede or to disable me in any way, the appointment of Dr. Anderson would scarcely have been regarded as an adequate compensation for the introduction of such a cause of disturbance into the system of the University. What the Court have to consider, therefore, in the interests of the University and of its students, is whether, when two or more professors are to be recognised by them as entitled to give qualifying instruction in clinical medicine, it is desirable that an invidious distinction should be created between the groups of students attending these professors; and further, whether it is desirable or expedient in the interest of the University, that all professors, except those officially designated as the Professors of Clinical Medicine and of Clinical Surgery, should be formally enjoined and instructed, when acting as hospital physicians, to consider themselves as practically *outside the University*—*i.e.*, not fully subject to academic rules and traditions, and, therefore, possibly under inducements to act towards the University, in critical circumstances, in a spirit of indifference, or even of hostility. This would, I think, be a very calamitous position for the University, and it is one which I am naturally unwilling to accept, unless I am forced into it by the action of the clinical professors. But it has already appeared plainly enough, on several occasions, that the managers of the Western Infirmary, while perfectly willing to aid the University in all its legitimate wants as regards clinical teaching, are by no means disposed to defer to claims on the part of the clinical professors which they regard as invidious or unfair with respect to the other teachers. It might, therefore, very well happen that, in the future, when the Western Infirmary is enlarged, and when many more extra-academical physicians and surgeons may possibly be admitted, that should a decision of the Court, or of the authorities of the University, *now*, place me of necessity, and contrary to my own wish and judgment, on the side of the extra-academical interest in the matter of clinical teaching, it may also

become a matter of necessity with me to enter into combinations with the extra-academical teachers, individually and collectively, for co-operative clinical teaching, as opposed to, or in direct competition with the isolated and more privileged teaching of the clinical professor. This I have hitherto avoided, both because I have considered myself all along as being unquestionably a University teacher, and because my ideal of co-operative teaching is one which includes the University professors, and as many of the others as are able and willing, in a scheme for the employment of all the resources of the Western Infirmary in clinical instruction. Such a scheme might, as I have already indicated, with great advantage be initiated and presided over by the clinical professor; but if, instead of doing so, he shall persist in treating his own interest as an isolated and exclusively academic one, I believe that the interest of the students, which, after all, is a more urgently academic one than even that of the professors, will sooner or later make such a scheme imperative on all of us, and the only question will be—who is to take the lead in its organisation? It would be inexpedient, perhaps, to press this question further at present, but I would entreat the Court to consider whether it can possibly be the true interest of the University to disown, in the sense of withholding from them academic *status* and privilege, and therefore withdrawing them to some extent from academic control and supervision, services which have been rendered by me for fifteen years continuously, and which, as I always believed and was led to understand, were most needful for the students, and satisfactory in every way to the University.

I am sorry to have troubled the Court with so long an argument, but it was necessary not only to place the facts in a clear light for the present issue, but in such a light also as will admit, if necessary, of their being consulted as part of the history of this great University and medical school, the future progress and success of which will depend in a great measure, I believe, upon the opportunities afforded to its students for large and varied clinical studies, under a sufficient number of professors and other skilled teachers, in the Western Infirmary. My earnest desire, and all my efforts hitherto, have been to preserve unimpaired the amity and clear mutual understanding between the managers of this institution and the authorities of the University, in view of the urgent needs of the latter, which led to the foundation of the former as an Infirmary specially designed for clinical teaching. I trust that the Court will see fit to acknowledge

the claims here set forth on behalf of my chair, and will protect me in the exercise of those academic privileges which I believe to be of even greater importance to the University than they are to me individually as one of its professors.

W. T. GAIRDNER.

GLASGOW UNIVERSITY,
April 20th, 1878.

POSTSCRIPT.

April 24th, 1878.

My attention has been called by a motion recently brought forward in the Senate to a use which may probably be made of a supposed declinature or refusal, on the part of Dr. Macleod and myself, to accept what has been termed "the arbitration of the Senate" on the points in dispute between us and the University authorities. In drawing up the preceding paper I had entirely lost sight of the letter here annexed, bearing date December 4th, 1876; but I consider it my duty to subjoin it now, not only for completeness, but as containing a remarkably clear and instructive view of the position which these affairs had assumed at the date referred to.

Having throughout most loyally obeyed and acted on every decision of the Senate and of the Medical Faculty since my appointment as professor, I am not curious to defend myself in advance against any supposed unwillingness to accept their opinion in this particular case. But it will appear clearly, on examining the facts, that no true arbitration was ever in fact proposed to us; but instead of this, a proposal to prevent "the Committee's labours from being lost" by a vague and perfectly indefinite and (as I regarded it) meaningless concession, which might, nevertheless, have been skilfully used against us in the event of an appeal to the Court such as the present. Dr. Macleod and I hold that the Senate *has already* declared us to be clinical teachers in the University jointly with the clinical professors, and has made regulations on October 9th, 1874, providing for our clinical teaching conjointly, and on a footing of equality, with them. The breach of these regulations (always to our disadvantage, and usually without notice to us) has been the deliberate policy of the clinical professors, acting on their assumed prerogative as such, and

in several instances in manifest opposition both to the resolutions of the Medical Faculty and the decisions of the Senate. It is against such subversive and, as we believe, unauthorised proceedings of the Clinical Professors that we now appeal for the protection of the "University authorities" in what we believe to be the proper legal and constitutional form.

W. T. G.

COPY OF LETTER FROM DR. W. T. GAIRDNER TO THE CLERK OF
SENATE.

225 ST. VINCENT STREET,
GLASGOW, December 4th, 1876.

REV. PROFESSOR STEWART, D.D.

Dear Sir,—Before replying to your note of 27th ult., I thought it desirable to place myself in communication with Dr. Macleod, whose interests as Professor of Surgery are so much bound up with those of the Professor of the Practice of Physic in the matters referred to the Committee on Clinical Chairs. I find that he has been advised upon what he considers good legal authority, not to commit himself by any such indefinite assent to the judgment of the "University Authorities" as is implied in the draft sent to me; and accordingly I do not see that anything would be gained in the meantime by my signing it, even were I more assured than I am of the propriety of doing so.

Leaving Dr. Macleod, however, to explain his own position, I will only add here what may be sufficient to show that I have come to my present resolution not at all in any spirit of opposition to any of my colleagues, but only from motives of self-defence, for myself and my successors.

During the negotiations for the foundation of the Clinical Chairs, it was constantly represented to Dr. Macleod and myself, both by the persons interested in these foundations and by our colleagues in the Medical Faculty, that our position as clinical teachers was to be respected, not only as a privilege in which we ourselves were concerned, but as a function which we had hitherto discharged, and were to continue to discharge, on behalf of the University and in the interest of the students.

On these representations we cordially assented to the institution of the clinical chairs, and even, on the invitation of the Principal, went so far as to permit of their being instituted not only without

opposition, but without those securities which we ought, perhaps, in prudence to have had embodied in documents, so as to protect ourselves and our successors from any possible invasion of our functions as teachers of Medicine and Surgery in their practical aspects, according to what we regard as the most efficient methods of instruction.

Notwithstanding the honourable understanding thus arrived at, and fully implemented during the first session of the new professorships, we have found ourselves exposed to attempts on the part of the Clinical Professors to secure for themselves, as against us, a monopoly in the University of the privilege of delivering clinical lectures; and in an informal reference which was made to Professor Berry for an opinion on these demands, we had to defend ourselves at great length from claims which would not only have greatly interfered with our efficiency as professors, but would have placed us in a position as hospital physicians and surgeons inferior to the extra-academical clinical teachers.

The preceding assertions can be supported, if necessary, by evidence, but I do not wish to go into details (if it can possibly be avoided) tending so much to impair the amity of our relations with our clinical colleagues.

I concur, however, with Dr. Macleod in thinking that, with these facts before our eyes, we cannot unreservedly place the interests of ourselves and our successors at the disposal of any committee, merely to prevent "the Committee's labours from being lost." I think, moreover, that we are entitled, before putting our signature to any document implying a possible concession, to have some assurance—

1st, That our actual position as clinical teachers in the Western Infirmary (*i. e.*, giving, if so disposed, like all the other clinical teachers there as well as in the Royal Infirmary, courses of lectures qualifying for graduation) is to be affirmed by the Senate.

2nd, That our right to participate in the clinical examinations is also to be maintained as hitherto.

I trust that the Committee will understand that, in declining to consider these as questions open to their decision, I am very far from objecting to meet them with a statement of reasons and arguments on behalf of all that is here claimed as being essential for the efficient performance of my own academic duties. I have nothing but friendly feelings towards the clinical professors, and the most perfect good-will towards all my colleagues in the University. But

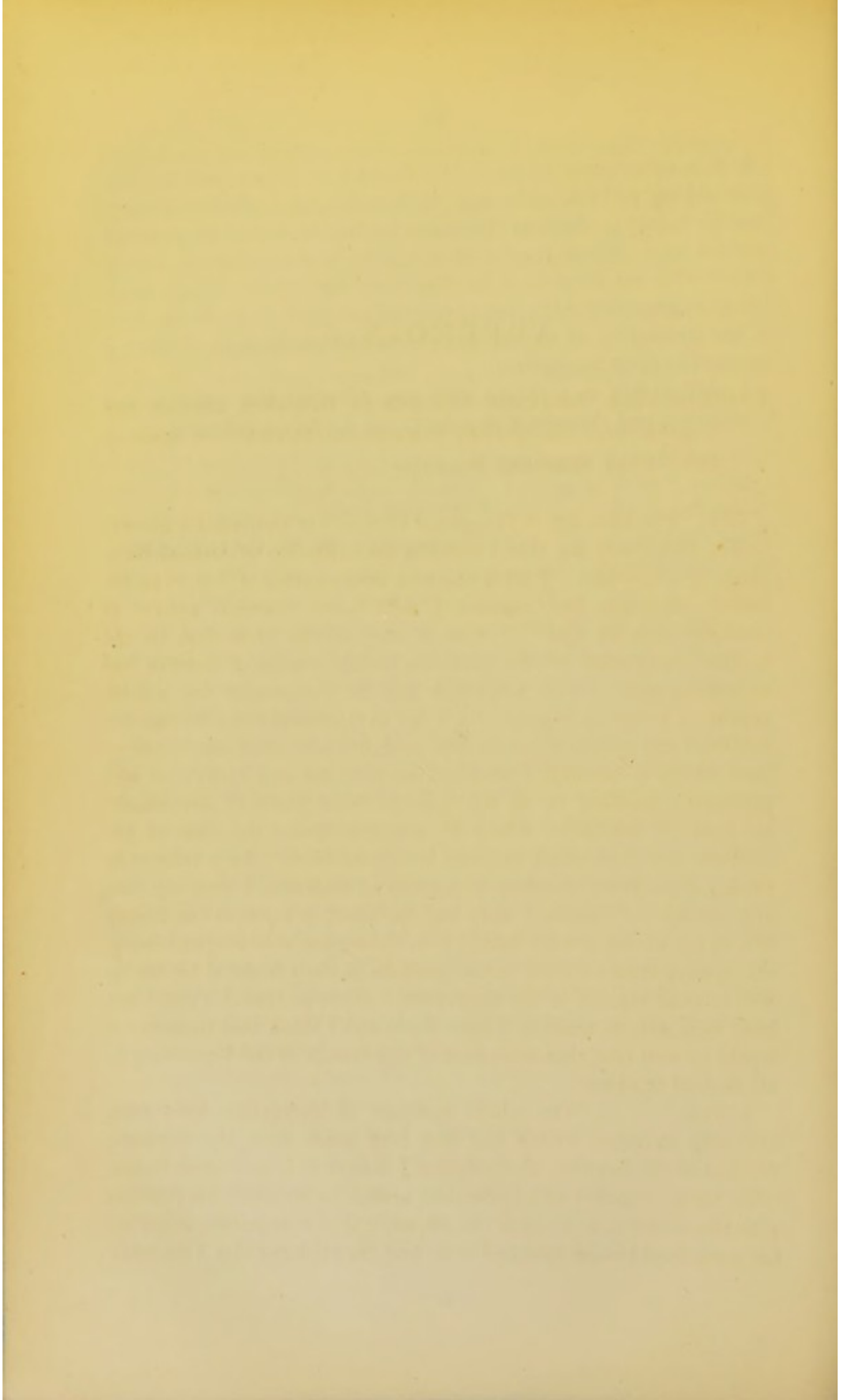
I hold a commission to teach the Practice of Physic, and it is my duty and my privilege alike to teach it in the most efficient manner possible to me; so that any concession tending to impair my personal position as a clinical teacher is not only, in my judgment, incompatible with the interests of the University and of the office I hold, but at variance also with the representations made to me at the time of the institution of the clinical chairs, and on the faith of which I assented to their institution.

I have to ask as a favour that you will read this letter to the Committee, and preserve it as a document for future reference.

I am, dear DR. STEWART,

Yours very truly,

(Signed) W. T. GAIRDNER.



APPENDIX I.

EXTRACTS FROM PROFESSOR GAIRDNER'S EVIDENCE BEFORE THE UNIVERSITIES (SCOTLAND) COMMISSION, BEARING ON SOME OF THE POINTS REFERRED TO ABOVE.

7474. You have not in Glasgow a Professor of General Pathology? —No; and I may say that I think a professorship of general pathology is a mistake. I think the true professorship is that of pathological anatomy, and connected with some practical system of teaching such as that. I have a very strong view that in the medical curriculum all the branches should consist of lectures and something more. I do not think that in the present day a mere system of lecturing is good. It is apt to degenerate and become too doctrinal and systematic—too dry, in short; and the counterpoise to that which is absolutely required to give life and energy to any professor's teaching is, in my opinion, some practical department assigned to his chair, which he manages under the eyes of the students and from which he gives his illustrations. As a teacher of twenty-three years' standing in practice of medicine, I may say that any amount of success I have had has been, in my opinion, largely due to my having always taught it in connection with hospital study, and always shown myself to the students as their hospital teacher as well as their teacher in the class-room. Without that I should not have been able to teach as I have done, and I think that in future it would be well that that were part of the system of the University in all medical teaching.

10,943. . . . The whole methods of instruction have been changing so much within the last fifty years from the dogmatic method to the practical method, that I believe it is now quite impossible for the teacher of a systematic branch to maintain his position with the students, or to have the efficiency that is requisite, unless he has a practical branch attached to it; and the evidence that I formerly

gave tended to this, that every teacher of a systematic branch ought to have something in the shape of a practical branch allied to it,—a laboratory, for instance, in the case of chemistry, a dissecting-room in the case of anatomy, an experimental room in the case of physiology,—and that the practical department, corresponding to the Practice of Medicine, is the hospital and clinical teaching. . . . I think it is very important that the Commissioners should understand the grounds on which I take the view, that it is absolutely necessary that the teacher of Practice of Medicine should appear in the hospital and be a clinical teacher as well. It is not only that he obtains the materials for illustrating individual lectures and individual points,—although that is the case,—but it is to a far greater extent this: the fact that the students are personally conscious of him as an influence in connection with the actual personal study of disease, that they know and see he is working in the direction in which he speaks, that his actions correspond with his maxims. It is that which gives life to his lectures, and unless that is secured,—that sort of personal impression on the part of the students,—his systematic teaching will be sure to fall off in interest.

10,944. Has the Professor of Practice of Medicine hitherto in Glasgow been a clinical lecturer,—I mean yourself and your predecessors?—I have been so, not only in Glasgow, but ever since I lectured on Practice of Medicine in Edinburgh. My immediate predecessor in Glasgow was not, but the one before him was; and before that again there was none of it. I ascribe in great part the comparative backwardness of the Glasgow school to the want of that.

10,945. Were there no materials for it at the time when you say it did not exist at all?—There were plenty of materials, but there was a want of any kind of connection between the hospital and the University. The University had no claim on the managers of the Infirmary except a moral claim, and the Infirmary did not acknowledge any direct connection with the University. In the case of the Western Infirmary, we have got it in the charter of the institution that the Infirmary is to give the means of clinical teaching to the University.

10,946. I see that in the medical curriculum in Glasgow one of the requisites is a course of six months of clinical medicine, or two courses of three months each, the lectures being given at least twice a week?—Yes.

10,947. Now, do the lectures which you give supply that quali-

fication?—Certainly; and not only the lectures which I give, but the lectures which every physician and surgeon in the Western Infirmary and in the Royal Infirmary give.

10,948. If the courses given by those teachers in the Infirmarys qualify for a degree, they must be recognised by the University Court?—They are.

10,949. I mean, their lectures must come within the limited number of courses that are recognised by the University Court?—Yes; but the University Court has taken the view in Glasgow, in consequence of the precedents established by the old relations with the Infirmary, that they will make no distinction among clinical lecturers, but will recognise all the physicians and all the surgeons of both the Royal and Western Infirmarys, so that the present state of matters is that any physician or surgeon in those institutions has the power of giving qualifying clinical courses.

10,950. And you do not object to that?—Not at all.

APPENDIX II.

NOTE ON A PASSAGE IN THE EVIDENCE GIVEN BEFORE THE UNIVERSITIES' COMMISSIONERS ON 30TH MARCH, 1877.

At p. 482 of volume III. of the Universities' (Scotland) Commissioners' Report, containing Part II. of the minutes of evidence, it appears that the following question was put by Dr. Muir to Professor M'Call Anderson, and answered by him as follows, viz. :—

“11,555. *Dr. Muir.*—Did Dr. Buchanan and you endeavour to arrive at any understanding privately with Dr. Gairdner and Dr. Macleod before the arrangements regarding your chairs were completed?—I think I had better answer that in this way, that I came under no obligation to Dr. Gairdner in the matter; and I think it only fair to Dr. Gairdner to say that he never asked me to come under any obligation to him. Indeed, I should consider it a grave impropriety, &c., &c.”

I am not concerned to continue the quotation, which evidently, on the face of it, has no reference in what follows the above to anything that occurred between me and Dr. Anderson, and is merely a statement of his individual opinion as to the ethics of such transactions in general. I wish, however, to leave no doubt as to the essential facts which underlie the preceding statement, bearing to be one of simple fact; and in the commentary I shall be obliged to make on this statement I shall endeavour to dispose of all the merely personal questions between Dr. Anderson and myself; questions which are to me so utterly distasteful that, on principle, I never even allude to them, except under the stimulus of necessity.

Dr. Anderson's putting himself forward for a Chair of Clinical Medicine, to be endowed and promoted in the University by his friends and supporters was, as it appeared at the time to those

chiefly concerned, a kind of afterthought. It resulted very directly from the apparent success, up to a certain point, of the negotiations for a Chair of Clinical Surgery, at the instance of Dr. George Buchanan and his friends. Had the negotiations on the surgical side failed in their inception, it may be safely predicted that no attempt would have been made by any one, in the University or out of it, to establish a Chair of Clinical Medicine. Indeed there were not wanting many friends, and some even among my colleagues, who urged me all along to resist the institution of this chair, on the ground that it was not necessary in itself, and was upon a quite different basis of expediency from the apparently parallel case of surgery, in which the whole duty of teaching the practical art had been hitherto discharged by one professor, while in medicine the professors of *Materia Medica*, Midwifery, Medical Jurisprudence, at least, represented different aspects of strictly medical practice, and might all, upon occasion, have been called upon to do duty in the University as Clinical Professors. Several of my colleagues have said to me since the new appointments, and some continue to say, that I was wrong not to initiate, what they would have supported at the first, a positive resistance on grounds of academic precedent to the Chair of Clinical Medicine; but I am sure that every one who spoke to me on the subject will bear witness that my language was consistent throughout, and was uniformly to every one, whether a colleague or not, somewhat to the effect that I should be sorry to resist on merely personal grounds any change which might be for the interest of the University, and that I had nothing but goodwill towards Dr. Anderson; but that my own claims to the exercise of clinical teaching on behalf of the University, as hitherto, must be carefully reserved under the constitution of the new chairs, as also those of any of my colleagues who might now or at any time be probably required to perform clinical duty. I think there will also be no question (but on this as on other points of my statements on this subject I court the fullest inquiry) that in such expressions as these I had the entire sympathy of all my colleagues at the time. Dr. Allen Thomson, who was (I believe) from the first favourable at least to a Surgical Clinical Chair, again and again expressed to me and to the Medical Faculty his sense of the great value to the University of my clinical as well as my systematic instruction, and his desire that both should continue unimpaired. It is not too much to say that the special argument used both to Dr. Macleod and myself by those who were at all

disposed to favour Clinical Chairs, was one which had our entire assent, viz., that while our services in this respect were of the greatest importance to the University, and ought to be continued as long as we felt able to continue them, there was need for more than one clinical teacher in each department to be specially acknowledged by the University, the responsibility and the work being alike too much for one. This, it will be seen, is in entire harmony with the resolution of the Medical Faculty as a whole, quoted at p. 6, above. Accordingly, in all the arrangements with the Western Infirmary the position of the Professor of Practice of Medicine as a clinical teacher in the fullest sense of the word was presumed to be as secure and as absolutely unquestioned as it could be made without introducing into the constitution of the Infirmary a legal obligation in favour of individuals or of particular chairs, which on many grounds was considered inexpedient. In every negotiation with the Managers of the Royal Infirmary, as afterwards with the authorities of the Western Infirmary from first to last, up to the opening of that institution, I was consulted and even put forward by my colleagues as the natural representative of the interests of clinical teaching, and of the claims of the University with respect to it. In particular, all the clinical examinations for the degree, from the first, were conducted and organised by me on behalf of the University, and this, even before such examinations were recognised as imperative, or generally practised by other Boards. I regarded, in fact, a clinical examination as being one of the means, and the best and most searching known to me, of testing the candidates for the degree in my own special department; and the Visitors deputed from the Medical Council repeatedly reported in terms of high approbation of the clinical examinations in Glasgow University, giving in some of their reports details of the examinations which they witnessed there, as a stimulus to other examining boards. All this Dr. Anderson must have known quite well, because he not only acted as my colleague (extra-academically) in the Royal Infirmary, where all my clinical work was done up to 1874, but, before the Clinical Professorships were talked of, or I believe thought of, he had secured for himself a permanent, and, as many thought at the time, a too exclusive position in the Western Infirmary as a specialist in diseases of the skin, by an arrangement for giving over to the Managers of the Western Infirmary certain funds at the disposal of the Committee of the Skin Dispensary, over which institution

he had from the first, as one of its originators and as its physician, exercised a large amount of control. It was open to me to have placed difficulties in the way of this arrangement, but I did not do so, believing that on the whole the University would be the better for it. But all communications between Dr. Anderson and me with reference to a Clinical Chair must be read in the light of our previous associations, and it is simply impossible that he could have approached me on the subject at all without feeling that he had something to gain and I nothing; nay, that he, a comparatively young man, and not many years even a hospital physician, had almost everything to gain, whereas I, already a Professor and engaged for more than twenty years in teaching Clinical as well as systematic Practice of Medicine, using the one to illustrate the other, had interests to protect which I notoriously regarded as being much more than even my own personal interests in connection with clinical instruction. Under these circumstances, what did Dr. Anderson say to me, not at all under pressure, but entirely *of his own accord*? for he is quite right in affirming that I never *asked* him to come under any obligation. What he said (calling upon me expressly for the purpose) was to the effect that the pending question of the Chair of Clinical Surgery had caused it to be suggested to him (he did not say by whom) that he too might possibly make good an entrance into the University as a Clinical Professor; and that he thought our relations hitherto in the Royal Infirmary might dispose me to accept him as a colleague, if he could in other respects accomplish what he had in view, but that he was advised to confer with me about it in the first instance. He added that a chief motive with him in seeking this appointment was to keep his work well together; because having already obtained the skin wards in the Western Infirmary, it would be very inconvenient to continue attendance as a medical officer at the Royal. He further added (all this being absolutely without any kind of pressure or even suggestion from me) that he had no intention at all of interfering with my position, or my work, as a clinical teacher; but that he supposed the time might come when from illness or advancing age it would be agreeable to me to have some one in the University who could share the burden of clinical instruction with me, and that as we had always co-operated most amicably in the Royal Infirmary, he hoped we might do so in the Western, if he could succeed in securing a position there on the footing proposed. On this I spoke to Dr. Anderson quite frankly, and exactly in accordance with what is given

above as my language to others. I said that if no interference was proposed with my position and my known methods of teaching hitherto, I was not at all averse to be aided either by one or by many other clinical teachers on behalf of the University; and that so far from having any desire to keep the whole in my own hands, I had always been disposed to encourage thorough co-operation, as the only way of getting the clinical teaching of a large school really well done. I do not remember expressing any opinion of Dr. Anderson's individual claims, but I said that if he did not propose to interfere with me in my share of the work I should be quite ready to receive his co-operation and assistance as a colleague, in the event of the Clinical Chair being instituted. As to the expediency or otherwise of this I expressed no opinion; indeed I did not consider myself quite an impartial judge, and wished, for reasons above given, to leave it in the hands of others, only securing as far as possible my own position.

This was, I believe, the only conversation of any importance that passed directly between Dr. Anderson and myself on the subject. The occasion was made by him. The assurances referred to above were quite spontaneously offered by him; in particular, the assurance that he did not mean to interfere with me in any way in my clinical teaching was given without any reservation or qualification whatever, and was the implied condition of my acquiescence, and of all that followed.

But not only was this assurance thus given to me directly by Dr. Anderson; Mr. John Matheson, jun., acting in his interest and as the chief promoter of the endowment, repeatedly sought an opportunity of saying to me in the most friendly and general terms, but still absolutely without reservation, and I am quite sure in perfect good faith, that neither he nor any of his friends intended, in promoting the Clinical Chair, to interfere in the slightest degree with my teaching. To which I always replied, that if my own clinical teaching was not interfered with, I should not be disposed to object to any other Professor sharing the work and the responsibility with me. And although Mr. Matheson was not, probably, cognisant of all the details implied in his own spontaneous assurance and in my reply, yet I have very little doubt that, at the time, he faithfully represented Dr. Anderson's views as well as his own; for, when I had to ask him at a later period to give effect to his verbal assurances by a new clause in the deed of institution reserving the "claims of any of the other Professors in the Faculty of Medicine to similar

teaching," he at once, without a moment's hesitation, arranged to have the deeds re-copied and re-signed, so as to introduce the clause, and thus place them in harmony, in some degree, with the previous verbal arrangements.

Whether these facts can be in any way reconciled with the statement made by Dr. Anderson in his evidence, quoted at the beginning of this note, and still more, with the whole course of his later evidence from page 482, question 11,542 onwards, I must leave to others to determine. But there is abundant evidence, to my mind, apart altogether from what is here stated, that my colleague has been gradually allowing his opinions to become modified as to his own official rights and duties, and mine, in our respective positions; and I hasten to add that I do not now, and never did, believe that he was otherwise than perfectly sincere in his first professions. I believe that *as an aspirant* to the Clinical Chair he and his friends would have been perfectly satisfied with what satisfied Dr. George Buchanan at a corresponding period,* viz., strict *equality* of clinical rights and privileges with Dr. Macleod and myself. The aftergrowth of unwholesome ambitions, and especially the lately expressed desire and determination to dispossess and exclude us, if possible, from all effective clinical teaching as professors, are the result of circumstances tending to forgetfulness of his earlier and better frame of mind, to which I would fain hope he may still be recalled, on perusal of this note. I would direct special attention to questions 9,995 and 11,542, as containing evidence of this progressive change, even during the period of sitting of the Commission. And I will only say further, that had the slightest doubt existed in my mind at the time of these conversations that Dr. Anderson was, practically if not legally, under

* See his written communication to Dr. Macleod of January 16th, 1874, in which he says, *inter alia*,—"I have always mentioned . . . my wish to come, not as an antagonist, rival, or competitor, but as a colleague and fellow-worker in clinical surgery, and I have said, as I said to you, that I would accept the position if it gave to me an equal amount with you of wards, work, and fees." These were the sentiments of a man much older than Dr. Anderson, who had already been a rival of Dr. Macleod in competing for the Chair of Surgery; who was, moreover, the acknowledged leader and nearly if not quite the oldest Medical Professor in the Andersonian School, as well as a consulting surgeon already of high reputation. Was it probable, or even possible, that a much younger man like Dr. Anderson, known to the public chiefly in connection with his valuable works on Diseases of the Skin, could have entertained larger expectations, in dealing with one who was a teacher of medicine, both systematically and clinically, when he (Dr. A.) was a student?

an "obligation" to me and to the University as to the conditions under which he obtained his professorship, I should have taken the advice of my friends, and resisted the institution of the chair, with the concurrence of several, if not a majority, of my colleagues in the **Medical Faculty**.

