

Apothecaries' Company, was not only fitted by the prescribed course and nature of his professional education to supersede the attendance of a physician, who would only be called in consultation in presumed cases of grave danger, but by act of Parliament of 1815 as a member of this highly favored institution, alone possessed the privilege of a legal claim to remuneration in the courts. The honorarium of the physician or pure surgeon of one or two guineas for consultation at his residence, or three or more for visits at patient's residence according to eminence of consultant, although universally recognized and rarely disputed, could not in the courts be collected under like circumstances. In cases of difficulty or danger in surgery, calling for the major operations, would the pure surgeon be called in, the general practitioner, as a rule, being not only a licentiate of the Apothecaries' Company but also a member of the Royal College of Surgeons. At this period even in the public hospitals the attending surgeons ventured but little into the walk of Medicine, this being left to the house, or attending physician. In modern times it has been more wisely considered that there is so natural and inseparable a connection between medicine and surgery that perfection can never be obtained in one, to the total exclusion of the other.

Besides the exclusive protection by law of the members of the Apothecaries' Company, other grievances were prominently brought forward in the medical journals of that day, London *Lancet* in particular, and also at public meetings of members of the profession. One great one, the difficulty then, and even now existing, for men who had for many years been in practice and were desirous of obtaining the degree of M.D., of doing so without going through a second time a long and expensive course. At that time neither at Oxford, Cambridge, nor St. Andrew's, did schools of Medicine exist. The deans of faculty in Medicine at these several universities were the only representatives of medicine and surgery. To obtain the degree of Medicine in Edinburgh, four years' residence and attention was required, the time spent at the London hospitals and schools not being recognized. In 1832, at the University of Edinburgh there were in reality only two professors of great eminence, namely, Drs. Alison and Traile while in the extramural or private schools in that city were to be found in surgery, Liston, Syme, John Lizars,

Ferguson, Robertson, Handeysides; and in Medicine and other branches, Mackintosh, Burns, Hamilton, Gregory, Knox, Alex. Lizars, Read, Kemp, and a number of other men who subsequently obtained great eminence, particularly Simpson, subsequently Sir James, at that time a student, graduating in 1833, and in 1840 appointed to the chair of midwifery. About 1829 or 1830, John Lizars, who was considered a most fearless man, bold to rashness, and the surgeon of the day, revived the operation for removal of diagnosed ovarian cysts, and by the students of my day had acquired the soubriquet of "Ovarian John." I here summarize the results of the six operations performed by him. In one operation, after opening the abdomen, nothing was discovered but flatus in the intestines. Woman died in 48 hours. In another woman affected with curvature of the spine and lumbar abscess, after laying open the abdomen, uterus and ovaries found sound and healthy. Woman escaped with her life. In a third, Mr. Lizars took away a large cyst on left side, but a large one on opposite side, from extent of adhesions, was left untouched; woman survived operation, died three years afterwards. In a fourth case, tumor removed by separation of adhesions. Woman died from mortification. In a fifth case on opening the abdomen, the tumor was found to be so large and completely attached to the surrounding viscera that he was forced to abandon it and stitch up the abdomen. Woman survived the operation. In a sixth case, Mr. Lizars cut away a tumor projecting from the fundus of the uterus. Woman died in a few days from inflammation. Ovaria found sound and in their proper situation. After this signal want of success at the hands of the most dashing and accomplished surgeon of that day, it was little wonder that the operation was pronounced by the profession generally, as unadvisable. More than twenty years, I think, elapsed before Sir Spencer Wells in London, and Dr. Keith in Edinburgh, besides other men whose names do not for the moment occur to me, satisfactorily demonstrated that it was an error on the part of their predecessors to assume from these failures that it was very difficult, if not sometimes impossible, to tell whether there was a tumor or not in the abdomen, or to correctly diagnose its nature, whether one of the uterus, of the ovary, or some other organ, or whether complicated or uncomplicated by adhesions.