

not in Europe, but in the fresh soil of the backwoods of Kentucky that the young seedling obtained its first full growth, and from that time and from this country dates the history of abdominal surgery. But how slow the growth! In 1863 I heard my master, the Professor of Surgery in the University of Edinburgh, settle all this vast field of human progress in these few words, "Abdominal surgery is abominable surgery." Syme, the greatest surgeon by far with whom I have ever come in contact, shared the views of his colleague in this matter, and I fear that in both the sentiments originated far less in the merits of the question than in their mutual dislike (almost the only sentiment they had in common) of John Lizars, who, having read MacDowell's manuscript when it was sent to John Bell, was immensely struck by the success of the heroic Kentuckian, and was desirous of following his brilliant example. Most unfortunately for humanity, the success of Lizars was of a very doubtful kind, and abdominal surgery had to wait for the advent of Dr. Charles Clay and Mr. Isaac Baker Brown. The story of the latter brilliant and unfortunate surgeon is now a twice-told tale, and I can only repeat what I have said at length elsewhere—that his disastrous downfall was a misfortune for humanity, delaying as it did the progress of abdominal surgery for fully a quarter of a century. The whole question of this progress lay in the peculiarly narrow issue as to whether the pedicles of ovarian tumors should be dealt with inside the peritoneum or outside it. Here, again, the new country was first in the race; for between 1820 and 1830 the decision in favor of the intra-peritoneal treatment was given in America in such a way that the question ought never to have been reopened. The arbitrament of abdominal surgery between 1866 and 1876 was left in the hands of a man still living, and he carried through his practice a mortality so heavy as to be absolutely prohibitive of fresh enterprise. Mr. Baker Brown left off practice in 1866 with a mortality of 10 per cent. with the cautery, whilst, after operating on a thousand cases, Mr. Spencer Wells had a mortality of 12 per cent. in the last hundred with the ligature, and over the whole thousand the mortality was exactly 25 per cent.