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EPHRAIM McDOWELL, THE FATHER OF OVARIOTOMY.*

BY

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FELLOWS OF THE AMERICAN GYNECOLOGICAL SOCIETY:

At the close of our last meeting, one year ago, I expressed the hope that the Great Reaper would find no harvest in our midst during the intervening months, that all should enjoy the best of health and an assured return to this meeting in New York.

Alas, it is to be said with deep regret that three of our number will return no more. Dr. Edebohls died August 8, 1908; Dr. Murray, February 27, 1909, and Dr. Reamy, March 11 of this year. All contributed loyally, each in his individual sphere, to the advancement of our art through the medium of our Transactions. We shall miss their enthusiasm, their wise counsel, and their genial presence. Our estimate of their individual characters and worth will have fuller expression at another time and from those more worthy to do them justice.

As the distinguishing mark of this meeting is the commemoration of McDowell's great achievement in conclusively demonstrating that oöphorectomy was a justifiable and life-saving operation, it seems to me appropriate to refresh our memories by a brief review of the circumstances attending this great achievement.

*The president's address before the American Gynecological Society, April 20–22, 1909.

Just 100 years ago, in the year of Our Lord 1809, Ephraim McDowell, a physician and surgeon, in the little country town of Danville, Ky., incised the abdomen of a woman and removed therefrom an ovarian tumor after ligating its pedicle. How simple an act this seems to all of us to-day, and yet it was a deed that, like the first shot at Lexington, has reverberated around the world. The significance of it resides in the fact that it was the first time, in the history of man, that it had ever been done. It was an act that, in its far-reaching consequences, has immortalized McDowell, and makes us all glad to be here to-day to pay tribute to the keen surgical instincts and the courage of the man who dared.

Ovarian cysts had from the remotest time been the scourge of womankind. It was indeed a malignant disease, the victim of which, after the tumor had attained a size to be recognizable, lived from two to three years, suffered untold agonies, and died of exhaustion. Numberless autopsies had been performed upon these unfortunates. The pathology of the disease was known, and the general adhesions that were so uniformly present in the advanced stages, with frequent suppuration within the cyst—these all, combined with the supreme respect entertained for the peritoneal cavity—forbade any but the boldest entertaining any idea of attacking a case with the hope of removal and absolutely prevented any surgeon from undertaking it. The treatment as practised by an occasional, unusually bold surgeon consisted in tapping and sometimes even in making a short incision to evacuate the cyst. This, however, was rarely resorted to till the patient was almost *in extremis* and the cyst colloid, hemorrhagic, or suppurating. Iodine injections were then applied and efforts made to stop the secretion of the cyst and cause it to cicatrize. These sad and hopeless cases were on every hand, and the despair of the profession.

Like a piercing ray of sunshine out of the western sky, came the message that an unknown surgeon in the backwoods of Kentucky, had proposed, no, not proposed, but had actually done the deed that solved the problem and emancipated woman from this awful curse. Was this an angel of light? Was his inspiration a gift from Heaven? Whence came he and who was he?

Ephraim McDowell, the son of Scotch-Irish parents, was born in one of the southern tier counties of the State of Pennsylvania, November 11, 1771. When a child the family migrated to Rockbridge County, Va. There the family lived for eleven years,

when they became enthused with the idea of going west, and with their household goods made their way over the mountains. There they joined their fortunes with the early founders of the town of Danville, Ky.

The subject of our sketch received such early intellectual training as was to be secured at the home fireside and in private schools of the neighborhood. As soon as he decided to make medicine his profession he returned to their former vicinage in Virginia, and remained two or three years as a medical student in the office of a Dr. Humphrey, of Staunton. This was doubtless very desultory work, but in the year 1793, when twenty-two years of age, he went to Edinburgh, Scotland, and attended lectures at the university for one or two winters. It is interesting to know that Drs. Hosack and Davadge, of New York, were also students in Edinburgh at this time. We are told that in addition to the university course, McDowell listened to the private lectures of John Bell, the most able, eloquent, and gifted of Scotch surgeons of that day. Bell at that time was greatly interested in the diseases of the ovary, and in his impressive manner painted in startling colors the inevitable death to which the victims of ovarian cysts were doomed. It is said that Bell even suggested the hope that success might attend an operation for removal.

There seems to have been quite a stirring of thought in this direction at that time in the minds of several prominent surgeons. In this they were simply emphasizing the suggestions made years before by Wm. Hunter, John Hunter, and others. William Hunter is quoted as saying: "It has been proposed, indeed by modern surgeons deservedly of first reputation, to attempt a radical cure by incision and suppuration; and by the excision of the cyst. I am of opinion that excision can hardly be attempted; and that incision and suppuration will be found by experience to be an operation that cannot be recommended but under very particular circumstances. The trocar is almost the only palliative." So far as I can discover this is the first record of any suggestion of the possibility of excising the cyst, and then only in the most discouraging terms. This was in 1757.

In 1786 John Hunter said: "If taken in their incipient stage hydatids of the ovary might be taken out, as they generally render life disagreeable for a year or two and kill in the end. There is no reason why women should not bear spaying as well

as other animals." The possibility of extirpating the diseased ovary was also discussed theoretically in lectures before the Royal Academy of Surgery of Paris as early as 1774 by Delaporte and Morand.

Whether or not John Bell referred in his lectures to these various suggestions we know not nor have we any intimation from McDowell that he acted upon any hint or suggestion that he received while abroad. About the middle of the last century medical literature was so thoroughly ransacked and scrutinized in the attempt by enthusiasts of England, Germany, and France to gain—each for his own country—the honor of being first in this field that the slightest passing suggestions have been brought into the limelight and made to do duty in claiming honors in this connection. So that much that is common information now may have been entirely unknown at that time even to the most prominent surgeons and teachers.

It is natural to infer, however, that McDowell received his inspiration for the operation from John Bell, and when the proper circumstances for its application presented, he rose to the occasion and boldly applied the remedy. The courage required to meet this emergency can only be appreciated when we reflect that anesthesia was unknown; that hypodermic needles for administration of stimulants or morphine as the case required had not been invented. That saline injections for relief of shock were still in the future. That the operator had no skilled assistant to aid in the work, and the trained nurse was as yet untrained. Fortunately for the operator's steadiness of nerve, sepsis and asepsis were not to be reckoned with, for they, too, were unknown. So he had no qualms of conscience on that score. His report on the case is simple, direct, and convincing. He says: "In December, 1809, I was called to see a Mrs. Crawford, who had for several months thought herself pregnant. She was affl cted with pains similar to labor pains, from which she could find no relief. So strong was the presumption of her being in the last stage of pregnancy, that two physicians, who were consulted on her case, requested my aid in delivering her. The abdomen was considerably enlarged, and had the appearance of pregnancy, though the inclination of the tumor was to one side, admitting of an easy removal to the other. Upon examination *per vaginam*, I found nothing in the uterus; which induced the conclusion that it must be an enlarged ovarium. Having never seen so large a substance extracted, nor heard of an attempt, or success attending any operation

such as this required, I gave to the unhappy woman information of her dangerous situation. She appeared willing to undergo an experiment, which I proposed to perform if she would come to Danville (the town where I lived), a distance of sixty miles from her place of residence. This appeared almost impracticable by any, even the most favorable conveyance, though she performed the journey in a few days on horseback. With the assistance of my nephew and colleague, James McDowell, M. D., I commenced the operation, which was concluded as follows: Having placed her on a table of ordinary height, on her back, and removed all her dressing which might in any way impede the operation, I made an incision about three inches from the musculus rectus abdominis, on the left side, continuing the same nine inches in length, parallel with the fibers of the above-named muscle extending into the cavity of the abdomen, the parietes of which were a good deal contused, which we ascribe to the resting of the tumor on the horn of the saddle during the journey. The tumor then appeared full in view, but was so large that we could not take it away entire. We put a strong ligature around the Fallopian tube near to the uterus; we then cut open the tumor, which was the ovarium and fimbrious part of the Fallopian tube very much enlarged. We took out fifteen pounds of dirty, gelatinous-looking substance; after which we cut through the Fallopian tube and extracted the sac, which weighed seven pounds and a half. As soon as the external opening was made, the intestines rushed out upon the table, and so completely was the abdomen filled by the tumor, that they could not be replaced during the operation, which was terminated in about twenty-five minutes. We then turned her upon her left side so as to permit the blood to escape, after which we closed the external opening with the interrupted suture, leaving out at the lower end of the incision the ligature which surrounded the Fallopian tube. Between every two stitches we put a strip of adhesive plaster, which, by keeping the parts in contact, hastened the healing of the incision. We then applied the usual dressing, put her to bed, and prescribed a strict observance of the antiphlogistic regimen. In five days I visited her, and much to my astonishment found her engaged in making up her bed. I gave her particular caution for the future, and in twenty-five days she returned home as she came, in good health, which she continues to enjoy."

From a later note we learn Mrs. Crawford lived till March 30, 1841, a period of thirty years, when she died in the seventy-

ninth year of her age. All glory to the stout-hearted woman who submitted to this experiment in the face of such terrific suffering and jeopardy.

The account of the operation as given above is the one that McDowell prepared, and in connection with two other cases, all of which were successful, he sent to Philadelphia for publication in the year 1816; seven years after the first operation. This report was published in a Philadelphia medical journal called *The Eclectic Repertory and Analytic Review*, October, 1816. The date of the first case was December, 1809; the second, 1813, and the third, May, 1816. The first case was reported quite fully, the other two were not described in detail, the technic being omitted, except in so far as certain variations were made to meet special indications. It is natural to infer, therefore, that with the exception of these variations the technic of the first case was followed.

The statement that this operation had actually been performed seemed so incredible that it is no wonder that surgeons and medical editors searched the records of the cases for reasons to justify their incredulity. In the *Eclectic Repertory*, 1817, one year after McDowell's report, Dr. Ezra Michener, of Philadelphia, reported a "case of diseased ovarium." The patient died without operation, and at autopsy the "uterus and tumor were found so intimately united as to render it impossible to distinguish or separate them." Dr. James, of Philadelphia, a distinguished teacher of obstetrics, was mentioned as having been in consultation. After reporting his case, the author, Dr. Michener, proceeds to comment upon McDowell's operation as follows: "It is a wish to give you a counterpart of Dr. McDowell's paper that induces me to offer this account for your disposal. While his hand holds forth the successful blade as an ensign for the bold and dexterous surgeon, may I point to the dangers which lurk under the obscure and delusive indications of this species of disease. It is much to be regretted that cases so interesting to the community as those of Dr. McDowell, and as novel as interesting, should come before the public in such a manner as to frustrate the intention of becoming useful. Far be it from me to arraign the probity of Dr. McDowell. If the cases he relates are—as I sincerely hope them to be—correctly stated, no remarks of mine can detract from his merit."

Just one year later, 1818, in the same medical journal, Dr. Henderson, of Washington, published an article entitled, "On Ovarian Diseases and Abdominal Steatoma." The case reported

was diagnosed as a tumor not connected with the uterus or the bladder. The tumor was tapped, but no fluid was found and death followed three weeks later. At autopsy the tumor was found to be a steatoma of the deep layers of the abdominal wall, projecting into the abdominal cavity, and weighed about nine pounds. A small dermoid cyst of the right ovary was also discovered. At the close of this report the author comments upon Dr. Michener's criticisms of Dr. McDowell's operation, closing with the remark that "Dr. Michener will probably live to see the time when he will with pleasure asknowledge the inapplicability of the views held out in his paper to the power of the surgeon's discernment and the effect of his knife."

This article of Dr. Henderson's came to the notice of Dr. McDowell. He thereupon indicted a letter to Dr. James, the consultant in Dr. Michener's case, replying to the latter's criticisms. The date of publication of this letter is September, 1819. He says: "Since my former communication I have twice performed the operation of excision, which cases are subjoined." The length of incision in McDowell's first case was stated in the report at nine inches, but in the letter he says: "As I did not actually measure the incision it would perhaps have been better to have said an incision was made about three inches to the left of the musculus rectus, extending from the margin of the ribs to the os pubis on a woman whose abdomen was distended by a tumor to an enormous size."

The idea of the patient's abdomen having been abraded by the horn of the side saddle had been ridiculed, and to this McDowell made answer.

The statement that McDowell found his patient making her bed on the fifth day after the operation had also been a subject of comment. To this he retorted: "The doctor's skepticism alone appears to have carried him through the statement, and I am surprised that he will even admit the fact of her returning home on horseback in five and twenty days after the operation, a distance of seventy miles, and in the depth of winter." The statement that the patient was up and making her bed on the fifth day after the operation, while passing the credulity of surgeons of his time, is quite comprehensible in these later days of early getting up after operation.

In replying to the alleged meagerness of his report he adds: "I thought my statement sufficiently explicit to warrant any surgeon's performing the operation when necessary, without

hazarding the odium of making an experiment, and I think my description of the mode of operating and of the anatomy of the parts concerned clear enough to enable any anatomist possessing the judgment requisite for a surgeon to operate with safety. I hope no operator of any other description may ever attempt it. It is my most ardent wish that this operation may remain, to the mechanical surgeon, forever incomprehensible."

Upon this *prima facia* evidence rests the claim of Ephraim McDowell to the honor of being the first ovariotomist. Dr. Gross, of Philadelphia, in investigating this subject many years ago secured the reports of three more cases which McDowell had written in letters to various surgeons who had sent him cases for operation. Of the eight cases reported by McDowell (four in white and four in negro women), five were completed, three were unfinished but recovered. Of the five completed operations, two white, three black) one, a negro, died. Mortality of completed operations, 20 per cent.

In addition to this we have the testimony of his nephew, Dr. Wm. A. McDowell, who was for five years his pupil and assistant and two years his partner, who tells us that his uncle performed ovariotomy thirteen times, with eight recoveries. This statement is also attested by Dr. Allen C. Smith, an assistant of McDowell and himself a successful ovariotomist during his subsequent career.

The second ovariotomist in this country, and indeed in the world, was Dr. Nathan Smith, then professor of surgery in Yale College, New Haven, Conn. This operation was as truly original as Dr. McDowell's, Dr. Smith being at the time entirely unaware of Dr. McDowell's work. It was performed at Norwich, Vermont, July 5, 1821, and was reported in the *American Medical Record*, Philadelphia, for June, 1822, also in the *Edinburgh Medical and Surgical Journal*, for October, 1822. Dr. Smith's technic differed in several details from that of McDowell's first operation: He made a short incision below the umbilicus, only three inches long, tapped the cyst and drew out the sac. The omentum being adherent, it was detached and two arteries in it tied with leather ligatures (narrow strips cut from a kid glove). Two arteries in the pedicle were also tied, the latter being dropped into the peritoneal cavity and the incision closed. The cyst contained eight pints of fluid. Convalescence was smooth and uneventful. The patient sat up and walked at the end of three weeks.

Dr. Smith states that he was led to perform the above oper-

ation from the fear the patient had of speedy death from the growth of the tumor and from the fact that he had learned from an autopsy and from several specimens of dropsical ovaries in his possession that adhesions were absent or so slight as to be of no practical consequence in an operation for removal. This experience differed from most authorities of his day. He further states that, "The operation persued in the above case is the same as I have described to my pupils in several of my last courses of lectures on surgery. The result has justified my previous opinions."

Upon this point he was obliged to change his opinion for in the same publication and on the same authority, Prof. Smith is credited with two other cases "in which he attempted the operation, but was compelled to desist." The first case referred to was that of a fibrous growth of the uterus, and in the second the tumor, doubtless an ovarian cyst, completely filling the abdominal cavity. The latter patient had been tapped two or three times previously. The adhesions were found so extensive and firm that the operation had to be abandoned. In both instances recovery followed these unfinished operations.

America is entitled to the distinction, therefore, not only of having two originators of ovariotomy, one with the long incision and one with short, but she had also two educational centers directing the attention of the profession thereto. Philadelphia, at the time McDowell sent there the reports of his five operations for removal of diseased ovaries to be published in the *Eclectic Reportory*, was the greatest center of medical teaching in this country. The medical journal referred to was as respectable and widely known as any other then published in the United States. Not only had the reports of these unique cases in all their details been brought to the notice of the large number of readers of this periodical, both at home and abroad, at the date in question; but there had also appeared from time to time, in the subsequent issues of this journal, sharp criticisms of the teachings of McDowell, as well as articles in defense of them, not only by himself, but by others. All this, therefore, tended to prove beyond question that there was an extended knowledge among intelligent and well-informed physicians at that period of the great triumphs of the Kentucky surgeon. Beside this, Prof. James, then one of the ablest teachers of obstetrics and diseases of women in this country (to whom Dr. McDowell directly addressed his paper, September, 1819, accompanying it

with a dignified and convincing defense of the principles of his operation), availed himself of every opportunity to make known to his large classes the character of these brilliant operations and the influence they would have upon the profession.

In New Haven, Conn., we find another center of medical teaching as well as educational and classical instruction. Dr. Nathan Smith was directing his attention and that of his students to the same subject.

A most interesting feature in the establishment of the authenticity of McDowell's cases now presents itself. In recognition of the obligation McDowell felt to his former teacher, John Bell, of Edinburgh, for his inspiration in undertaking his first experiment, as well as a possible feeling of pride in the pleasure his former teacher would experience in knowing that one of his pupils had accomplished the deed that he had pictured as an ideal procedure, he sent a duplicate copy of the report of his cases to him at Edinburgh. It so happened that John Bell at this time had gone to the continent for his health, where he remained until his death. The manuscript therefore fell into the hands of Mr. Lizars, who had charge of Mr. Bell's patients and professional correspondence. McDowell's report of his first three cases intended for Mr. Bell, slumbered in Mr. Lizars' possession for more than seven years, when Mr. Lizars published a case of attempted ovariotomy by himself and, as a justification of his bold undertaking, appended thereto McDowell's report; this was in 1824. Lizars had mistaken a phantom tumor with thick abdominal walls for an ovarian cyst; had incised the abdomen from two inches below the ensiform cartilage to the crista of the os pubis. He found no tumor and closed the incision.

Peaslee's comment upon this reads: "In such circumstances Dr. McDowell's report of three cases afforded a precedent for Lizars' operation, if it did not indorse his diagnosis."

Mr. Lizars does not refer to the case of Nathan Smith, performed at Norwich, Vt., on July 5, 1821, and reported two years previously in the same journal in which his article now appeared, except to remark that Dr. Smith, of Connecticut, had lately performed the operation successfully.*

This appearance of McDowell's report came as a startling piece of intelligence to the professional world of Great Britain. It was received there also with great incredulity, the editor of the *Medical Chirurgical Review*, January, 1825, remarking: "We

* *Edinburgh Medical and Surgical Journal*, October, 1822.

cannot bring ourselves to credit the statement. *Credat judæus non ego.*" He also adds in a succeeding number of his journal: "In despite of all that has been written respecting this cruel operation, we entirely disbelieve that it has ever been performed with success, nor do we think it ever will." This same spirit of opposition had already declared itself in the very journal, *The Eclectic Repertory*, of Philadelphia, in which McDowell first published his report, as I have already narrated.

Those familiar with the history of the great discoveries in medical science that have set the mile-stones of progress in its career are not surprised to find the same spirit of conservatism (to characterize it by no milder term) denouncing the operation of ovariotomy and vilifying the operator. How strange it all seems! This was true of Harvey, Jenner, Paré, Oliver Wendel Holmes, and all the rest.

McDowell in his first five cases established about all the distinctive and important principles in the technic of oöphorectomy. Except in the one particular of aseptic precautions, it is surprising how minutely the ovariotomist even of to-day in dealing with large cysts follows him in the successive steps of the operation, and how few improvements have been made.

1. In his first case and five others he made offhand, his sweeping long incision laying open the abdomen from the border of the ribs to the spine of the pubis, sometimes at the outer border of the rectus, sometimes in the median line. In two cases, the third and the sixth, he used the short median incision below the umbilicus.

2. The principle of regarding the short incision as exploratory, inserting one finger or hand for exploration in diagnosis, holding in reserve the practicability of enlarging the incision and completing the operation or puncturing and draining the cyst when removal was impossible.

3. The practice of avoiding the umbilicus in extending the incision, going around it to the right or left.

4. The practice of turning the patient upon her side to prevent the fluid getting into the peritoneal cavity or emptying it when it had escaped into it.

5. The principle of transfixing the tissue of the pedicle with the ligature to prevent slipping. This he applied after the slipping of the ligature in one of his cases.

6. The closure of the wound with interrupted sutures together with broad adhesive strips and the application of compress and abdominal binder.

To McDowell, therefore, we are indebted not only for demonstrating the possibility of excising an ovarian tumor, but also for exhibiting at his first operation an almost perfect technic. In reporting his cases he said almost nothing, however, about the after-treatment. Undoubtedly it was this omission that gave occasion for the doubts and criticisms that were showered upon him. Prompted doubtless by a desire to avoid this unfortunate experience, his early successors especially Lizars, in 1824, and Charles Clay, in 1843, elaborated the after-treatment to the fullest extent. Indeed, the thoroughness with which the early operators thought out the minute details of their operations and carried them into execution is indicative of their keen surgical sense and their familiarity with the exigencies of surgical work.

It is interesting to note how carefully they considered and anticipated all the questions that even during the last quarter of a century we have been contending about. Where, indeed, is to be found a more pointed application of the saying, that the vaunted discoveries of the present were only the commonplaces of the past? For instance, Clay discusses the preliminary treatment of the bowels, recommending compound jalap powder and inspissated ox-gall. Lizars advocated a temperature of 80° for the operating-room. Clay, 68° to 70°. They both used and praised the long incision, from the border of the ribs to the pubis. Clay wrapped the intestines in a cloth dipped in a solution of lard and hot water, emphasizing the importance of handling them as little as possible. He thought the adhesions were severed best by cutting rather than tearing with the fingers, insisted that as little opium and stimulants should be given as possible, and even used the rectal tube for the escape of flatus. I remember distinctly when this last device—the rectal tube—was introduced into the Woman's Hospital as a most happy and novel contrivance during my term of service as interne. A few years since a surgeon out West suggested marking the abdomen with lines of nitrate of silver across the line of incision in cases of greatly distended abdomen, so that the same parts might be brought into apposition in suturing the wound subsequently. And yet this device was used and recommended by Lizars. Clay took the advanced position that ovarian tumors should not be tapped because it produced adhesions and so complicated subsequent operations.

The remarkable feature of the after-care of their patients was bleeding. It is interesting to note what unbounded faith the

early operators had in it. Lizars applied it in a most heroic manner in his after-treatment of ovariotomy. He says, in describing this first case: "Six hours after the operation, bled her to syncope, which occurred when 11 ounces of blood were extracted. Next morning skin felt hot, tongue was white and a little crusted, so I repeated the bleeding to syncope which occured when 13 ounces of blood were abstracted. After the bleeding she felt easier and by evening the symptoms had disappeared. Toast, water, tea, coffee, and warm gruels were administered, also five drops of opium which stayed on her stomach. Second morning felt much better; breathing natural, pulse 90 and soft, skin cool and soft, tongue white and moist, the bladder still required the catheter. Conditions continued favorable until the evening of the third day. Wound dressed and found in good condition. At 8 P. M. pain in right iliac region darting upward, pulse 108° full and strong, skin hot and some thirst. I therefore bled her to fainting which followed after sixteen ounces were abstracted. In an hour afterward a domestic enema was given, and lastly the sedative of opium; enema operated well and she fell asleep."

His third case died, although she had been bled to syncope three times on the third and fourth days. Autopsy showed adhesions throughout the abdomen, the Fallopian tube turgid and red in color. "From these appearances and the symptoms after the operation," the author says, "I am of the opinion that blood-letting should have been had recourse to on the evening of the day of the operation. Her emaciated frame and enfeebled constitution deterred us from acting with the same promptitude and vigor as in the other cases." He draws the following and impressive lesson: "In every case of this operation bleeding should be performed whenever the pulse rallies after the operation, and repeated again and again as may appear prudent and necessary."

In the next case, the fourth, he puts this maxim into practice: "Although the pulse was 64 and soft, within a few hours after the operation, 20 ounces of blood were taken from the arm for 'prudential motives.' "

The notes continue: At 7 P. M., first day, pulse 86, full and hard; bled to 35 ounces, after which she felt much relieved. Eight P. M., pulse 108, soft and full, skin moist, tongue natural, 20 ounces of blood taken from the arm.

If patients could survive such treatment it is not to be wondered

at that Lizars in his paper, published in 1824, set forth the following conclusions: "From these cases there is little danger to apprehend in the laying open the abdominal cavity; that in diseased ovarium, extrauterine conceptions with deformity of the pelvis preventing embryulcia, aneurysm of the common or internal iliac arteries or of the aorta, volvulus, internal hernia, cancer of the uterus, and foreign bodies in the stomach threatening death, we should have recourse early to gastrotomy. Delay in such cases is more dangerous than operation."

Time does not permit me to dwell upon the courageous and noble work of our own countrymen, John and Washington L. Atlee, of Kimball, and of Peaslee, all of whom, in the face of bitterest opposition and denunciation on the part of their professional brethren, stood by their surgical convictions, responded to the call of suffering women, and compelled the acceptance of oöphorectomy as a justifiable operation. They were valiant knights as ever drew blade in defense of right and justice.

The dominant characters in this great drama, however, were Ephraim McDowell, of Danville, and Charles Clay, of Manchester, England. From the brain and hand of McDowell the operative technic sprang forth almost in its perfection, and the painstaking after-treatment of Clay elaborated it into a complete procedure.

And what shall we say of this procedure? What has it done and what is it doing for womankind? Peaslee says that it excels all other strictly surgical operations in its life-prolonging results to women. In 1870 he made a critical analysis of all recorded cases of ovariotomy up to that date and, basing his calculation upon the known law of the length of life of a woman who has an ovarian tumor uninterfered with, and the probability of the longevity of healthy women of corresponding age according to the most approved tables of life insurance, demonstrated that in the United States and Great Britain alone ovariotomy had during the preceding thirty years directly contributed more than thirty thousand years of active life to women; all of which would have been lost had ovariotomy never been performed, to say nothing of saving her more than a thousand years of untold suffering. If within the short space of thirty years, and that, too, in the early developmental stage of the operation, it gave to the world thirty thousand years of sweet uplifting influence of woman, who can estimate the æons of years that have been added to longevity and the influence of woman since that date?

Ovariotomy has been termed "an operation without its parallel;" "an operation fraught with happiness." Koeberle, of Strasburg, said of it: "it is one of the most convincing titles to glory of our surgical epoch." Surely, in its far-reaching potentiality it ranks second only to one other great discovery which our country has given to surgery and the world, viz.: anesthesia, and together with listerism—asepsis—forms the trinity of modern surgical achievement.

And now, as a closing word, what shall we say of Ephraim McDowell? We find that he was an amiable, simple-hearted man, free from wordly ambition, in love with his profession and devoted to his work. He had been well grounded in the broad principles of surgery as understood in his day, and, being thrown upon his own resources in his life on the frontier, he unhestitatingly applied them in whatever way the individual case demanded. The characteristic of the man's life was its simplicity, and therein was revealed his greatness. Jackson says: "His practice extended in every direction, persons came to him for treatment from all neighboring States, and he frequently took horseback journeys for hundreds of miles. We may say that he stood *facile princeps* in surgery west of the Allegahnies. He is to be accepted as being in the habit of performing every surgical operation then taught in science." He had the reputation of being extremely successful in lithotomy as well as in strangulated hernia. What more natural, then, when Mrs. Crawford expressed her willingness to undergo what he represented to her as an experiment, without apparent consciousness of doing anything more than relieving the case in hand, he applied the universal principle of extirpating the seat of disease at its source? It proved life-saving, and lo, a great and new epoch of surgery was inaugurated.

A hundred years—a century—have rolled by since that day and yet the luster of McDowell's achievement has grown steadily brighter to the present day. It was a fertile seed which, planted in appropriate soil, has risen to a mighty tree. It has manifold branches and has borne abundant fruit.

McDowell was born November 11, 1771, and died January 25, 1830, in the fifty-ninth year of his age.

Peace be to his ashes and glory to his name.

McDowell did not live to see his operation adopted as a recognized surgical procedure, but he did have the satisfaction of knowing that Dr. Johnson, the editor of the *Medico-Chirurgical Review*, who had declared in 1825 that he did not believe the operation

had ever been done successfully and probably never would, the following year published in the same journal a recantation, in which he said: "A back settlement of America—Kentucky—has beaten the mother country, nay Europe itself with all the boasted surgeons thereof, in the fearful and formidable operation of gastrotomy, with extraction of diseased ovaries. In the second volume of this series we adverted to the cases of McDowell, of Kentucky, published by Lizars, of Edinburgh, and expressed ourselves as skeptical respecting their authenticity. Dr. Coates, however, has now given us much more cause to wonder at the success of Dr. McDowell, for it appears that out of five cases operated on in Kentucky by McDowell, four recovered after the operation and only one died. There were circumstances in the narratives of the first three cases that caused misgivings in our minds for which uncharitableness we ask pardon of God and Dr. McDowell, of Danville."

A broad and searching examination of all the claims put forward by aspirants, or their friends, to the honor of antedating McDowell has proved them, one and all, entirely groundless. The wide dissemination of the facts upon which this decision rests, and the ripening influence of time have brought the professional and scientific world into accord upon this subject, so that I think I am safe in saying that in this centennial year McDowell is universally recognized throughout the world as the originator of the operation and entitled to be proclaimed the Father of Ovariotomy.

616 MADISON AVENUE.

DR. EPHRAIM McDOWELL, "FATHER OF OVARIOTOMY": HIS LIFE AND HIS WORK.*

By AUGUST SCHACHNER, M. D., Louisville, Ky.

During a visit to Germany in the summer of 1911, I talked with several Germans about Dr. Ephraim McDowell, and grew convinced that neither the man nor his work were as thoroughly understood as they deserve to be. This discovery became my *chief* reason for investigating Dr. McDowell's life, and for my endeavor to prepare a clear presentation of him and his work.

In the present paper lack of time compels me to present the

* Paper read before The Johns Hopkins Hospital Historical Club, December 9, 1912.

subject in a direct and concise form, foregoing in many instances details of circumstances and reasons for reaching and holding certain conclusions.

According to the family tradition, the ancestors of Dr. Ephraim McDowell emigrated from Scotland to North Ireland, during the Protectorate of Cromwell, about the middle of the seventeenth century.

Ephraim McDowell, the great-grandfather of Dr. Ephraim McDowell, fought in the English Revolution. At the age of 16 he was one of the Scotch-Irish Presbyterian defenders of Londonderry, during the troubles in 1688, and aided in resisting the besieging forces of James II in the memorable siege of 1689. His wife was Margaret Irvine, his first cousin. With his two sons, John and James, and his daughters Mary and Margaret, he emigrated to America, landing in Pennsylvania. It is believed that his wife died in Ireland. The date of his arrival in Pennsylvania, where he remained several years, is unknown, possibly, as thought by some, September 4, 1729. In Pennsylvania his son John, who was the grandfather of Dr. Ephraim McDowell, married the thrice-wedded Magdalena Wood, and it was here that Samuel, the father of Dr. Ephraim McDowell, was born, on October 29, 1735. In 1737 Ephraim McDowell, his son John, his son-in-law, John Greenlee, with his wife Mary McDowell Greenlee, moved by way of the lower Shenandoah Valley to what is now Rockbridge County, Virginia, near the present town of Lexington. They were the first three settlers in that region.

The great-grandfather of Dr. Ephraim McDowell died at the age of about 100. He lies buried in Rockbridge County, Virginia.

Capt. John McDowell, the father of Samuel McDowell, and the grandfather of Dr. Ephraim McDowell, fell in a battle with the Indians on Christmas day, 1743. He left three children, Samuel, James and Sarah. Samuel, the oldest, born in Pennsylvania, October 29, 1735, was the father of Dr. Ephraim McDowell. Two years later John McDowell moved with his family to Virginia. Samuel, as he grew up, received a good education for those times, one of his instructors being his relative, the distinguished Dr. Archibald Alexander. On the 17th day of January, 1754, in Rockbridge County, at the age of 18, he was married to Miss Mary McClung, daughter of John McClung and Elizabeth Alexander. Miss McClung, of Scotch parentage, was born in Ireland on October 28, 1735. Samuel McDowell and his wife Mary had 11 children born to them. When twenty years old he fought in the French and Indian War. He served under General Washington, and was present at the battle of Braddock's defeat. In 1774 he served as captain in Dunmore's War, and in the battle of Point Pleasant was an aide-de-camp to General Isaac Shelby, who afterwards became the first governor of Kentucky, and whose daughter later became the wife of Dr. Ephraim McDowell. Samuel was a colonel in the war of the Revolution, and with his regiment served under General Green at the battle of Guilford's Court House, and throughout Green's campaign against Cornwallis.

Preceding the Revolution, Samuel McDowell and Thomas Lewis represented Augusta County in the Convention of 1775 at Richmond, and protested against government by any ministry or parliament in which the people were not represented. They were delegated to address to George Washington, Patrick Henry, Benjamin Harrison, and other delegates from Virginia in the Continental Congress, a letter of thanks and approval of their course. In 1776 Samuel McDowell was a member of the Convention held at Williamsburg, Virginia, which instructed the delegates to the Continental Congress to declare the colonies free and independent.

He was appointed in 1782 by the Virginia legislature one of the commissioners to settle land claims in what was then a portion of Virginia, but afterwards became the state of Kentucky.

In 1783 he came as a surveyor with his family over the Wilderness Road, and took up his residence in Fayette County. In that year, at Harrodsburg, he, with two others, presided over the first court held in Kentucky. The next year he moved to Mercer County, in which Danville was situated. According to Collins, he was made president of all the early Kentucky conventions, nine in number, including the one that framed the Constitution of Kentucky. During his presidency in 1792, Kentucky was admitted to the Union.

In religion he was a member of the Presbyterian Church. He remained upon the bench until a few years before his death, and was known as Judge McDowell, to distinguish him from one of his sons, Samuel. After a long and useful life, during which he enjoyed the fullest measure of confidence and esteem throughout his state, he passed away, September 25, 1817, at the age of 82, at the residence of his son, Colonel Joseph McDowell, near Danville, Kentucky.

Dr. Ephraim McDowell was born November 11, 1771, in that portion of Augusta County, Virginia, that is now called Rockbridge County. He is generally referred to as of Scotch-Irish stock. Correctly speaking, he was born in the colony of Virginia, under the British flag, of Scotch parentage. Both sides of his house were Scotch. They emigrated to America by the way of, and after some residence in, Ireland. The Scotch-Irish reference in this, as in most other instances where it is employed, is misleading, and is based upon the residence in Ireland and not upon any mixture of Scotch and Irish blood. He was the ninth of eleven children, and the sixth son. When about 13 years of age, he moved from the place of his birth to the place of his future activity, Danville, Kentucky.

He received the best education that those early times and frontier conditions afforded, which, however, according to our present standard, might rightly be termed limited. Worley and James, who conducted a school at Georgetown, and later at Bardstown, were among his teachers. He also attended the Academy at Lexington, Virginia. His subsequent reputation as an athlete, while at the University of Edinburgh where he was successfully pitted by his class against an Irish professional in a foot race, lends color to the view that at school he was fonder of outdoor sports than indoor studies.

Later he studied medicine for two or three years with Dr.

Alexander Humphreys, of Staunton, Virginia, who was a graduate of the University of Edinburgh.

In 1793 and 1794, McDowell attended the University of Edinburgh. It is believed that while there he gave especial attention to anatomy and surgery. Apparently dissatisfied with the surgical lectures, or at least feeling a desire for more instruction in this line of work, he became a member of the private class of John Bell, who, in addition to being an able surgeon, was a clear and forceful teacher, and a man of charming personality. It is generally thought that from Bell's influence, together with his lucid lectures upon the diseases of the ovary and his statement that some day surgery would relieve those suffering from ovarian troubles, the seed sprung from which developed the operation of ovariotomy.

Indications justify the belief that he left Edinburgh without his degree, although some of his relatives claim that he secured it. He returned from there in 1795 and began the practice of medicine at his home in Danville where he remained until his death.

In 1817 the Medical Society of Philadelphia, the most distinguished of that time in this country, publicly recognized McDowell's ability, and in 1825 he received an honorary degree from the University of Maryland. This appears to be the first degree that was ever conferred upon him. Lunsford P. Yandell, Sr., suggests that this came through John P. Davidge, one of the founders of the University of Maryland, for Davidge was a friend and contemporary of McDowell at the University of Edinburgh.

Situated as he was, in a frontier city, favorably known and extensively connected, and with what was at that time unusual, a training in one of the best, if not the very best of the foreign universities, it is needless to say that an extensive practice covering what was then the entire southwest rapidly sprang up.

Hardly any anecdotes of his childhood or personal recollections of his manhood are known. He is described as erect and tall, nearly 6 feet, and inclined to corpulency, with a florid complexion and lustrous black eyes. He was a ready wit and fine conversationalist. In an unpretentious way, he was fond of music; he would sing English and Scotch songs with comic effect, accompanying himself with his violin upon which he performed with ordinary ability. He mingled freely with all classes of his townspeople, displaying the modesty and simplicity of a great man. He is said not to have used tobacco in any form, and to have been temperate in his habits. He was neat in person and invariably dressed in black, wearing a silk stock and ruffled linen.

He inclined to surgery; the medical side of his work he transferred as much as possible to his partner, and in his instructions to his pupils, he urged them not to rely too much upon drugs. His foreign training and Scotch origin explain his preference for Cullen and Sydenham in medicine, and Burns and Scott in literature. He was no writer; his only contributions to medical literature are said to be two reports in the Eclectic Repertory and Analytical Review upon his ovarian operations.

At the age of 31, he married Miss Sarah Hart Shelby, who was then in her eighteenth year. She was the daughter of Governor Isaac Shelby, Kentucky's first governor. Six children were born to them, two sons and four daughters. Three of the children survived him. Through the influence of his wife, he became a member of the Episcopal Church. Several years before his death, he retired to his country home called Cambuskenneth, located about two miles from Danville, but did not give up the practice of medicine.

His death occurred while still in the full vigor of life. The illness began suddenly, while he sat in his garden eating strawberries. The chief symptom was great pain, followed by nausea and later by fever, which is said to have lasted fourteen days, when he died (possibly of an acute appendicitis). In his death, which, according to some, occurred on the evening of June 20, and according to others, June 25, 1830, in his 59th year, he preceded his wife ten years. They were both buried in the family burying ground, near Danville, at Travellers Rest, the home of his father-in-law. In 1872, Dr. John D. Jackson, of Danville, seconded by Dr. Lewis A. Sayre, started a movement which was completed through the Kentucky State Medical Society in 1879, and had, as its results, the removal of the remains of Dr. Ephraim McDowell and his wife, to Danville and the erection of a shaft over their graves.

On December 13, 1809, fourteen years after he began the practice of medicine, he was called to see a Mrs. Crawford, who lived in Green County, some 60 miles from Danville. She was thought to be pregnant and had exceeded her time. McDowell, after an examination, explained to her the nature of her condition and his proposed plan of relief.

Exactly what passed between McDowell and his memorable patient is mere speculation and will never be known. The operation at the time of its performance, received, considering its importance, comparatively little attention even from McDowell himself. An account of it was not published until about seven years later and then only after considerable urging on the part of his friends.

This much we know, that Mrs. Crawford yielded to McDowell's judgment and made the journey to Danville on horseback, it is said resting the tumor upon the horn of the saddle.

There is a tradition that McDowell's life was threatened by an angry mob for his rashness in performing the operation. This will never be satisfactorily proven or disproven. It seems, on reflection, reasonable to assume that this story has with time become exaggerated. McDowell was generally underrated by many and specially maligned by his enemies. He was held, however, by the greater part of his people to be easily the foremost man in medicine, and also considered a leading citizen in his community. Mrs. Crawford's evident entire willingness to undergo the operation is emphasized especially by the distance and difficulties under which she made the journey. No doubt the proposed operation was known to every one beforehand and in all likelihood, as is customary in small places, even to-day, where news is at a premium and where the tedium of the lives of the people is broken by their interest in their neighbors' affairs, there were comments of all kinds. In fact it is said that his nephew, Dr. James McDowell, whom he brought

up and who was his partner, made several attempts to dissuade him from operating and agreed only at the last moment to be present, and assist for fear of the damage he would sustain in his practice in the event of failure of the operation.* There does not appear, however, enough ground upon which to base the story of an organized effort to do him bodily harm in the event of failure.

After the lapse of seven years following the first ovariotomy and at the repeated urgings of another nephew, William, and others, he was prevailed upon to prepare a report of the first three cases. This was forwarded in 1816 to his old teacher, John Bell, to whom it is believed he was indebted for the idea, but fell into the hands of John Lizars, owing to Bell's absence in Italy in quest of health.

Another copy was sent in the autumn of 1816 to Philip Syng Physic of Philadelphia, with a request that it be published if found worthy and this, like the first, received no attention.

His nephew, William, who was the bearer of the report to Physic then turned to Dr. Thomas C. James, who has passed into history as the modest, amiable and benevolent professor of midwifery in the University of Pennsylvania, and one of the editors of the Eclectic Repertory.

Professor James, who placed confidence in McDowell and his nephew, took the time to study and then communicate the report to his pupils, amid their applause, and later publish it in the Eclectic Repertory and Analytical Review (Vol. VII, 1817). The original report, which, we feel, in view of its importance and interest should be reproduced in full as far at least as it deals with the first case, is as follows:

In December, 1809, I was called to see a Mrs. Crawford, who had for several months thought herself pregnant. She was affected with pains similar to labor pains, from which she could find no relief. So strong was the presumption of her being in the last stage of pregnancy that two physicians, who were consulted on her case, requested my aid in delivering her. The abdomen was considerably enlarged and had the appearance of pregnancy, though the inclination of the tumor was to one side, admitting of an easy removal to the other. Upon examination, *per vaginam*, I found nothing in the uterus, which induced the conclusion that it must be an enlarged ovarium. Having never seen so large a substance extracted, nor heard of an attempt or success attending any operation such as this required, I gave to the unhappy woman information of her dangerous situation. She appeared willing to undergo an experiment, which I promised to perform if she would come to Danville (the town where I live), a distance of sixty miles from her place of residence. This appeared almost impracticable by any, even the most favorable conveyance, though she performed the journey in a few days on horseback. With the assistance of my nephew and colleague, James McDowell, M. D., I commenced the operation, which was concluded as follows: Having placed her on a table of the ordinary height, on her back, and removed all her dressing which might in any way impede the operation, I made an incision about three inches from the musculus rectus abdominis, on the left side, continuing the same nine inches in length, parallel with the fibers of the above-named muscle, extending into the cavity of the abdomen, the parietes of which were a good deal contused, which we ascribed to the resting of the tumor on the horn of the saddle during her journey. The tumor then appeared full in view, but was so large that we could not take it away entire. We put a strong ligature around the Fallopian tube near the uterus, and then cut open the tumor, which was the ovarium and fimbrious part of the Fallopian tube very much enlarged. We took out fifteen pounds of a dirty, gelatinous-looking substance, after which we cut through the Fallopian tube and extracted the sack, which weighed seven and one-half pounds. As soon as the external opening was made the intestines rushed out upon the table, and so completely was the abdomen filled by the tumor that they could not be replaced during the operation, which was terminated in about twenty-five minutes. We then turned her upon her left side, so as to permit the blood to escape, after which we closed the external opening with the interrupted suture, leaving out, at the lower end of the incision, the ligature which surrounded the Fallopian tube. Between every two stitches we put a strip of adhesive plaster, which, by keeping the parts in contact, hastened the healing of the incision. We then applied the usual dressings, put her to bed, and prescribed a strict observance of the antiphlogistic regimen. In five days I visited her, and much to my astonishment found her engaged in making up her bed. I gave her particular caution for the future, and in twenty-five days she returned home as she came, in good health, which she continues to enjoy.

This report was met with indifference and incredulity on the one hand and ridicule on the other.

The original paper sent to Bell, which fell into the hands of Lizars, was published seven years after McDowell's report in connection with one of Lizars' failures, and it was this that awakened Europe and, through reaction, aroused America more than McDowell's own publication.

The second operation in 1813, four years after the first, was upon a negress. In this the ovary was exposed and incised, allowing a gelatinous substance and blood to the amount of about one liter to escape, but the ovary was not removed owing to the firmness of its adhesion to the *vesica urinaria* and *fundus uteri*. She recovered from the operation, had no more pain and was able to pursue her occupation. The third operation, and the last to be included in his first report, was performed May, 1816, or three years after the second. Like the second, it was upon a negress and in this case he removed a *scirrhous ovarium* weighing six pounds.

His second communication, also published in the Eclectic Repertory, embraced descriptions of his fourth and fifth patients, who, like the others, except the first, were negresses. The fourth was operated upon April, 1817. It was a *scirrhous ovarium* weighing five pounds. Although she made a recovery from the operation and it was the smallest of all, it gave him the most trouble at the time and was not as satisfactory in the end results as the others.

The fifth, who was operated upon May 11, 1819, had been tapped four times before the operation. Many adhesions were encountered. Sixteen liters of gelatinous fluid were discharged from the tumor and abdomen. She died of peritonitis on the third day. The tumor was a dermoid cyst.

These were the only cases that McDowell reported; the exact number of these operations he performed will never be known. Samuel D. Gross collected three additional cases, all white, making eight in all, four in white and four in negro women. Five operations were complete and three were incomplete. Of

* In McDowell's own account of the operation he says, that his nephew, James McDowell, did assist him.

the five complete operations, there were two in white and three in negro women, with one death among the latter, the mortality of the completed operations thus being 20 per cent. William, his nephew and also at one time a partner, is the authority for the statement that his uncle performed the operation in all 13 times.

McDowell's surgery was not confined to that of the ovary. He performed lithotomy 32 times without a death. One of his lithotomy cases, James K. Polk, later became president of the United States. He operated for hernia and performed all the operations known in his time.

After a careful search the writer has been unable to find sufficient evidence to justify the belief that McDowell ever performed Cæsarean section or that he ever returned to Europe after leaving the University of Edinburgh. By preference he operated on Sunday mornings.

Considering the importance to humanity of McDowell's work, he has been overlooked to an unpardonable degree, but what must we say when we come to that brave woman, Jane Todd Crawford, who successfully balanced her heroism against McDowell's genius and thereby joined with McDowell in emancipating countless millions of human beings of all nations and creeds in time to come, from a terrible condition from which a miserable death alone supplied the avenue of escape.

Peaslee in 1870 estimated that McDowell had added 30,000 years to the active life of womanhood in the 30 years prior to 1870 in the United States and Great Britain alone through the operation of ovariotomy. This in itself, would be quite enough to entitle Ephraim McDowell and Jane Todd Crawford to the lasting gratitude of humanity.

McDowell's operations, by demonstrating to the world the feasibility and safety of entering the abdominal cavity, became the cornerstone of abdominal surgery. To estimate even approximately at present the thousands of human beings that are annually saved and the countless hundreds of thousands of years that are annually added to human life through abdominal operations, would be a task well nigh superhuman. Abdominal surgery has reached such proportions that ovariotomy is but one of its smaller divisions, and when we think that even this bids fair to be extended and still further improved, we begin to realize the priceless gift and the enduring obligation that humanity owes to Ephraim McDowell and Jane Todd Crawford.

For more than a century the heroine of this story has passed from one writer to the next as Mrs. Crawford, of Green County. No one seems to have thought it necessary to establish her identity that she might take her proper place in history.

After an investigation fraught with many difficulties, extending over many months, involving an enormous correspondence and assuming at times a discouraging outlook, I feel justified from the records in my possession, in presenting the following history of her:

Jane Todd Crawford, who richly deserves to share with McDowell the honor and glory of an international memorial for her heroism, was born in Rockbridge County, Virginia. She was the sister of Samuel Todd, of Frankfort, Kentucky. Thomas Crawford and his wife, Jane Todd Crawford, with Thomas Mitchell, who in 1768 in Virginia had married Rachael, the sister of Thomas Crawford, moved to the waters of Caney Fork, nine miles southeast of Greensburg, arriving there November 5, 1805.

It must be remembered that Kentucky was still largely a wilderness and, owing to Indians and other dangers, emigrants moved about during the early periods not singly, but in groups. This was four years before Mrs. Crawford was operated upon. There is a record to show that Thomas Crawford and his wife, Jane, transferred to John Motley, 427 acres of land for $1900, "cash in hand," December 8, 1810, one year after the operation. The land was afterwards known as Motley's Glen.

Five children were born to them, Hon. Thomas Howell, Crawford, who was mayor of the city of Louisville in 1859 and 1860, Rev. James Crawford, a Presbyterian minister, Samuel Crawford, Alice Craig Crawford, who married William Paul Brown, and a daughter who died in infancy. Dr. Samuel D. Gross has proven conclusively that Mrs. Crawford did not give birth to a child after the ovariotomy.

As the daguerrotype camera was not introduced into the United States until 1839, it is not reasonable to suppose that any photograph was ever taken of her and in all likelihood no portrait of her was ever painted. All efforts to procure what would seem a trustworthy description of Mrs. Crawford, and more details germane to the operation, have so far failed.

There is a tradition in the Mitchell family that McDowell made no charge for the operation, but that Mr. Crawford presented him with an honorarium so large that, considered in the light of that period and the contracting parties, it is out of reason to suppose the story credible, and is mentioned simply as one of the many errors and traditions that confronted us in our search.

The story of Jane Todd Crawford's subsequent movements, her death and the discovery of her grave which had been forgotten for about a century, is akin to a romance, but entirely too long for the present paper. Stripped of its details, a long search and an extensive correspondence brought the writer in touch with Mr. J. K. Mitchell, a lawyer of Osborne, Kansas, and a grandnephew by marriage of the heroine. Mitchell's vigorous efforts resulted in enlisting the aid of the Rev. J. H. McArthur, a Presbyterian minister of Sullivan, Indiana, who discovered the grave in the Johnson Cemetery ten miles northwest of Sullivan.

Since the family bible, in which the family records were kept, was burned during the fire that destroyed the house of Rev. James Crawford, it is practically impossible to determine her exact age. The date of her death has been given variously as 1841, 1842 and 1843. The inscription on her tombstone reads:

JANE CRAWFORD
Died
Mar. 30, 1842
Aged 78 years
Blessed are the dead who die in the Lord.

According to this she survived the operation 33 years.

In the spring of 1912 the writer started a movement to preserve and memorialize the house in which McDowell lived and performed the ovariotomy.

The importance of rescuing this historic landmark situated in what is now the questionable quarter of Danville, and used as a negro boarding house, is too plain to require more than mere mention.

With this end in view, the writer addressed the Kentucky State Federation of Women's Clubs at their annual meeting at Mammoth Cave, May 29, 1912, and urged them in view of being the first beneficiaries of McDowell's work, to unite in saving this structure. He said in part:

If benefits to the human race are to be the standard by which we measure the usefulness and importance of a life, I am prepared to defend the statement that the importance of Dr. Ephraim McDowell's life overshadows that of either Washington or Lincoln, and that the house in Danville in which the ovariotomy was performed, should be more sacred not only to an American, but to the entire human race, than any other structure upon the whole American continent.

It has been fashionable for centuries to ignore the real benefactors of the human race, and to rush madly forward with monuments and memorials to statesmen and especially military leaders. This is a remnant of feudalism that is still in us. It is a legacy from the time when might was right even in smaller matters, as it still is to a degree in international matters, when we, more fondly than we do to-day, worshipped power and pomp at the expense of equity and reason. I do not wish to be understood as detracting from the statesman and the warrior, but I do wish to point out the benefits of the work of such a man as Ephraim McDowell as compared with the very greatest statesmen and military leaders. The moulding of a nation, the advancement of a particular people by a wise statesman, and the leadership of a successful army in a just cause, are matters that do not admit of any division of opinion. Since, however, many statesmen are forcible but not wise, and many military leaders brave and daring in an unjust cause, it is obvious that both harm and good are equally dispensed by these two popular idols. And even when the statesman is wise, and the military leader is fighting a just cause, they affect but one people and that they affect perhaps for one period, quite enough to justify their activities I will admit, as we all must.

Compare, however, this with Ephraim McDowell, whose life has affected all people. When he, for the first time on December 13, 1809, performed, before the time of anæsthetics, and without trained assistants and the usual conveniences that to-day are considered as almost indispensable, the operation of ovariotomy, he conferred upon womanhood in particular, and mankind in general, a benefit as great as any that has ever been conferred upon the human race in this or any other country and in this or any other age.

I am sure that no one will for a moment, dispute the magnitude of this gift to humanity, but I am not sure as to how many of us can really measure the greatness of this deed.

Since women were the first beneficiaries of his work, it seems entirely natural for the women of Kentucky to rescue the house in which this memorable deed was performed and which has added to the honor and glory of Kentucky more than all her other achievements combined, great as they are.

When this is accomplished, there should be an international movement to erect a joint monument befitting the services to the memory of Dr. Ephraim McDowell of Danville, and Jane Todd Crawford.

I am here to make an appeal to you to unite in rescuing from oblivion, what should be the most cherished and sacred structure in the entire Republic.

Even though the house should by some misfortune be destroyed, the spot should be memorialized. One feels like saying that it will be akin to savagery to ignore the spot where this deed immeasurable for its good, was consummated.

The appeal was favorably acted upon by the Kentucky State Federation of Women's Clubs. With commendable promptness a memorial committee was created. The writer made a number of efforts, some before and many during the half year following this action by the Federation, to persuade the owner of the building to place a valuation upon the same.

Although a man in affluent circumstances, he has resisted all entreaties towards placing a price upon the structure. As to whether John Gill Weisiger, the present owner, will ever be willing to sell this structure, that this shrine that spells more than volumes can describe, can be memorialized, that is a question that time alone can answer.

NOTE.—Since reading this paper before the Johns Hopkins Hospital Historical Club, a letter has been received from Mr. John Gill Weisiger offering to sell the house for $10,000, the offer to remain in effect for five days. The price has been considered as being considerably higher than expected, but we hope that the Kentucky Federation of Women's Clubs who have created a McDowell Memorial Committee wil be able to secure this house, and keep it as a memorial to Dr. Ephraim McDowell and Mrs. Crawford.

FIG. 1.—The McDowell Coat of Arms.

BIBLIOGRAPHY.

Gross, Samuel D.: Report on Surgery, Trans. Ky. State Med. Soc., Session 1852.

Gross, Samuel D.: Memorial Oration in Honor of Ephraim McDowell, John P. Morton, Louisville, Ky., 1879; and Medical Record, New York, 1879.

Gross, Samuel D.: Amer. Med. Biog., Lives of Eminent Physicians and Surgeons, Lindsey and Blakeston, Phila., 1861.

Yandell, Lunsford Pitts, Sr.: Med. Literature of Ky., Trans. Ky. State Med. Soc., 1874.

Yandell, David Wendell: Pioneer Surgery in Ky., Presidential Address, Trans. Am. Surg. Ass., 1890.

FIG. 2.—Dr. Ephraim McDowell. From a portrait in possession of his granddaughter, Mrs. William M. Irvine, Richmond, Ky.

FIG. 7.—Dr. McDowell's present burial place in Danville, to which his remains were removed in 1879 through the efforts of the Kentucky State Medical Association.

FIG. 3.—The house in which Dr. McDowell lived and performed the first ovariotomy, showing the present character of the street.

FIG. 4.—Premises and rear of house in which he performed the first ovariotomy, showing the slovenly condition.

FIG. 5.—Dr. McDowell's first burial place in the family burying ground at Travellers Rest, the homestead of his father-in-law, Gov. Isaac Shelby. The grave, as indicated by the arrow, was just beyond the slab seen in the center of the picture.

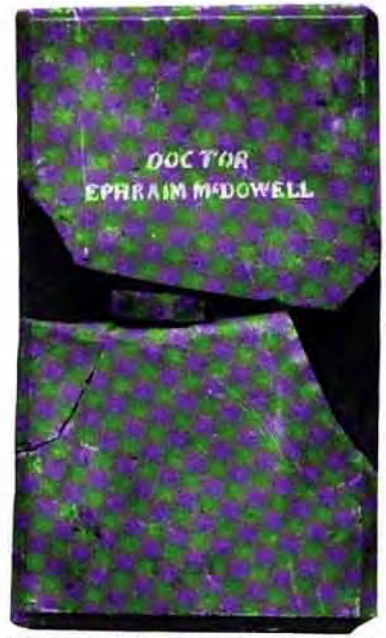

FIG. 6.—The remaining fragments of the slab that covered Dr. McDowell's first grave. By permission of Isaac Tevis, Esq., Shelby City, Ky. (The inscription was brought out by brushing it with whiting.)

Jackson, John D.: Biog. Richmond and Louisville Medical Journal, Louisville, 1873.

McMurtry, L. S.: Trans. Am. Med. Ass., Philadelphia, 1878.

McMurtry, L. S.: Trans. South. Surg. and Gyn. Ass., 1893; also Med. News Phila., 1894.

Lowder, W. L.: Ephraim McDowell, Med. and Surg. Monitor, Indianapolis, 1901.

Lowder, W. L.: The Passing of the Historic McDowell Building at Danville, Ky., Physician and Surgeon, Detroit and Ann Arbor, 1902.

Cincinnati Lancet and Clinic, Dedication of Monument to Ephraim McDowell, 1879.

Letcher, J. H.: Memoir of Ephraim McDowell, Trans. McDowell Med. Soc., Evansville, Ind., 1874.

Chesney, J. P.: Interesting Incidents in the Private Life of Ephraim McDowell, Cincinnati Med. Repertory, 1870.

Practitioner, London, 1897, Heroes of Medicine.

Columbus Med. Jour., 1902, p. 587, Biog. Sketch.

Cyc. of Amer. Med. Biog., Vol. II, Howard A. Kelly, M. D., W. B. Saunders Co., Phila., 1912.

Goffe, J. Riddell: Ephraim McDowell, The Father of Ovariotomy, Surg. Gyne. and Obstetrics, May, 1909; also Revue de Gynécologie et de Chirurgie Abdominale, S. Pozzi, Paris, Masson et Cie, 1909.

Swartsel, Samuel Carey: Ephraim McDowell, Eclectic Med. Gleaner, March, 1910.

Dunlap, Fayette: Pioneer Days in the Blue Grass, Eclectic Med. Gleaner, March, 1910.

Towsley, Lillian G.: Progress of Abdominal Section from 1771 to 1899, Cleveland Med. Gazette, September, 1899.

Barkley, A. H.: Some Facts not Generally Known regarding Ephraim McDowell, Surg. Gynec. and Obstetrics, October, 1912.

McDowell, Joseph N.: A report on the Improvements in the art and science of surgery in the last fifty years, read before the American Med. Assn. at New Haven, Conn., June, 1860.

McDowell, Ephraim, of Danville, Kentucky: Three Cases of Extirpation of Diseased Ovaria, The Eclectic Repertory and Analytical Review, Medical and Philosophical, edited by a Society of Physicians, Vol. VII, 1817.

McDowell, Ephraim, of Danville, Kentucky: Observations on Diseased Ovaria, The Eclectic Repertory and Analytical Review, Vol. IX, 1819.

Bradford, Joshua Taylor: Report on Ovariotomy, read before Ky. State Medical Association, Louisville, April, 1857, Semi-Monthly Medical News, Louisville, August, 1859.

Van De Warker, Ely, Syracuse, N. Y.: Mr. Knapp's Painting of the First Ovariotomy, The Obstetric Gazette, edited by E. B. Stevens, A. M., M. D., Cincinnati, Ohio, Vol. I, 1879.

Fehr, M.: Die Ovariotomie Geschichtlich und Kritish Bearbeitet, Heidelberg, 1864.

Speed, Thomas: The Wilderness Road, A description of the routes of travel by which the pioneers and early settlers first came to Kentucky, prepared for the Filson Club, John P. Morton, Louisville, Ky., 1886.

Speed, Thomas: The Political Club, Danville, Ky., 1786-1790, being an account of an early Kentucky Debating Society from the original papers recently found, prepared for the Filson Club, John P. Morton, Louisville, Ky., 1894.

Collins, Lewis: History of Kentucky, Vol. II.

Dinsmore, John Walker: The Scotch-Irish in America, The Winona Publishing Co., Chicago, Ill.

Green, Thomas Marshall: Historic Families of Kentucky, Robert Clarke and Co., Cincinnati, Ohio, 1889.

Fiske, John: Old Virginia and her Neighbors, 2 vols., Houghton, Mifflin and Co., Riverside Press, Cambridge, Mass.

Thompson, W. N.: Grave of Jane Crawford, the first subject of Ovariotomy, J. Am. M. Ass., 1913, LX, 67.

Thompson, W. N.: Correction, The Grave of Jane Crawford, J. Am. M. Ass., 1913, LX, 228.