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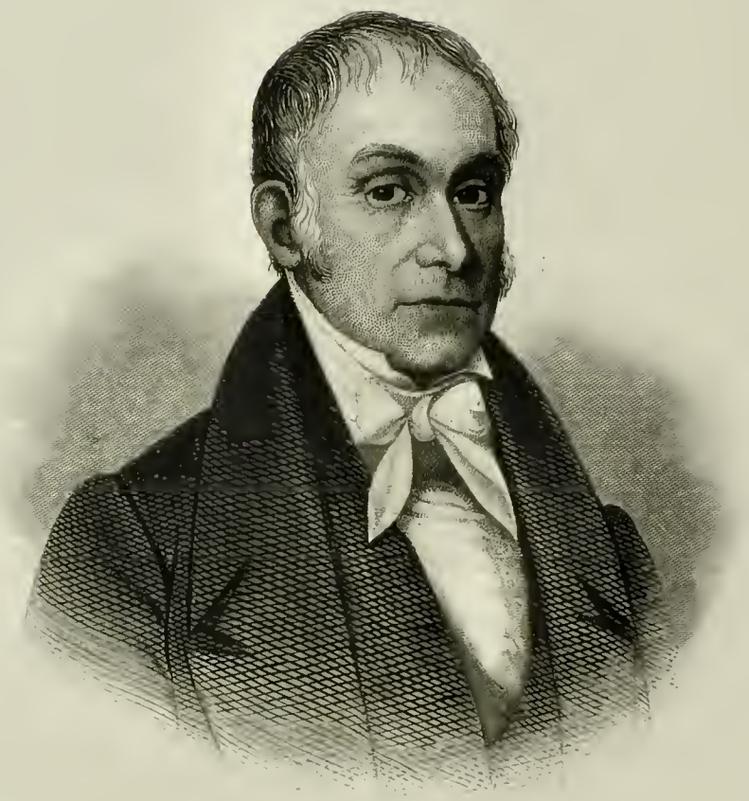

E McDowell

Accurate portrait of EPHRAIM McDOWELL, M.D., when 57 years of age (1828), taken from an oil painting, made from life by the celebrated artist, "Davenport"

BIOGRAPHY

OF

EPHRAIM McDOWELL, M.D.

"THE FATHER OF OVARIOTOMY."

BY HIS GRANDDAUGHTER,

MRS. M. T. VALENTINE.

WITH

VALUABLE SCIENTIFIC TREATISES AND INTERESTING MONOGRAPHS ON OVARIOTOMY,

AND

EULOGISTIC LETTERS, AND ADDRESSES BY EMINENT MEMBERS OF THE MEDICAL PROFESSION IN EUROPE AND AMERICA.

REVISED EDITION.

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TO THE MEDICAL PROFESSION

AND TO THE

EARNEST WORKERS IN THE FIELD OF SURGERY

WHO REVERE THE MEMORY OF

EPHRAIM McDOWELL, M.D.

This Work is Affectionately Inscribed,

BY HIS GRANDDAUGHTER,

MRS. M. T. VALENTINE.

NOTE.

OCCASIONAL repetition of facts recorded in medical works will be found in this book. This is owing to the articles containing these repetitions having been written by eminent surgeons who were not aware of what had already been contributed, and to the fact that a portion of the work had been electrotyped previous to the reception of these articles.

PREFACE.

Dr. Ephraim McDowell, the subject of this memoir, has rested from his earthly labors sixty years, and the reader will naturally wonder why so great a length of time should have elapsed before his biography had been written. Although notices of his wonderful career as a surgeon have appeared from time to time, notably one written by the late Professor S D. Gross, yet no detailed account of his private life has heretofore been given to the public.

At the present time laparotomy is appreciated and practised by the entire surgical world, and countless thousands are yearly being saved by McDowell's operation, ovariotomy. Each year the desire and interest becoming greater to know who this man was, and what prompted him first to insert the knife into the abdomen, led to a determination on the part of several of the most prominent surgeons of America to request some one of his descendants to give to the world all the facts of interest that could be gathered relating to the life of this daring surgeon. Hence the Author of this work, by request, has prepared *The Biography of Ephraim McDowell, M.D.*, trusting that her labors will be appreciated, and the work prove a fitting tribute to the memory of one whose entire life was devoted to the cause of suffering humanity.

We are largely indebted to Col. Thomas Marshall Green, of Maysville, Kentucky, for a correct and graphic history of the antecedents of Dr. McDowell, the persecutions of

the family, and the flight of its members from their native country, together with an account of their success and progress after settlement in America. We understand that Col. Green has searched diligently the family records to obtain everything of interest connected with our subject, hence we are secure in quoting from his work, entitled *Historic Families of Kentucky*, in following the ancestral line of Dr. Ephraim McDowell.

Professor Eugene Cordell, of Baltimore, Md., after great difficulty and delay, kindly procured a copy of the original diploma awarded to Dr. McDowell in the year 1825.

We are indebted to Col. J. McD. Alexander, of Virginia, for three very interesting letters, one, bearing date of 1792, written to the grandfather of Col. Alexander, and two, in 1793, to Ephraim McDowell, while he attended the lectures in Edinburgh, Scotland.

Dr. Edwin A. Peaslee, of New York City, kindly loaned us the use of the fine steel-plate of Dr. McDowell, which likeness he had engraved from a daguerrotype furnished by the late Mrs. McDowell, forming the frontispiece of this work.

Dr. Coleman Rogers, of Louisville, Ky., also kindly presented us with several copies of the "memorial services," held in Danville, Ky., at the dedication of the monument erected to the memory of Dr. Ephraim McDowell by the Kentucky State Medical Society, May 14, 1879.

As addenda to this life of Dr. McDowell, there will be found contributions from some of the leading ovariotomists of America and Europe, which, when considered in combination, will be found possessed of the value of a complete text-book on the subject. In these articles is considered everything that relates to the matter in its most advanced development. Also every incident of interest connected with the private life of this remarkable man will be found in this work.

Dr. Nathan Bozeman, of New York City, has given us an ably-written article comprising many points of deep

interest to the medical profession. He has prepared his article *especially* for the *Biography of Ephraim McDowell, M.D.*, and has spared no pains in its preparation.

Through the kindness of Dr. John H. McIntyre, of St. Louis, Mo., we have been furnished with a detailed description of the operation of ovariotomy, giving the reader an opportunity of comparing the present mode of operating with that first given to the profession by Dr. McDowell, in the year 1809. We were desirous of obtaining an article descriptive of ovariotomy from the able writer, Dr. William Goodell, of Philadelphia, Pa.; but, on his careful reading of Dr. McIntyre's paper, Dr. Goodell remarked, "The article from Dr. McIntyre covers the entire ground of ovariotomy, and I could not add to or take from it one word. I think it admirable."

To Professor William Tod Helmuth, of New York City, we extend our heartfelt thanks for his valuable article, pronouncing Dr. Ephraim McDowell "the father of ovariotomy" *the world over*, and for many other kindnesses received at his hands.

Dr. Lewis S. McMurtry, of Kentucky, will please accept thanks for the sketch of Dr. Ephraim McDowell, by the late Dr. John D. Jackson, of Danville, Ky.

We are also under obligations to Dr. W. W. Dawson, of Cincinnati, O., Prof. D. W. Yandell, of Louisville, Ky., and Prof. Walter Coles, of St. Louis, Mo., for valuable articles.

We are pleased to refer to the late Dr. Washington L. Atlee, of Philadelphia, who did so much toward reëstablishing "ovariotomy." His work entitled *Ovarian Tumors*, is dedicated in part "to the memory of Ephraim McDowell, M.D., of Kentucky, the founder of ovariotomy in 1809."

Drs. W. Gill Wylie and Augustin H. Goelet, of New York City, and Dr. Richard J. Levis, of Philadelphia, Pa., kindly contributed to this work.

It also gives us pleasure to acknowledge our full appreciation of *all* favors extended to us during the preparation

of this work, by Drs. Lewis A. Sayre, George F. Shrady, Fordyce Barker, T. Gaillard Thomas, and William M. Polk, of New York City; Drs. D. Hayes Agnew, A. R. Thomas, and Joseph Price, of Philadelphia, Pa.; Drs. Oliver Wendell Holmes and Henry J. Bigelow, of Boston, Mass.; Drs. Charles T. Parkes and E. C. Dudley, of Chicago, Ill.; Dr. Dudley S. Reynolds, of Louisville, Ky.; Dr. Dowling Benjamin, of Camden, N. J.; and our many medical friends in St. Louis, Mo., and elsewhere, who are too numerous to individualize.

Sir T. Spencer Wells and Dr. George Granville Bantock, London, England; Professor A. R. Simpson and Willoughby Walling, U. S. Consul, Edinburgh, Scotland; Charles William McDowell, Esq., of Otter Holt, Carlow, Ireland; M. Starkloff, U. S. Consul, Bremen, Germany; and many other eminent surgeons abroad have expressed their appreciation of Dr. Ephraim McDowell, and his wonderful achievements in surgery, by eulogistic letters and valuable articles, some of which will be found in this work.

Professor James E. Garretson was kind enough to lend the value of the literary experience of "John Darby" to the Author in a reading and revision of her book as it went through the press, a favor more than duly appreciated and valued. Where remaining faults are noticed, blame belongs alone to her.

Were we to attempt to enumerate the courtesies and kindnesses extended us by the medical profession, a detailed account would fill a volume. We can only say that their words of encouragement, and full appreciation of our labors, have urged us on to the completion of this book, and engraven upon our heart a feeling of friendship that the blighting hand of time cannot obliterate, and it will be a link to the memory of Dr. Ephraim McDowell.

The several medical journals which have so kindly noticed our work in advance of its publication are most gratefully remembered by

THE AUTHOR.

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CHAPTER I.

INTRODUCTION.

In the work now about to be put before the public, it is proposed to give a history of the late Dr. Ephraim McDowell, with a sketch of his antecedents, a description of his surroundings, a review of the times in which he lived, together with a treatise on ovariotomy, comparing the present mode of operating with that of eighty years ago, besides some interesting accounts of results that have sprung from the daring experiments of the frontier doctor, who, without anæsthetics, with inadequate instruments and unskilled assistants, conferred upon woman the greatest boon that surgery has ever given the sex.

The work also contains letters and papers from some of the foremost American and English surgeons testifying to the high place that Dr. McDowell holds in the history of surgery, and making clear his right to be called "The Father of Ovariotomy." These papers are not

only eulogistic, but coming from the highest sources are equally instructive.

The work contains all that has yet been discovered in the field of ovariotomy, besides giving the general reader an interesting narrative of the life and times of one of the most remarkable men of early Kentucky. The causes which have led to a great and unexpected scientific achievement, the conditions under which it was performed, and the character of the man to whom it is due, must always be of interest to those concerned in the world's progress. Therefore it will be of peculiar interest to note the circumstances under which McDowell performed his first ovarian operation, as well as to discover just what manner of man was he whom his contemporaries denounced as little better than a murderer, and who yet had the temerity to insert the knife into the abdomen of a woman, and to do this again and again.

In order that his surroundings may be fully depicted, the author has carefully gathered all that has been written about him, and noted the conditions of society at this early date in Kentucky.

Dr. McDowell married the daughter of Isaac

Shelby, Kentucky's first Governor, and this circumstance enables the writer to bring before her reader some most interesting reminiscences of the early politics of the State, in which McDowell played no part, but which have a direct interest as showing the state of the times.

The material for the work has been collected by a granddaughter of Dr. McDowell (Mrs. Ridenbaugh), who, being a descendant of these two eminent men, Ephraim McDowell and Isaac Shelby, unusual facilities have been offered her for making the required investigations. She has received the assistance of several eminent physicians and surgeons, the members of the fraternity displaying warm interest and zeal in aiding the production of a fitting memento of her grandfather.

The great surgeon was born in Virginia, but was brought by his parents to Kentucky when Daniel Boone was still fighting the Indians on "the dark and bloody ground" of Kentucky, which State was literally a wilderness. Long afterward it was admitted to the Union.

It is not to be supposed that it was in the wilds of the frontier that young McDowell learned to use the knife so skilfully and boldly.

Perhaps it was the pioneer spirit which gave him courage to make the experiment; at a period, too, when it was difficult to obtain professional consultation, as then we had not entered the progressive age, the age of wondrously rapid development, when efforts to girdle this microcosm of ours have been successfully accomplished in sixty-two days and six hours.

Dr. McDowell planned and put into execution an operation which, though successful, brought him, at the hands of the medical profession, vituperation and violent opposition, posing him before the world as a heartless "woman-butcher." Quoting the words of the late Dr. W. L. Atlee, "he had little else than the book of nature before him, and the consciousness of right to sustain him."

The twenty-sixth annual meeting of the American Medical Association was held in Public Library Hall, Louisville, Kentucky, on May 4, 5,6, and 7, 1875. The Association was called to order by Dr. Edward Richardson, of Louisville, chairman of the committee of arrangements.

The meeting was honored by the presence of many distinguished gentlemen from distant

regions ; surgeons and physicians met for the advancement of medical science and for the promotion of high interests both as regards the profession and the community.

Dr. Richardson, in his address of welcome on this interesting occasion, made the following allusion to some of Kentucky's noblest surgeons who have done honor to the profession:

"It is to us, Mr. President, assembled as we are, in the presence of so many eminent members of the profession, a source of congratulation that our State is not unknown to medical annals, and that she may justly assert the distinction of being the first to introduce into successful practice several of the most important and beneficent operations of surgery, performances now widely known and appreciated, both here and in foreign lands.

"The names of McDowell, of Bradshear, of Briggs, of Dudley, have, with those of others, been placed high upon the roll of fame as original and independent thinkers and workers —men who have deserved well of their compeers in the healing art; and it is, Mr. President, a grateful, if it be even but a fond imagination, that their revered shades are now present with us, to do honor to this occasion

and to enlarge our welcome by the addition of their own. Nor would it be improper, Mr. President, if our State should institute also a claim, or a part at least, to more than one of the distinguished gentlemen who are now enrolled as Eastern members of the American Medical Association.

"It is probable, however, Mr. President, that the larger portion of the membership of the Association have now, for the first time, visited our State. Allow me to say to these that it is for the *stranger* that Kentucky ever accords a peculiar welcome, and that it is in 'her old Kentucky home' that she loves to dispense the grateful tribute due to the eminent in science and to public benefactors of society who honor her with their presence."

After various papers had been read, the resolutions relating to the business of the Association were then taken up and acted upon. Dr. J. Marion Sims, of New York, read the report of the committee on the "McDowell Memorial Fund," which, on motion, was received, and the resolutions were unanimously adopted. These resolutions were as follows:

Resolved, Whereas, it is universally acknowledged that the late Ephraim McDowell, of

Danville, Kentucky, was the originator of the operation of Ovariotomy; and

Whereas, We believe that proper measures should be instituted to commemorate this great achievement, and do appropriate honor to its author; therefore

Resolved, That this Association recommends to each of its members, and to the profession generally, that contributions be made annually of such sums as may be thought proper until the amount of ten thousand dollars shall be accumulated, which money shall be known as the "McDowell Memorial Fund," the interest of it to be devoted to payment of prizes for the best essays relating to the diseases and surgery of the ovaries.

Resolved, That this fund shall be invested by trustees to be appointed by the Association, and be subject to such regulations as it may devise.

Resolved, That this Association shall elect a board of three trustees, whose duty it shall be to carry out the object of these resolutions, and whose term of office shall continue five years.

Resolved, That this Association will leave to the State of Kentucky the grateful privilege of

providing a local memorial to the memory of Dr. Ephraim McDowell.

Respectfully submitted,

J. Marion Sims, New York.
Washington L. Atlee, Penna.
W. H. Byford, Illinois.
J. M. Keller, Kentucky.

On motion of Dr. J. Morris, of Maryland, the following gentlemen were appointed trustees of the McDowell Memorial Fund: Drs. Washington L. Atlee, Pennsylvania; W. H. Byford, Illinois; J. M. Keller and John D. Jackson, Kentucky; and J. Marion Sims, New York.

The following relates to the first series of essays pertaining to the McDowell Fund, and is to have its relevancy understood later.

Dr. L. P. Yandell, chairman of Committee on Prize Essays, reported as follows:

The Committee on Prize Essays beg leave to report that they have received a number of essays, carefully written and marked by various degrees of merit. But after as careful an examination of them as the Committee have had time to make, they are not prepared to recommend any as worthy of the prize offered by the Association. One of the papers submitted

to your Committee is a work of vast dimensions. It makes four volumes, and an aggregate of more than twelve hundred pages.

The Committee have found it utterly impracticable in the time at their disposal to look through this elaborate paper. It treats of "Excision of the Larger Joints," and strikes the Committee as worthy of a careful examination. They would, therefore, recommend that it be submitted to a committee of experts, to be reported upon at the next meeting of the Association. Respectfully submitted,

L. P. YANDELL,
Chairman.

The report was received and the recommendation adopted. Drs. S. Ashhurst, S. D. Gross, and D. Hayes Agnew, of Pennsylvania, were appointed as the committee.

Committee on Prize Essays: Drs. Samuel D. Gross, F. G. Smith, Alfred Stillé, Ellerslie Wallace, and H. C. Wood, of Pennsylvania.

Dr. John D. Jackson, of Danville, Kentucky, as we see, was afterward appointed as one of the trustees of the McDowell Memorial Fund. He attended the meeting of the American Medical Association at Detroit, Michigan, in 1874, and upon that occasion he tried to im-

press upon the members of the Association the duty of the medical profession generally to erect a monument, as a fitting tribute of respect to the illustrious subject of our memoir, and giving to him the honor to which he is justly entitled, as the originator of *Ovariotomy*.

As early as 1872, Dr. Jackson consulted with the distinguished Dr. Lewis A. Sayre, of New York, as to the propriety of erecting a monument to the memory of the late Dr. Ephraim McDowell. Dr. Sayre urged him to push the matter, and said "undoubtedly a monument worthy so great a man should be erected, and that he (Dr. Sayre) then and there would contribute liberally to such a worthy cause."

After several conversations with him upon the subject, Dr. Jackson returned to Kentucky fully determined in his own mind to leave no effort unmade to put into execution, at no distant day, the result of his plans and of conversations with Dr. Sayre; for after having met him he was still more strongly impressed that a monument should be erected.

About the time that Dr. Jackson thought all the necessary arrangements perfected to carry out his purpose (and really the cherished object of his heart), he was stricken with a

disease that has seldom yielded to man's skill (consumption), and in a brief period passed from his earthly labors, leaving unfinished, and to the hands of others, the work in which he was so much interested. Dr. McMurtry, a promising young surgeon at that time, also of Danville, engaged at once in the same laudable undertaking begun by Drs. Jackson and Sayre, and in a few years thereafter the shaft was completed and stood ready to be unveiled; which occasion we will refer to in the closing chapter of this work. Great credit is due Dr. McMurtry for his perseverance and energy in this matter.

The late Dr. Jackson, in his remarks relative to Dr. McDowell, seems to have been impressed with the idea that McDowell's *first* conceptions, his first promptings to make the experiment upon Mrs. Crawford, were but the teachings in embryo state of Mr. Bell—brought out and materialized, as it were, by McDowell.

With all due deference to the lamented Jackson, and to his earnest convictions, we must differ with him in his views; for we are thoroughly convinced that the idea of ovariotomy originated in the fertile brain of Dr. McDowell, although the words of Mr. Bell made a lasting

impression upon him; but he, McDowell, lived in an atmosphere replete with brilliant achievements, generating and putting into execution some of the most remarkable surgical discoveries and operations of any age—amongst men whose works are blended with historical events and reported in our American medical histories.

It is not surprising, however, that Dr. McDowell, under the immediate influence and discipline of such an intellect as was possessed by Mr. Bell, should have unconsciously imbibed the spirit of his thoughts and suggestions; for certainly the preceptor was a remarkable man, and, at the time, in his glory. Ephraim McDowell studied under him in 1793 and 1794.

John Bell was tall and commanding in appearance, his movements were quick, and his speech the essence of eloquence. He was nervously excitable, and often allowed his feelings to carry him further than he wished. Those familiar with his habits say that they have often seen him so absorbed in his own ardent declamations as to deviate from the subject upon which he would be lecturing.

He would speak of some foreign subject until his hour had expired, then looking at his watch, and realizing how ridiculous he must

have appeared to the listeners would burst into tears.

He was an experienced, bold operator, and understood the anatomy of the human body thoroughly.

He excelled all other surgeons in his day, in easy flow of language and animated thought. His power of description was so great that even to the unprofessional person the reading of his Anatomy was pleasing and without fatigue; and his surgery only added interest and recreation.

He gave himself great distinction by his studies in pathology of the arteries and by his ingenious treatment of arterial injuries. He devised many new and critical operations, and took a keen interest in removing the superfluities of the old surgery, not at all times sparing the new.

Bound in the volume with the Life of Dr. McDowell is a complete copy of the memorial oration delivered by the late S. D. Gross, M.D., LL.D., D.C.L. Oxon., at Danville, Kentucky, on the occasion of the unveiling of the monument erected to the memory of Dr. McDowell, by the Kentucky State Medical Society, May 14, 1879, together with the proceedings of

the Society relative to the erection of the monument, and papers read on that occasion.

The biography of Ephraim McDowell will interest every one who takes a pride in American thinking, energy, and daring; especially will it appeal to scientists—more than all, to every surgeon and every physician. Although the name of "the father of ovariotomy" is familiar to all surgeons, yet this fact cannot lessen an interest that must be felt in the life of Ephraim McDowell.

CHAPTER II.

ANCESTRAL LINE OF DR. EPHRAIM McDOWELL.

"Of all the fierce and warlike cepts that ranged themselves beside the Campbells, under the leadership of the chiefs of that name, in the struggle so replete with deeds of crime and heroism, of oppression and stubborn resistance which had their fruit in the overthrow of the right line of the Stuarts, there were none more respectable, nor none that more perfectly illustrated the best qualities of their race than the sons of Dowall. Sprung from Dougal, the son of Ronald, the son of the great and famous Somerled, they had, from the misty ages, marched and fought under the cloudberry bush, as the badge of their clan, and had marshalled under the banner of the ancient Lords of Lorn, the chiefs of their race. The form of McDowell was adopted by those of the McDougal clan who held lands in Galloway, to which they, the Black Gaels, had given its name.

"The latter branch became allied by blood and intermarriage with the Campbells. Presbyterians of the strictest sect, and deeply imbued with that love of civil and religious freedom which has ever characterized the followers of John Knox, they found their natural leaders in the house of Argyle. In what degree related to the chiefs of the name was the McDowell who left behind him the hills of his native Argyleshire, to settle with others of his name and kindred and religion in the north of Ireland during the protectorate of Cromwell, cannot be actually stated; he was, so far as can be gleaned from vague traditions, one of the most reputable of the colonists who there founded the race known as the 'Scotch-Irish,' the characteristics of which have since been so splendidly attested by its heroes, scholars, orators, theologians, and statesmen all over the world.

"This Scotch colonist, McDowell, had among other children a son named Ephraim, which of itself indicates that he was a child of the Covenant. It was fitting that Ephraim McDowell should become at the early age of sixteen years one of the 'Scotch-Irish' Presbyterians who flew to the defence of heroic Londonderry on

the approach of McDonnell, of Antrim, on the 9th of December, 1688, and that he should be one of the band who closed the gates against the native Irishry intent on blood and rapine. During the long siege that followed, the memory of which will ever bid defiance to the effacing hand of time, and in which the devoted preacher George Walker and the brave Murray at the head of their undisciplined fellow-citizens —farmers, shopkeepers, mechanics, and apprentices—but Protestants, Presbyterians, successfully repelled the assaults of Rosen, Marmont, Persignan, and Hamilton, the McDowell was conspicuous for endurance and bravery in a land where all were brave as the most heroic Greek who fell at Thermopylæ.

"The maiden name of the woman who became the worthy helpmate of the Londonderry soldier-boy was Margaret Irvine, his own full cousin. She was a member of an honorable Scotch family who settled in Ireland at the same time as their kinspeople, the McDowells. The names of Irvin, Irvine, Irving, Irwin, and Erwin are identical—those bearing the name thus variously spelled being branches from the same tree. The name was and is one of note in Scotland, where those who bore it had inter-

married with the most prominent families of the kingdom, breeding races of soldiers, statesmen, orators, and divines.

"Ephraim McDowell who fought at Boyne River, as well as at Londonderry, was already an elderly man when, with his two sons John and James, his daughters Mary and Margaret, and numerous kinsmen and co-religionists, he emigrated to America to build for himself and his a new home. In his interesting *Sketches of Virginia*, Foote states that he was accompanied to Virginia by his wife, and that his son John was a widower when he left Ireland; but, as in the deposition of Mrs. Mary E. Greenlee, the daughter of Ephraim, her father, her brother John, her husband, and herself are designated as composing the party emigrating to Virginia from Pennsylvania, and no mention is anywhere made of her mother, Mr. Foote is probably in error, and the uniform tradition of the family is more likely to be correct—that the wife of Ephraim McDowell died in Ireland, and that John McDowell had never been married until he came to America.

"The exact date of his arrival in Pennsylvania is not known. The journal of Charles Clinton—the founder of the historic family of

that name in New York—gives an account of his voyage from the county Longford, in the good ship 'George and Ann,' in company with the 'John of Dublin,' having many McDowells aboard as his fellow-passengers. The 'George and Ann' set sail on the 9th of May, 1729. On the 8th of June a child of James McDowell died, and was thrown overboard; several other children of the same family afterward died; also a John McDowell, and the sister, brother, and wife of Andrew McDowell. The ship reached land on the coast of Pennsylvania on the 4th day of September, 1729. Whether or not the conjecture that Ephraim McDowell was a passenger with his kindred on board this ship at that time is correct, it is certain that about the same time he and his family and numerous other McDowells, Irvings, Campbells, McElroys, and Mitchells, came over together and settled in the same Pennsylvania county.

"In Pennsylvania Ephraim McDowell remained several years. There his son John was married to Magdelena Wood, whose mother was a Campbell, and, as tradition has it, of the noble family of Argyle. There Samuel (the father of Dr. Ephraim McDowell the subject

of this work) the eldest son of John and Magdalena McDowell, was born in 1735. There too, probably, Mary, the daughter of Ephraim, met, was beloved by, and married James Greenlee, a Presbyterian Irishman, of English descent, and said to have been remotely descended from the Argyle-Campbells.

"Some years before, a near relative of Ephraim McDowell, by name John Lewis, had left Ireland a fugitive. Sir Mungo Campbell, an oppressive landlord, had attempted in a lawless and brutal manner to evict him from premises of which he had a freehold lease, had slain before his eyes an invalid brother, and with one of his cruel henchmen had died the death of the unrighteous beneath the strong hand of Lewis. First seeking refuge in Portugal, where lived a brother of his wife, he was by him advised to find a safer asylum in the great central valley of Pennsylvania, whither were then flocking many of the Protestants of Ulster. His first resting-place was at Lancaster, where he was in time joined by his sons Samuel, Thomas, and Andrew, and by his noble wife Margaret Lynn. The latter was a native of Ireland. Her ancestors, the chiefs of their clan, derived their patronymic from the beautiful

loch on whose banks in Scotland nestled their homes, and in the mountains, reflected by the translucent waters of which, they hunted. He landed in Pennsylvania the same year that brought the McDowells to America—1729. That John Lewis and Ephraim McDowell were related and had been friends in Ireland, appears from the deposition of Mrs. Mary Greenlee, the daughter of the latter, in 1806 in the suit of Joseph Burden *vs.* Alex. Cueton and others. The degree of the kinship is not stated; but from the similarity of Christian names in the two families, and other circumstances, it is believed their mothers were sisters.

"James McDowell, the second son of the Londonderry soldier, had planted corn and made a settlement on the South River, in the Beverly Manor, in the spring of 1737; and thither the remaining members of the family determined to proceed and pitch their tents. Accordingly, in the fall of the year, Ephraim and John McDowell and James and Mary Greenlee left Pennsylvania, traversed the lower valley of the Shenandoah, intending to locate not far from John Lewis, and had reached Sewell's creek, where they went into camp.

The fires were lighted and arrangements made for the evening meal, when a weary stranger coming up solicited their hospitality. It was Benjamin Burden (or Borden as the name is spelt by those of the family who clung to New Jersey, and gave its designation to Bordentown), an Englishman who had recently come over as the agent of Lord Fairfax, the proprietor of the Northern Neck. Meeting at Williamstown with John Lewis in 1736, he had accepted the cordial invitation of the latter to visit him at Bellefonte, Pennsylvania, had chased the roaming buffalo with the hospitable Irishman and his stalwart sons, and with their assistance had taken a buffalo calf, which, carrying as a trophy to Williamsburg, he presented to Governor Gooch. Pleased with what was then a curiosity in tidewater Virginia, and anxious, besides, to promote the extension of the frontier and the settlement of hardy pioneers, as a means of protection and defence to the more populous lower country, Sir William issued to Burden a patent for 500,000 acres of land or any less quantity, situated on the Shenandoah or James River, not interfering with previous grants, on condition that, within ten years, he should set-

tle on the lands so located not less than one hundred families; one thousand acres for every family settled or cabin built, with the privilege of purchasing an additional adjacent one thousand acres, at one shilling per acre. Making himself known to the McDowells, and producing the patents as proof of his rights, he informed them that he had located ten thousand acres in the forks of the James River, to which he could not find his way, and stated he would give one thousand acres to any one who would pilot him to his possessions.

"John McDowell was a man of education, and a practical and skilful surveyor. He accepted Burden's proposition; writings were entered into to complete the agreement, and finally the party agreed to settle in 'Burden's Grant' and to assist him in conforming to its conditions. The next day proceeding to John Lewis' and remaining there a few days until all the stipulations of the contract could be reduced to writing, they went on until coming to the lands upon which Burden had the privilege to enter, building their cabins in what is now Rockbridge County, not far from the present town of Lexington—Ephraim and John

McDowell and James Greenlee, the first three settlers in all that region.

"Complying with their agreement with Burden, they immediately entered into communication and opened negotiations with their kindred friends, and co-religionists in Pennsylvania, Ireland, and Scotland; soon drawing around them other Scotch and Scotch-Irish families—McClungs, McCues, McCowns, McElroys, McKees, McCampbells, McPheeters, Campbells, Stuarts, Paxtons, Syles, Irvines, Caldwells, Calhouns, Alexanders, Cloyds—names which since have gloriously illustrated every page of Western and Southern history. In the field, at the bar, in the pulpit, in the Senate, on the bench, on the hustings, everywhere by their courage, eloquence, learning, and patriotism, they have made themselves conspicuous; making famous their own names, and building up the country with whose history and growth they are inseparably identified.

"Burden lived on the grant until near the time of his death in 1742. Having, through the McDowells, fulfilled the conditions of the 'grant,' Burden induced his son-in-law, James Patton, to seek an increase of fortune in the new world.

"Remarkable in many ways, other than the great age of more than a century to which he lived, the span of Ephraim McDowell's life covered the overthrow of the Stuarts, the rise of the House of Hanover, the establishment of the Empire of Britain in India and over the seas, the wresting of New York from the Dutch, and the expulsion of the French from North America; the erection of the electorate of Brandenburg into the kingdom of Prussia; the victories of Marlborough and Eugène, of the great Frederick, the consolidation of the Russian Empire under Peter and his successors, the opening of the great West by the daring pioneers, and the growth of liberalism in Great Britain, France, and America.

"Foremost by reason of influence and energy of the virtuous and hardy community, he and his associates erected school-houses and churches in the valley even before they constructed forts. Eminently useful and practical in the character of his mind and the manner of his life, Howe records the fact that he built the first road across the Blue Ridge, to connect the valley with the tidewater country, at once affording a mode of egress for the production of the former, and facilities for

receiving from the merchants of the latter the manufactures of the old world. Religious, moral, intelligent, and shrewd, the singular and beneficent influence he acquired among the independent and intrepid spirits by whom he was surrounded, was a natural tribute to his virtue and sagacity, and to the unflinching devotion to the cause of civil and religious liberty he had all his life upheld.

"It is scarcely necessary to state of such a man, at once hospitable and provident, that he failed not to use the opportunities with which fair and generous nature had surrounded him to reap and store a fortune considered very large in those days. Retaining full possession of all his faculties to the very last, he died not until the outbreak of the Revolutionary war, and not until he had heard praises bestowed on his grandchildren for good conduct shown at the battle of Point Pleasant."[1]

John McDowell, the father of Samuel McDowell, fell in battle with the Indians, in the year 1743. He commanded a company of brave men, who fought the savages desperately, but were compelled to retreat, when the Indians

[1] Historic Families of Kentucky.

massacred the leader and eight of his men. The survivors, being completely routed, escaped as best they could.

Rev. W. W. Foote, in his interesting *Sketches of Virginia*, says:

"The burial place of these men, the first perhaps of Saxon race ever committed to the dust in Rockbridge County, you may find in a brick enclosure on the west side of the road from Staunton to Lexington, near the red house or 'Maryland Tavern,' formerly the residence of John McDowell. Entering the iron gate and inclining to the left about fifteen paces, you will find a low, unhewn limestone tomb, about two feet in height, on which, in rude letters, by an unknown, unpractised hand, is the following crude inscription:

Heer lyes
the boddy of John Mack
Dowell.
died.
December—1743. "

John McDowell left three children, Samuel, James, and Sarah. James remained in Virginia, consequently inheriting a handsome estate. He married Miss Sarah Preston, whose family were closely identified with the interests of

Virginia. Three children were born to them. The second daughter married Col. Thomas H. Benton, a once prominent politician. He was several times United States Senator, and was for many years identified with Missouri's interests and politics.

Samuel McDowell, the first-born of John (and grandson of old Ephraim, of Londonderry), and the father of Dr. Ephraim McDowell, the subject of this work, was born in the colony of Pennsylvania, October 29, 1735. On the 17th day of January, 1754, in Rockbridge County, Virginia, at the age of eighteen years, he was married to Miss Mary McClung, daughter of John McClung and Elizabeth Alexander, the lady being born in Ireland, October 28, 1735, and being by one day the senior of her husband. She, Elizabeth Alexander, was the daughter of Archibald Alexander and Margaret Parks, and was born at "Manor Cunningham," Scotland, and was married in Ireland, December 31, 1734.

Samuel McDowell and his wife Mary had eleven children born to them, and Ephraim was the ninth child. For many years Judge Samuel McDowell was engaged in public life, and held many high positions of trust. He

served six different times as chairman of the State Convention before the election of a Governor. He was a member of the legislature several terms. He was colonel of a regiment in the battle of Guildeford, North Carolina. He was the first United States judge for Kentucky, and was president of the convention which framed the constitution of that State in 1792. When Spain opened negotiations with Kentucky to have that State declare its independence, he was an active worker and prominent politician. In the year 1782 he was appointed by the Virginia Assembly a land commissioner. In 1784, many flattering inducements being offered him, he removed with his family to what is now known as Mercer County, Kentucky; and in 1786 he was one of the presiding judges at the first county court held in that State, the Kentucky District. From that date he was given the title of Judge, and was always known afterward as Judge Samuel McDowell.

In the year 1785 he was chosen to preside over the convention which met in the rural village of Danville, then the county seat of Mercer County, Kentucky; he was likewise chosen to preside over all the subsequent conventions which assembled to discuss the means of

attaining an end so commonly desired. His irreproachable character, his judicial temper, his solid attainments, and matured convictions possessed him of the universal confidence. He was admirably qualified for the position that his destiny allotted him to fill, and it was by the patient discretion and calm, considerate judgment of the presiding officer, and the determined, cool patriotism of others like himself, that the difficulties of a separation from Virginia were peacefully and legally overcome, and the numerous advantages commercially —the unobstructed and free navigation of the Mississippi—eventually and satisfactorily reached. In the unsettled and perilous times connected with the early history of the West, and especially with pioneer life in the State of Kentucky, he was the "central figure of an historical group of men conspicuous, like himself, for courage, intelligence, fortitude, endurance, dignity of character, and mental poise. All were representative men, were types of a cultivated class and of a vigorous, aggressive, and enduring race."[1]

Judge McDowell was appointed aid-de-camp by old "King's Mountain" Shelby, by whose

[1] *Vide* The Genesis of a Pioneer Commonwealth.

side he had fought at Point Pleasant. He was also commissioned by General Washington, under whose eye he had served in the campaign on the Monongahela in 1755, and who well knew his worth. In every position he honorably acquitted himself. Years afterward a singular coincidence occurred in his family—the marriage of his son Ephraim to the daughter of "King's Mountain" Shelby. The official records also show that Judge McDowell commanded a company of scouts, that he was a gallant and brave officer, and that he did valuable service during that memorable campaign in which the power of the Shawanese was broken.

After many years of useful service to his country, an honored and respected citizen, esteemed for his strong sense, for an integrity that never succumbed, for an unassailable private as well as public life, he lived beyond his three score years and ten ; lived to serve and bless the God of his creation ; and as he lived a Christian life, so he died triumphant in his faith, expecting to receive the inheritance promised through the Holy Prophets. He calmly and peacefully passed away September 25, 1817, at the ripe age of eighty-two years, at the residence of his son, Colonel Joseph

McDowell, whose home was near Danville, Kentucky.

We herewith note the children of this remarkable pioneer:

Their first-born "Magdaline McDowell," was the twin to Sarah McDowell. The children were born October 9, 1755. Magdaline was married to Andrew Reid, and Sarah married Caleb Wallace.

John McDowell was born December 8, 1757. He married his cousin, Sarah McDowell. He was an officer in the Revolutionary war.

James McDowell was born April 29, 1760, and married Mary Lee, of Virginia. He also served in the Revolutionary war, and was colonel in the war of 1812. He fought in various Indian conflicts and wars of Governor Scott's and Hopkin's campaign.

William McDowell was born March 19, 1762. He married Margaret Madison, a cousin of President Madison, and sister of Governor Madison.

Samuel McDowell was born March 8, 1764. Married Annie Irvine. He filled with honor the position as first United States Marshal in the State of Kentucky.

Martha McDowell was born June 26, 1766.

She married Colonel Abram Buford, a daring, courageous Revolutionary officer.

Joseph McDowell was born September 13, 1768. He was an officer in the war of 1812, and Adjutant-General in Governor Isaac Shelby's army in Canada.

Ephraim McDowell, justly entitled "the father of ovariotomy," was born November 11, 1771. He married Sarah Shelby, the daughter of Governor Isaac Shelby, of whom we will speak more hereafter.

Mary McDowell was born January 11, 1774. Her marvellous beauty gave her great reputation; her gentle, amiable manners won her hosts of friends; and her Christian character illumined her pathway of life. She married Alexander Keith Marshall, brother to John Marshall, Chief Justice of the United States.

Caleb McDowell, the youngest child, was born April 17, 1776. He married his relative, Betsy McDowell, daughter of Major Joseph McDowell, of North Carolina.

CHAPTER III.

EARLY LIFE OF EPHRAIM McDOWELL AND HIS EDUCATIONAL ADVANTAGES.

When Ephraim McDowell was only thirteen years of age, he came with his father from Rockbridge County, Virginia (the place of his nativity), to Danville, Kentucky. The party experienced many long days of perilous travel, and were subjected to privations that the youth of the present period would shrink from encountering; but this brave and courageous boy kept a stout heart and not a murmur escaped his lips. He had unbounded confidence in his father's judgment, and felt that whatever modification of his life was to come out of the change being made must result in his good and aggrandizement.

Even at that tender age he displayed both unusual judgment and wonderful reasoning power. His youthful mind contrasted in its development favorably with those of much greater maturity. He was thoughtful and

studious, and it was frequently remarked by members of his family, and those interested in his welfare, that when his schoolmates and associates would call for him to accompany them to their playground, he would frequently decline, resisting their persuasions and returning to his books and studies—displaying at once that indomitable will over the desire of the heart: for what boy is there that does not enjoy the freedom from school halls and perplexing studies? He realized, even at this early age, that he had a higher purpose in life than personal pleasure, that he had a mind to store with well-trained thoughts, and that the body was simply the servant to the will. He early received a religious training, and as soon as he could lisp the name of God was taught to reverence the word, and never to use it idly or in vain. Hence, with such parents to mould his character, to bend the twig as it should be bent, to guide his footsteps through life's thorny pathway, cold and perverse would have been his heart had it denied such holy impressions or not have been influenced and elevated by them.

After traversing the vast wilderness, with here and there occasionally a hewn-log cabin

seen peering above the heavy undergrowth, nothing of interest occurring to dispel the loneliness of the solitary journey, they reached, in due course of time, the small village of Danville, at that time the seat of the most refined and cultured society in that far western land. The surrounding country presented an inviting appearance. The soil was loamy and friable. Clear and rippling brooks meandered through the timbers, making a natural irrigation that offered fine inducements to the agriculturist, who saw the advantages immediately derived from such soil, and grasped the opportunity of cultivating the same by permanently locating with their families in such a country.

After Samuel McDowell settled with his family in Danville, he induced many of his friends to leave Virginia and come to Kentucky. Even before the sturdy citizens engaged in business or farming, they organized to establish schools and churches, that their children might not waste their precious time. They formed resolutions among themselves to this effect: "Many of us, and our forefathers left our native land and explored this once savage wilderness, to enjoy the free exercise of the rights of conscience and of human na-

ture. These rights we are fully resolved, with our lives and our fortunes, inviolably to preserve. Nor will we surrender such estimable blessings, the purchase of toil and danger, to any ministry, to any parliament, or any other body of men upon earth, by whom we are not represented, and in whose decision we have no voice."

Such resolutions our forefathers framed, and strictly adhering to them, made for themselves happy homes and a prosperous country.

Ephraim McDowell developed early into a tall, erect, and commanding figure. He was considered strikingly handsome, having lustrous black eyes that seemed to penetrate into the very thoughts of those who looked into them. His refinement and intellectual powers were of the highest type, and his friends predicted for him a brilliant career in whatever profession he chose to follow. Young as he was, he had an inquisitive mind, searching for new truths; and to attain these he was a constant reader. He seemed possessed with wonderful magnetism, and his ardent temperament won him some lasting friends, which he retained to the time of his death. He was a fine conversationalist, and his ready wit was most pleasing.

He enjoyed a good joke, and took great pleasure in perpetrating innocent pranks upon his friends. The profession of medicine was his own choice, and he was especially fond of the literature pertaining to surgery.

He received his early education at the classical seminary of Messrs. Worley and James, who first taught at Georgetown, Kentucky, and afterward at Bardstown in the same State. He then went to Virginia and entered the office of Dr. Humphrey, of Staunton, as a medical student, where he remained for two or three years, closely applying himself to his studies.

We know but little of this Dr. Humphrey, save that he was a graduate of the University of Edinburgh, and in his day enjoyed a considerable local reputation and an extensive practice in Staunton and its vicinity. The fact of his being a good instructor is highly probable. Another of his pupils, Dr. Samuel Brown, was one of the founders and one of the first corps of lecturers of the medical department of "Transylvania University" of Lexington, Kentucky, and rose to high distinction.

In the years 1793 and 1794, Ephraim attended lectures at the University of Edinburgh, Scotland, contemporaneously with his country-

men, Drs. Samuel Brown (before alluded to), Hosack, and Davadge, of New York, also Dr. Brackenborough, of Virginia, all of whom subsequently attained eminence in the profession.

While in attendance on the course of the University, he also took the private course of John Bell, who at that time was not a member of the faculty, and it would appear that the brilliant prelections of this most able, eloquent, and gifted of the Scotch surgeons of that day must have impressed him profoundly. That portion of his course in which he lectured on the diseases of the ovaries, dwelling on the inevitable death to which the victims were doomed, and merely suggesting the possibility of success attending any operation that might be attempted for removal of the organs, was certainly never forgotten by his auditor, for he carefully stored in his mind the principles and suggestions at this time enunciated by the Master, together with other impressions, which sixteen years later determined him to attempt his first ovariotomy, which operation has immortalized him, and opened to the broad field of surgery the abdominal operations; and from that distant day (now eighty years ago) to the present time, countless thousands can testify to their being

relieved and saved by the bold and daring operation which he gave to the medical world.

Through the kindness of Col. J. McD. Alexander, of Virginia, we have been furnished with and are indebted to him for the following interesting letters, not interesting for their antiquity alone, but as conveying an idea of the political condition of the country at that early period when our forefathers were struggling for their rights. These letters were addressed to Ephraim McDowell during the time that he attended lectures at Edinburgh, and were written to him by his father and by Mr. Reid, his brother-in-law.

MERCER COUNTY, STATE OF KENTUCKY,
February 10, 1793.

DEAR EPHRAIM: I have not heard from you since you left Rockbridge, and am very anxious to hear of your safe arrival in Scotland. I can with pleasure inform you that myself and all your friends in Kentucky are well, for which we have reason to be thankful to the great Author of our Being. We have not anything worth communicating since I wrote you last, when you were in Rockbridge. Our new government seems to go on middling well, but our legislature seems very parsimonious. They

have given our government £300 a year, and the judges of the Court of Appeals £200. The secretary £100 and the auditor £100. The treasurer £100, and the judges of the court of Oyer and Terminer £30, but it is supposed that they will increase the salaries at their next meeting; but I rather think they will not, as it [is] popularity the most of the members are seeking, and not to do right if they even knew it. The seat of government is fixed at Frankfort, Kentucky, on the Kentucky River, where I have got a lot or two, one of which is for you, if you live to return, and choose to come to Kentucky, which I wish you to do.

I would be glad to hear how you like your situation there, and how long you think it will be necessary for you to stay, for I assure you it will be very hard for me to send you a supply of money. But I will endeavor to support you if in my power, and to enable you to bring with you some books, and a quantity of medicine to serve you some time, and to set up a decent shop. But I fear I will not be able to send you money sufficient. But if you had it in your power to get credit for some of which you might think would be necessary, I will, I hope, be able in a short time after your return,

to make a remittance to pay for the medicine. Is there no person trading to Scotland to whom you could apply?

But I need say no more on the subject for it is not to be expected that any person there could place so much confidence in you as to give you credit for one hundred pounds worth of books and medicine, and you must try to do the best you can, and steward well the little money you took with you. I may be able to send you some, which may be about fifty pounds. I will send you more if you need it, and it will be in my power.

Give my best compliments to Mr. Brown and Mr. Watkins. Tell Mr. Brown his brother James is well; also tell Mr. Watkins I saw his father not long since, who was well and had got a letter from him. Your mother seems to think much and longs to see you once more in Kentucky. You know of my small misfortune in my speaking. I am almost now persuaded that what Dr. Humphreys said is the case (to-wit), a swelling in the glands about the root of the tongue, as sometimes, especially in the morning, you would not observe it to hurt my speaking and I feel no difficulty, and after some time in the day it grows worse. Try and

find out if any such case happens in the course of your business that you may help me. Let it be the swelling of the glands, or what I suspected, a touch of the palsy, I only add my best wishes for your happiness, and believe me to be your affectionate father,

SAMUEL MCDOWELL.

N. B.—Your mother sends her blessings to you and hopes you will not forget your duty to *God*, who has always been so kind to you.

Direction :

Mr. Ephraim McDowell, *Student*,
Edinburgh,
Scotland.
Care of Col. Gamble,
Richmond.

Letter to Ephraim McDowell from his brother-in-law, A. Reid, of Rockbridge County, Virginia. Note the length of time it required for letters to reach America a century ago, when they were written from Europe; Ephraim McDowell's letter bearing date of March 4, 1793, and the reply being written immediately upon receipt of Ephraim's letter, August 25, 1793.

ROCKBRIDGE, VIRGINIA,
August 25, 1793.

DEAR EPHRAIM: I have just received yours dated March 4th last, by which I was agreeably informed of your safe arrival at Edinburgh. The opportunity you had of seeing so much of that old and well-cultivated country, must have been very agreeable. I hope it has and will ease your mind on that score until you complete your studies.

I hope you will not take it amiss of a friend, to repeat the necessity of your diligence.

Your father has, I expect, written you that he means to furnish you with £300, including what you took with you from home; which, from the statement in your letter of the necessary expenses, I am afraid will scarcely be sufficient without very great economy.

I have had letters from Kentucky lately; your friends are all well there. Indians are still very troublesome on the frontiers from North to South. A treaty has been proposed by the government, I suppose more with a view of quieting the minds of members who are averse to the war, than an expectation of *peace*. By every act the Indians refuse treating on any other terms than making the Ohio River the

line, which never will be complied with by the Government. The President[1] has called on the State of Kentucky for fifteen hundred volunteers. It is said they (with a considerable addition) will march about the first of next month. Report says that the commissioners who were sent to treat with the Indians are made prisoners and not permitted to return.

We have agreeable news from France lately. It is said they have beat the combined armies. both by sea and land, and I hope will continue to do so until their freedom is established; should the reverse take place the consequences might be of a serious nature to America. There is scarcely a doubt that the combined powers would attempt to suppress republicanism here.

Your brother Caleb came in about the first of March; he will stay with me perhaps three years or better to learn the business of the office. When you return will expect you to take Rockbridge in your road to Kentucky. Dr. Falconer left Lexington in the spring and returned to the State of New Jersey. He sold out his shop of medicine to Dr. Campbell, who

[1] General Washington.

succeeded him in the practice and is in pretty good esteem. Dr. Falconer is expected every day to return. He intended settling in Buckingham County on the James River.

In addition to the medical faculty at Staunton, there is a Dr. McIntosh, who by a pompous advertisement, offers his services, and in order to introduce himself he says he studied at Edinburgh and attended the lectures of Mr. Monroe. Your sister, Caleb, Sallie, and the rest of the family join me in compliments to you. I am, dear Ephraim, respectively your friend and brother, A. REID.

Ephraim McDowell,
Edinburgh, Scotland, 1793, A. D.

The following letter was written by Judge Samuel McDowell (father of Ephraim) to his son-in-law, Mr. Andrew Reid, of Virginia:

MERCER COUNTY, July 11, 1792.

DEAR SIR: I have nothing worth notice to tell you, only that it gives us sorrow to part with Sally, but as you expressed a desire that she should come home, Joseph thought as Ephraim was amind to go to Europe next fall, he might as well go now and see him before he went way. I had it not in my power to do

anything with the sheriff about your fees. I have talked to them, and none of them have collected them; they say the people against whom they are cannot pay as they are mostly very poor.

Whenever the courts begin to do business, I will move against all the sheriffs who have any of them, but I really fear little of them will ever be collected. Benton declares he will pay off the balance that he owes by Christmas next, he has paid me about £60; very little of it in money, some cows, pork, and orders on other people who have not yet paid. I think the whole I have paid you is £30. A civil list warrant by Joseph, fifteen pounds to Ligert, by your order, and six pounds for the land warrants. I sent you in all £51. I expect to settle with Benton before long and know the exact amount he has paid, and will then let you know how much is in my hands, and in the meantime if you get any money from Evens or Fritte make use of it till I send you Benton's whole money or state his account to you.

Joseph can tell you some of the proceedings of our Assembly. The revenue law taxes land at two shillings the hundred acres, and all people claiming land here must make return of

it to the commissioner by February 9, 1795, or loose the land. I have not seen any of their laws—they are not printed, but Joseph can tell you something of several of them. I have not as much money as I intended to send by Ephraim when he goes; but perhaps he may have enough 'till I can send him a supply again; he will perhaps have upwards of £200, and I wished him to have £250. But I think he had not better carry it in money, as there may be danger of losing it, but take a bill on some good man in Edinborough or Glascow; but if that should be protested it would be bad for Ephraim. I can say nothing on the subject, you and him must do as you find it best. I leave the whole direction to you, and I hope he will act prudently.

If you have any doubt of his economy or prudence pray let me know, for I would not be for his going to Scotland, if he was of an imprudent behavior in any respect whatever. I could wish to establish some way of sending him any little supplys from Richmond; you and Joseph may lay some plan perhaps. Mr. Sinclair can give you some assistance in fixing the matter. If Colonel Gamble lives in Richmond perhaps he may be a friend in the matter. But

I am too far from the scene of action to give any direction in the matter.

I could wish you were here this fall, as there will be a number of clerks places to fill, and I believe you could get the first clerkship in the county, that is to the Court of Appeals. But I would not wish to advise you to anything of that kind, least you should be disappointed. But I am fully of opinion it might be better for your prosperity that you were living here.

Are the people in and about Lexington as religious as they were some time ago? My dear sir, religion is a most excellent thing, and that we should be all earnest to obtain, but the zeal of some of the Lexingtonians goes wild or carries them to extravagances and folly; that is, in my opinion, very foreign to *true* religion; and will have a tendency to make them people very proud and unsocial, looking upon all who are acting like rational creatures to be the wicked ones on earth, and look down on them with contempt. I am persuaded that the way them people (or some of them) are acting, will inevitably lead to a savage or superstitious state in the course of one or two hundred years—perhaps in much less time. Those good people will not associate with the

wicked (as they call them) but meet only for religious worship or socially with their religious friends. Had that been the case formerly we had yet been in ignorance, but mankind mixing in assemblys for innocent amusement, cultivates friendship and civilizes the world. It makes their manners more mild and friendly and removes that sourness that superstition and bigotry leaves on the mind. May you and me, my dear sir, be earnest to live in this world as not to give offense to any one, and still act like rational creatures; for I am persuaded that the Divine Being cannot delight to see his creatures, that he has endowed with rational power, lay aside their reasoning powers and give themselves up to superstition.

Give my love to Magdaline and your dear little family, and believe me to be with extreme affection, dear sir,

Your affectionate father,

SAMUEL MCDOWELL.

Mr. A. Reid,
Rockbridge, Va., 1792, A. D.

Home and Office of Dr. EPHRAIM MCDOWELL, Danville, Kentucky, where, in 1809, he performed the first ovariotomy, without anæsthetics, while a merciless mob gathered about his office, threatening to lynch him if the patient (Mrs. CRAWFORD) did not survive the operation.

CHAPTER IV.

RETURN FROM EDINBURGH.

Upon his return to Danville, in the year 1795, McDowell entered at once on the practice of his profession. Commencing as he did with the éclat of an attendance upon the then most famous medical school of the world (for at that time Edinburgh held the position since occupied by Paris, and more recently by Vienna, as the centre of medical science), he soon assumed the first professional position in the community in which he lived, not uninterfered with, however, by envy and jealousy. His fellow professors of medicine and surgery, aspiring, with himself, to fame and distinction, regarded McDowell's superior medical advantages with a jealous eye, as was proven by many acts and words of covert nature.

Dr. McDowell made a speedy advance, his reputation extending, within a few years, throughout the entire Western and Southern country, all this wide region accepting him as

the first and leading surgeon west of Philadelphia.

Of Kentucky citizens of the preceding generation, many obtained distinction in their respective pursuits, but it is doubtful if any of them builded so deeply the foundation of an enduring fame as did Ephraim McDowell, of Danville. While others wielded great powers, and rendered various services in their day and generation, Dr. McDowell inaugurated a work which continues to live and grow after the originator has passed from the scenes of his labors.

By his originality, skill, and courage, he opened up a new departure in the science and practice of surgery which has advanced until now accepted as being not wide of the crowning glory of this great and beneficent art. Through this departure thousands of women have been rescued from certain and painful death. By his own hand he demonstrated the practicability of the new work his genius had devised, and he published the results of his labors. The creation was complete in execution as well as in priority. He is recognized throughout the civilized world as the originator of a great department of surgical practice and as a benefactor

to his race. His name is familiar to the students of medical science in every land and clime, forming, in the language of Fitz-Greene Halleck, one of the few, the immortal names that were not born to die. In every land the practitioner of surgery is utilizing amid the brilliant achievements of his art, and his efforts toward the restoration of life and health, the results of McDowell's work. In the rapid progress of science, other hands and minds have now widened the scope and extended the application of his great operation, yet this but adds to the grandeur of the original step, and lends additional lustre to the fame of him who led the way.

With the exception of J. Marion Sims, a native of South Carolina, no physician on this continent has contributed such far-reaching and potential influence toward advancing and enriching the resources of surgical science. Indeed these two great American surgeons founded the modern science of gynecology, which has brought to American medicine and American physicians so much of the renown and esteem in which they are regarded in all foreign countries.

Since the early history of the commonwealth,

the medical profession of Kentucky has ranked alongside the most advanced of the entire country, and within her borders was established one of the oldest and most renowned of America's medical schools. But great discoveries springing from that wonderful creative faculty which utilizes all previous research in conception, and combines skill, courage, and intelligent penetration of undiscovered lines of thought in execution, are uncommon in all branches of learning. To rend the veil which conceals the mysteries of science is allowed to comparatively few, but such privilege fell to the lot of Ephraim McDowell.[1]

As has been previously stated, McDowell came fresh from the University of Edinburgh, and selected as his future home Danville, Kentucky, a small rural village composed of an aristocratic little colony, where he soon displayed such talent as a surgeon and physician, that it was not long before he divided honors with the great men of the State, especially those of Lexington City; and while, at the latter point, the enterprising founders of what was soon to be the first great medical school

[1] See Butler's History of Kentucky, written in the year 1834.

of the West were busying themselves with schemes for the permanent establishment of Transylvania University, Ephraim McDowell, at Danville, laid the foundation for a great revolution in the "ars chirurgiæ."

While measures were being consummated for laying a surgical foundation that would not crumble and fall by Time's blighting hand, plans for future personal comfort and happiness were also being weighed and stored in his well-balanced mind. He was thoroughly domestic in his habits and tastes, and admired the pure and ennobling characteristics of a good and elevated woman. At the age of thirty-one years he decided to select a suitable helpmate and companion for life.

Having met Miss Sarah Shelby, the daughter of his father's tried and trusted friend (Governor Isaac Shelby), his heart quickly became deeply interested in her, while his attentions, marked from the first, soon culminated in vows of love, which love, happily for him, was ardently reciprocated. In the year 1802 the two were married at the home of the bride's parents a few miles distant from Danville.

Miss Shelby was the highest type of a noble Christian woman, and certainly a most

suitable person to be the wife of Ephraim McDowell. She was remarkable for her intelligence and keen perceptive powers. Her strength of character, sound common sense and domestic qualities, combined with a lovable disposition, won for her the admiration and encomiums of those who were fortunate enough to know her. She was also gifted as a writer, and many beautiful and original thoughts emanated from her well-stored mind. She could never be induced, however, to give to the public any of her writings, though numerous pages of manuscript were stored away; her most choice and original pages being carried to the garret, to moulder, and finally pass out of existence. In appearance Miss Shelby was graceful and of commanding height. She was dignified and reserved in manner, although her brilliant flashes of wit and innocent *double entendre* were not unfreely furnished the social circle in which she moved. Her tastes were of that elevated, refined nature that makes woman most attractive. Although but eighteen years of age at the time of her marriage, she possessed a mind matured and observing to a degree that reflected large credit on her maternal rearing. She was a devoted member of the

Episcopal Church, and, believing that a true Christian should rise above the petty annoyances incident to the daily life of all, she verified her faith by acts of devotion. Her influence over her husband was so great that shortly after marriage he connected himself with the church, remaining a faithful and zealous member until the time of his death.

The present site upon which Christ Church in Danville stands, was a donation from him. He was also an especial friend to "Centre College," coöperating largely toward its foundation both by his influence and liberal donations of money. He was, indeed, one of its original corporators and curators. This, too, although its government was by the Presbyterian Church. He was a man of liberal views, neither bigoted nor sectarian. He saw and appreciated the enjoyment and happiness derived from leading a religious life.

He was fond of books, and at the time of his death possessed an excellent library for the period in which he lived. He constantly made additions to his medical works, and whenever a new book of merit was issued he would invariably purchase it. The iron grasp of progress had a firm hold on him and would

not relax its grip until he had arrived at the pinnacle of fame and achieved the earnest desire of his heart.

He had a fair knowledge of the classics, yet he gave most of his leisure time to *belles-lettres* and history, both of which he was very fond of studying. He also gave much and earnest attention to biology.

When leisure hours allowed opportunity he would take long strolls through beautiful woodlands convenient to his home. In one of these walks accompanied by his wife, he discovered lying upon the sand, bordering a clear stream of water which meandered through his farm, a number of small pale blue eggs, resembling those of some diminutive bird. The two gathered these and supposing them to be bird's eggs, carried them to their home, placing them in a saucer in a warm, dark closet. Having occasion to punish one of his grandsons, he could think of nothing more severe for the disobedient little fellow than to lock him up in this closet for a little time. The boy had not been confined in his prison but a few moments, when he screamed dreadfully, at the same time frantically calling out, "Oh! let me out, grandpa; there is something crawl-

ing all over me; please let me out. I will be good." The doting grandparent could not resist the entreaties of the terrified child, and on unlocking the door, imagine his horror and surprise to find the closet swarming with young snakes, every egg having hatched out. Fortunately, nothing worse came of the incident than the sad fright experienced by the child. The grandfather never again, however, attempted to punish his little grandson.

Dr. McDowell was a man of the tenderest emotions and sympathies. His manner was plain and unassuming. He invariably dressed in black, adhering closely to the silk stock and ruffled linen. He was scrupulously neat in his person.

He did not use tobacco in any form, and often expressed himself as having a disgust for a man that chewed. Although strictly temperate, he would occasionally take a small drink of whiskey or cherry bounce (the latter his favorite beverage) when he had experienced any unusual exposure. He always kept the finest drinks upon his sideboard for the pleasure of his guests and friends.

He employed an overseer to manage his farm, and taking a deep interest in raising fine

horses and swine, he closely observed the manner of rearing and fattening them. It was from a familiar process in this connection that he gathered important facts, which resulted in his experiment upon Mrs. Crawford.

Being of Scotch extraction, it would naturally be inferred that the gifted Burns was a favorite with him, and from his familiarity with the Scottish dialect, acquired while in Edinburgh, his readings and quotations were given with idiom as perfect as if he had been a native of old "Kee Kee."

Six children were born to Ephraim and Sarah McDowell. Their first-born, "Shelby," was a bright and promising boy; unfortunately, in the absence of his father, he inhaled a wheat spear into his windpipe, and expired before medical aid could reach him.

The second son, "Wallace," a gentle, quiet, and greatly beloved son, lived to attain manhood and married Miss Mary Hall. For several years he was engaged in mercantile pursuits, and was esteemed an upright and conscientious business man. A singular fact worthy to be noticed, was that Wallace McDowell could not look at the blood of any animal without fainting. It was evident that *he* was not born

to be a surgeon. He lived to rear a family of children, dying only a few years back in Missouri.

Susan McDowell, the eldest daughter, married Colonel David Irvine, of Richmond, Kentucky. She died leaving four children. Mary their second daughter, married her cousin once removed, George Young, a wealthy and prosperous farmer of Shelby County, Kentucky.

Mary McDowell, not unlike her aunt, and bearing the same name, was a marvellously handsome woman; indeed, her blended beauty of face, form, and character, gave her both enviable reputation and celebrity. The sweet and fascinating expression of her face was but the reflection of a mind stored with choice knowledge, while her character was resplendent with deeds of mercy, love, and charity. The poor idolized her, for during her brief existence (having died at thirty years of age) she had proved herself a friend to them by her many acts of benevolence. She left four small children; they never knew the depth of such a mother's love.

Adaline McDowell, the third daughter, married a prominent politician, Judge James Deaderick, of Tennessee. She was an unusually

bright and clever woman, kind and lovely in disposition. She still survives.

Catharine, the fourth and youngest child, married Colonel A. A. Andison, of Tennessee. She also survives her parents, and has lived to see her children grown.

The father of Mrs. McDowell, Governor Isaac Shelby, of "King's Mountain" fame, was one of the most prominent and influential citizens in the State of Kentucky. Emigrating at an early day to that vast wilderness and becoming closely identified with the interests of the country, by the provisions of the Constitutional Convention at Danville, Kentucky, on the fourth day of June, 1792, he was chosen Governor of the State; on the sixth day of the succeeding May he met in person and addressed the Legislature after the custom of the British monarchs, which custom was imitated by many Governors and by President Washington.[1] He served in the Revolutionary war with honor and distinction. He planned and was second in command at the battle of "King's Mountain," where one thousand British prisoners were captured, and for his chivalry and daring deeds he was awarded by the Congress of the United

[1] See History of Kentucky.

States a handsome gold medal, now in the possession of the State of Kentucky, and cared for at Frankfort, the Capitol. His son presented this medal to the State as a relic of meritorious antiquity.

His election to the chief magistracy was an act of wisdom on the part of the commonwealth, then in its infancy. As an individual he sympathized with the project of opening the Mississippi River to free navigation, yet he held himself ready, not only to enforce the laws of Kentucky, but to perform whatever was constitutionally required of him, as Governor, by the President of the United States. His letter to General Washington is admirable in its tone, and exhibits more submission to the Federal authority than would now be shown by most Governors. His clear, far-seeing judgment predicted the downfall of slavery, and that a civil war would be *inevitable* to accomplish that end.

Shortly after the close of the Revolutionary war he removed to Kentucky from Virginia, and preëmpted large tracts of land in the richest and most fertile portions of the State. He erected a substantial residence built entirely of gray granite. He soon had the forest cleared

of its heavy undergrowth, and to make the surroundings of his home more attractive he spared from the axe an avenue of stately forest trees to guide the visitor to "Traveller's Rest,"—an original name given by him to his homestead, a name suggestive of comfort and of rest to the weary pioneer, for at "Travellers' Rest" such were sure to find a welcome and a haven from the perils and dangers incident to the life of a frontiersman. The present generation can never fully realize the privations which our forefathers endured in order to civilize this glorious land—a country, as it has now become, that compares favorably with any other in surgery, science, and literature.

It was at this historic homestead that the wise men of the land met and held counsel to devise means for the rapid civilizing of the country which was to be their future home.

In recently viewing the broad fields of golden grain, the new-cut grass, the orchards of ripening fruit, they all were suggestive of the prosperity and cultivation of one of Kentucky's most famous farms—"Travellers' Rest," which is still in the possession of the Shelby family. The old rock house has stood the storms of more than a century, but the fierceness of

Nature's devastating touch is not without its signs upon the vine-clad walls.

It was at this home that Dr. Ephraim McDowell met, won, and wedded his wife, and it is in the family burying ground belonging to "Travellers' Rest" that both were interred.

Several years previous to his death Dr. McDowell purchased a highly improved tract of land, with a modern-built, commodious dwelling upon it, situated about three miles from Danville. Here he removed with his family with a view to spending the remainder of his life in quiet, yet with no intention of giving up his lucrative practice, which had grown to be very extensive. The yearning of his heart, however, was for a quiet rural home, where he and his family and friends might enjoy the comforts to be found in country living.

When the footprints of civilization were unknown in Kentucky, and only savage war whoops resounded through the depths of the forest, there lived a brave Indian chief called "Cambiskenneth." Dr. McDowell was so much pleased with some of the noble traits of character possessed by this person that in honor of him he called his country seat "Cambiskenneth." A legend runs thus: Cambiskenneth

was the chief of a tribe of savages that had committed many outrages on the early settlers. In their perambulations they captured a fair young maiden who had ventured too far from home, and bore her away to their village (a circumstance not at all unusual in those days). When they arrived at their destination, a violent controversy arose between the warriors as to who was entitled to have the maiden for his wife. In the midst of their discussion the commanding form of Cambiskenneth appeared on the scene. He silenced them, by saying they had stolen the girl away without his approbation or knowledge, and against his avowed principles, and commanded them to take her immediately home. Well they knew that when their chieftain gave an order it was to be obeyed. For this act of mercy the Indian was ever afterward treated with the greatest kindness and consideration by the settlers. Travellers in passing over "Muldrow's Hill" pause to look at a mound of considerable height bordered by a crude granite slab that marks the last resting-place of the brave and noble Cambiskenneth.

Although Dr. McDowell was a slave-owner, he recognized the negro as belonging to the

human race. His own slaves were treated with the utmost kindness and consideration by himself, and as well by his entire family. He was never known to traffic in slaves, but would frequently purchase a man or a woman if one had fancied and married a servant belonging to himself. He would never under any consideration separate families. He evidently had a more tender feeling for the negro than had the renowned Dr. Johnson, who is reported as saying that a negress could "bear cutting about as well as could a dog or a rabbit."

Dr. McDowell was a prayerful man, as an evidence of which we have the following invocation offered up by him to the Divine Master a few hours before the appointed time to make the *first* "ovariotomy." He realized that *his* feeble hand, without the strengthening power of the Almighty Father, would prove futile in the trying experiment he was about to make. It was an event that was to render his name immortal, and be the means of saving countless numbers of lives; otherwise, in case of failure of the operation, was to prove his destruction.

It was truly a trying hour with him, and it was well that he sought his closet and in ear-

nest prayer made an appeal to God to be with and help him. His abiding faith in the efficacy of prayer was beautiful, and no doubt his remarkable success in the field of surgery can be largely attributed to his strong convictions and unwavering faith in the Great Jehovah.

Remembering the prayer and writing it down with his own fingers he placed it in his pocket, thinking some day that his faithful wife might accidentally find it—perhaps after his death, for threatening clouds were gathering about him as the time drew near for him to perform the operation upon Mrs. Crawford.

THE PRAYER.

"Almighty God be with me I humbly beseech Thee, in this attendance in Thy holy hour; give me becoming awe of *Thy* presence, grant me Thy direction and aid, I beseech Thee, that in confessing I may be humble and truly penitent in prayer, serious and devout in praises, grateful and sincere, and in hearing Thy word attentive, and willing and desirous to be instructed. Direct me, oh! God, in performing this operation, for I am but an instrument in Thy hands, and am but Thy servant, and if it is *Thy* will, oh! spare this poor afflicted

woman. Oh! give me true faith in the atonement of Thy Son, Jesus Christ, or a love sufficient to procure Thy favor and blessing; that worshipping Thee in spirit and in truth my services may be accepted through his all-sufficient merit. Amen."

CHAPTER V.

THE FIRST CASE OF OVARIOTOMY.

It was on the thirteenth day of December, 1809, when Dr. McDowell had been practising his profession fourteen years, that he was sent for to see Mrs. Crawford, residing in Green County, Kentucky, some sixty miles from Danville, who was thought by her physicians to have gone long beyond her time in pregnancy, and to be the subject of extra-uterine fœtation. McDowell found her trouble to be an ovarian tumor, rapidly hastening to a fatal termination. To quote the graphic description of Dr. Gross: "After a most thorough and critical examination, Dr. McDowell informed his patient, a woman of unusual courage and strength of mind, that the only chance for relief was the removal of the diseased mass. He explained to her with great clearness and fidelity, the nature and hazard of the operation. He told her that he had never performed it, but that he was ready, if she were willing, to

Fac-simile of interior of Dr EPHRAIM MCDOWELL'S OFFICE, in Danville, Kentucky, showing Dr. MCDOWELL performing the first ovariotomy (1809), attended only by his nephew and medical student, WILLIAM A. MCDOWELL, as described by the surviving daughter of Dr. EPHRAIM MCDOWELL.

undertake it, and to risk his reputation on the issue, adding that it was an experiment, but one well worthy of trial."

Mrs. Crawford listened to the surgeon with great patience and coolness, and at the close of the interview promptly assured him that she was not only willing, but ready to submit to his decision, asserting that any performance which held out even the most remote prospect of relief was preferable to the ceaseless agony she suffered.

The result has long been before the profession.

McDowell was conscious at the time he was doing the operation, that an angry and excited crowd of men were collected in the street awaiting the result of his experiment of "butchering a woman," as they expressed it. Had she died under the operation, there was no law in those primitive days sufficiently strong to have protected him from the people who were clamoring for his life—determined men who would have shown no mercy, for they regarded it a *duty* to avenge the wrong inflicted on Mrs. Crawford. Indeed his life hung on the recovery of the heroic woman. What nerve, what confidence in God and in his own ability, must

the surgeon have possessed to venture the performance of an operation of the magnitude of ovariotomy under *such* circumstances. No soothing balm to quiet the nerves of his patient; only a covering thrown over her pallid face to shut out from her view the flashing of the few instruments that he used.

This signal event in the life of the illustrious surgeon cannot fail to impress a reader with the remarkable firmness of nerve and, as well, the surgical genius possessed by Dr. McDowell. It portrays strength in his character worthy of much more than a passing notice, and proves conclusively that the operative germ slumbered in his mind, waiting a proper subject. This subject came in the person of Mrs. Crawford.

Dr. McDowell's close observation of manipulations practised on certain of the lower animals, together with lasting impressions received from his old preceptor, generated, no doubt, the thought of his operation of ovariotomy, while consciousness of skill, and of dexterity in handling the scalpel, gave him confidence and courage in his own ability. With these was combined a firm conviction in the efficacy of prayer.

As one of Chicago's most prominent surgeons remarked in speaking of the operation, "Your grandfather was the instrument and *God* the great surgeon that did the work." It really seems that there is much truth in these words, and, remembering all the attending circumstances under which it was performed, that McDowell was *inspired* to do the operation—one hitherto unknown to the *world*.

We regret our inability to furnish a life picture of Mrs. Crawford, owing to her never having had one taken. This heroic woman, whose courage gave Dr. McDowell an opportunity to win immortal fame, survived the operation thirty-two years in good health. She was of a highly respectable Kentucky family and bore a son, who, at one time, was Mayor of Louisville, Kentucky. She was above the medium height and weighed, before her affliction, one hundred and sixty-five pounds. Her form was good, and her face represented character and determination of spirit. Her eyes were of that full, gray kind which indicate firmness. Her forehead was overhung with clusters of wavy brown hair. She was not a handsome woman, her features being too prominent and large, and her lips too

firmly set and curling. For some years after the operation was performed upon her, she remained at her old home in Green County, Kentucky, but finally moved with her family to Indiana, where she lived until her death.

So far as we have been able to ascertain, the degree of M.D. was not possessed by him until the year 1825, when, entirely unsolicited on his part, the University of Maryland honored itself by conferring upon him its honorary diploma. The Medical Society of Philadelphia, at that time the oldest and most distinguished of the kind in this country, had sent him its acknowledgment in the year 1817. The following names are identical with those attached to the diploma presented him in 1825, by the University of Maryland:

JOHN P. DAVIDGE, A.M., M.D.,
Professor of Anatomy.

NATHANIEL POTTER, M.D.,
Professor of Theory and Practice of Medicine.

ELISHA DEBUTTS, M.D.,
Professor of Chemistry.

SAMUEL BAKER, M.D.,
Professor of Materia Medica.

RICHARD WILMOT HALL, M.D.,
Professor of Obstetrics.

MAXWELL MCDOWELL, M.D.,
Professor of Institutes of Medicine.

GRANVILLE SHARP PATTISON,
Professor of Surgery.

JAMES KEMP, D.D.,
Præfectus.

JOHANNES ALLEN,
Professor of Mathematics.

Copy of the diploma awarded to Ephraim McDowell, by the University of Maryland, in the year 1825:

Academia Terræ Mariæ Omnibus ad quos hæ literæ pervenerint Salutem. Cum mos sit antiquus et laudabilis ut qui multolabore studioque assiduo literis operam navaverint ii insigni aliquo honoris titulo condecorentur cumque nobis compertum sit Dominum E. M. rerum Medicinalium et Philosophicarum scientia et usuperitissimum et omnino talem esse quem summi in Medicina honores deceant potius ultro ambiant; Nos eundem doctissimum virum E. M. summo quo potuimus honore prosequi volentes Medicinæ Doctorem rite et legitime creavimus, renuntiavimus, eique tanquam vere idoneo et optime merito omnia Jura, Honores et Privilegia contulimus quæ Medicinæ Doctori legibus aut consuetudine conceditribuique solent. In quorum fidem literis hisce sigillo Academiæ communi munitis nomina nostra subscripsimus. Datum Urbe Baltimoriensi Mensis. Aprilis die quarto Anno Domini MDCCCXXV.

JAS. KEMP, D.D., Præfectus.
JOANNES B. DAVIDGE, A.M., M.D., Art. Incid. Prof.
NATH'L POTTER, M.D.. Theoret. Med. et Prax. Prof.
ELISHA DEBUTTS, M.D., Chem. Prof.
SAMUEL BAKER, M.D., Mat. Med. Prof.
RICH'D WILMOT HALL, M.D., Obstetri. Prof.
MAXWELL MCDOWELL, M.D., Inst. Med. Prof.
GRANVILLE SHARP PATTISON, Chir. Prof.

Dr. McDowell certainly stood in his own light out of failure to report the numerous and skilful operations he performed, but at the same time many excuses are to be made for

him. The condition of the country, the times in which he lived, and his great aversion to writing, palliate the seeming neglect of what appears to have been his duty. He was so negligent as to corresponding that when absent from home he would seldom send a letter to his immediate family, unless emergency demanded it. From the fact of his not reporting his minor operations they are lost to his credit. A prominent Brooklyn surgeon said that he knew from good authority that Dr. McDowell was the first to perform the Cæsarean section in this country successfully, the operation being done in New York City. No report of the case was made.

He was remarkably successful in general surgical work, and we have ascertained from authentic sources that he was the first to venture upon a partial excision of the inferior maxillary bone. Afterward Dr. Wood, of New York, perfected the operation and obtained the honor. Dr. McDowell was really the originator of the performance, though, as usual, he made no public account of it.

One of his (Dr. McDowell) most interesting cases, in consequence of the exalted position afterward attained by the patient, was that of

James K. Polk, President of the United States. This gentleman had suffered for years from symptoms of vesical calculus, and in 1812, when in his seventeenth year, he was induced to consult Dr. McDowell, at Danville. He carried the stone home with him, not in his bladder, but in his pocket, to show to his friends and neighbors. In a letter dated Maury County, West Tennessee, December 3d (which letter we have been unable to procure), he informed Dr. McDowell of the progress of his *cure*, and feelingly expressed his gratitude for the services which he had received from him. The bad orthography and worse grammar contained in this letter, could but be contrasted with the contents of one which he wrote to Dr. McDowell fourteen years afterward, when he represented Tennessee in the Congress of the United States. This second was written with accuracy and even eloquence.

Mr. Polk says:

"My Dear Dr.: I have been enabled to obtain an education, study the profession of law, and embark successfully in the practice; have married a wife and permanently settled in Tennessee, and now occupy the station in which the good wishes of fellow citizens have

placed me. When I reflect, the contrast is imposing indeed, between the boy, the meagre boy, with pallid cheeks, oppressed and worn down with disease, when he first presented himself to your kind notice in Danville, nearly fourteen years ago, and the man of to-day in the full enjoyment of perfect health."

And this greatest boon, "perfect health," which he was enjoying, he owed to Dr. McDowell. President Polk early in life was permanently cured of a hernia by him.

It is evident that Dr. McDowell was an exceedingly cautious practitioner, always looking to the preparation of the patient's system before going into an operation. His anatomical knowledge, dexterity, and his courage were sufficient to enable him to execute any manipulation that might have been required within the circle of his extensive practice. He took especial pains in aiding his pupils to acquire a knowledge of the human structure.

Upon three occasions, while in Europe, he did the Cæsarean section, and with the first two cases both mother and child lived. He never reported these operations, and the members of his family were the only persons that preserved a record of the fact.

He seemed in his surgical ambition, as he increased in years and confidence, to become lost in all-absorbing thought as to how to help suffering humanity.

Some writer has wisely remarked, in vindication of surgeons and men of the healing art who have borne the semblance of having been remiss in their reports of important cases or discoveries, that "in former times before the organization of the numerous medical vehicles and medical colleges and societies which now exist throughout the civilized land, and when a medical journal was almost unknown, there was an excuse for failure to bring one's original work and discoveries promptly before the medical profession, as was the case with Ephraim McDowell, but *now* the facilities for communicating being so general no excuse is to be made for the delinquent pioneer, for such are not without opportunities to inform the profession as to what they have done or are doing. Indeed they are even urged and importuned to do so by the enterprise of medical journalists, and the officers of medical societies. One who in this day locks up in his own bosom, and for years, the knowledge of a valuable discovery may well be asked if he has not forfeited all

claims under a statute of limitation, by reason of his neglect or of a desire to conceal."

The reader must bear in mind that at the time McDowell lived and practised his profession, there were even no stage coaches in use; the only mode of transportation being by horseback, and journeys were often attended with great danger and much privation to the traveller. Fifty or one hundred miles was considered no uncommon distance for a physician to be called to see a patient. Dr. McDowell was frequently so sent for, and it became necessary for him to take such long journeys, carrying his medicines and surgical instruments in "saddlebags," a manner of practice unknown to physicians of the present day. His earthly mission was, indeed, to relieve the sufferings of his fellow beings.

On one occasion he was called to see a patient who lived over a hundred miles distant from his home. It was an important surgical operation that was required and which demanded speedy attention, and although it was in a season of the year when the streams and brooks throughout the entire country were swollen beyond their utmost capacity, when little rivulets had become rushing creeks, and

small brooks wide-spreading rivers, causing peril and danger to the traveller, he ventured upon his journey. His devoted wife entreated him not to go—not to risk his life. But duty called him, and *that* summons must be obeyed. She hastily prepared the necessary articles for the trip, and with many misgivings bade him farewell. He mounted his faithful horse that had borne him in safety on many a similar errand, and soon was lost to sight in the distance. After having ridden some forty miles he came to a stream of water overflowing its banks. For a moment he viewed the swollen current, meditating on what course to pursue, for the driftwood was dashing and driving with such force that he feared (should he attempt to cross) collision with it. There was no alternative, however, but to let his horse have the rein and swim the angry torrent, that seemed bidding defiance to the doctor and to his mission of mercy.

He realized his danger in attempting to cross, but the beautiful Christian faith manifested itself to him, and a still, small voice whispered "Fear nothing, for I am with thee," and the next moment he threw the bridle over his horse's head, and with charac-

teristic instinct the animal plunged into the surging water. At times the doctor stood in his stirrups trying to escape the débris that threatened destruction to both horse and rider. Finally a heavy saw-log came in contact with the horse, almost causing the struggling animal to drown, but with herculean strength he overcame the dangerous situation, and raising his head in the air and blowing the muddy water from his distended nostrils, swam with a desperate effort safely to shore. The doctor arrived at his destination, performed the critical work successfully, and returned to his home thankful and happy. Our forefathers who selected the profession of medicine, certainly practised it under great difficulties.

Is the restless spirit of man in this progressive age as content and happy, surrounded with all the modern luxuries, as were our forefathers in their primitive homes, free from ambitious pride and desire to excel their neighbors? We think that we can answer this question through the peaceful family circle of Dr. McDowell. He could say as did the Apostle Paul: "I have learned in whatsoever state I am, therewith to be content," and therein lies the true state of happiness. This is to a great

degree the secret of Dr. McDowell's mighty faith, and it is a secret all would do well to learn.

His hospitality was proverbially known, and it was seldom that "Cambiskenneth" was without visitors. Mrs. McDowell being a model housewife, order and method prevailed. Her domestic discipline was perfect, and had, blended with it, kindness and consideration. It was a pleasure to be a guest in such a well-regulated household.

Dr. McDowell's great benevolence was one of the marked characteristics of his nature, and much of his daily practice was gratis. The writer had the pleasure of meeting several very aged persons who remembered vividly the many cases which he had operated upon, without in a single instance making any charge. A poor woman from the mountains of Tennessee hearing of the doctor's wonderful skill, and feeling convinced that some dreadful affliction had befallen her, wrote him soliciting advice as to what to do. He replied, asking after symptoms and everything connected with her case. She sent the required word, and he was convinced that she had an ovarian tumor; not being satisfied with a seeming neglect to give her the

required professional assistance, he made a journey to see her. Her condition was found deplorable, as she was suffering from the disease inferred. He operated successfully upon her, making no charge; his remuneration were these words: "God will bless you, doctor, for having saved my life."

CHAPTER VI.

PERSECUTIONS.

As Dr. McDowell ascended the ladder of fame persecutions went with him; men in the profession, be it told to their dishonor, resorted to unprofessional acts to traduce and injure the high standing and irreproachable character of the dauntless surgeon. Providence had, however, spared the life of brave Mrs. Crawford, and by so doing ovariotomy was founded.

It is a noted fact, and undisputed experience shows it, that the man of genius, the man destined to rise, must traverse the rank and foulsome sloughs of envious persecution, until victory carries him out of them. Wisely said Professor Tyndale recently in speaking of the discouragements men of genius had to contend against: "A great theory has never been accepted without opposition. Such must always be the course of things so long as men are endowed with different degrees of insight: where the mind of genius discerns the distant

truth which it pursues, the mind not so gifted often sees nothing but the extravagance which it avoids."

As an instance of a spirit of jealousy on the part of a member of the medical profession the following is to be noted. During one of the occasional absences from home of Dr. McDowell, his wife had a slight indisposition. Dr. Hunn, a self-important, opinionated and aristocratic old man, living in Danville and not far from the residence of McDowell, was called in to see her. He diagnosed the case, and with characteristic malevolence, to be appreciated in the reading of a succeeding paragraph, at once declared her to be dangerously poisoned, but said that if the family would have a cow driven into the yard, so that he might have fresh milk whenever called for, *he could save her*. All was arranged as he directed, and in due course of time Mrs. McDowell recovered. Nature was the successful physician.

It seems to be a *false dignity*, a mistaken notion of elevated character, that prompts the worthy and skilful physician to stand idly by and see the substantial rewards of his labor appropriated by shameless pretenders. There is such a sympathy between this class of indi-

viduals and the people generally, that it would be but a just retribution should scientific physicians abandon the field, and leave the public entirely in the hands of the nostrum-venders and advertising charlatans,—at least for a generation or two, or until men shall have learned to appreciate the true physician and his scientific acquirements.

The Dr. Hunn alluded to above, in order to injure the social standing of McDowell, fabricated a wicked falsehood, reporting that Mrs. McDowell had been poisoned by a young medical student at that time in the office of her husband, and that this pale, interesting man of medicine was none other than a *young lady dressed in man's clothing*. The assertion, malevolent lie as it was, found acceptance by some of the credulous, and not until after the marriage of the student, and *he* or *she* becoming a *father*, were their minds disabused of this wicked impression. We relate the incident as showing one of the many annoyances to which Dr. McDowell was subjected. It was only, however, when enemies assailed his private character that his indignation was aroused. He was a brave man, but one of such decision of character as to be master of his passions

and will. He usually armed himself when called at night to visit a patient, especially in the country. He only feared the assassin, who "loves darkness rather than light."

His persecutions were very annoying, and his own profession denounced him as a cruel, wicked person, who had no sympathy for man or woman—that he gloried in cutting open the belly of a woman. His most intimate professional friends avoided him, and the prejudice was carried so far that he was socially shunned by many. The negroes of the village and the surrounding country being naturally ignorant and superstitious, whenever they spied Dr. McDowell walking in the distance, would rush into the nearest building, fearing that he might waylay and maltreat them. They feared him as they would some beast of prey. Indeed they could scarcely be induced to venture out after twilight, unless McDowell was absent from home. For this fear, their masters were, of course, responsible.

But he had his sport out of them. One afternoon as he was wending his way homeward, he met, in a solitary part of the road, a burly negro face to face. The man looked an instant at the doctor, and then attempted to run, but being

ordered, halted. With wild, staring eyes, and terrified face, the negro gave one unearthly groan and falling upon his knees offered up an appeal to God that would have touched a heart of stone. When he stopped praying, the doctor talked with him, trying to make the man understand his foolishness. The negro stated that he had heard his old master say, "That Dr. McDowell was next to the devil—that he went about cutting people open and killing them." To the time of his death, the ignorant residents, both white and black, held such ideas of him, and no argument could disabuse their minds of the uncanny impressions.

Though his trials were many, they were dispelled by his abiding faith and by happy influences related with his family circle. He taught his children, when engaged in sport, to regard him as one of themselves, dispossessing himself of that forbidding awe with which parents too frequently wean off their offspring.

It is a remarkable fact that a man so true and sincere in his nature, as was Dr. McDowell, should have been a target for an envious pretender to hurl his venomous darts against.

In reading the medical literature of the present

age, we were chagrined at the unfairness meted out to Dr. McDowell by Mr. Lizars, who should have risen above such (to say the least of it) an unprofessional as well as dishonorable act, if the act were not due to negligence. True, Mr. Lizars is now numbered with the dead, and the thought may occur, let the faults of the dead be buried with them. Very well and just, but the deeply wronged McDowell likewise sleeps with the dead, and the injustice done him cries to be righted, and it is our privilege and duty to gather all the facts relating to him and his works. Our object is to place the illustrious surgeon where he should be, and to state truths regarding him.

Professor William Tod Helmuth, a renowned surgeon, says that the national pride of every American physician is to find gratification "in pronouncing Ephraim McDowell 'The father of ovariotomy,' not of American ovariotomy, but of ovariotomy *the world over*, and especially of ovariotomy in Great Britain. I am urged to this decisive pronunciation, because the endeavor has constantly been made in England to deprive the American people of the honor which belongs to them in this regard." Then he says further, that in 1817, Dr. McDowell prepared a report of

his cases, and with justifiable pride sent a copy to his friend and former preceptor Mr. Bell, whose health had failed, and who was then travelling on the Continent. Mr. Lizars had charge of Bell's correspondence and practice, and failed to transmit the report to him. Seven years later Mr. Lizars brought them to light (Dr. Peaslee says they slumbered for seven years for some cause then unknown), and when he did so, they appeared *as an appendix* to a paper recording a case of his own, which proved to be not ovariotomy, but one simply of an accumulation of *fat.*

Mr. Christopher Heath thus spoke to his class:

"Although ovariotomy was first performed by Dr. Ephraim McDowell, of Danville, Kentucky, who was a pupil of John Bell, the operation of modern times has been entirely of British cultivation. Mr. Lizars, of Edinburgh, was the first to attempt ovariotomy in this country, and by the long incision, *i. e.*, from the umbilicus to the pubes; his example was followed by a few other surgeons and from time to time a success was obtained." Mr. Heath allowed himself to overlook, ignorantly or wittingly, Dr. McDowell's eight successful cases attending thirteen operations.

The facts are that had Mr. Lizars not read and studied Dr. McDowell's report he would never have attempted the operation, and when he did make such attempt he mistook a lump of fat for an enlarged ovary; examination showing both organs to be healthy. Notwithstanding this humiliating fact, Mr. Lizars again attempted the performance, but in two cases was unable to remove the tumors, and in the third case mistook a sub-peritoneal uterine fibroid for a cystoma ovaria.

The learned professor of surgery goes on to say: "These facts are very well known to every gynecologist, and though still of interest to the general practitioner, would not have been mentioned here had it not been that effort has recently been made in England by one high in authority, to give priority in the performance of ovariotomy to a certain Robert Houstoun, of Glascow. In Mr. Lawson Tait's latest work, 1883, the endeavor of the author to procure for Great Britain precedence in the performance of this operation is so apparent and indeed so overdrawn that the animus is plainly perceptible."

We find the case of Mr. Houstoun which Mr. Tait refers to, in the *Philosophical Trans-*

actions: (From the year 1719 to the year 1733). Abridged and Disposed under General Heads, Vol. vii., pp. 541–546. published in 1834.

We refer the reader to Case XXVIII. therein reported, being that of Margaret Millar:

"In Aug. 1701. Margaret Millar, living not far from Glascow, informed me, that her Midwife, in her last Lying-in, at 45 years old, having violently pulled away the Burthen, she was so very sensibly affected by a Pain, which then seized her in the left Side, between the *Umbilicus* and Groin, that she scarce ever had been free from it after, but that it had troubled her more, or less, during 13 Years together; that for two Years past she had been extremely uneasy, her Belly grew very large, and a Difficulty of breathing increased continually upon her; insomuch, that for the last six Months, she had breathed with the utmost Difficulty. That in all that Space of Time, she had scarce eat so much as would nourish a sucking Child; and that for three Months together she had now been forced to lie constantly on her Back, not daring to move at all, to one side or other. This tumour was grown to so monstrous a Bulk, that it engrossed

the whole left Side, from the *Umbilicus* to the *Pubes*, and stretched the Abdominal Muscles to so unequal a Degree, that I do not remember to have ever seen the like in the whole Course of my Practice. It drew towards a point. Her being so long confined to lie continually on her Back, having grievously excoriated her, added much to her Sufferings, which, with want of Rest and Appetite, had greatly wasted her.

"I told her, that in order to effectually relieve her, I must lay open great part of her Belly, and remove the Cause of all that Swelling: She seemed not frightened, but heard me without Disorder, and pressed me to the Operation. I drew (I must confess) almost all my Confidence from her unexpected Resolution, so that without loss of Time I prepared what the Place would allow, and with an Imposthume Lancet, laid open about an inch; but finding nothing issue, I enlarged it two Inches, and even then nothing came forth but a little thin yellowish Serum; so I ventured to lay it open two Inches more. I was not a little startled, after so large an Aperture, to find it stopped only by a glutinous Substance. All my Difficulty was to remove it; I tried my Probe, I endeavoured with my Fingers, but all was in vain; it was so

slippery that it eluded every Touch and the strongest Hold I could take.

"I wanted in this Place almost everything necessary, but bethought myself of a very odd Instrument, yet as good as the best, because it answered the End proposed. I took a strong Firr-splinter, wrapped some loose Lint about the End of it, and thrust it into the Wound, and by turning and winding it, I drew out above two Yards in Length of a Substance thicker than any Gelly, or rather like Glue that is fresh made and hung out to dry; the Breadth of it was above ten Inches: This was followed by nine full Quarts of such Matter, as I have met with in Steatomatous and Atheromatous tumours, with several *Hydatides* of various Sizes, all containing a yellowish *Serum*, the least of them bigger than an Orange, with several large Pieces of Membranes, which seemed to be Parts of the distended Ovary. Then I squeezed out all I could, and stitched up the Wound in three Places, almost equi-distant:

"I was obliged to make use of *Lucatellus's* Balsam, which was made by her Lady for the Use of the Poor; with this Balsam I covered a Pledget, the whole Length of the Wound, and over that laid several Compresses, dipped in

warm *French* Brandy, and, because I judged that the Parts might have lost their Spring by so vast and so long a Distention, I dipt in the same Brandy a large Napkin, four times folded, and applied it over all the Dressings, and with a couple of strong Towels, which were also dipt, I swathed her round the Body, and then gave her about four Ounces of the following Mixture: ℞.—*Aq. menthæ*, ℔.ss. *Aq. cinnamomi fort.* ℔j.ss. *Syr. Diacodii*, ℥vj.—M. The Cinnamon Water was drawn off from Canary and the best Cinnamon; indeed it was the finest and most fragrant Cinnamon Water I ever tasted: Of this Mixture I ordered her 2 or 3 Spoonfuls 4 times a Day.

"Next Morning I found her in a bathing Sweat, and she informed me, with great Tokens of Joy, that she had not slept so much, nor found herself so well refreshed at anytime for three Months past.

"I carefully attended her once every Day, and as constantly dressed her Wound in the same manner as above, for about eight Days together: I kept in the lower Part of the Wound a small Tent, which discharged some Serosities at every Dressing for four or five Days. But Business calling me elsewhere, I

left her, having first instructed her two Daughters how to dress her Wound, and told them what Diet I thought most proper.

"Her chief Food was strong Broth made of an old Cock, in each Porringer of which was one Spoonful of Cinnamon Water; this was repeated 4 times a Day, and gave her new Life and Spirits.

"After three Weeks Absence I called at her House, and finding it shut up, was a little surprised, but had not gone far before I was much more surprised, when I found her sitting wrapped up in Blankets, giving directions to some Labourers who were cutting down her Corn.

"She mended apace, to the Admiration of everybody thereabouts, recovered surprisingly, and lived in perfect Health from that time, until *October*, *1714*; when she died in ten Days' Sickness.

"That this Tumour, or rather Dropsy, of the *Ovarium* proceeded from the Midwife's Rashness in pulling away the *Placenta*, not knowing how to separate it from the *Uterus* skilfully, seems to me plain from what the Woman herself told me, and what fell out afterwards. The *Placenta* adhering fast to the *Uterus*, required

more Art to bring it away than she was Mistress of, which probably induced her to use Violence ; by which she forced down the *Fundus Uteri ;* so overstrained the Ligaments, and all that is appended to them ; especially the *Ligamentum latum* of the left Side, and its *Ovarium*, which may be reasonably allowed to have been hurt in the Relaxation with the rest. Hence the Elasticity of these injured Parts was not only impaired, but the small Lymphatics ruptured, so that the extravasated *Lympha* rushing out, thickned, and not being able to recirculate, dilated the injured *Ovarium*, and thus increased the Tumour, and the Parts being already excessively distended, and being no longer able to resist the new Influx of fresh Secretions ruptured also, and by degrees augmented to that huge and enormous Bulk."

Professor Helmuth, after citing excerpts from the above case, goes on to say: "I ask those who are in any way acquainted with the subject, can this be called an ovariotomy? Mr. Tait's reasoning on this subject is most peculiar; he says: 'Although he (Houstoun) does not describe his division of the pedicle, or his having tied it, it is almost certain that he did both. He certainly must have seen and divided the

pedicle, for he describes the disease as being of the left ovary, therefore he saw the pedicle.' How the latter conclusion could be deduced from the former expression appears to me to be incredible. The disease was of the left ovary, '*therefore* he *saw* the pedicle.' Mr. Tait further continues, 'perhaps he tore it and it did not need tying.' . . . . From a careful reading of all this, I think we may make deductions entirely antagonistic to those of Mr. Tait, and may positively say that Houstoun did *not* perform a complete ovariotomy. . . . . It has been suggested by Dr. R. S. Sutton,[1] of Pittsburgh, that Dr. Houstoun, without knowing, enucleated the cyst and directed no further attention to the pedicle. Peaslee[2] simply says, 'Dr. Houstoun did not perform ovariotomy.' . . . . With the careful understanding of all these circumstances, we hope that it must be apparent to every one that Dr. McDowell still holds priority of claim in the performance of this operation, and we must still dignify him with the title of '*The Father of Ovariotomy*.'"

[1] A paper read at the meeting of the American Gynecological Society, held in Boston, 1882.

[2] Ovarian Tumors, p. 227.

CHAPTER VII.

DEATH OF DR. EPHRAIM McDOWELL.

In the year 1830, on the evening of the 20th of June, while almost in the prime of life, Dr. Ephraim McDowell passed from earthly scenes, peacefully yielding up his useful and well-spent life. The physicians in attendance on him pronounced the cause of dissolution an acute attack of inflammation of the stomach. His illness, which was very brief, was caused by eating strawberries. It was a habit with him, when the fruit was in season, to go into his garden and gather the berries fresh from the vine, and to eat of them freely. On this occasion he gathered and ate a good many, as they were unusually fine in flavor and sweetness. When he returned to the house he was *ill*, and complained of great pain with nausea.

Mrs. McDowell at once dispatched a servant for the family physician, who shortly arrived, and seeing the critical and dangerous condition of his patient desired a fellow-practitioner to be summoned with view to consultation.

The case was diagnosed and treated as inflammation of the stomach, but Dr. McDowell, agreeing with his wife's impressions, told them he thought he had eaten a poisonous insect or poisonous eggs that had been deposited upon the berry. The physicians, however, did not agree with the suggestion made, but treated the case in accordance with their diagnosis. The patient was suffering too much pain to suggest anything that might have a tendency to relieve him, and in a short time, after acute suffering, he expired, surrounded by all the members of his family. His death occurred toward the close of the evening, and it was one of the most heavenly of all midsummer twilights —fanned as it was by zephyr breezes, the spirit of this good man passed to the God that had created it.

Dr. McDowell was greatly respected in life by those who were able to appreciate his many praiseworthy qualities, and he filled an honored grave. His shortcomings were few while his merits were many, and we are to cover gently with the "mantle of charity" his few faults, knowing as we do his many virtues, and that these, like a running brook, "will live on and on forever," until the remembrances of him

and his works shall swell and grow like the mighty ocean.

Could the countless number of women who, directly or indirectly, have been relieved from suffering and saved from an untimely grave through the benefaction of the Kentucky surgeon, proclaim with *one voice* "McDowell was my salvation," the mighty echo would sound and resound from pole to pole.

The brightest consolation that could be offered to his bereaved and heartbroken family over his untimely death was the assurance that his earthly career had been such that when the summons came to him that his *spirit presence* was desired to appear before the Divine Master, that he had a mission in the heavenly land to fill, he was ready to meet it. He died believing firmly in the atonement of the blood of the Lamb, the resurrection of the body and (to the righteous) life everlasting.

Although at times his bark of life may have been tossed upon the tempestuous waves of oppression, and his spirit sorely tried, yet he was never known to take the name of God in vain. It does seem that his heart was made perfect; tried in the crucible of affliction. When he was advised by his physicians that if

he had any business affairs to arrange, he had better attend to the matter before it was too late, he quietly said, with that calm Christian resignation so characteristic of the closing hours of the righteous believer, "All my earthly affairs are satisfactorily arranged, and, what is of more importance than all else, my peace with God is made, and in making that mysterious change from mortal to immortal I have no dread, for I can truthfully say, 'though I walk through the valley of the shadow of death I will fear no evil, for *Thy* rod and *Thy* staff they comfort me,' and I feel in parting with my beloved family and friends that my life has been devoted to their cause, that it has been the cherished object of my life to relieve suffering humanity; and I close my eyes in death forgiving those who have done me any injustice, and with the happy and peaceful assurance of soon being with Him who has ever guided my earthly pilgrimage, who forgiveth—" Before he could finish the sentence *death* had silenced his lips forever.

A great and noble man had fallen—but not to be forgotten. His remains were interred in the family burying ground at "Traveller's Rest" (the homestead of Gov. Isaac Shelby). There they rested several decades undisturbed.

He left his family comfortably provided for; but had he possessed any mercenary qualities he could have amassed a large fortune. It was contrary to his nature, however, to "save up." His acts and sentiments of pure philanthropy and generosity were too extensive to have permitted any great accumulation of worldly possessions, though his practice was extensive and, we might add, lucrative. He was an especial friend to the needy and oppressed, and his many acts of benevolence naturally diminished his income.

Instead of avoiding, he sought out objects of charity, and was frequently known to go on missions of mercy during the night, and to travel several miles to see a sick patient when he had any doubts about a case, knowing at the time that he could never realize, in the way of his purse, anything for his professional services. But the desire and feeling to do good were innate with him; emanating from the noble impulses of a just and upright man, who was utterly void of selfish motives.

What property he left was judiciously disposed of in a brief will. He bequeathed his beautiful homestead to his only son, retaining a life-interest in it for his wife. His daughters were provided for equally with the son.

Mrs. McDowell realizing her utter desolation in the great bereavement experienced in the death of her husband, and not wishing to incur the responsibility of "farming," removed to Danville. Depressed by a sense of loneliness (for his place could never be filled) she decided to spend the remaining days of her declining life with her daughter, Mrs. Anderson, who was ardently attached to her mother.

It was at the home of Mrs. Anderson, eighteen years after the death of the Doctor, that Mrs. McDowell passed away. Her death was deeply regretted. She had carried on the charitable work which her lamented husband had inaugurated so many years previously, and her death fell heavily upon that class of people who were recipients of her goodness. She fully seconded the purposes of her deceased husband, for no one ever heard either him or her say to the needy and destitute "be ye warmed and be ye clothed," without at the same time seeing furnished by them needed means for relief of the necessities.

The remains of the wife were placed beside those of her husband, in the family burying ground six miles from Danville. There both bodies remained undisturbed until the year

1879, when that of Dr. McDowell was removed to Danville and reinterred in the place designated by the Monumental Committee, which spot was appropriately selected near the monument erected to his memory by the Medical Association of Kentucky. A question then arose (causing considerable controversy) regarding the propriety of removing Mrs. McDowell's remains and placing them beside those of her husband. Was it right to separate, even in death, the persons of husband and wife? The bodies had rested many years side by side. Should this not continue? To take a benign view of the question, one can but be impressed with the solemnity of the position. The physicians met in council and decided to refer the matter to Dr. J. N. Toner, of Washington City. Dr. Toner having read and remembered the controversy, together with the decision rendered at the time of the reinterment of the remains of Mrs. Washington, the trouble the Committee had to procure the consent of the authorities in power at that time to place the remains of Mrs. Washington beside those of her distinguished husband at Mount Vernon, he took the same stand in the question referred to him that the

Committee did at the time of the removal of the remains of the President's wife. Consequently he was not long in deciding that it was proper and in accord with an instinctive sentiment, that Mrs. McDowell's body should be placed beside that of her husband. This decision was accepted and immediately acted on, and the wife now rests in the "McDowell Monumental Grounds." Two conspicuous green mounds, placed side by side to the right of the shaft, mark the places of interment.

All credit is due Dr. Toner for his wise and humane decision.

CHAPTER VIII.

CRITICISMS AND COMMENTS.

ADDENDA in the shape of criticisms and comments relative to Dr. McDowell, his operations and times, will hardly lack interest to the enlightened and less-selfish physician of the present age: criticisms on the then murderous ovariotomy, and bitter sarcasm hurled at "the father of ovariotomy." For most of these items we are indebted to reliable and prominent European and American surgeons.

Dr. Ezra Michener, of Philadelphia, in an article in the journal[1] containing Dr. McDowell's reports, after saying, "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," and expressing a hope that they really are "correctly stated," sarcastically quotes what is said in the report of the first case respecting the effects of the horn of the side-

[1] Eclectic Repertory, Jan., 1818, vol. viii., No. 22, p. 114.

saddle, and the patient being engaged in making her bed on the fifth day, and closes thus: "The utter impossibility of our ever being able to ascertain, with certainty, the real nature of those internal diseases, the delusive nature of all their indications, and the necessary danger of an operation under the most favorable circumstances, will be likely to prove an insurmountable barrier to the use of the knife in their removal, as few persons will be likely to risk their reputation on such uncertain data."

Dr. Washington L. Atlee, in referring to the early history of ovariotomy,[1] says: "In 1853 Joshua B. Flint, M.D., of Louisville, Professor of Surgery in the Kentucky School of Medicine, presented a report on Surgery to the State Medical Society, in which he outraged professional ethics in his opposition to ovariotomists . . . . unjustly denouncing McDowell.

"It is well known that, from the earliest period of ovariotomy in Philadelphia down to the present time, it has been my invariable custom to invite members of the profession to witness the operation in order that they

[1] Annual Address before the Philadelphia County Medical Society, delivered February 1, 1875. (Bound in Diseases and Surgery of the Uterus and Ovaries, No. 4, 1103, Library of Philadelphia College of Physicians.)

might be able to form a proper opinion of its character and to judge of its propriety.

"There was not a prominent medical gentleman in this city that had not such an opportunity. It was a rare circumstance during the probationary stage of the operation for any one to accept the invitation cordially and gratefully. Others positively refused and emphatically condemned the innovation, while others took the invitation as an insult.

"Gentlemen who were bold enough to witness the manipulations were even directly accused by their professional acquaintances of being 'particeps criminis' in committing murder; notwithstanding, these murdered patients recovered. Some, high in the profession, against all ethical considerations, would call upon patients who had fully decided upon the operation, for the purpose of warning them against me and certain death.

"The day before I operated upon my first patient in Philadelphia an eminent surgeon called upon her, to assure her that she would certainly be dead in twenty-four hours. Twenty-four hours after the operation I requested him to see her, and the condition was such that he would not believe she

had been meddled with until I exposed the wound.

"The colleges, as stated, proclaimed fiercely against the operation as unjustifiable and criminal. Sometimes the professors would go out of their way to denounce it. One eminent surgeon, now dead, after the occurrence of a fatal case in 1851, opened his lecture on surgery in words like these: 'Gentlemen, it is my painful duty to announce to you that a respectable lady who, a few days ago, came from New York to this city with an ovarian tumor, which was removed by Dr. Atlee, returned to that city to-day a corpse.' This was particularly marked, as it had no relation to the subject of that lecture. It was not uncommon for medical men to refuse to meet me in consultation, for no other reason than my persistence in performing ovariotomy.

"A prominent surgeon, then belonging to the staff of the Pennsylvania Hospital, upon being called out at night to see one of my patients, when I was sick in bed, after prescribing and without his having been solicited to join in the treatment of the case, voluntarily said, 'Tell Dr. Atlee that I will not meet him in consultation, because he undertakes to perform opera-

tions not recognized by the profession.' Another, in passing along Arch Street, opposite my house, in company with others, exclaimed, 'There lives the greatest quack in Philadelphia.' And yet this same gentleman is now an ovariotomist himself. Even my own colleagues, with the exception of Professor Grant, discountenanced the operation, and endeavored to convince me of my error.

"I need not dwell any longer on these early phases of the history of ovariotomy. Ovariotomy, both privately and publicly, was denounced without measure, and the weight of the battle axe in this city fell upon my shoulders."

Dr. Atlee says: "I commenced studying the literature of the operation, and soon realized the bold and important step taken thirty-four years before by Dr. McDowell, of Kentucky.

"In speaking of Dr. Clay, of Manchester, Dr. Bird, of London, and Dr. Washington L. Atlee, of our own country, Dr. Flint says: 'It is certain that neither of them has attained to the position of an authority in the commonwealth of surgery, and the force of their testimony to the propriety and value of the operation (ovariotomy) is, moreover, very much impaired by

the suspicious attitude in which they stand to it in having made it a sort of specialty, than which nothing is more trying to professional integrity.'

"The same opposition, although not so acrid and determined, assailed the operation and its advocates in other countries. In an innovation so momentous, this, perhaps, was best. For my own part I was and am satisfied. I believe my opponents were honest in their convictions. I know that I was, and as my actions were based upon abundant study of the subject in all its aspects, upon repeated facts constantly recurring, and upon the success attending those who practised ovariotomy, I felt assured that this great battle must terminate in favor of science and humanity."

These extracts from Dr. Atlee show the unmerited opprobrium visited upon those who had the boldness and the temerity to perform ovariotomy. The struggle against professional prejudice was hard, and verifies the words of Bacon: "If a man perform that which hath not been attempted before, or attempted and given over, or hath been achieved but not with so good circumstances, he shall purchase more honor than by affecting a matter of greater

difficulty, or virtue, wherein he is but a follower."

Dr. Charles D. Meigs, Professor of Obstetrics, etc., in the Jefferson Medical College of Philadelphia, denounced McDowell in the bitterest terms, and, in the presence of a number of medical students, boldly asserted that there was not a word of truth in what McDowell had reported in the *Eclectic Repertory*. A young student from Danville was present when Dr. Meigs made these remarks, and a few days afterward meeting Dr. John L. Atlee, told him that Dr. Meigs was entirely wrong in what he had said and very unjust in the denunciation of Dr. McDowell and his abdominal operation ; for he had frequently heard his father say that Dr. McDowell certainly performed ovariotomy successfully ; and it was furthermore true that McDowell did all he claimed in the surgical line, and that his reports were *true*. No man in the community, save the prejudiced and ignorant, he said, where Dr. Ephraim McDowell resided would ever question his veracity, for both the acts and life of the man were above reproach. No citizen, he added, was more respected for his truthful candor and conscientious principles.

Dr. Atlee listened attentively to all that the student had to say in defence of Dr. McDowell. A few weeks afterward, being called to see a patient who had an ovarian tumor, he was led to ask himself why he, Dr. Atlee, could not repeat what he accepted as having been done by Dr. McDowell? The thought suggested to his mind was that "here was his opportunity," and after reading carefully the report of Dr. McDowell's cases he concluded to make the operation upon his patient, which he did with happy results. The lady recovered, and "ovariotomy" was again and again performed by Drs. Washington L. and John L. Atlee with remarkable success.

In a treatise on *Diseases of Women* by Lawson Tait, F.R.C.S., published in 1879, the seventh chapter is devoted to a consideration of the ovaries. Of course, all forms of disease then known in these organs are described. A number of ovariotomies are detailed, done not only by the author of this book, but by a large number of others who have reported on the subject. A careful reading of the text fails to disclose *even the name of Ephraim McDowell*, to whose genius the world now accords all the blessings brought to humanity by ovariotomy.

In the fourth edition of Mr. Tait's work, *Diseases of the Ovaries*, published in 1883, commencing on page 242, speaking of William Hunter and his brother John, and also of Houstoun, the author says: "Their friend John Bell, who practised in Edinburgh from 1790 till 1816, also pronounced in favor of its performance, but he is not known to have done anything toward trying it himself, and it is to a young Scotchman,[1] who was a pupil of John Bell's in 1793, that we owe the revival of the operation and its performance upon a scale which amounted to that of a legitimate experiment. Ephraim McDowell has been honored by the medical profession in America as the 'Father of Ovariotomy,' and, whether we admit the accuracy of the title or not, there can be no doubt that it was in the backwoods of Kentucky that abdominal surgery received one of its greatest impulses.

"In 1809," says Mr. Tait, "the second ovariotomy was performed successfully, and the patient survived it thirty-two years. In 1817 Dr. McDowell published an account of this

[1] "My American readers may object that McDowell was not born in Scotland. Of this, however, we are not yet clear. At any rate, his father and mother were Scotch, and, at the time of his birth, 1771, the States did not exist."

and of two other cases he had performed, and, as might be expected, his statements were received with general incredulity. . . . .

"For some ten or twelve years after the death of Dr. McDowell, and after the failures of Lizars, ovariotomy seems, by common consent, to have been discontinued.

"In March [*May 8*[1]], 1836, Dr. Jeaffreson, of Framlingham, removed a parovarian tumor successfully. . . . .

"In 1838, Mr. Crisp, of Harleston, and Mr. West,[2] of Tunbridge [*November 2, 1837*[3]], also had successful cases, but they were clearly all parovarian and not ovarian tumors. . . . .

"On September 27 [*12th*[4]], 1842, Dr. Charles Clay, of Manchester, who may in all truth be regarded as the 'Father of Ovariotomy' as far as Europe is concerned, performed his first operation for the removal of a diseased ovary. . . . . [The *italics* are ours, M. Y. R.]

"Previous to September, 1842, we have, therefore, records of only two ovariotomies, properly so-called, in this country—those of Houstoun and Lizars. . . . .

[1] Trans. Prov. Med. and Surg. Assoc., 1837, vol. v., p. 239.
[2] Lancet, Jan. 1837-38. [3] Ibid. 1837–38, vol. i., p. 307.
[4] British Record of Obstetric Medicine, vol. i., p. 179, et seq., and Medico-Chirurgical Review, October, 1843.

"Looking back upon the work of a generation now almost passed, from a standpoint altogether free from personal bias, I have no hesitation, whatever, in ascribing to Dr. Clay by far the larger share of the credit which arises from the enormous advances made in abdominal surgery during the last forty years.

"It is quite true that McDowell was the first to do a number of ovariotomies, and it is equally true that Houstoun was the first successfully to remove a diseased ovary, but it was Clay, of Manchester, who first showed that ovariotomy could be made an operation more justifiable by its results than any of the major operations of surgery." . . . .

In conceding to Mr. Tait the last word on the subject, it will not be unfair to refer to his inconsistency in admitting that "McDowell was the *first* to do a number of ovariotomies"—[*first operation, December 13, 1809*] claiming him as a "young Scotchman," etc, and then classifying Houstoun's removal of a "diseased ovary" [*August, 1701*] as an *ovariotomy*—"properly so-called," so as to establish Houstoun as the *first* ovariotomist.

Mr. Tait's argument in favor of Dr. McDowell's Scotch birth is predicated upon

the fact that the United States did not exist in 1771. It might be well to mention, however, that the territory now known as the "United States" constituted an exceedingly firm and substantial portion of that terra firma known as the North American continent, even prior to that year, and that McDowell had originated an exceedingly important and praiseworthy surgical procedure might easily be inferred by even the readers of Mr. Tait's voluminous writings, from the fact that Mr. Tait himself makes his proudest boast upon his superior success in the performance of the same work that Dr. McDowell gave to the surgical profession.

We are to be permitted to correct a statement made by Mr. Tait. Dr. Ephraim McDowell's parents were not born in Scotland. His father, Judge Samuel McDowell, first saw the light in Pennsylvania, while his mother, Mary McClung, was a native of Ireland.

Mr. Tait does not seem to have been correctly informed regarding several *facts* relating to Ephraim McDowell, otherwise he has allowed his prejudices to run away with truth and justice. But we are to say this much, had Dr. McDowell not opened the abdomen Mr. Tait's "laparotomy" might yet be slumbering.

In a valuable work entitled *Ovarian Tumors*, by E. Randolph Peaslee, M.D., LL.D., published in 1872, will be found, in Part II., commencing on page 225, a history of ovariotomy, from which the following excerpts are made. [The *italics* are ours, M. Y. R.]

In the United States: "Dr. Alban G. Smith, who was, also, a practitioner at Danville [*Kentucky*], and assisted Dr. McDowell, states that the latter performed ovariotomy thirteen times, in all, and that eight, at least, of these operations were sucessful. [*Dr. Ephraim McDowell's first operation was on December 13, 1809.*]

"The next ovariotomist in this country, after Dr. McDowell, was Dr. Nathan Smith, then Professor of Surgery in Yale College, New Haven, Connecticut. . . . . This operation "was performed at Norwich, Vermont, on the 5th of July, 1821.[1] . . . .

"The third successful ovariotomist in this country was Dr. Alban G. Smith, of Danville, Kentucky, whom I have already mentioned in connection with the operations of Dr. E. McDowell. His operation was performed May 23 [*or 24*[2]], 1823. . . . .

[1] American Journal of Medical Sciences, April, 1851, and Edin. Med. and Surg. Journ., October, 1822, vol. xviii., p. 532.

[2] North American Med. and Surg. Journ., 1826, vol. i., p. 30.

"The fourth who attempted ovariotomy in this country was Dr. Joseph A. Gallup, Professor in the Medical College at Woodstock, Vermont. This operation was performed June 12, 1824.[1] . . . .

"In April [*20*], 1827, Dr. Trowbridge, of New York, attempted ovariotomy, but desisted on account of adhesions.[2] . . . .

"In July, 1828, Dr. R. D. Mussey, Professor of Surgery in the Medical Department of Dartmouth College, attempted ovariotomy at Ryegate, Vermont.[3] . . . .

"Dr. J. Bellinger, of Charleston, South Carolina, also attempted ovariotomy in 1828. . . . .

"The fourth who actually performed ovariotomy in the United States, was Dr. David L. Rogers, still residing in New York, where his operation was performed September 24[4] [*or 14*[5]], 1829. . . . .

"Dr. J. C. Warren, Professor of Surgery, Boston, attempted ovariotomy in November, 1830.[6] . . . .

[1] New England Journ. of Med. and Surg., Oct., 1825, p. 358.
[2] Boston Medical Intelligencer, 1827, vol. v., p. 337.
[3] American Journ. of Med. Sciences, 1837, vol. xxi., p. 380.
[4] New York Med. and Physical Journal, 1830, vol. ii., p. 284.
[5] London Medical Gazette, 1829.
[6] Warren on Tumors, p. 589.

"In December [*23*], 1835, Dr. J. Bellinger, successfully performed the operation of ovariotomy.[1] . . . . From that time there was no case of ovariotomy, in this country, until the year 1843, when Dr. A. Dunlap and Dr. J. L. Atlee had their first cases, the former an unsuccessful one.

"Thus it appears that ovariotomy in this country, originating here in 1809, remained exclusively in the hands of its originator [*Dr. Ephraim McDowell*] till 1821. . . . . From this time to 1843, though several times attempted, it was actually accomplished only by Dr. Nathan Smith, Dr. A. G. Smith (who had previously assisted Dr. McDowell), Dr. Rogers, and Dr. Bellinger.

"In 1843 and 1844, a new impulse was given by the success of Dr. J. L. Atlee, and which was still further aided by his brother, Dr. W. L. Atlee. . . . .

For the history of ovariotomy, in the United States, subsequent to 1843, the reader is referred to the work from which above excerpts are taken, and to Dr. Peaslee's tables of statistics, pages 247, 248, wherein he remarks: "But few

[1] Southern Journal of Medicine and Pharmacy, May, 1847, vol. ii., p. 241.

cases of ovariotomy have been reported by those who have operated most frequently. . . . . But, from direct correspondence, I am able to supply the deficiency, to a great extent, in the statistics for this country. . . . . This gives a total of six hundred and sixty operations, and four hundred and fifty-three successes, or 68.63 per cent. . . . . Or, a total up to October 10, 1871, for this country [*United States*], of seven hundred and thirty-nine ovariotomies."

In Canada (West): "ovariotomy was performed, for the first time, in 1860, by Dr. Reginald Henwood, of Brentford. The operation was successful."[1]. . . .

In Scotland: Mr. Lizars attempted his first case in ovariotomy [*October 24, 1823*[2]]. . . . . "His subsequent operations were on February 27, March 22, and April 24, 1825.[3]

"After the experience of Mr. Lizars, ovariotomy was entirely discountenanced in Scotland, and was not repeated for twenty years; and then, in 1845 [*September 5*], by Dr. Handyside, of Edinburgh. For thirty-seven years, or up to 1862, it had been very seldom attempted in

[1] American Journ. of Med. Sciences, April, 1861, p. 575.

[2] Edin. Med. and Surg. Journ., Oct., 1824, vol. xxii., p. 247.

[3] Reported on pages 152 and 399–405 of this book.

that country; and had succeeded only in a single instance.[1]

"In Ireland, also, it had been performed but three times up to April, 1862; and always with a fatal result."[2]

In England: "Dr. Granville, of London, twice attempted ovariotomy, in 1826 [*July 1*] and 1827 [*March 21*]. The last of these two cases proved to be a uterine tumor, and the other was abandoned on account of adhesions.[3]

"In England no attempt at ovariotomy had ever been made, except these two failures of Dr. Granville, till May [*8*], 1836, when it was successfully performed by Mr. William Jeaffreson, of Framlingham, for the first time in that country.[4] In this year two other successful operations were performed, by Mr. King [*July 12, 1836*[5]], and Mr. West [*November 2, 1837*[6]]. In 1838, there was one successful operation by Mr. Crisp; and, in 1839, another by Mr. West, who, also, had one failure this year—this last

[1] The Lancet, January, 1863, p. 70.

[2] American Journ. of Med. Sciences, January, 1863, p. 239.

[3] London Medical Gazette, February 3, 1843, vol. xxxi., p. 672.

[4] Trans. Prov. Med. and Surg. Asso., 1837, vol. v., p. 239.

[5] Op. cit., January, 1837.

[6] Lancet, 1837–38, vol. i., p. 307.

being the first attempt at ovariotomy in a London Hospital.

"In September [*9*], 1840, ovariotomy was first completed in a London Hospital, by Mr. Benjamin Phillips, but the patient died.[1]

"On November 6, 1842, Mr. D. H. Walne, had the first successful case of ovariotomy in London; the *large* incision, also, being then made for the first time in the metropolis.[2] . . . .

"The first successful operation in a London Hospital did not occur till [*Sept. 22*[3]], 1846—Mr. Cæsar Hawkins being the operator. . . . .

"Dr. Charles Clay, of Manchester, commenced his career as an ovariotomist, September 12, 1842,[4] and saved three out of four patients this year. He soon became the most-distinguished ovariotomist living." . . . . To him, "more than to all other operators, the credit belongs of having placed the operation of ovariotomy on a sure foundation." . . . .

"Up to 1866, he [Dr. Charles Clay] had operated one hundred and thirty-seven times, and had ninety-five recoveries." . . . .

[1] London Med. Gazette, Oct. 9, 1840-41, vol. xxvii., p. 83.

[2] Obstetrical Transactions, vol. v., p. 65.

[3] London Med. Gazette, Oct. 9, 1840-41, vol. xxvii., p. 65.

[4] British Record of Obstetric Medicine, vol. i., p. 179, et seq., and Medico-Chirurgical Review, October, 1843.

"Dr. Clay was graduated at the University of Edinburgh, and had Mr. Lizars as one of his preceptors. He commenced practice in 1822, and therefore had had twenty years of experience as a surgeon before performing his *first* ovariotomy, a successful case, in September, 1842. In his report of that case he claims to have performed the *first* operation of ovariotomy in England by the *long* incision; which distinction is also asserted for him by Mr. Walne.[1]

"Dr. [James R.] Simpson, of Edinburgh, was his early and intimate friend, and obtained his ideas of ovariotomy, which he so eloquently defended in 1846, from witnessing many of Dr. Clay's earlier operations, and some of them upon his own patients. The term *ovariotomy* was suggested by Professor Simpson to Dr. Clay. . . .

"Taking a retrospect of his own labors in connection with ovariotomy, in March, 1863, when he had operated one hundred and eight times, with seventy successes, Dr. Clay thus expresses himself: . . . . '*Such* will readily admit that a rate of rather more than seventy per cent. of recoveries is a victory in modern surgical art worth contending for.'[2] . . . .

[1] London Medical Gazette, December 16, 1842.

[2] Obstetrical Transactions, vol. v., p. 65.

[Sir] "T. Spencer Wells commenced his career as an ovariotomist, in February, 1858, and which must, probably, ever remain unrivalled, he having in less than fourteen years, up to September 1, 1871, performed the operation of ovariotomy four hundred and forty times.". . . .

[328 cases cured, 112 died, recoveries 74.54 per cent.]

"In this year (1863), Dr. Thomas Keith, of Edinburgh, performed his first operation; and, up to January 1, 1872, having performed one hundred and thirty-six operations [with one hundred and eleven recoveries], he has attained to the highest success yet achieved in Europe —81.61 per cent. . . . .

"The whole number of reported cases of ovariotomy, in Great Britain, up to December 1, 1863, is three hundred and seventy-seven, of which, two hundred and twenty-eight, or 60.68 per cent., were successful, and one hundred and forty-nine patients died. . . . .

"During the last seven years (1863 to 1870) not less than six hundred and fifty ovariotomies have been performed in Great Britain, making a total of between one thousand and eleven hundred operations. [See table, page 137.]

"In France, Delaporte was the first to recommend the operation of the extirpation of the diseased ovary, in 1774.[1] [1753] . . . .

"Nothing favorable to ovariotomy was published in France, excepting the *thesis* by Samuel Hartman d'Escher, in 1808, up to the year 1844. Sabatier had opposed the operation by every imaginable argument.[2] Boyer considered its feasibility an illusion, and says: 'The least reflection suffices to show the danger and the impossibility of this operation, which has not been practised, and probably never will be.[3]

"The *first* operation of ovariotomy in France was performed on April 29, 1844, by Dr. Woyerkowsky, of Quingez (Doubs).[4] . . . .

"On September 15, 1847, the second operation of ovariotomy, in France, was performed by M. Vaullégeard, of Conde-sur Noireau (Calvados).[5] . . . It was in this year that Velpeau pronounced against ovariotomy, regarding it as an indication of foolishness and an act of madness.[6]

[1] Mémoires de l'Académie de Chirurgie, 1774, tome iv., p. 96.

[2] Médecine Operatoire, Éd. Dupuytren, vol. ii., p. 503.

[3] Maladies Chirurgicáles, vol. viii., p. 458.

[4] Journal de Médecine et de Chirurgie Pratique, Paris, 1847.

[5] Journal des Connaissances Médico-Chirurgicáles, Juin, 1848.

[6] Gazette des Hôpitaux, No. 99, 1847.

"Up to this time [1856-57] ovariotomy had been completed but four times in France—twice successfully, and twice unsuccessfully. . . . . In the meantime, in this country [United States], the operation had been performed, up to the close of 1856, ninety-seven times, and fifty-four times successfully; in England, one hundred and twenty-three times, with seventy-one recoveries; and in Germany, forty-seven times, with but thirteen cures, and thirty-four deaths. . . . . [See tables, pages 136, 137, and 138.]

"In these circumstances it is not, at first, easy to account for the opposition, and even the virulence, manifested so generally, by the members of the French Academy of Medicine, against this operation. The discussion on ovarian cysts and their treatment was commenced in October, 1856, and continued till the next February,[1] the following members, half of them eminent surgeons, participating in it: Velpeau, Cruveilhier, Cloquet, Jobert (de Lamballe), Malgaigne, Huguier, Guerin, Gimelle, Trousseau, Piorry, Moreau, Robert, Barth, and Cazeaux. With a single exception, all these

[1] Reported in the Bulletin de l'Académie Impériale, from October, 1856, to February, 1857.

gentlemen condemned ovariotomy as a rash, unjustifiable procedure.

Dr. Peaslee continues: "I will quote from several of the surgeons just mentioned,[1] merely premising that Piorry, a physician, admitted that 'in certain circumstances we might attempt the excision of ovarian tumors; but to do this one must possess an American audacity' (*une audace Americaine.*)

"Malgaigne: 'A great deal has been said in America and in France respecting the extirpation of ovarian cysts; an operation too radical, as it seems to me, and of a nature to place patients too absolutely beyond all resource. . . The alleged statistics prove nothing. All know what statistics are worth when all the successes are collected, and the reverses are omitted.'

"Cruveilhier: 'There is no curative for multilocular cysts, for there can be but one method of cure, and that by extirpation. And, although this operation may be invited, to some degree, by the isolation of the cyst, the perfect integrity of the surrounding organs, and the facility of the operative procedure, although it has been performed quite a large number of times

[1] Sessions of November 6, 13, and 20, 1856. Bulletin de l'Académie Impériale, tome ii., p. 25.

with success, especially in England and in America, I do not think that this daring operation should be allowed a citizenship in France; success does not always justify rash proceedings.'[1]

"Huguier: 'In spite of the statistics we reject it in a manner almost absolute.'[2]

"Jobert (de Lamballe): 'Extirpation is a very dangerous thing, which should very rarely be resorted to.'[3]

"Velpeau: 'The extirpation of diseased ovaries is a frightful operation, which ought to be proscribed, though the cures announced were real.'[4]

"Moreau: 'For myself I think this operation should be placed among the prerogatives of the executioner.'[5]

"Eminent as all these speakers were, as mere surgeons," Dr. Peaslee says, "They were scarcely qualified to decide the question before them at all, and certainly not without the most careful examination.

"Malgaigne's invidious accusation was not sustained by the facts; while the conclusions of Cruveilhier were inconsistent with his own

[1] Bulletin de l'Académie Impériale, tome xxii., p. 90.
[2] Ibid., p. 113.
[3] Ibid., p. 154.
[4] Ibid., p. 220.
[5] Ibid., p. 226.

admissions respecting the success of the operation and the absolute insufficiency of every other mode of treatment. A single one, however, of the participants in that discussion had a special right to speak with authority on that subject. His special studies and his constant acquaintance in practice with the nature and progress of ovarian tumors qualified him to hold an intelligent opinion on this subject.

"I allude to the distinguished surgeon-accoucheur Cazeaux, whose voice alone was raised in defence of the operation.[1] . . . .

"It was but a repetition of the experience of the first reports of cases of ovariotomy by Dr. [Ephraim] McDowell. When they reached Philadelphia, Dr. Physick, the great surgeon of that time, would not deign to notice the cases, or justify the operation. But Dr. James, the Professor of Obstetrics in the University of Pennsylvania, at once perceived the great advance made by this operation, and published the report in a journal of which he was one of the editors.[2] . . . .

"It is, also, a pertinent fact in this connection

[1] For a report of this interesting speech see Peaslee's Ovarian Tumors, p. 302; also, Monograph on Ovariotomy, p. 45, and loc. cit., p. 181.

[2] Eclectic Repertory, 1817.

that not a single member of the Obstetrical Society of London has raised an objection to the principle of ovariotomy, though several of them were for years opposed to it (among them Dr. Hall Davis, Dr. West, Dr. Savage, and Dr. W. Tyler Smith), until they became acquainted with the facts.[1]

"In contrast with their French *confrères*, the English provincial surgeons early accepted the operation of ovariotomy, as we have seen; though those of the metropolis generally remained indifferent, rather than decidedly opposed to it. . . . .

"It is not surprising that the wholesale denunciations of ovariotomy, which I have quoted from the highest and most influential medical tribunal in France, should have checked its progress: and thus we find that for the next five years, or up to the commencement of 1862, only three more attempts at ovariotomy were made in that country. These were by Hergott, and Michel, in November, 1858;[2] Boinet, in February, 1859;[3] and Richard, in April, 1861.[4] All of these were fatal cases. . . . .

[1] Monograph, p. 45,
[2] Gazette Médicale de Strasbourg, 1859.
[3] Gazette des Hôpitaux, 1859, p. 571.
[4] Gazette Hebdomadaire, 1862, p. 531.

"In 1860 the memoir of M. Jules Worms, 'Sur l'Extìrpation des Tumeurs cystiques de l'Ovaire,' appeared in the *Gazette Hebdomadaire de Médecine et de Chirurgie.*[1] Being equally familiar with the French, German, and English languages, a good observer, and a highly educated physician, M. Worms conscientiously applied himself to the inquiry respecting the actual results which had been achieved by ovariotomy, especially in England; and after much labor he arrived at the conclusion that ovariotomy is a valuable surgical resource, and that it would doubtless, at some day, save many lives in France." . . . [See table page 137.]

In Germany: "Whether the report of Dr. Ephraim McDowell's first three cases of ovariotomy, published in 1817, as we have seen, had been read by any of our German *confrères*, does not appear; but it is certain that, in less than two years thereafter (in May, 1819), Dr. Chrysmar, of Isny, Würtemburg, performed this operation for the first time, in Europe,[2] and

[1] Pp. 642, 658, 690, 741, and 804.

[2] The first three operations of Dr. Chrysmar were reported by Dr. Hopfer, of Biberbach, in Journal für Chirurgie und Augenheilkunde. Herausgegeben von Dr. Von Gräfs, und Dr. P. F. Von Walther. Zwölfter Band Erstes. Heft. pp. 60-87. Ibid., pp. 85-87.

six years before the first attempt of Mr. Lizars. Dr. Chrysmar, also, repeated the operation twice more before the end of the year 1820. The first operation was unsuccessful. The second in 1820, was performed in fifteen minutes; the patient recovered, and two years afterward had a child at full term. The third case was unsuccessful.[1] . . . .

"The operation of ovariotomy was attempted by Dieffenbach, of Berlin, in 1828, but not finished.[2] His patient, however, recovered. . .

"The first who boldly defended ovariotomy in Germany, was Bühring, of Berlin. He attempted to obtain a footing for it, as the only radical cure in all forms of ovarian dropsy. His monograph, entitled, *Die Heilung der Eierstockgeschwulste*, was published in 1848. . .

"Dutoit[3] remarks, that the history of ovariotomy in Germany presents only a series of *membra disjecta*, rendering it very difficult to give an exact account of its development in that country. . . . . [See table page 138.]

[1] Bulletin de Ferussac, tome xviii., p. 86, und Journal für Chirurgie und Augenheilkunde, B. xii., p. 62.

[2] Rust's Magazin, B. xxv., p. 349.

[3] Die Ovariotomie und England, Deutschland, und Frankreisch, Wurzburg, 1864, pp. 45.

Ovariotomy in the United States.

(From 1853 to 1864.)

Years.	Cases.	Cured.	Died.	Years.	Cases.	Cured.	Died.
1853 . . .	8	7	1	1859 . .	7	4	3
1854 . . .	11	8	3	1860 . .	3	3	0
1855 . . .	21	6	15	1861 . .	3	2	1
1856 . . .	11	8	3	1862 . .	4	2	2
1857 . . .	5	4	1	1863 . .	3	2	1
1858 . . .	5	3	2				

The total of the reported cases, up to 1864, is 117; of which 68, or 58.12 per cent. recovered, and 49 died.

(From January 1, 1864, to October 10, 1871.)

Operators.[1]	Cases.	Cured.	Died.	Per cent. of recoveries.
Atlee, W. L.	246	172	74	70.00
Kimball, G. (Lowell, Mass.) .	121	80	41	66.11
Dunlap, A. (Ohio) . .	60	48	12	80.00
Peaslee, E. R. . . .	28	19	9	67.85
White	25	17	8	68.00
McRuer (Maine) . . .	22	16	6	72.72
Thomas	27	18	9	66.66
Bradford, J. P. (Kentueky) .	30	27	3	90.00
Emmet	17	8	9	47.05
Sims, J. Marion . . .	12	10	2	83.33
Miner	9	4	5	44.44
Axford	9	6	3	66.66
Crosby	5	2	3	40.00
Bennett, Ezra P. (Connecticut)	4	3	1	75.00
Green	8	5	3	62.50
Tewksbury (Portland) . .	7	3	4	42.86
Beebe (Chieago) . . .	6	4	2	66.66
Hill (Augusta, Maine) . .	6	3	3	50.00
Noeggerath	6	1	5	16.66
Smith, A. G.	5	3	2	60.00
Jaekson (Chieago) . . .	4	3	1	75 00
Mussey, R. D. (Cineinnati) .	3	1	2	33.33
Total . . .	660	453	207	68.63
Deduet eases previous to 1864 *included* in above table	38			
Total . . .	622	sinee January 1, 1864.		

The total *reported* cases up to January 1, 1864, is . 117
Add total number of eases sinee January 1, 1864 . 622

Total number of cases reported up to Oetober 10, 1871 739

For the partieulars respecting the ovariotomies reported in this eountry, from 1853 to 1863 inclusive, reference is made to the work of Dutoit.

[1] For names and reports of eases of ovariotomists *previous* to 1864, see Dr. Peaslee's work, pp. 238–267.

Ovariotomy in Great Britain.

(Up to January 1, 1871–72.)

Operators.	Cases.	Cured.	Died.	Per cent. of recoveries.
Wells, T. Spencer	440	328	112	74.54
Clay, Charles	250	182	68	72.80
Keith, Thomas (end of 1871)	136	111	25	81.61
Brown, I. Baker (to 1870)[1]	120	84	36	70.00
Bryant, Thomas (to 1870)[1]	28	17	11	60.71
Smith, W. Tyler (to 1870)[1]	20	16	4	80.00
Willett (to 1870)[1]	12	4	8	33.33
Total	1006	742	264	73.75

Note.—As this table is made up of operations performed by the most experienced ovariotomists in Great Britain at *that* date (1872), and does not include isolated cases of other practitioners who were not as successful, the percentage of recoveries, of course, is greater than if the table included *all* operations up to that date.—M. Y. R.

Ovariotomy in France.

(Up to March 31, 1867. Made up from Boinet's Table.[2])

Operators.	Cases.	Cured.	Died.	Per cent. of recoveries.
Kœberlé	24	16	8	66 66
Boinet	7	4	3	57.14
Maisonneuve	7	0	7	
Demarquay	6	0	6	
Nélaton	4	2	2	
Pean	4	3	1	75.00
Richards, A.	4	0	4	
Gosselin	3	1	2	
Le Croix (de Béziers)	3	3	0	
Desgranges	2	2	0	
Serre (d'Alais)	2	2	0	
Laumonier (1781)	1	1	0	
Woyerkowsky (1844)	1	1	0	
Rigaud (1844)	1	0	1	
Vaullégeard (1847)	1	1	0	
Other operators who had each performed one ovariotomy up to March 31, 1867,	25	8	17	32.00
Total in Boinet's table	95	44	51	
Other cases not reported	4	0	4	
Add cases classed by Boinet as not published, including 12 of Nélaton's	23	5	18	
	122	49	73	
Rejecting, as we should, Laumonier's case, Rigaud's case (unfinished), Boinet's first case (degenerated fibroid), Kœberlé's case of uterine fibroma, Boinet's case of uterine fibroid in 1865, and Maisonneuve's unfinished,	6	2	4	
Total up to March 31, 1867	116	47	69	40.51

[1] Grenser. [2] Boinet's Maladies des Ovaries, 1867.

Ovariotomy in Germany.

(Up to January 1, 1870.)

Dr. Peaslee states: "The whole number of ovariotomies in Germany, up to the commencement of 1870, is 180, of which 75 resulted in a cure, and 105 were fatal. The recoveries are, therefore, only 41.66 per cent."

"Including only the operations of the three most experienced operators, the following is the result:

Operators.	Cases.	Cured.	Died.	Per cent. of recoveries.
Nussbaum	34	18	16	52.94
Stilling	17	8	9	47.06
Spiegelberg	14	8	6	57.14
Total . . .	65	34	31	52.30

Dutoit's Table.

(Up to November 30, 1863.)

"This table is intended to include all cases of completed ovariotomy in the United States, Great Britain, France and Germany, up to November 30, 1863. In all respects it is prepared with the utmost care."

Countries.	Cases.	Cured.	Died.	Per cent. of recoveries.
United States. . . .	117	68	49	58.12
Great Britain	379	230	149	60.68
France	26	12	14	46.15
Germany	55	15	40	27.27
Total . . .	577	325	252	56.32

Summary of Cases of Completed Ovariotomy in the United States, Great Britain, France, and Germany.

(Up to 1870-71.)

Countries.	Cases.	Cured.	Died.	Per cent. of recoveries
United States (to 1870-71), (739 cases to Oct. 10, 1871)	660	453	207	68.63
Great Britain (to 1870-71) .	1006	742	264	73.75
France (to March 31, 1867) .	116	47	69	40.51
Germany (to January 1, 1870)	180	75	105	41.66
Total . . .	1962	1317	645	67.13

Showing an *increase* of 11.13 per cent. of recoveries during the years from November 30, 1863, to 1871. Since that date the percentage of recoveries in ovariotomy has been greatly increased, until now it is one of the most successful of difficult surgical operations performed.

Dr. Peaslee goes on to say: "Ovariotomy has very recently been performed for the first time, if at all, in most of the countries on the Continent which have not yet been mentioned in the preceding historical sketch. The scattered facts which have been accessible to me will be here stated." . . . .

In Austria: "Ovariotomy had never been performed before 1866, and but twelve times since. Of these twelve cases only one recovered. . . . . Ovariotomy must, however, soon be generally accepted in this country also; as the following extract from the *Surgical Reminiscences* of Professor Billroth, of Vienna, now being published,[1] demonstrates: 'Up to the present time, I am tolerably contented with my results. . . . . Hitherto, I have performed ovariotomy nine times, and of these patients only two have died; giving, therefore, only a mortality of 22.2 per cent. The first four cases recovered, one after another, then the fatal cases occurred; to be followed again by three recoveries. The first case is related in my Zurich *Chirurgische Klinik*, and the second, third, and fourth cases in the *Chirurgische Klinik*, published at Vienna, in 1868.'" . . . .

[1] In the Wiener med. Wochenschrift, 1871.

In Spain: "Ovariotomy was *first* performed in this country, and unsuccessfully, by Dr. F. Rubio, of Seville.[1]"

In Italy: "It is asserted by Fehr,[2] that the first operation of ovariotomy, in Europe, was performed by an Italian physician, Dr. Emiliani, of Faenza, in 1815, this being four years in advance of the operation by Chrysmar, of Isny."

In Sweden; "Two successful operations were performed by Mesterton, at Upsala, in 1862."

In Finland: "Haartman, of Helsingfors, operated in February, 1849. The patient died in two days, of peritonitis."

In Poland: "In 1860, Bryk operated in Cracow; the patient dying four days afterward."

In Switzerland: "Breslau, of Zurich, operated unsuccessfully, in October, 1862, and afterward three times successfully. Dr. Montel, of Vevay, had a successful operation in 1865. It was a case of large polycyst."[3]

In Belgium: "Dr. Boddaut was the first Belgian surgeon who successfully practised ovariotomy."

In Russia: "Ovariotomy was first successfully

[1] The Lancet, 1863, vol. ii., p. 636.

[2] Die Ovariotomie, p. 6.

[3] Gazette Hebdomadaire, March 7, 1865.

performed in Russia, December 23, 1862, by Dr. A. Krassovsky, at St. Petersburg."[1]

In India: "Ovariotomy was twice successfully performed by Dr. J. M. Joseph, surgeon of the Civil Hospital, Combaconum.[2] In 1869, it had been performed three times by a native surgeon, Dr. Mootoosawny Moodelly, of Manargudi, Tanjore District."[3] . . . .

In Ceylon: "Ovariotomy has been performed by Dr. P. D. Anthonisy."[4]

In New Zealand: "Ovariotomy has been successfully performed by Dr. R. Tassel, of Auckland."[5]

In Australia: "Dr. Tracy, of Melbourne, was the first to perform ovariotomy, and he saved ten out of his first thirteen patients."[6]

NOTE.—The limits of this work will not admit of our including in the foregoing article the records of many distinguished ovariotomists, as our design is simply to give a brief sketch of ovariotomy in its *infancy*, but we refer the reader to the statistics which will be found in the valuable treatise from which these excerpts and tables are mostly taken, and, also, to other articles in *this* book.—M. Y. R.

[1] Petersburger Medicin Zeitschrift, 1863.

[2] Indian Annals of Medical Science, January, 1858.

[3] Reported in the Obstetrical Trans., 1869, vol. x., p. 119.

[4] The Lancet, 1864, vol. ii., p. 728.

[5] Ibid., 1870, vol. ii., p. 507.

[6] Ibid., 1871, vol. ii., p. 517.

CHAPTER IX.

COMMENTS UPON OVARIOTOMY.

Dr. Washington L. Atlee, in his valuable work entitled *Diagnosis of Ovarian Tumors*, writes as follows: "A patient seldom has any direct evidence of the existence of an ovarian tumor until she can feel it above the brim of the pelvis, or until some enlargement of the abdomen has occurred; and as she does not usually seek the opinion of a surgeon before one or the other takes place, I shall confine my remarks on diagnosis to tumors after they have invaded the cavity of the abdomen. This is especially appropriate, as the subject will be discussed in reference to the question of ovariotomy—an operation unlikely to be performed before the tumor has been elevated above the brim of the pelvis." He cites an interesting case (XIV.) entitled as follows: "*An ovarian cyst tapped twice; subsequently a communication established with the bowel, by means of which the contents of the cyst were evacuated and flatus entered the cyst.*"

"On September 1, 1869, I visited Princeton, New Jersey, for the purpose of operating on Miss E. B. R., daughter of a clergyman of that city, and a patient of Dr. J. A. Wikoff.

"In his letter requesting my attendance, Dr. Wikoff wrote: 'She is a young lady of about twenty-five, has recently come under my care, and is suffering from an ovarian tumor. Three years ago she was living near New York, and was under the care of Drs. Delafield and Markoe, who twice tapped her preparatory to ovariotomy. Her health, however, failing, they deemed it prudent not to operate; but just as they imagined she was about to die, nature interfered and relieved her in a most remarkable way. To within a few months she has been in comparatively good health, but now the tumor, which, I think, is composite in its nature, is increasing and her health is suffering.'

"The following intelligent history of the case was written by the father of the lady: 'The first symptoms of this disease were noticed by her mother and herself in April, 1865, there being a hardness of the bowels, attributed by them to *dyspepsia*, which was accompanied by paleness and want of appetite.

"'She paid a visit of six weeks at this time to some friends in Camden and Philadelphia, and when she returned in June there was a manifest enlargement of the stomach and waist, which alarmed us, when we called a physician, who pronounced it *dropsy* and gave, without benefit, the ordinary remedies for that disease. Her strength being reduced (under the treatment for two weeks) very much, and violent pains increasing, we took her to New York, and placed her under the care of Drs. Delafield and Markoe, who, after treatment of a week, pronounced it ovarian dropsy. They then prescribed iron, with careful diet and exercise, and a return to the country. In September, iodine was substituted for iron, together with palliatives.

"'She continued to increase in size through the winter, until she was enormously swollen, the fluid rising very high, even displacing the heart, so that it seemed to beat under the shoulder.

"'Her flesh had been very much reduced, yet she was strong enough to go up and down the stairs and ride out, although very heavy upon her feet. She ate moderately of anything she fancied with tolerable comfort.

"'In February, 1866, she was taken to New York to be tapped, not suffering from the trip. My wife says that more than two pails of fluid, or fifty-two pounds, were evacuated, of the appearance and consistency of stale *lees* or *porter* (perhaps a little thicker). She was very weak after tapping, but soon rallied, and in a little more than a week was walking about the house, and then visited with comfort some friends in the city. She soon began to fill again, although it did not show for a month.

"'She regained strength and flesh rapidly, and seemed well notwithstanding the gradual increase in size until July, when her health began to suffer.

"'In the latter part of August there seemed to be a regular recurrence of fever at night, which Dr. M. thought to be independent of the disease, and for which he prescribed (although he did not see her) without effect. During the intense heat of that season, nervous symptoms of an alarming character set in with the nightly fever.

"'On Friday night they intensified, and the next day continued so that the family physician said that her brain was affected.

"'Saturday night she had a spasm, accompa-

nied and followed by violent demonstrations, screaming, gritting the teeth, and terror, like *delirium tremens*.

"'Between two o'clock, A.M., Saturday, and two o'clock, P.M., Sunday, she had six spasms. At the latter hour (Dr. Markoe arriving from Long Branch) she was persuaded to be tapped, and remained calm during the operation, about three-quarters of an hour.

"'Three-fourths of a pailful of *gelatinous* fluid was drawn away, with sensible relief, although the excitement (which Dr. Markoe pronounced hysterics) subsided but little. She seemed strong, and could not be kept quiet through the night, but the next morning was very much exhausted, so that we used brandy and hot bricks at the feet to restore her.

"'She gradually, however, increased in strength and grew a little more calm after a week, but was far from being like herself.

"'It was evident that she was slowly filling again, but her habits were so whimsical and secretive that we could not inform ourselves particularly.

"'During this time she went up and down in the house and out of doors as she pleased, but would not see any one, even the members of

the family more than could be avoided; went to the table after meals, and helped herself, as she would not be waited on.

" 'About the last of September, 1866, we noticed a manifest diminution, accompanied by violent *diarrhœa*, for two weeks or more, ending in entire relief, both of body and mind, as she became calm and natural just in proportion as the fluid passed away.

" 'In two or three weeks she had regained both strength and flesh, and seemed like herself. She spent several weeks in Camden and Philadelphia, enjoying herself, during this winter as much as ever before.

" 'In the summer of 1867 she noticed a lump as large as a walnut (she thinks on the right side), which gradually increased during the summer to the size of an orange, and in the fall seemed to flatten and slowly to spread laterally. But from the time she noticed it first, in 1867, until in 1868, it seemed to be hard over the stomach. She could push it with ease (as she expressed it) *from one side of the stomach to the other*, and, after it became larger, could lift up the sides of it with her hands under the skin. September, 1868, she noticed a tendency to increase, but it gave her no incon-

venience until within two months, when Dr. Wikoff became cognizant of the case, to whom I refer you for further details.'

"Two or three days before visiting the patient for the purpose of performing ovariotomy, she was taken suddenly with *diarrhœa*, accompanied with copious, watery and dark-colored discharges, affording her considerable relief, and causing some subsidence of the abdominal enlargement. Still she was as large as a woman at full period of gestation.

"When lying on her back the percussion sound was resonant over the whole abdomen in front, and dull below and along the sides, just as is found in ascites.

"In an upright position, resonance existed over the epigastrium; and when lying on either side it was noticed in the opposite side. A large cyst, with multilocular deposits in its walls, could be detected, occupying the whole cavity of the abdomen, containing both liquid and air—some of the liquid, no doubt, having escaped into the bowel, and flatus from the canal having found its way into the cyst. This was made still more evident by succussion.

"The body of the uterus was wholly buried in a mass occupying the superior strait of the pel-

vis, and was immovable. The os tincæ could scarcely be detected on the left side of the pelvis. The sound entered the uterus two inches.

"Under these circumstances I declined to operate, as the opening in the bowel was calculated to cause a fatal result. Besides, nature itself was making an attempt to relieve the patient.

"September 30, 1869, Dr. W. wrote: 'Miss R. is gradually improving. The cyst has completely emptied itself, and she is no larger than natural. The discharges kept up for about three weeks from twenty-four to ten a day.'"

Nature in this peculiar case was the successful physician.

"Percussion and palpation become very important aids in detecting the existence and location of ovarian and other abdominal tumors. A patient should be examined with the abdomen uncovered, and first in the sitting posture. The whole surface of the region should then be explored by palpation, varying the pressure.

"By this means we are all able, through the sense of touch alone, to detect the presence of peritoneal fluid between the surface of the tumor and the walls of the abdomen; to decide

on the character of the tumor; to detect the existence of smaller bodies in the walls of a large cyst, and frequently to trace the outlines of several cysts, by the sulci which divides a polycystic mass. During this examination the eye of the surgeon should follow all the motions of the hand—the general contour of the abdomen, as well as the form of the several parts, being worthy of the closest observation.

"Different inferences would be drawn according to the impression imparted to the hand and the shape of the abdomen.

"The patient being still in a sitting posture, percussion should next be practised by placing the palmar surface of the finger of one hand upon the abdomen and striking it with the ends of the fingers of the other hand, and noticing closely the sounds elicited.

"It is well known that when percussion is made over any part containing air there will be a reverberation of sound, which is denominated *resonance*, while over a liquid or a solid a *flat or dull* sound is returned. Therefore an ovarian or other solid tumor, located anterior to the viscera, must give off a dull percussion sound over the anterior part of the abdomen, and indeed over the whole space occupied by

it; whereas the intestines, which always contain more or less air, must return a *resonant* percussion sound, and are usually thus traced, occupying the lumbar, hypochondriac, and epigastric regions, being crowded beyond the borders of the tumor. A patient, therefore, having an ovarian tumor filling the abdominal cavity and crowding closely upon the viscera, will almost universally be free from a resonant percussion sound over every part of the abdomen except in the regions above stated, and not unfrequently this sound is absent in one or more of these localities."

In illustrating a peculiar condition to which Dr. Atlee was anxious to call the attention of the profession, viz., *the character of the fluid removed by tapping, and the value of this operation as a means of diagnosis*, he writes as follows:

"We have seen that even Mr. Spencer Wells, whom we all delight to honor as the highest authority in ovariotomy, was corrected in his diagnosis of a case only by the character of the fluid, so exactly did it resemble, in every feature, an ovarian tumor. This circumstance, instead of disparaging our great master in England, adds to his character, by proving

how closely observant he is of every phase of differential diagnosis, and should warn others, of less experience, not to be too sanguine in expressing an opinion until they have adopted every possible means of examination."

Dr. Edmund Randolph Peaslee, in his work on *Ovarian Tumors*, published in 1872, sets forth the facts establishing the claim of Dr. Ephraim McDowell to priority as an ovariotomist, and gives a history of the four cases of Mr. Lizars, from which the following excerpts are taken :

"From 1786, when John Hunter published an opinion I have already quoted (p. 235), that hydatid ovarian cysts may be extirpated when they first begin to grow, I do not find the extirpation of ovarian tumors considered by any writer in Great Britain till the year 1824. Dr. McDowell's report of his first three cases, intended for Mr. Bell, had *slumbered* in Mr. Lizars's possession for more than seven years, and was now to see the light. While I do not explain the former fact, Mr. Lizars had himself now to publish a case of attempted ovariotomy, and Dr. McDowell's report was appended.

"The patient had been believed by Mr. Lizars, and 'all other eminent surgeons who had

seen the case,' to have had an ovarian cyst. She had been tapped, though it is not stated whether any fluid was obtained. Making an incision 'parallel with and to the left side of the linea alba about two inches from the ensiform cartilage to the crista of the os pubis,' he found no tumor at all; that both ovaries were healthy; and that the supposed ovarian tumor was merely an accumulation of fat under the skin of the abdomen, and of gas in the intestines. In such circumstances, Dr. McDowell's report of three cases afforded a precedent for his operation, if it did not indorse his diagnosis. . . . .

"The next year, 1825, Mr. Lizars attempted ovariotomy three times in three successive months, February 27th, March 22d, and April 24th. The results, however, were not flattering. All three were believed to be cases of ovarian tumor, at the time of the operations; but two of the tumors were not removed on account of adhesions. . . . .

"Mr. Liston remarks of Mr. Lizars's first case, that he had himself treated this patient for lumbar abscess with disease of the spine. She recovered from the former, but the bones had grown together, and her stature had much diminished. She was now a puffy, podgy, little

woman, with an exceedingly prominent belly. She begged Mr. Liston to perform the operation, but he endeavored to persuade her not to submit to it. Alluding to Mr. Lizars's other operations in private practice, he adds, as if he had assumed the control of both the operator and the operation, 'For I took care to prevent him from cutting open women's bellies in the hospital after he became attached to it.'"[1]

Prof. W. Gill Wylie, of New York, reports one hundred and ten laparotomies—sixty-one consecutive operations without a death.[2] He very judiciously says: "A number of cases were sent to me for operation where the patients gave all the subjective symptoms of serious functional disturbance, if not of actual disease of the appendages; but, on account of absence of any positive objective signs of actual enlargement or disease, I refused to operate. There certainly are a number of cases where both local and general treatment fails to give relief from pain, and where complete loss of health is due, apparently, to disease or to a faulty action of the generative organs, and where, on examination, all we can find is an imperfectly developed, anteflexed uterus with a prolapsed

[1] The Lancet, February 8, 1845.

[2] Annals of Gynecology, December, 1887.

left ovary and a general condition of hyperæsthesia on both sides. The question is, in such cases, when all other means fail to give relief, are we justified in removing the tubes and ovaries to put a stop to functional activity? Next, does the operation really cure such cases?"

Taking a view of laparotomy on the other side, are all the unsuccessful cases truthfully reported? And is an estimate of the deaths caused from the operation announced?

Surgery has its *fashions* in laparotomy, and when such is the case the operation is likely to be carried to excess, and the rash and incompetent make mistakes, causing condemnation to rest upon what is good.

Dr. Augustin H. Goelet, of New York, who is strongly in favor of electricity as a substitute for laparotomy, and who advances some good ideas, says:

"When we take into consideration the risk involved, coupled with the fact that the ultimate result is not always what is desired, laparotomy can by no means be considered successful or satisfactory when done for the *uterine appendages*. Unless it affords positive relief of the symptoms which caused the pres-

ence of the disease to be detected, it cannot be considered even a justifiable operation. If pain, the main symptom which drove the patient to seek relief, persists after the operation, what has been gained beyond permanent sterility?

"The recovery of the patient from a dangerous operation often serves to eclipse the purpose for which it was intended, and is mistaken for success, adding to the record of the successful operator, but in no way benefiting the patient. The mental impression produced upon her may serve to satisfy her for a time, until, when this subsides, she awakens to the truth that she is no better than before.

"The proof of this assertion is to be found in the fact that a successful laparotomist has published an elaborate paper upon the cause of pain following laparotomy. Also in substantiation is the fact that operators declare that temporary improvement frequently follows laparotomy when the abdomen is only opened, inspected, and immediately closed, the condition found being unfavorable.

"The patient is often so overwhelmed by the magnitude of the disclosure, as well as by the long list of successful operations of the man

who advises her, that she does not think to question the ultimate results of these performances, but consents with a sort of resignation to a fate from which she is given no choice. Nothing else having been suggested by her adviser, she argues that there is no alternative, for the principle of the laparotomist is, 'If an eye offend thee, pluck it out.' If the tubes and ovaries are diseased, take them away. Do not try to cure them. Get clear of them.

"It has been said, and with some degree of truth, that there are more healthy ovaries removed than diseased ones. Hence the term normal ovariotomy, which is a blot upon the escutcheon of the profession.

"We might enumerate many surgeons who are opposed to promiscuous laparotomy and strongly in favor of *ovariotomy*—the latter the only remedy for ovarian tumor; but we have not space to devote to this very interesting subject."

CHAPTER X.

JOSEPH NASHE McDOWELL, M.D.

As we have referred to several of the relatives of Dr. Ephraim McDowell in this work, we are not to lose sight of his nephew, Dr. Joseph Nashe McDowell, whose eminence as a surgeon and a man of brilliant intellect was acknowledged throughout the southern and western countries.

He founded the "McDowell Medical College" in St. Louis, and that city owes to him the establishment of its most thorough and prosperous medical school.

A few years after the death of its founder, for some reason unknown to the writer, St. Louis, the city of his adoption, changed the name of the "McDowell Medical College" to that of the "Missouri Medical College," which name it bears at the present time.

The college is in a prosperous condition, and the faculty is composed of the most prominent physicians of the city. Many students from

the South patronize the school, there being usually about three hundred in attendance.

Although Dr. J. Nashe McDowell was born and reared in Lexington, Kentucky, his interests and local attachments were closely identified with those of St. Louis, Mo.

He had many enthusiastic friends there and in the South, who warmly espoused his cause, and the medical profession in St. Louis recognized that fact.

Col. Thomas Marshall Green, an exceedingly gifted and fluent writer, speaks of him in the following language: "It was not solely as a lecturer in medicine and surgery that the oratorical gifts of Dr. Joseph Nashe McDowell shone conspicuously; of varied and extensive culture, his gifts made him the delight of literary circles, and the West contained no more eloquent speaker on political topics than was this able and learned teacher of the healing art.

"He abandoned the rigid Calvinism of the McDowell without adopting the gentler tenets of Arminianism; discarding their Federalism, his devotion to the 'lost cause' made him an exile from his home and country.

"Thus died a man whose learning, genius,

and enthusiasm, had his life been guided by the principles and religion of his fathers, would have placed him at the very head of his profession, and have made him eminent in any walk of life and in any country." Col. Green continues: "From Dr. Samuel Gross, with whom he frequently came in angry collision, his genius and superior talents extorted the admission that Dr. McDowell was an eloquent and enthusiastic teacher of anatomy, who had a remarkable gift of speech, and who could entertain and amuse a class in a wonderful way."

In a recent conversation with Dr. John H. Tate, of Cincinnati, Ohio, that gentleman remarked "that he considered Dr. Joseph Nashe McDowell the finest demonstrator of anatomy in the whole country."

In 1838 he delivered so able a lecture before the students in the Ohio Medical College as to give him great celebrity as a lecturer and teacher. As a surgeon he performed more general operations, and amputated more arms and legs than any practitioner in the city of St. Louis.

He was a very profane man, using oaths freely. On an occasion he was hurriedly called in to amputate the limb of a poor unfortu-

nate laboring man, who had accidentally had his leg terribly crushed in some machinery connected with a saw mill. Dr. McDowell went as soon as possible to the relief of the sufferer, and as he entered the threshold of the door commenced swearing at a dreadful rate, saying, "Where is the d—n rascal? I have come to cut him to pieces, d—n his trifling soul! Why did he not keep away from the d—d machinery? and other such vituperative expressions continued to pour from his lips until he reached the bedside of his patient.

He turned to the man, who was writhing in agony, and said: "Sir, I have come to cut you up, d—n you! The instruments are all ready," displaying, with the remark, the glistening instruments that were to do the work.

The poor sufferer, paralyzed and dazed, realized how completely he was in the power of the Doctor.

"Now, sir, hold still and I will make quick work of it;" and in a very short time the Doctor amputated the limb, dressed the wound, and had the man made as comfortable as possible.

When the operation was over he asked the patient how he felt. The man replied, "Doctor, you frightened me so badly I did not feel you

cut my leg off." The Doctor then explained to him that he had taken this mode to lessen his pain, adding, "My poor unfortunate, I felt all your pain for you."

The man soon recovered; and frequently expatiated on his operation, telling his friends how Dr. McDowell had cut his leg off, and what a great man he was.

Apparently the brusque, off-handed manner of the Doctor caused many persons to judge him wrongfully, and to believe him void of that tender sympathy which it is so necessary for a physician to possess. Such was not the case; on the contrary, a warm and generous heart beat within his bosom, and he was unusually kind and considerate with the poor. Much of his practice was gratuitous.

His appearance attracted general attention. He was above the medium height, and from his boyhood had been *remarkably thin* and angular, having sharp-cut features and small, penetrating eyes that seemed to look into the very recesses of one's soul. This emaciated appearance suggested to the medical students the pseudonym of "Sawbones," a name he was well known by, not only among the young men but among his friends.

When he was a youth much of his time was spent in the family of his uncle, Dr. Ephraim McDowell, and it was there that he formed an ardent attachment for his cousin, Mary McDowell, whose beauty has been alluded to.

When he made his vows expressing more than *cousinly* affection for her, she, with a sincerity and frankness that characterize a genuine noble-hearted girl, candidly told him that she could only regard him in the light of a relative, never in that of love, desiring him earnestly to banish from his mind such a thought as making *her* his wife.

She confided to her father, as became a daughter, what she had heard from her cousin. Dr. McDowell immediately sought his nephew, and with kind, but decisive, manner emphasized her decision and request. The nephew became angry and reflected on his uncle, charging him with influencing his daughter against him, an inference in which he undoubtedly was mistaken.

From that time a coolness existed between the two, the nephew leaving his uncle's house and never returning, nor did he ever forgive him. He sought new fields of friendship, and in course of time a new field of love.

The two never met again. The younger carried with him to the grave his feeling of hatred toward the elder, and never would listen to any eulogy bestowed on him for his grand surgical achievements. Shortly after this occurrence he removed to Cincinnati, Ohio, and commenced the practice of medicine.

Surgery was his specialty. He was considered a bold operator. Dr. Daniel Drake, then the leading physician in Cincinnati, became devotedly attached to the young man, seeing in him the promise of an able practitioner. This friendship was later cemented after another manner. Dr. McDowell wooed and won the sister of his patron. After his marriage to Miss Drake he removed to St. Louis, and it was there that he built for himself a reputation for skilful surgery and remarkable determination of character, that not even time's destructive touch has taken from him.

Attached to the college was one of the most complete museums to be found at that time in the land. It contained an attractive and extensive collection of specimens relating to surgery, rare and ancient warlike weapons, birds, statuary, and many things of interest. The Doctor was fond of displaying his curiosi-

ties to visitors, and no one thought of going to St. Louis without seeing the McDowell Museum.

The eccentricities and the erratic manner and habits of Dr Mc Dowell invited many comments and severe criticisms. It was never questioned, however, that he was a man of pronounced learning, and as well a genius in his profession.

When the guns of Fort Sumter sounded a knell of war that was to wreck so many happy and prosperous families both in the north and in the south: when the echoes resounded throughout the length and breadth of the land, calling men to arms—brother against brother, and father against son, men hastily responded to the call, and went forth to battle, many, alas, to fall within the gates of their own homes.

Dr. McDowell, inspired by that spirit of chivalry which characterizes the American people, offered at once to the Confederates his services as a surgeon. Bidding adieu to his family and friends in St. Louis, he was assigned duty in Mississippi, where he immediately entered on active work.

Many wounded and gallant soldiers were

restored by his skilful operations ; his efforts to relieve the sick and wounded were unparalleled. He was out night and day on his mission of mercy, always responding punctually to the call of duty.

The writer being banished from New Orleans by General Benjamin F. Butler, when he occupied that city during the late civil war, had the pleasure of meeting Dr. McDowell on several important occasions.

The one in which he was most prominent and took a very conspicuous part, was where a dreadful collision occurred between two trains freighted with many people. One of these cars was packed with wounded soldiers, fresh from the memorable siege of Atlanta, the other coach contained refugee ladies with their helpless children fleeing from an advancing foe. On board the soldiers' train there were many wounded federal soldiers who had been taken prisoners.

Immediately after the accident (the scene of which beggared description) surgeons from every rank, and ladies by the hundred, flocked to the scene of distress, with lint, bandages, coffee, camphor, and cologne, all of them ready and willing to relieve the suffering and soothe

the dying in their last struggles. The blue and the gray uniforms mingled together upon their beds of anguish, and Dr. McDowell, in his kind, benign spirit, administered alike to both as did also the Southern ladies. Many a Northern soldier owed his life to Dr. McDowell and to Southern women on that occasion. The question was not then asked, "What side is he on?" Gentle and tender hands administered to all alike.

On another occasion the writer met Dr. McDowell under different circumstances, when, his feelings being greatly outraged toward the North, and especially toward its then chief magistrate, Abraham Lincoln, he remarked that "to *him* was due all the terrible sacrifice of life. That to *him* was due this civil war."

At the close of this unfortunate conflict he returned to St. Louis an embittered man.

His college was a wreck; his handsome museum, in which he had taken so much pride, and had expended so much money, *was gone, not a vestige of anything* being left to mark the spot where once were crowded so many things of interest to him. He then sought his once extensive library. Alas! only to find the empty shelves standing out in bold relief, as if

in defiance. Not a book was to be found. The bare walls of the once famous "McDowell College" were left standing as if in mockery. He peered through the broken panes of glass (for there was scarcely a whole one left in the building), and looking out into what was once a beautiful garden of flowers, tufted with grass, he saw filthy débris of every description, together with the remnant of a gallows. (The authorities had used the building as a prison, and the once cultivated yard had been made the hangman's ground; several men had there expiated their crime upon the gallows.) The Doctor, in despair and gloom, turned from these harrowing scenes, his mind quite unsettled as to what was best to be done. The ground on which the college walls were left standing still belonged to him, but as his finances were running low, and it certainly would be necessary to expend a great deal of money upon the building before it could be made habitable, he was truly at a loss as to how he should proceed.

He sought the advice of some of his old and trusted friends in St. Louis, whom he knew had his interest at heart, and they advised that he return to his college, and with the

pecuniary assistance they were willing to give, that he put things in readiness to recommence his work.

This generous offer was accepted, and in a short time the old college building put on a *new dress.*

The Doctor had a crank idea that in that commodious building *one room* should be set apart and designated as "*Hell,*" in commemoration of Abraham Lincoln, who, although long since dead, held a *bitter* place in the heart of the eccentric old doctor. It was my pleasure to visit my relative (Dr. McDowell) soon after he refitted up his college and residence; and after his congratulations of meeting were over, he remarked that he wanted to take me to "*Hell.*" Not comprehending his meaning, I replied: "I hope I shall never be so unfortunate as to see h—l."

He immediately caught me by the arm, and leading me through several narrow hallways, we finally halted in front of a heavy double door, when drawing a large brass key from his pocket and placing it in the lock, the door soon yielded and swung wide open.

I noticed as I passed into this strange room that the word "Hell," in gilt letters, stood out

in bold relief over the entrance. The room was very long and narrow, and lacked carpet or other furniture.

On entering this Dantean abode, the first salutation that greeted me was the venomous hissing of an unusually large rattlesnake that was to be seen darting out its fiery tongue between the bars of its cage.

To the left a huge crocodile was noticed, such as crowd the southern sloughs and bayous, and dot the lowlands and canebrakes of the tropical country. The hideous reptile crept slothfully through his pool of tepid water, now and then swinging his immense jaws as though he would like to make a meal of us ; but he too was confined within his own limits, and there was no danger.

Becoming interested in this weird and unnatural place I followed the Doctor, not unwillingly and certainly with a much aroused curiosity, deeper into the mysteries of his "*Hell.*"

Glancing to our right, we saw the bird of ill omen perched upon his pole, seemingly oblivious of us or of its surrounding ; occasionally it would grit its bill together, causing a peculiarly unwelcome sound. Alongside the bird was a lizard, singing its unvaried song.

At the extreme end of a narrow hall-like room a gallows had been erected, suspended from which was an effigy of ex-President Abraham Lincoln. For a moment (the scene was so life-like) I was shocked and startled.

There were several other images, one in particular representing Lucifer and his imps. It was indeed a novel sight to witness. Dr. McDowell took a lively interest in everything connected with this particular apartment.

Before the late civil war, in the ante-bellum days, when the "McDowell Medical College" was at its height of prosperity, and several hundred students were in attendance, upon one occasion a very distinguished surgeon and physician from a distance was to lecture, not only before the students, but others.

Dr. McDowell, being at that time the Dean of the faculty, had sent out quite a number of invitations to members of the medical profession and their families.

At the appointed hour for the lecture to begin the spacious hall was filled with many of the most prominent ladies and gentlemen in the city.

The students had the front seats reserved especially for them, in order that they might hear more distinctly what the professor said.

When the lecturer was nearly half through, Dr. McDowell, who was seated upon the platform close beside the speaker, arose to his feet, and in the most quiet manner possible passed from the stage up the aisle to where one of his students was sitting, laughing and talking with a young lady. He (Dr. McDowell) took him quietly by the ear, and led him down to the front seats that had been reserved for students, and placed him in front of the speaker. During the proceedings not a word was spoken by anyone. After the student had been seated, McDowell took his same place near the professor. During this singular performance he did not change a muscle of his face; of course, the audience was convulsed with laughter, but all understood *why* the young man had received such a public chastisement from his preceptor—*he was not in his place.*

The eccentricities of Dr. McDowell were so great that had he lived in the present time his warmest friends would have been constrained to classify him with the legion of "cranks." His many peculiar acts and idiosyncrasies would certainly have justified such placing.

Although never really acknowledging his belief in spiritualism, yet when any noted lec-

turer on that subject was in the city the doctor was always found among the audience. Dr. Tuckett, an intimate friend, relates the following conversation had with him :

"I see that you listen to the spirits sometimes." "Yes," was the reply, "there is a great deal more in the matter than a man can express without being thought a d—n fool."

"You are right," was added. "But have you ever had an experience or seen any manifestations?" "Yes ; a confounded sight more than I tell people. However, I will tell you," he continued, "what I know, and how I was saved by my mother's spirit."

"A German girl died with a very unusual disease, and we were determined to get her body for dissection. We got it and laid it in the college. The secret leaked out, and the Germans got their backs up and made things lively for us. It was planned by them to come one night and hunt over the college to see if the body was there to be dissected.

"I received a note at my house at 9 o'clock of an evening warning me that the visit was to be that night.

"I went down to the college about 11 o'clock, thinking to hide the corpse. When I got there

all was quiet. I went through the dissecting room, with a small lantern in my hand, in the direction of the body. I picked the cadaver up and threw it over my shoulder to carry it to the top loft to conceal it between the rafters, or place it in a cedar chest that had stood in a closet for years.

"I had ascended one flight of stairs, when out went my lamp. I laid down the corpse and re-struck a light. I then picked up the body, when out went my light again. I felt for another match in my pocket, when I distinctly saw my dear, old mother standing a little distance off, beckoning to me.

"In the middle of the passage was a window; I saw her rise in front of it. I walked along close to the wall, with the corpse over my shoulder, and went to the top loft and hid it. I came down in the dark, for I knew the way well: as I reached the window in the passage, there were two Germans talking, one had a shotgun, the other a revolver. I kept close to the wall and slid down the stairs. When I got to the dissecting-room door, I looked down the stairs into the hallway: there I saw five or six men lighting a lamp. I hesitated a moment as to what I should do, as I had left my pistols

in my pocket in the dissecting-room where I took the body. I looked in the room, as it was my only chance to get away, when I saw my spirit mother standing near the table from which I had just taken the corpse. I had no light, but the halo that surrounded my mother was sufficient to enable me to see the table quite plainly.

"I heard the men coming up the stairs. I laid down whence I had taken the body and pulled a cloth over my face to hide it. The men came in, all of them being armed, to look at the dead. They uncovered one body—it was that of a man, the next a man; then they came to two women with black hair—the girl they were looking for had light flaxen hair. Then they passed me; one German said: 'Here is a fellow who died in his boots; I guess he is a fresh one.'

"I laid like marble. I thought I would jump up and frighten them, but I heard a voice, soft and low, close to my ear, say, 'Be still, be still.' The men went over the building and finally down stairs. I waited awhile, then slipped out. At the corner of Gratiot Street, I heard three men talking German; they took no notice of me, and I went home.

"Early in the morning I went to the college and found everything all right. We dissected the body, buried the fragments and had no further trouble."

"Then, Doctor, you feel satisfied that the spirit of your mother saved you from that trouble?

"I know it," he replied. "I often feel as though my mother is near me when I have a difficult case of surgery. I am always successful when I feel this influence. Well, let me stop here. I have a boy to attend to with a broken leg, so good-bye." And with his characteristic manner of always being in a great hurry, he glided out the door and into his buggy.

He was very fond of the violin, and played many of the old popular airs. It was his custom to amuse his friends when they would call upon him socially, by playing familiar tunes for them.

His death occurred October 3, 1868. Three sons survived him. He was singularly unlike any of his McDowell kindred.

Two of his sons, Drs. Drake and John McDowell, arrived at considerable eminence in the medical profession; both filled chairs in

anatomy and obstetrics. Indeed, John McDowell was considered equal to his father in difficult operations. He had a lucrative practice. All three of the sons are dead.

The peculiarities of the father seem to have been inherited, to a certain extent, by his son John.

On one occasion he drove up to his relative's house in St. Louis to make a social call. On entering the parlors he found quite a number of ladies and gentlemen there spending the evening. When tea was announced he arose to take his departure, excusing himself to his hostess, but she would not permit him to go. After all the guests had entered the dining-room Dr. McDowell detected that there were twelve at the table, and that *his* presence made the thirteenth. He refused to be seated; his relative bantered him with being superstitious, when he replied: "Well, my cousin, in honor to you I will take my seat, but as my presence makes the *thirteenth I* will be the first one from this fatal number who will pass away."

He ate sparingly and the thought certainly took possession of his mind, for he alluded to the circumstance repeatedly, and, true to his predictions, in a few weeks thereafter he died.

A few years before his death Dr. Joseph Nashe McDowell married again: but the alliance did not prove a happy one; his children wandered from home, and the old doctor sought comfort and solace in the Roman Catholic religion.

When the iron grasp of death was upon him, claiming him as its victim, he calmly closed his eyes, passing thus to the great hereafter, bearing with him the loving benediction of his faithful friend and spiritual adviser, Father De Smit.

From the early experience of his Romanistic convictions, this Father De Smit was his religious adviser and companion. Dr. McDowell reverenced him for his piety, admired him for his intellect, and regarded him as the soul-healer and spiritual comforter of those oppressed by sin and wickedness.

Before we close this brief memoir of a gifted and remarkable man, we may relate another circumstance pointing to his peculiar nature and eccentricities. The idiosyncrasy relates to his unnatural and unheard-of mode of interring his infant children. After death had claimed them, and they were robed in their burial dress and ready for the burial rites, he would order

the casket, which he had prepared expressly for the solemn occasion. This casket was made of heavy glass, and filled with alcohol; the body of the infant was placed within the case containing the liquid, and the coffin securely cemented.

Only the undertaker and the nearest kindred followed the remains to an island (several miles distant from the city) in the Mississippi River, where the grave had been prepared, and there the casket was lowered into the earth.

After the death of the Doctor his surviving sons had the infantile remains removed to the family lot in Bellfontaine Cemetery and placed beside those of the father, where their little graves could not be disturbed by rises in the river.

A singular coincidence: three surgeons belonging to the same family, each having achieved professional honors and having risen to eminence in the medical world, now resting side by side in the beautiful "Bellfontaine" burying ground. We can only say, "*Peace be to their ashes.*"

In reading a biographical sketch of the late Col. Basil Duke, whose mother was Martha McDowell, a member of the Virginia family of

McDowells, we find the fact established that more than forty years after the death of Dr. Ephraim McDowell, the European people awakened to the fact that Dr. McDowell was justly entitled to be called the "Father of ovariotomy," and acting on such conviction erected a suitable monument to his memory.

Can this be repeated of America, the land of his birth? Has a national monument been erected to him who was truly woman's benefactor?

The late Dr. Jackson, in appropriate remarks, seemed fully to appreciate the fact that America had failed to do her duty toward this worthy son of her land. America, the country that pays tribute to merit and genius—that so fully appreciates intellect, seems here to have shrunk from her duty; yet the memory of Dr. McDowell is as fresh in the hearts of the people to-day as when he braved his own life for humanity's sake.

CHAPTER XI.

BIOGRAPHICAL SKETCH BY THE LATE DR. JOHN D. JACKSON.

THROUGH the kindness of Dr. Lewis S. McMurtry, we have been furnished a full account of the character and services of Dr. Ephraim McDowell, prepared and written by the late Dr. John D. Jackson, of Danville, Kentucky, a gentleman who devoted much time during the latter days of his life in gathering facts relative to Dr. McDowell, for whose character and works he had great veneration.

Dr. Jackson says:

For a quarter of a century, or indeed until Dr. Benjamin W. Dudley, of Lexington, Kentucky, came upon the field as a lecturer upon surgery, Dr. McDowell yearly came before large classes of young men assembled at the medical department of Transylvania University from all portions of the Ohio and Mississippi valleys, thus possessing opportunity for extending a reputation such as no man in the West ever had before him. We may say that he

stood "facile princeps" in surgery west of the Alleghenies.

During this time McDowell's practice extended in every direction, persons came to him for treatment from all the neighboring States, and he frequently took horseback journeys for hundreds of miles. He is to be accepted as being in the habit of performing every surgical operation then taught in the science.

In lithotomy he was extremely successful. Up to 1828 he was known to have operated twenty-two times without a death.

For strangulated hernia he also operated in a large number of cases, and there is good authority for stating that he successfully extirpated the parotid gland long before McClellan or any other American surgeon had attempted the procedure.

Indeed there was scarcely any operation, from a simple amputation to tracheotomy, which was to be done, but that Dr. McDowell was sent for to perform it.

The brevity and rather loose manner in which his first cases were recorded, exposed him to criticism, and Dr. Henderson and Dr. Michener, of Philadelphia, in articles in the

Repertory, reviewed him rather sarcastically and doubtingly; while Dr. James Johnson, the caustic editor of the *London Medico-Chirurgical Review*, did not hesitate to take advantage of the opportunity and declare outright his total disbelief as to Dr. McDowell's statements. A few years thereafter, when accuracy of the reports had been fully confirmed, he however acknowledged his previous error, though in a flippant and very ungracious manner; saying: "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 the diseased ovaria. . . . . There were circumstances in the narratives of some of the first three cases that raised misgivings in our minds, for which uncharitableness we ask pardon of God, and of Dr. Macdowal, of Danville."

In the Philadelphia *Eclectic Repertory* for October, 1819, Dr. McDowell reported two more cases, and in connection with them alluded incidentally to his critics and their criticism to this effect:

"I thought my statement sufficiently explicit to warrant any surgeon performing the opera-

tion, 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 good 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. Such have been the bane of the science; intruding themselves into the ranks of the profession with no other qualification but boldness in undertaking, ignorance of their responsibility, and indifference to the lives of their patients; proceeding according to the special dictates of some author as mechanical as themselves, they cut and tear with fearless indifference, utterly incapable of exercising any judgment of their own in cases of emergency, and sometimes without possessing even the slightest knowledge of the anatomy of the parts concerned. The preposterous and impious attempts of such pretenders can seldom fail to prove destructive. to the patient and disgraceful to the science. It is by such this noble science

has been degraded, in the minds of many, to the rank of an art."

Dr. Jackson goes on to relate:

In the summer of 1822, McDowell made a horseback journey of some hundreds of miles into middle Tennessee, and performed ovariotomy in his usual way, with success, upon a Mrs. Overton, who resided near the "Hermitage," the residence of the late President Jackson.

Mrs. Overton was enormously obese, and he had to cut through four inches of fat upon the abdomen. The only assistance he had in the operation, as we have been informed, was from General Jackson and a Mrs. Priestly.

General Jackson seems to have been greatly impressed with Dr. McDowell, and had him go to his house and remove a large tumor growing from the neck and shoulders of one of his men.

Dr. McDowell charged for his operation upon Mrs. Overton $500, but the husband, with a commendable generosity, gave a check upon one of the Nashville banks for $1500, which, upon the doctor presenting for payment, and discovering the presumed error for the first time, sent a messenger back to Mr. Overton to have it corrected, but that gentleman re-

plied that, far from a mistake, he felt that he had not even then made a full compensation for the great services which Dr. McDowell had rendered.

How many times during his career he had occasion to perform ovariotomy is not now certainly known. He seems to have been fonder of the scalpel than of the pen—indeed, to have been of that class of mankind (of which we have all seen specimens, even among the ablest and most cultivated) who have a natural antipathy to writing.

He is said to have kept no notes of his cases, and with the exception of the communications quoted, we know alone of a card published in 1826, when an effort was made to wrest his honors from him; this he addressed especially to the medical faculty and class at Lexington, defending his veracity and claiming to have been the *first* to perform and establish the feasibility of the removal of diseased ovaries.

However, his nephew, Dr. William A. McDowell, who was for five years his pupil and two years his partner, tells us that up to 1820 his uncle had seven cases, six of which he witnessed, and that six of the seven were successful.

After Dr. William A. McDowell removed from Kentucky to Fincastle, Virginia, Dr. Alban G. Smith succeeded to his position as partner of Dr. Ephraim McDowell, and while with him Dr. Smith twice performed ovariotomy.

The younger McDowell stated that he had reliable testimony of his uncle having performed ovariotomy during his life at least thirteen times, exclusive of the two cases Dr. Smith operated upon when they were in partnership, and that of the cases treated by his uncle, subsequent to his retiring from partnership, he had personal knowledge of the recovery of two; this would make a total of thirteen cases with eight recoveries.

Dr. Ephraim McDowell seems to have been very careless either of an immediate present or posthumous fame, and to have originally drawn up the report of his cases at the repeated solicitation of his nephew, Dr. James McDowell, who, up to the time of his premature death, had been a partner of his uncle, as his cousin William, to whom we have alluded, afterward was.

The idea that his success would be pleasing to his former preceptor, John Bell, to whom he felt he owed his determination to perform the

operation, according to his nephew, seemed more than all else to have induced him to put his cases before the professional world.

Long after all dispute as to the authenticity of Dr. McDowell's cases had ceased, the medical literature of the past was ransacked to find some one who had preceded him in the operation. Indeed, until the critical examination made by Dr. Gross, it was believed that L'Aumonier, Dzonde, Galenzowski, had all preceded him by having each done a single ovariotomy. Going to the original records of these gentlemen, it was found, however, that the first had only punctured an abscess of the ovary, that Dzonde's case was simply one of gastrotomy upon a boy who had a pelvic tumor, and that Galenzowski's case, while really an imperfect ovariotomy, was not done until 1827, eighteen years after the first operation by McDowell.

When McDowell performed his first operation he had never heard, as he said in the publication made of it, of an attempt at or a success attending any operation such as this required.

At present we are not aware that even the most persevering antiquarian research has been able to find undoubted ovariotomy before the

time of McDowell, for although we observe that Mr. Spencer Wells, in his recently published *History of the Origin and Progress of Ovariotomy*, says, on the authority of Dr. Washington Atlee, "Dr. Robert Houstoun operated near Glasgow in 1701, and that from this case it will appear that ovariotomy originated with British surgery, on British ground." Yet a reference to the original record shows very plainly that Dr. Houstoun was never really an ovariotomist in the sense of having removed an ovary; his operation, like L'Aumonier's, consisting in laying open the diseased ovary and evacuating a large quantity of gelatinous fluid, when as he says, "I squeezed out all I could and stitched up the wound in three places almost equidistant."

We observe that Dr. Atlee, in his volume on *Ovarian Tumors*, dedicates the book to his brother, Dr. John L. Atlee, and to the memory of Dr. Ephraim McDowell, "The Father of Ovariotomy." Even had the operation been done many times before, or been forgotten or unnoticed, as the cases lay among the dead records of the past, it should not, and it would not, derogate at all from the glory of Dr. McDowell, who never had heard of any attempt

to perform it, and who, after his performance of it, first succeeded in establishing it as a legitimate operation in the medical world.

When we think of one living on the border of Western civilization, in a little town of between three and four hundred inhabitants, far removed from the opportunity of consultation with any one whose opinions might be of value to him in such a case, and nearly a thousand miles from the nearest hospital or college dissecting-room at which he might have had an opportunity of studying and practising upon some body who had perished of the disease, before performing upon the living a new and untried operation of such fearful magnitude; and learn of his having pondered over and contemplated all the difficulties, when with a full sense of the dangers liable to environ him in the attempt, without ether or chloroform, assisted by probably only one fully skilled physician or assistant, with one or two medical students—see him attempt and successfully perform the *first ovariotomy*—our admiration for Dr. Ephraim McDowell's courage and skill rises to its full height, and we feel that he is justly entitled to have applied to him Horace's words, describing the stoutness

of the heart of the first mariner who had boldness to go down to the sea in ships:

> Illi robur et æs triplex
> Circa pectus erat, qui fragilem truci
> Commisit pelago ratem
> Primus.

Dr. Ephraim McDowell was always remarkable for his strength and agility, and while at Edinburgh was pronounced the swiftest foot-racer of the whole University. He was one of the kindest-hearted and most amiable of men, overflowing with cheerfulness and good humor. He seemed totally devoid of all austerity, a tinge of which is generally characteristic of the scholar and professional man, and never appeared to assume that there was any difference between the plane of his vocation and that of the humblest, unlettered artisan.

This seemed instinctively to strike all who came in contact with him, and an easiness amounting almost to familiarity existed between him and his fellow-citizens. So true was this with the masses, that probably because of such fact he was not generally appreciated for his true worth.

A man arrogating to himself in manner nothing above the populace, would not, as may

readily be believed, be acknowledged to be superior to his sphere, save by those gifted above common penetration. Never, however, was this air of familiarity in the slightest degree tinctured with professional demagoguery. His bitterest enemies did not once accuse him of this.

By a gentleman of keen perception, yet living, whose father's family physician he was, we are told that never was there a man whose life was freer from the acts of the charlatan, or more entirely devoid of all the petty "tricks of trade" which too frequently disgrace the medical profession.

While in the sick-room, though fond of gossiping about local matters and events of the day, he habitually refrained from discussing things medical, or any of the affairs of his rivals, with some of whom he was known to be on anything but good terms.

While in daily competition with certain members of the profession whose chief strength lay in the application of such arts, they and their artifices were held in supreme contempt by him. From what we can learn, one of the endeavors of these gentlemen, who knew they never could approach McDowell by fair com-

petition, was to impress the community with the idea that there was a sort of essential incompatibility between surgery and medicine; that in proportion as a man is superior in surgical knowledge and dexterity, that by just so much is he inferior in the intricacies of the practice of medicine, whose arcana were not so appreciably evident to the public as the more demonstrable work of the surgeon; or, as they were in the habit of putting it: "That while McDowell was a bold surgeon, he was but a poor fever doctor."

So far from this last being the case, however, he kept himself fully abreast of the progress of medicine by reading *all* that was new on the subject, and was probably really as far in advance of his competitors in physic as in surgery.

Certainly we now know that in the treatment of fever he was in some respects ahead of his time, though at variance with the generally accepted doctrine of his day and the prevailing customs of the physicians of his section. At that time it was customary to give more or less mercury in the treatment of every fever, while to allow a patient cold water after a dose of calomel or blue mass was thought to be

recklessly dangerous. The standard treatment of the country was to let a patient have no drink but what had been warmed; and this usually consisted of water in which a piece of burnt bread-crust or warm toast had been soaked. On the contrary, Dr. McDowell used to tell his patients that there was no danger in cold water while the skin was hot; and while such was the case he allowed them to use it ad libitum.

I have heard an old gentleman, who lived in an adjoining county, tell how, when he was a boy, and one of his brothers lay very ill with a fever, Dr. McDowell was sent for; and of the anxious fears of the family while obeying the directions of the doctor, who had the patient laid naked upon the floor, and bucketful upon bucketful of cold water poured over him to his great relief and ultimate recovery.

Dr. McDowell looked on Sydenham and Cullen as the master minds in medicine, and set their works above all others in practice.

To the system of over-drugging, then so common, he was an enemy; believing that drugs as then given by the mass of the profession, without discrimination, were producing in the aggregate more harm than good. Though

practising medicine with more than ordinary ability, yet his inclinations were always especially toward surgery; and it was his custom, when practicable, to throw as far as possible the medical practice into the hands of his partner.

He was a most accomplished anatomist, and used every winter, in conjunction with his office students, of whom he generally had two or three, to dissect in the upper story of an old abandoned building, which had for years been the county jail; and in his office, in the course of time, quite a number of anatomical preparations, the work of his own hands, were deposited.

When having determined upon the performance of any capital operation, his custom was to drill thoroughly beforehand the students who were to assist him. Not only this, but he compelled each one to give a succinct history of the nature of the difficulty requiring the operation, the anatomy of the parts involved, and the tissues to be divided, and then would, himself, rehearse the different steps of the operation.

It was the invariable opinion of all competent judges that for coolness and dexterity as an operator they had never seen Dr. McDowell's

equal. From the moment he took the knife in hand preparatory to operating, he seemed to become enthused, and to the bystanders looked quite a different person. When we consider the results to mankind of the labors of this surgeon, we do not hesitate to rank him with the great benefactors of the race.

Before the nineteenth century, not one of the most astute or boldest of the healing profession could promise anything hopeful to women afflicted with ovarian dropsy. The doctor when called to such a case, could only say, "Two years of life filled with gradually increasing misery is the full compass of the days allotted to a woman who may find that she has an ovarian tumor, and unless God works a miracle in your case, this is your fate."

But now, since the establishment of ovariotomy by Ephraim McDowell, the matter stands quite differently, for the physician of our era says, "It is true that without an operation you are inevitably doomed to death after a few years of miserable suffering, but by ovariotomy you have seventy chances or even more out of a hundred (much better than one undergoing the amputation of a thigh), not only of recovery, but of a full restoration to health."

Dr. Peaslee has made a calculation based on the known law of the length of life of a woman who has an ovarian tumor uninterfered with, and the average age of all the recorded cases of ovariotomy up to 1870, and the probabilities of longevity of healthy women of that age according to the most approved tables of life insurance, and has shown that in the "United States and Great Britain ovariotomy has, within the last thirty years, directly contributed more than thirty thousand years of active life to woman, 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.

With these facts before us, most devoutly indeed should all women bless the name of Ephraim McDowell.

To one living in Athens in the days of the glory of ancient Greece and conferring such a boon on the human race as ovariotomy, rank among the demigods, with a temple and an altar, would have been accorded by acclamation of the people.

Had he lived in the palmy days of the Roman Republic, the highest civic honors, a medal, and a statue, if not a shrine in the temple,

would have been his by a decree of the Senate; and had Ephraim McDowell been born and had he flourished in any one of the principalities of Europe instead of the United States, long since would the government, proud of such a son, have conferred titles of distinction upon him and his children while living, and erected a fitting monument to his memory when dead.

But it seems that to us, of the boasted Great Republic of the Western World, the proverbial charge regarding the ingratitude of republics is literally applicable in the case of the subject of our sketch.

Such were the thoughts which crowded upon us when recently we made a pilgrimage to the burial ground of the Shelby family at "Travellers' Rest," and after climbing the stone-wall enclosure finally succeeded in making our way through brambles and wild flowers to a lichen-covered sandstone slab which simply bore the name of Ephraim McDowell, and which covers the remains of one to whom the whole world should feel deeply grateful, and of whom Kentucky and the American Republic may always be justly proud.

While Kentucky and nearly every State of the Republic has, at different times, voted

monuments, statues, or paintings to one and another political favorite, or military idol of the day, the worthiness of the commemoration of none of whom is to be compared to that of McDowell; and while if our State (Kentucky) should erect the tallest shaft in all the land to mark his resting-place she would but justly honor the worthiest of all her children; yet does his fame not rest with us alone, nor is the beneficence of ovariotomy confined alone to our part of the globe. Like Jenner, McDowell has been a benefactor for the generations of *all* time and all countries, and as a few years ago the world at large contributed to the statue of the former, now erected in Hyde Park, London, so do we think it most fitting that *all* nations should be allowed to contribute to a suitable statue to Ephraim McDowell, to be erected at Danville, the scene of the *first ovariotomy*.

But since Dr. McDowell has been woman's special benefactor, we think it would be eminently appropriate that the gratitude of this sex of all nations should be allowed to display itself in the erection of a fitting memorial to its *friend*. Indeed, that a bronze statue of life size should be erected solely from voluntary contributions made by those women throughout

the world who owe their lives to the operation of ovariotomy. The following inscription might be placed upon the memorial rock:

Many women throughout the
world who, by ovariotomy, have
been rescued from otherwise
inevitable death, have, by their
combined contributions,
erected this statue in grateful
commemoration of

DR. EPHRAIM MCDOWELL,

who, A. D. 1809,
first removed an ovarian
tumor and established the
Operation of Ovariotomy.

EPHRAIM MCDOWELL, M.D.

CHAPTER XII.

SKETCH BY W. W. DAWSON, M.D.

EXCERPT FROM ADDRESS BY RICHARD J. LEVIS, M.D.

In an address delivered before the American Medical Association, at Newport, R. I., in 1889, by W. W. Dawson, M.D., then President of the Association, and one of the most prominent and successful surgeons of America, occurs the following:

"A brief review of medical teaching in this country will be pardoned—it may be profitable—it will certainly illume the present, and may be somewhat of interest to the future.

"The first medical lectures were delivered by Dr. John Morgan and William Shippen in 1767, in Philadelphia. Dr. Rush and Dr. Physick soon after participated, and in 1768 the Medical Department of the University of Pennsylvania was organized; that great school which is steadily advancing to the highest station.

"Philadelphia was a small, a provincial, city at that time; now she is only second to the great metropolis in numerical strength, but second

to none in the thorough equipment of her medical schools.

"Contemporaneous with Philadelphia an organization was projected for medical instruction in New York.

"In 1767 the first steps were taken which resulted in the school ever since known as the 'College of Physicians and Surgeons,' one which challenges the confidence of all.

"The medical colleges of New York, endowed not by government but by her public-spirited citizens, have won the honors which they wear so well.

"In 1785 the first school was organized in Boston. The chairs were four, and the sessions four months. Harvard is the outgrowth of this humble beginning of that provincial faculty.

"In 1800 the first medical instruction was given in Baltimore; since then the schools of Maryland have occupied a deservedly high position. Recently one of her citizens made an endowment by which the 'Johns Hopkins University' will be equipped for the most thorough work, experimental work, laboratory studies, a range and grade of investigation *en rapport* with the spirit of the times. This great

benefactor has also given to Baltimore one of the most completely endowed hospitals to be found on this earth.

"The great Mississippi valley was yet unknown, but soon after the close of the Revolution emigration began, and as early as 1799 Dr. Samuel Brown organized the medical department of Transylvania University.

"Dr. Benjamin Dudley effected a re-organization in 1819.

"This school, after many prosperous years, having graduated men who acquired distinction at home and abroad, was transferred, or rather most of the faculty removed, to Louisville, when and where the University of Louisville was founded.

"During the early part of the century medical schools were organized in several of the Eastern States, usually under State or church patronage. Most of them exist to-day. Some of the most distinguished men in our profession have been associated with these institutions.

"As the West and South were peopled, medical schools were established in cities and promising towns. As early as 1819 Dr. Daniel Drake secured the charter of the Medical College of Ohio, and had it legally

connected with the City Hospital. The faculty constituted the hospital staff, the members of which were required to give clinical lectures—the first forward step on the continent in blending didactic with clinical instruction.

"The physicians in South Carolina began medical teaching in 1823, and those of Louisiana in 1835. In both of these States schools of high character have been maintained."

Dr. Dawson further said: "The advance in medical education is a gain most distinctly pronounced by a remark made by one of our distinguished fellows, an American-bred physician, of whose fame we are all justly proud.

"In conversation Dr. Battey said: 'When I began practice thirty years ago there was scarcely a graduate within fifty miles of my residence; now, however, there is hardly a practitioner in the same territory who is not a graduate, and year after year a portion of our young men leave home to avail themselves of clinical advantages to attend post-graduate instruction.'

"Could anything show more forcibly the conservative and steady growth of medical culture?

"In our own country, as well as elsewhere, great achievements have often been made in

the provinces and not always under the shadow of the universities.

"One of the greatest operations[1] waited for years for a metropolitan disciple—one to take it up; and that too, long after the provinces at home and abroad had demonstrated its vital utility, its claim upon the scientific and skilful surgeon.

"Some of the classical schools of Oxford and Cambridge were organized as early as the thirteenth century, but the systematic scientific study of medicine and surgery came long subsequently, not for four hundred years later—about the middle of the eighteenth century.

"It was first projected in Great Britain, and soon after in our Atlantic cities. Unlike the old world, our fathers had a wilderness to conquer before progress could be made.

"When the pilgrim fathers left England, reading and writing were rare accomplishments, chimneys in that country had just been invented, and flock beds were luxuries.

"The adventurers—the emigrants to these shores from that ancient and imperfect civilization—had much to learn, but in the midst of their pitiable ignorance, facing great hardships

[1] Ovariotomy.

and pressing wants, they were quick to provide educational opportunities for all.

"The results of their efforts are apparent—they are before us. Could more have been accomplished in one century?

"Had Sidney Smith been a physician and given to reading, he would not, even in 1850, have asked the questions: Who reads an American book? What does the world owe to American physicians and surgeons? This reverend gentleman, this famous critic, could not have heard of Ephraim McDowell, whose brief paper, detailing his first three cases of ovariotomy, published in the Philadelphia *Eclectic Repertory*, in 1817, was of more value, did more for the conservation of human life than a score of ordinary publications.

"Our first half century may be poor in books, but it abounded in strong, devoted, conscientious, and brave men, men who with the most limited resources accomplished the grandest results.

"They compelled success, because they deserved it. The ink was hardly dry upon that cynical pen when anæsthesia was presented by the profession, so poor, as he supposed, in valuable works.

"But what country or age can match in great contributions to the relief of the suffering, McDowell, Sims, Bigelow, Sayre, Battey, and Emmet, and that trinity of men, Wells, Morton, and Jackson, who gave anæsthesia to the world. The heart of every American physician is filled with thankfulness when he remembers that in the providence of God this great boon to humanity was vouchsafed to this country. The very ground upon which stands the Massachusetts General Hospital is sacred to us all.

"Associated with the discoverers must ever be the name of Dr. Hayward, who performed the first operation under the strange Letheon. Previous to this, operative surgery was slow, tedious, and almost cruel. Contrast it to-day with what it was previous to 1847, what grand strides it has made under the direct support of anæsthesia, and its almost equal co-laborer antisepsis. The great cavities are invaded, and invaded safely; the abdomen has become a familiar field.

"The story of Ephraim McDowell, though so often repeated, humanity never tires of hearing.

"To us he belongs, and to us only; we cannot share his fame with another, we would not if we could. Who can measure the relief which

his operation has bestowed upon suffering woman?—not only woman, for his was the genius which opened the way to laparotomy in both sexes."

Dr. Richard J. Levis, in an address at the thirty-ninth annual session of the Medical Society of the State of Pennsylvania, alluded to Dr. McDowell as follows:

"The records of the experience of individual practitioners of intelligent and trained minds would be a gain to surgical progress, and tend to avoid the transmission of traditional errors.

"From practitioners in regions far away from medical centres, in such locations as are abroad styled provincial, have originated some of the most valuable practical discoveries and advances.

"There may be instanced the discovery of vaccination in rural England, by Jenner; the origin of ovariotomy by McDowell, in what was then a frontier region of Kentucky; and the very beginning of practical gynecology, by Marion Sims, in the obscurity of Northern Alabama.

"It is said that the ploughman, tilling the fields of the western slope of our continent, who keeps his eyes intently on the furrow, may

occasionally find nuggets of gold; and so the faithful toiler amidst human ills is liable to unearth jewels of fact, which, garnered and recorded, will add to the wealth of surgical knowledge."

CHAPTER XIII.

DESCRIPTION OF ONE OF THE METHODS OF PERFORMING OVARIOTOMY.

Dr. John H. McIntyre, of St. Louis, Mo., a very successful ovariotomist, has, by request, kindly furnished us with a detailed account of the present mode of doing the operation of ovariotomy, in order that the reader may be able to contrast the performance of these times with that of its *first accomplishment* in the history of the medical world, by Ephraim McDowell, eighty years ago. The abdominal cavity was up to that time, unexplored; and as a very prominent and successful practitioner of Chicago, Illinois, crudely said: "McDowell cut away the abdominal barriers, and the surgeons walked in and reaped the harvest of his daring surgical adventure." So long as Dr. McDowell lived, it certainly was his earnest desire that the operation ovariotomy *should not be abused* by the medical profession; as the reader will

perceive in his (Dr. McDowell's) reply to criticisms published in vindication of the operation. Hence he urged surgeons to be guarded, and not abuse it in a reckless way; that, with judicious caution, ovariotomy would prove woman's benefactor, but abused, *her curse.*

Dr. McIntyre says:

I may remark that it gives me pleasure to speak of the present status of this operation as compared to the opposition which it met in its earlier days, as it is to-day one of the most successful and brilliant of any of the major operations, adding thousands of years to the life of woman; and smiles and happiness to households which would have been left gloomy and desolate by the loss of her who was its centre and its sunshine. For many years the opposition to this operation was most bitter and revengeful. Gentlemen occupying high positions in the profession stigmatized it in most unmeasured terms. Well do I remember the denunciations hurled upon its justifiableness by the elder Meigs, in a lecture before a class of the Jefferson Medical College of Philadelphia; and, student as I was at that time, I saw that his judgment was biassed, and I resolved then and there, that when the proper time arrived *I*

would do the operation. In a review of Mr. Clay's work in the *British and Foreign Medical Review*, of 1843, vol. xvi. p. 402, this passage is found: "To our thinking, the facts need no comment. We earnestly hope that they will prevent the younger members of the profession from being dazzled by the alleged success of this operation." A fundamental principle of medical morality which we conceive is outraged whenever an operation, so fearful in its nature, often so immediately fatal in its results as gastrotomy, is performed for the removal of a disease, of the very existence of which the surgeon is not always sure; of the curability of which, by his interference, he must be in the highest degree uncertain.

At a meeting of the Royal Medico-Chirurgical Society (England), November 12, 1850, no less a man than Lawrence said: "I have no experience of ovariotomy. I have not performed it, and unless my view of the matter should be essentially altered, I never shall." And he further asked the question, "Can this operation be encouraged, and continued without danger to the character of the profession?" In one of my conversations with Keith (then of Edinburgh), in 1879, while complimenting

him on the brilliant results of his work, and the esteem and admiration in which he was held by the profession in America, he replied: "It was not always so pleasant. Not long after I began to do ovariotomies, one of the heads of the profession here—one of the best and most honest of men—indeed, he was my old teacher, and one to whom I looked up to as my professional father—said to me: 'Fellows like you should simply be handed over to Mr. Lothian.' Now Mr. Lothian was the public prosecutor, and you can easily see what that meant."

In contradistinction to the above, a few years later, Sir James Paget stated: "This operation is one of the greatest achievements of surgery in this century, and the gain is not limited to ovariotomy alone; the success of this operation has led to an extension of the whole domain of peritoneal surgery. Surgeons act more boldly than before in operations involving the peritoneum, and the influence for good is not limited by the increased success of ovariotomy, but extends through many departments of operative surgery, and will always continue to be felt in the whole practice of surgery."

Peaslee, in the beginning of 1873, asserts that it may be shown that in the United States

and Great Britain alone, ovariotomy has, within the last twenty years, directly contributed more than thirty thousand years of active life to woman ; all of which would have been lost had ovariotomy never been performed. His calculations by which he arrives at these results are quite elaborate, and are no doubt correct. It will be observed that his statement was made fifteen years ago, and it applied only to Great Britain and the United States. Since that time this operation has extended all over the civilized world: and it would be a difficult matter to compute the many thousands of years vouchsafed to woman by this operation. In one of the earlier editions of *Diseases of Women*, Dr West thus writes· "I think, then, that we are now bound to admit 'ovariotomy' as one of the legitimate operations in surgery ; as holding out a prospect, and a daily brightening prospect of escape from a painful and inevitable death, which at last, indeed, becomes welcome, only because the road that leads to it conducts the patient through such utter misery."

Lord Selborne, one of the most distinguished of the British Chancellors, speaking at the opening of the Dorset House Branch of the Samaritan Hospital for Women in 1875, said,

"The work done by the hospital he regarded not only with satisfaction but with admiration, for it represented one of the most splendid triumphs of modern surgical art and modern philanthropy, one of the greatest achievements of medicine or of surgery in any age. Until a few years since, this kind of disorder had been regarded as necessarily and absolutely fatal, and as reducing the reasonable possibility of life in the woman afflicted by it to four years, though the duration of life generally fell far short of that. Instead of the four years of declining health and hopeless misery which those women would have had to anticipate, not only those four years, but twenty-five years, which, upon the average, had been wholly saved to them, were years of restored health, usefulness, and happiness to those who had been benefited by the operation. He thought the man of whom that could be said, and the art of which it could be said, deserved higher honors, higher reward, and higher praise than most things which it was permitted to any man or any art in this world to be able to do."

If there was ever a public benefactor, surely it was your illustrious grandsire, Ephraim McDowell, who, on that cold December morn-

ing, in the year 1809, on the person of Mrs. Crawford, who must have been necessarily fatigued by a journey of sixty miles on horseback, with the protuberant abdomen bruised by contact with the horn of the saddle, gave to the world and to mankind, by his courage and his skill, this brilliant and beneficent operation. It was the dawn of a new era in surgery, and its beneficence is not confined to ovariotomy alone. But for its successful inauguration, would Simon, of Heidelberg, in 1869, have ever dared to extirpate the kidney on a living subject? Would Billroth, of Vienna, have had the courage, with all his dash and brilliancy as an operator, to exsect the human stomach for cancer? Would laparotomy for the control of hemorrhage and the closing of wounds in the intestines occasioned by leaden missiles be a recognized and legitimate operation of the day? Would not those unfortunates suffering from uterine fibroids be abandoned to their fate? and would not our own Battey have hesitated ère he performed the operation which bears his name, had not the immortal McDowell preceded him in a hitherto unknown field?

But to proceed to the operation: and here allow me to remark, that courage and confi-

dence on the part of the patient are important elements of success. The most favorable view of her case, consistent with truth and veracity, should be presented to her, and every proper means taken to help her to expect recovery, instead of leaving her mind in doubt and uncertainty. Preparatory measures should be instituted to secure a healthy action of the liver, kidneys, and skin. To this end the bowels should be emptied of all accumulations by gentle cathartics, the renal organs increased in activity by the administration of proper diuretics, and the cutaneous organs stimulated by hot baths, followed by friction over the surface of the body. Sleep should be induced by the administration of the bromide of potassium or of chloral hydrate, and on the morning of the operation the intestines should be opened thoroughly by a large enema of hot water, in which one or two tablespoonfuls of salt have been dissolved. A bright, clear day is preferable, but when the operation has been fixed for a certain hour (I prefer to operate at 11 A.M.) it should not be postponed on account of bad weather. The best place for the operation is at the home of the patient, provided quiet and cleanliness and good ventilation can be obtained. Private

hospitals, where good attention is always at hand, is the next best place, and perhaps equally as good as the home of the patient. A large general hospital is the last place *I* would select in which to do an ovariotomy. The dress of the patient at the time of the operation should consist of woollen underwear, drawers and stockings, together with a muslin nightgown, and during the operation as little of the surface of the body as possible should be uncovered; the additional precaution being taken to wrap the lower extremities in a woollen blanket. The operating table should be five feet long, and twenty inches wide, and high enough to enable the operator to stand erect; it should be placed near a large window, and yet so that all may pass around it with ease. It should be covered with two or three comfortables, over which are spread a clean muslin sheet and a rubber or oil cloth. The personal preparation of the surgeon, his assistants and the attendants, is a matter of paramount importance; *perfect* cleanliness, which is next to godliness, should be rigidly insisted upon. On the day of the operation they should not be engaged in dressing wounds or in attending any infectious disease.

Their clothing should be scrupulously clean, their hands should be washed in carbolized water, and the finger-nails carefully cleaned. And here it is proper to remark, that on no account should an assistant, during the operation, be permitted to place his hand in the abdomen of the patient, except on invitation of the chief operator. Everything being in readiness the patient should be thoroughly anæsthetized, and while this can be accomplished by ether or chloroform, yet I am an enthusiastic advocate of bichloride of methylene, administered in a Junker's inhaler, not only in all my ovariotomies, but in many other grave operations. I was led to its use by seeing with what ease and safety anæsthesia was induced and maintained by it in the Free Samaritan Hospital, in London, and also in some of the private operations of Sir Spencer Wells, who, in 1877, said, "that after ten years' experience of its use, in more than one thousand cases, he believed it to be, without a single exception, applicable to every patient, perfectly certain to produce complete anæsthesia, relieving the surgeon from all alarm and even anxiety, and its use has never been followed by any dangerous symptoms which could be fairly attributed

to it." I have now used it in over two hundred operations of various kinds, and my experience tallies with the above in every particular, and I have yet to meet with a single untoward symptom arising from it. After the patient has been anæsthetized she should be placed on the operating table, with her feet toward the light, her wrapper drawn up under her arms, and the abdomen covered with a light rubber blanket, having an opening eight or ten inches in length, and of sufficient width to permit an easy exposure of the most prominent part of the abdomen. The surgeon takes position on the right side of the patient, and places his first assistant immediately opposite. The instruments should be within easy reach, and be placed in a shallow earthenware dish (that used by photographers is the best) containing a 1 : 40 carbolic acid solution, and be arranged as nearly as possible in the order in which they are likely to be required. The operation may be divided into three stages: 1. The exposure of the tumor. 2. Its removal. 3. Cleansing the peritoneal cavity, "toilet of the peritoneum," and closure of the ventral wound. To accomplish this the following instruments will be needed: one scal-

pel, one straight probe-pointed bistoury, one tenaculum, one Keyes's director, one pair dissecting forceps, one artery forceps, one dozen pairs bow-torsion forceps, one No. 10 steel sound, one Sir Spencer Wells's omentum clamp, two pairs vulsella, two pairs Nélaton's forceps, one Wells's needle-holder, one cautery clamp, one sponge-holder, twelve veterinary needles, straight and curved; besides at least twelve soft cup sponges, three spools of Japanese cable silk, Nos. 1, 2, and 3; silkworm gut; one broad flat potter's sponge; and it is also well to have a Paquelin's thermo-battery at hand for charring the pedicle.

The incision should be made exactly in the median line, midway between the symphysis pubis and the umbilicus; in doing this we may cut freely through the skin and adipose tissue immediately beneath it, which will expose the aponeurotic expansion of the abdominal muscles. Now, with the tenaculum, lift up a thin layer of this aponeurosis, and divide it on the Keyes's director. If we are not exactly in the median line, the edge of the rectus muscle will come into view; should this be the case, the *linea alba* may be found by passing the handle of the scalpel first to one side and then to the

other, when the edge of the muscle will be encountered. By very light strokes with the knife we divide the tissues until we come down upon the thin and loose cellulo-adipose tissue which lies just external to the peritoneum. Bleeding should be controlled by the application of a bow-torsion forceps to every point which requires it. After all hemorrhage has ceased, the peritoneum should be raised on the point of the tenaculum, and divided to such an extent as will admit of the introduction of the Keyes's director upon which it is to be divided the extent of the incision. The steel sound should now be introduced between the sac and the abdominal walls, and swept around slowly and gently, to detect the presence or absence of adhesion over the anterior portion of the tumor. If no adhesions are found, the large Wells's trocar, with the rubber hose attached, should now be plunged into the sac at the upper angle of the wound, and the fluid allowed to flow through the tubing into the vessel placed for its reception under the table. As the tumor decreases in size, the sac should be seized with the vulsellum or Nélaton's forceps, or both, and drawn forward on the canula, to prevent the fluid from entering the cavity of

the abdomen. This part of the operation may be much facilitated by judicious pressure upon the abdominal walls by the hands of one of the assistants. If the sac is unilocular it can be entirely emptied through a single puncture. If the sac is multilocular the trocar should be passed from the primary puncture of the main cyst into each presenting cyst successively, until all are emptied and the tumor be reduced to such size that it can be brought out through the incision. If the contents of the sac are so viscid or solid as not to be able to pass through the canula, a large opening must be made in the sac, and the hand introduced as a scoop to remove them. The cyst is then drawn through the opening and brought through the outside of the body, which exposes the pedicle. Of course, *all* adhesions must be carefully separated and all bleeding points ligated. On the subject of securing the pedicle, ovariotomists are not agreed. The most common methods are the clamp, the ligature, the cautery, and the écraseur. I prefer the ligature or the cautery. If the ligature is used, the pedicle should be transfixed by a large aneurism needle, and tied in two or three sections, with the Japanese cable silk; the tumor cut away three-quarters

of an inch from the ligature, and the stump dropped back into the abdomen.

In using the cautery, the method which I greatly prefer, the pedicle is tightly embraced in the cautery clamp, two small folded towels wrung out of cold water being placed under it, next the abdomen. The tumor is then burned off external to the clamp and the iron (Paquelin thermo-cautery, I use) at a dull red or black heat, is passed over the stump slowly and steadily for several minutes, until it is entirely charred—"mummified," if you please so to call it. The danger in using the cautery only consists in using an ill-constructed clamp, having the cautery iron at too high a heat, and the operator being in too great a hurry.

The most painstaking care should be exercised in the search for bleeding points, each and every one of which should be controlled by a ligature of fine silk. Blood, serum, or ovarian fluid should be carefully sponged out of the cavity until it is absolutely dry; and before closing the external wound, the ligatures should be cut short and the uterus and the stump of the pedicle be placed below the intestines in their normal position. In closing the external wound, various articles may be used, such as

silk, silver wire, iron wire, etc. But in my opinion silkworm-gut is the ideal suture. I am indebted to Dr. George Granville Bantock, of London, for the idea of its use. It is hard, round, smooth, and unirritating, and can be rendered perfectly aseptic by placing it in the solution the day before it is required for use. It is obtained by taking the cocoons, about the time they are ready to spin, and steeping them in dilute acetic acid, when they become a soft, pulpy mass; it is then "drawn" like silver wire. In all gynecological operations, nothing can exceed this suture for safety, the facility with which it can be introduced, or the ease and slight disturbance of the line of union in its removal.

The "toilet of the peritoneum" being complete, the flat potter's sponge should be introduced into the abdomen immediately under the ventral wound to absorb any blood which might trickle down from the punctures made by the needle. Two veterinary needles should be "threaded" on a strand of silkworm-gut; the needle taken in the grasp of Spencer Wells's holder, and should be introduced from within the wound, and should pass through the peritoneal, muscular, and cutaneous tissues; the

needle is now detached, and the end of the suture given into the hands of an assistant; the other needle is next introduced and passed in the same manner upon the opposite side of the wound, so that the suture will inclose all the parietal layers—these sutures should be placed less than an inch apart, and it is well to require every sponge and instrument which has been brought into the operating room to be accounted for before closing the wound. The flat sponge should now be removed and the sutures tied.

However, should it be evident or probable that oozing of blood or serum, or of both, will go on after closure of the external wound, and especially when there has been an escape of ovarian fluid into the peritoneal cavity, drainage will be demanded. This is best accomplished by the use of the glass tube of Dr. Keith, now of London. After introducing all the sutures, Douglas's pouch is finally cleaned out, and while with the left hand the intestines are kept out of the way, the fingers serving as a guide to the tube, it is passed down to the bottom of the pouch between two of the sutures, and in such a manner that the tube maintains a perpendicular position, after which the suture may be tied. A cup sponge wrung out of a

one to twenty carbolic acid solution should be placed over the external end of the tube and the dressing completed. The drainage-tube will seldom be needed longer than the fifth or sixth day, but in that time many ounces may be removed by the glass syringe over the nozzle of which is drawn a piece of rubber tubing. In the after-dressing several wide strips of adhesive plaster should be placed across the abdomen, over a piece of "protective" sufficiently large to cover every part of the wound.

Over this should be applied large flannel compresses three or four inches thick, and the whole should be encased by a broad flannel binder, extending from the pubes to the ensiform cartilage; after which the patient may be placed in bed, the operative procedure being completed.

CHAPTER XIV.

McDOWELL'S OPERATION OF OVARIOTOMY BY THE LONG INCISION DURING THE FIRST THIRTY-THREE YEARS OF ITS EMPLOYMENT, WITH COMMENTS.

By NATHAN BOZEMAN, M.D., New York City.

INTRODUCTION.[1]

IN my somewhat extended title I present at once to the reader a broad field of study and investigation upon seemingly an old subject, and the question will no doubt be as promptly asked, what there is new or profitable to be learned from previously reported and well stated facts pertaining to an operation so thoroughly well understood at the present time as that of ovariotomy? I might answer this question by asking another: Have all the facts connected with the origin and development of this truly useful and universally accepted operation ever been brought out in the order of their chronological importance and significance, as

[1] Read before the New York County Medical Association, May 19, 1890.

their merits have entitled them to be, and the claims of the "Father of the Operation" demanded?

But I do not content myself by simply answering a question of justice or sentiment, the genuineness of the latter having already been, as it will continue to be to the end of time, fully appreciated by mankind. This sentiment is, as yet, embalmed in the memories of his professional brethren for scarcely two generations, and the remains of Ephraim McDowell are but freshly deposited, as it were, in the tomb at Danville (the theatre of his surgical achievements)—a silent though significant reminder of the ending of a truly great and useful life, and the important incidents connected with it. Here in this beautiful little town of Kentucky, near the homes and resting-places of his contemporaries, Dudley, the greatest of lithotomists, and Clay, the most eminent among statesmen, a grateful profession, which he while living so much adorned, has erected a monument to the memory of McDowell, to perpetuate not only his honored name, and his noble, generous, and well-spent life, but the transcendent value and acknowledged influence of his labors in benefiting mankind. Let each succeeding generation

of physicians, therefore, acknowledge and treasure the inestimable advantages it has derived from these labors.

My contribution in regard to the acknowledged and appreciated benefits arising directly from the labors of McDowell, the "Father of Ovariotomy," is based upon an existing and long-felt necessity of a presentation in chronological order of all the facts pertaining not only to the histories of McDowell's own cases and operations, but to those of his immediate followers in this country and in Europe, during the formative stage, so to speak, of his procedure by the long incision (1809–1842). This mode of studying and bringing out in detail the salient points of his experience and that of his successors, as I propose to do in this contribution, has never before been followed, so far as I am aware, further than by statistical tables, in which circumstances, histories, and peculiarities of cases have been almost entirely ignored; and dates, figures, and death-rates (even these sometimes being vague, unintelligible and useless) made to take their places with the seeming intent in some instances to prove to the inexperienced physician the dangers and uncertainty of the procedure, rather than to encourage the

hesitating and faint-hearted, by making clearer by well-digested principles and facts, the way to success.

In the outset it is proper to point out the names of surgeons that have been made to precede that of McDowell in the tables of statistics referred to. They are Houston, L'Aumonier, Dzondi, and Galenzowski. All, excepting the latter, were connected with the old method of incision (incisionism, if I may be pardoned for using the term), in which procedure extirpation of the diseased ovary was not even thought of. For example, in the tables of Dr. Samuel J. Jeaffreson, and of Dr. Fleetwood Churchill (1844), L'Aumonier is made to take precedence of McDowell, as a successful ovariotomist, whereas he had simply succeeded by incision in emptying a pelvic abscess, presenting six or seven weeks after parturition. Again, in the table of the late Dr. W. L. Atlee,[1] in addition to the name of L'Aumonier, those of Houston, Dzondi, and Galenzowski, are all made to precede that of McDowell, each in the achievement of a success by ovariotomy, whereas neither Houston nor Dzondi had the

[1] A Table of all the Known Operations of Ovariotomy, from 1701 to 1851. Trans. of Am. Med. Asso., 1851.

slightest conception of extirpation of the ovary; the former having cured his case by the old method of incision and a tent, and the latter, whose case happened to be an encysted dropsy of the abdomen, in a boy twelve years old, effected his cure likewise by incision, tent, and forceps. As to the third case referred to—that of Galenzowski, of Wilna, West Russia, it was simply an unfinished ovariotomy, performed in accordance with the procedure of McDowell by the long incision, eighteen years (1827) after the first operation of the latter. The operator, finding it impossible to remove the tumor on account of the numerous and strong adhesions found to exist, emptied the cyst by breaking up its contents with his hands, and then effected an outlet for drainage through the closed abdominal wound, thus curing his patient, just as any follower of McDowell would do at the present time under similar circumstances, and would reasonably expect a like result.

Mr. Benjamin Phillips, of England, in his table of statistics (1844), places the name of McDowell at the head of the list of operators, acknowledging him as the first to perform ovariotomy. M. Chereau, of France (1844), not only does the same thing, but takes occasion to say that

he excludes the case of L'Aumonier (his own countryman) from the list of successful ovariotomies, in which it had previously been erroneously included by other writers, for the reason that the disease for which L'Aumonier performed his operation "was abscess of the ovary," and that if he excised the ovary, as had been claimed for him, he did it by chance or accident, and not from any preconceived plan of the necessity of such a procedure.

The late Prof. S. D. Gross also discovered the great injustice to the claims of McDowell, at home and abroad, in the statistical tables particularly referred to, and from neglect and carelessness of acknowledgment in other ways, and determined to bring out, as far as possible, all the facts relating to the cases and operations of McDowell, which he did in his "Report on Kentucky Surgery" (the State in which he resided at that time), presented at the annual meeting at Louisville of the State Medical Society, October, 1852.[1] This was really the first decisive defence of the claims of McDowell that had ever been made up to that date. Dr. Gross took strong grounds regarding the absurdity of the importance that previous writers had given

[1] Gross on Kentucky Surgery, 1852.

to the cases of L'Aumonier, Dzondi, and Galenzowski, and adduced the most cogent arguments to prove that the results in these three cases, especially, had not the slightest claims of recognition as successful ovariotomies. The result was that after the date of Dr. Gross's comprehensive and convincing contribution upon the subject, writers of all countries came to look upon the claims of McDowell in the same light, and recognized the just value of his labors in giving to the world ovariotomy, founded upon correct principles of success, whatever the method of performing it, whether by long incision or short incision.

Dr. Atlee, after the appearance of Dr. Gross's able defence, became thoroughly convinced of his error in references, and the wrong thereby done the claims of McDowell by having placed his name fifth, instead of first, in his table of statistics, and afterward proved the sincerity of his convictions of injustice upon this point by dedicating his able work[1] in these words: "To the memory of Ephraim McDowell, M.D., of Kentucky, the Founder of Ovariotomy in 1809; and to John L. Atlee, Sr., M.D., of Pennsylvania, my Brother, Preceptor, and Friend, who

[1] Ovarian Tumors, 1873.

since 1843 has Aided in Establishing this American Operation, I Dedicate this Volume, the Fruits of my Experience and Observation."

My object in the study of McDowell's operation of ovariotomy is to present the experience of every surgeon (in his own words as far as possible) in a chronological order, as the cases are found recorded, commencing with those in the United States; then taking up those in France, including here in my discussion of the subject a short sketch of the old method of incisionism; next those in Germany, and finally those in Great Britain; the four countries, only, in which any considerable attention was given the operation up to the time of its revival in England by Dr. Charles Clay, of Manchester, in 1842, and in the United States, by the late Dr. John L. Atlee, of Lancaster, Pennsylvania, in 1843.

But the plan here proposed of collecting the facts in the record of cases, as found published in the medical literature of the several countries named, is not alone sufficient to enable us always to seize upon the distinctive features of the procedure employed; and a more direct way of discriminating between the real principles of the operation of McDowell, and a modification of

them, is called for. The most important principles are extirpation of the ovary, his long incision, and the bringing out at the lower angle of the wound of the two ends of the ligature on the pedicle; though there is abundant evidence to prove, from the histories of his cases, that he also employed the medium and short incisions, when necessary, as well as direct ligatures to individual arteries in the pedicle, omentum, or other parts, and even cut off the ends of the latter close to the knots in some instances.

Now, to understand and appreciate the immense and important advance made by McDowell in the employment alone of his long incision into the upper division of the abdomen, reaching from the ribs to the pubes, whether outside of the recti muscles or in the linea alba, it will be necessary to glance at the old method of incisionism, without any regard to the removal of the ovary. Here, the incision was always made below a line stretching transversely across the abdomen at the umbilicus, for the reason that the disease was believed to be of a scirrhous character, the origin and seat of which were at or near the base of the tumor in the pelvis, or in one or both of the iliac fossæ.

With this view of the pathology of ovarian dropsy at the early period of which we are speaking, there existed a knowledge among the incisionists generally that the seat of the disease in whichsoever ovary could be recognized in its early stage; but at a more advanced stage of the disease, when the enlargement occupied both sides of the abdomen, the actual seat of its origin could not be accurately determined; hence the importance insisted upon by them of performing the operation early, before the enlarging tumor had reached the umbilicus. From this arose the custom of always making the opening below the umbilicus. The operator consequently was influenced by the point of greater prominence in the affected side, without regard to the direction of the line of his incision, whether across the fibres of muscles or the linea alba or the course of arteries. For example, Dr. Robert Houston, of Great Britain, found in his case the tumor to occupy the left side, extending up to the umbilicus, and he proceeded to make his incision over the most prominent point of it: first, one inch, then extending it to three, and finally to five inches, laying open, as he proceeded, the dropsical ovary. This he did in 1701, though the result

was not published until 1724, as will be seen later on, and I believe it to have been the first operation by incisionism ever performed.

Le Dran, in France, began and completed his observations and experience in connection with incisionism between the years 1736 and 1746. His first operation, as described, was in the case of a tumor in the left side, but a puncture had been made in the right side by the physician previously in charge, since, from the size of the tumor, he was unable to decide the seat of origin. Here Le Dran made his incision, from the puncture in the right side downward, four inches in length, and large enough to admit two fingers; but, not finding the tumor on this side, he was led, several months later, to make a transverse incision from the point named to the left side, about four fingers' breadth above the pubes, cutting across the muscles and arteries, to the extent of six to seven inches. He then introduced his hand for exploration. In his second case he made a medium incision in the linea alba, extending from the umbilicus to the pubes; his object being in this instance to guard against a prompt closure of the abdominal wound, and to favor the contraction of the cyst by inflamma-

tion and suppuration of its walls, induced by the use of a tent or drainage tube with injections, thus keeping all the while the outlet of the cyst near its bottom—the scirrhous seat of the disease.

Delaporte, a few years later, doubtless a follower of Le Dran, found a semi-solid tumor filling the entire abdomen, but was influenced by the greater prominence of the left side, to make his incision there. It was four inches in length, and the same opened up the tumor. The result was, so great was the flow of the contained gelatinous fluid, that no further attempt was made at exploration for several days, and even then to no effect, since we are told that the flow continued more or less free until the eleventh day, when the patient expired. It was from the autopsy in this case that he discovered the actual seat of the disease to be in the right ovary instead of in the left. From these observations, and much to his credit, he made the first suggestion or proposal "to remove the focus of the disease—namely, the tumor formed by the ovary."

When Delaporte suggested the possibility of removing "the focus of the disease" in the ovary, he was no doubt overawed by the enor-

mous size of the multilocular cyst he had just encountered, and fully impressed with the utter impossibility of any one determining beforehand the particular ovary involved in such a case. He, therefore, made the proposal credited to him, under the conviction that if it were ever executed, it would have to be done when the disease was in its early stage. All incisionists insisted upon this early attention to the state of the tumor; and even Morand, in commenting upon the cases of Le Dran and Delaporte, emphasized the importance of this precaution, even stating that if the latter had acted upon this principle and operated earlier, the result in his case might have been different.

Incisionism, including tent and drainage-tube with injections, for the cure of dropsical ovaries would seem to have reached the limit of popularity with Delaporte's case, and his suggestion of the preferableness of removing the organ itself, "the focus of the disease," which was about or just after the middle of the century (1753). Nevertheless, the practice continued to receive more or less attention. Theden, of France, soon after Delaporte's proposal, projected the plan of an operation combining with incisionism the latter's suggestion

of the removal of the ovary. This he proposed to do by a short incision in the inguinal region, based upon the idea that the diseased ovary here was outside the peritoneum. After exposing the ovary, and giving vent to the contained fluid, he would finish by drawing out the sac and putting a ligature upon its point of attachment, leaving both ends of the latter hanging out of the wound. If the organ were found hardened he would bring it out with his fingers, putting the ligature on to cause its destruction. According to circumstances he would tighten the ligature, but to prevent accident he would amputate the ovary. This scheme, such as it was, of associating the old method of incisionism in the lower division of the abdomen with the removal of the ovary in the way just pointed out, was at the time extolled by Morand, and discussed and commented upon with great enthusiasm by Power and Darwin, of England.

From these notices and recommendations of the proposal there is reason to believe that Dr. Wm. Hunter, as we shall see in the English history of the subject, was led, in 1757 (familiar with incisionism), to make his very pertinent remarks upon the pathology of dropsical cyst

of the ovary and the suggestion of a method by which the tumor, composed of one or two small cysts, could be exposed by a small incision, admitting "two fingers or so," punctured, drawn out, and excised. There is no evidence, however, to show that either the recommendations of Theden or his own were ever put into practice in France or England.

L'Aumonier's operation, performed in 1782, as will be pointed out at length in the French history of the subject, was unquestionably an extension of the old method of incisionism, and the claim of removal of the ovary is here made very much as described by Theden, except that no mention is made of a ligature; though the facts do not warrant such a claim to success, the case having been one of simple pelvic abscess relieved by puncture.

M. d'Ischier in his inaugural thesis (*Theses de Montpellier*, 1807) endeavored to maintain L'Aumonier's claim of successful removal of the ovary in the operation referred to, though, according to the high authority of Prof. Velpeau, he failed to do so.

Thus, from all that has been said of incisionism, extending for a period of 108 years up to the time of McDowell's operation, 1809—it is

clear that the general rule of the incisionists was to make the opening into the abdomen below the umbilicus, with the idea of curing the dropsical cyst by causing inflammation and suppuration of the walls of the same by injections and drainage. The safety of making incisions in several directions into the lower division of the abdomen was certainly proved by Houston and Le Dran ; while of the proposal made by Delaporte of removal of the ovary, there seems to be no doubt, with also a fair show of probability, that Theden, in the plan projected by him of an operation for removal of a dropsical ovary, understood the necessity of employing a ligature on the pedicle to prevent hemorrhage.

Whether Dr. McDowell knew anything about this previous work of incisionism as applied to the lower division of the abdomen, or of Hunter's proposal of removal of the ovary by a short incision, or of the employment of a ligature on the pedicle, no one can positively say. It is well known, however, that he was a student of medicine in the University of Edinburgh, and a pupil while there of the celebrated Mr. John Bell (1793–94), who was thoroughly well informed in everything that related to sur-

gery. The natural inference, therefore, is that the pupil, known to have been a close and diligent student, became interested in the question of incisionism and the proposed extirpation of the ovary, as taught at that period, and gave the subject more than ordinary attention. Be this as it may, certain it is that the brilliant and instructive lectures by Mr. Bell, listened to by McDowell, gave no encouragement to a hopeful outlook as to any future development of the operation in question, since not a single example of extirpation of a diseased ovary had taken place in any country up to that date, or did occur up to the time of McDowell's conception and first performance of such an operation in December, 1809.

When, therefore, McDowell made his long incision, extending into the upper division of the abdomen, from the margin of the ribs or ensiform cartilage to the pubes, he did what no other operator had ever done or thought of before, and by so doing was the first to "remove the focus of the disease; namely, the tumor formed by the ovary," as casually suggested by Delaporte fifty-six years previously; thus instituting a new departure, original and complete. By the same step and at the same

time was associated with this long incision (but little, if any, less important) the fullest exploration possible for the discovery of "the focus of the disease—the tumor formed by the ovary," as well as the complications present, of whatsoever gravity or extent, whether above or below the umbilicus.

McDowell's boldness and his advance upon incisionism are to be found mainly in these three steps: namely, the long incision reaching into the upper division of the abdomen, the widest exploration possible of the peritoneal cavity, and the successful extirpation of a dropsical ovary. The fact of his having only emphasized the long incision in his first trial of it, does not prove by any means that he was ignorant of the advantages of the short and medium incisions in the lower division of the abdomen, since he proved the contrary in his published cases; that he employed both of these forms of incision, first for the introduction of the finger into the abdomen, and second of the hand, alike for explorative and operative purposes.

It is proper to mention in this connection the error of a few of McDowell's immediate followers, who, supposing that he was not familiar especially with the use of the short incision,

thought (no doubt honestly) that they had made an improvement in practising it; some of them even claiming originality in the employment of this form of incision, restricted to the limits of one to four inches. Among these surgeons were Dr. Nathan Smith, in the United States, and Messrs. Jeaffreson, King, West, Phillips, and several others in England. The results of their operations by this short incision proved, as is well known, unfortunate both for their claims of improved success and for science, since the dangers incident to the trial of the procedure could only be determined by a considerable number of cases, and this consumed four or five years. Thus was the general acceptance of McDowell's procedure by his long incision delayed, and the development of its real merits prevented, much longer than would otherwise have been the case.

The question of the defectiveness of the short incision was no doubt fully settled in the mind of McDowell before he ever decided upon making his long incision, as proved by the extraordinary boldness with which he carried the plan of the latter out in his first case, and the persistent employment of it afterward in one or two of his cases, where the medium incision would have answered just as well.

It was, therefore, the utter failure of the short incision, as employed by the surgeons named, to furnish the requisite scope and facilities for exposure of the tumor and for manipulation in the abdomen, except in simple and uncomplicated cases, that the wider range of application of McDowell's long incision came finally to be seen and appreciated. With this revulsion of feeling on so important a point there was a cessation in the employment of the short incision just after the disastrous result that followed Mr. Benjamin Phillips's operation (1840), from hemorrhage caused, no doubt, by the dragging of the collapsed cyst walls through an abdominal opening too small, and the laceration of the broad ligament or some other unduly-exposed structure. It was due to such consequences and the utter inability of the advocates of the procedure to answer such a potent objection as this and others that might be adduced, that the attention of the profession was directed anew to the superior advantages of the McDowell procedure by the long incision. This renewed investigation led to the revival of his operation, and in this movement, as previously mentioned, Dr. Charles Clay, of England, was foremost.

The distinctive advantages of McDowell's

long incision as compared with the short incision, therefore, may again be repeated as follows: The laying open of the entire abdomen; the exposure of the tumor in whatsoever stage of its growth; the searching for and overcoming of adhesions; and the guarding against injury to the surrounding organs. The association of these principles, as shown in the reports of McDowell's first five cases (1809–1819) gave him three successes out of four completed operations. One operation was unfinished on account of the existence of a sessile fibrous growth of the uterus; and in this case the patient recovered. This is a degree of advancement in diagnosis and the achievement of practical results from the procedure by McDowell himself that can be but little, if at all, surpassed by the majority of operators at the present day.

As to what has now been said in condemnation of the short incision for the extirpation of dropsical ovaries of the semi-solid character, and even of the simpler forms complicated with extensive adhesions, I may be permitted here to add that the same general principles underlying the employment of the long incision apply with almost equal force to the importance of discriminating between the range of adaptation of the

short and the medium incisions, restricted, as in the days of old incisionism, to the lower division of the abdomen. This view of the subject, with regard to pathology and diagnosis, I believe to be strictly correct, not only for the removal of simple or multiple cysts of palpable size, but (as in laparotomy of to-day) for operations for "deep-seated pelvic pains," for "pus tubes," or for "fixed" or "cystic ovaries" of impalpable size, having whatsoever "focus of disease" or complications, and sometimes requiring, as alleged, one or more repetitions.

A typical example of the superior advantages of the long incision of McDowell, as illustrated in the case[1] of a large semi-solid tumor (multilocular) which I operated upon in Coosa County, Alabama, a little over a quarter of a century ago (January 14, 1865), I will introduce here in further contrast of what has already been brought out in regard to the short incision.

This patient had previously been tapped seven times, and the aggregate of fluid drawn off was computed at thirty-five gallons. The tumor occupied the entire abdomen and part of the pelvis, with considerable protuberance to the left and just below the umbilicus, and the

[1] N. Y. Med. Record, Sept. 1, 1866.

subcutaneous veins over the abdomen were very much enlarged. The operation was commenced in the entire extent of the linea alba below the umbilicus (medium incision), but this being found too small for exposing and dealing with the strong and extensive adhesions found to exist upon both sides of the incision, it was extended to the ensiform cartilage, making the whole length fourteen inches. This brought to view the same character of adhesions above the umbilicus as below it. After proceeding for a short distance in the breaking up of the adhesions on either side of the incision, with the fingers and handle of the scalpel, the tumor was opened at the prominent point indicated (to the left of the umbilicus) and about three gallons of gelatinous fluid removed. With this the breaking up of adhesions was continued on both sides to the entire extent of the abdominal mass, there being several points behind to which the small intestines were found to adhere, requiring careful dissections for their separation. This being completed, the large abdominal mass was lifted up and supported while the pelvic part of it, thus disengaged now in its entire extent, was dislodged from Douglass's pouch. The pedicle was next secured with a double

silver ligature, cut off close to the knots, and the tumor then cut away. After freeing the abdomen of all fluids (there being but little hemorrhage), the wound was closed in the usual way. The tumor, with the three gallons of fluid removed in the operation, weighed forty-five pounds, the weight of the patient being about ninety. The patient made a slow but complete recovery.

This was my understanding of the superior advantages of the long incision of McDowell over the short and medium incisions. As to the result, the case speaks for itself. There is no surgeon, I venture to say, having a correct knowledge and appreciation of the principle of the long incision as here employed, who can claim that such a tumor, two-thirds solid, and complicated with such adhesions, could have been removed successfully by either the short or medium incision. Such is the class of cases in which a wider range is claimed for this long incision than is possible for any other, or combination of incisions.

In my somewhat large experience since, in the employment of abdominal sections for the removal of both fibrous and ovarian tumors, in a large proportion of the cases (amounting to

one-third, at least) I have found the same necessity for the long incision of McDowell as above described; even in a second case[1] I may mention, the necessity arose in the extirpation of a large cyst of the pancreas—hitherto and up to the present time, so far as I am aware, the only case on record of a successful removal.

It is these observations and the results I have obtained from the employment of the long incision of McDowell, that form my excuse for the presentation of the subject in these pages and the statement of my conviction of the obligations of the profession to McDowell for having given to the world a perfected operation, as far-reaching in its grand results to-day as when he first performed it.

Having now carefully examined McDowell's operation of ovariotomy by his long incision, made in both the lower and upper divisions of the abdomen; shown its relation to the old method of incisionism, restricted alone to the lower division of the abdomen, and practised without the slightest knowledge of the possibility of removing the dropsical ovary itself; contrasted its principles with those of the short

[1] N. Y. Med. Record, Jan. 14, 1882, p. 46. Ibid., by Dr. H. J. Garrigues, p. 286; also Diagnosis of Ovarian Cysts, Garrigues, 1882, p. 86.

incision; pointed out its languishing existence and slender hold upon the confidence of the profession for so many years; its final revival in England and the United States; and cited two typical cases illustrating its absolute and superior advantages over all other incisions of whatsoever character or combination, it remains to explain how the operation has been studied and its principles brought out in this and the several countries of Europe previously named.

Commencing with the immediate followers of McDowell in the United States, the details of whose cases will appear in regular order, only one of them (Dr. Nathan Smith) employed the short incision, and one (Dr. Alban G. Smith) employed the medium incision; the others (including Drs. Mussey, Rogers, Warren and Bellinger) employed the long incision, and the operations were completed in all except in the case of Dr. Mussey, and in two of Dr. Nathan Smith's, in which they were unable to remove the tumors.

In France there is no case on record, so far as I have been able to discover, in which the operation of McDowell was employed during the period of its history under consideration. There is much of importance, however, con-

nected with the old method of incisionism, employed for the cure of dropsical ovaries, and in the general relation of this procedure to McDowell's operation by the long incision. These are interesting points which I have brought out, as will appear when we come to consider them.

To Germany we are to look for the first recognition and employment of McDowell's procedure—a fact which has not hitherto, as far as I am aware, been brought to the notice of the profession, as shown by the various publications I have examined. Upon this point I am able to speak with much confidence, since the details of the operations performed are given with so much precision by the surgeon (Dr. Chrysmar) in the reports of his three cases, though the name of McDowell is not mentioned in a single instance in connection with these operations. The histories of them have come down to us through the reports of Dr. Hopfer, of Biberbach, to whom these operations have been erroneously credited in various statistical tables ; but the facts show that he makes no pretensions to a claim of any operation that he ever performed, but only to have witnessed some of the operations of Dr. Chrysmar, and to have

sent one of the three cases to him specially for operation.

Dr. Chrysmar's home at the time of his operations, was in Isny, in the Kingdom of Wurtemberg, and he is reported by Dr. Hopfer as enjoying at that period a wide reputation, extending into the adjacent countries of Austria and Bavaria. His first operation was performed on May 16, 1819, just two years after the appearance of Dr. McDowell's first three cases in the *Philadelphia Eclectic Reportory*, and four months before he sent his second paper (September, 1819) to Dr. James, in Philadelphia, for publication in the same periodical. Dr. Chrysmar's second operation was performed in 1820, and his third in August, 1820. His first two operations are probably the ones referred to by Mr. John Lizars, of Edinburgh, in his introduction to McDowell's first three cases, published by the former in the *Edinburgh Medical and Surgical Journal* for October, 1824. Here he says that extirpation of the ovary had previously been performed in France and Germany, leaving the reader to infer that the operation was performed in these countries prior to the date of McDowell's first operation in 1809, he then having had the report of McDowell's

first three cases in his possession for seven years.

All of the other operations performed in Germany after this are more or less distinctive of McDowell's procedure, especially as regards his long incision. Dr. Dolhoff, of Magdeburg, Prussia, reports a false diagnosis in his third case. From the history given of the case there is no doubt in my mind that the mistake in diagnosis (consequently the unjustifiable operation that was performed) resulted from the existence of chronic cystitis, and probably of pyelitis brought about by repeated attacks of hysterical retention of urine. The special groups of symptoms usually attendant upon these affections are set forth more or less in detail in the history given.

In Great Britain our attention is naturally directed first to the important operation of Dr. Robert Houston, by the old method of incisionism—the first case, as far as we can determine from our investigation of the subject, as has been previously stated. Mrs. Margaret Millar, who resided near Glasgow, Scotland, aged fifty-eight, was the subject of this treatment, and Dr. Houston's operation was performed August, 1701, as found published in the *London Philo-*

sophical Transactions, in 1724, twelve years before the date of Le Dran's first operation by the same procedure in France (1736).

In this connection we note the published views of Dr. William Hunter, entitled *Medical Observations and Inquiries*, London, 1762, which will appear in their proper place, as previously indicated; as well as certain statements of Prof. James Blundell, in his "Researches, Physiological and Pathological," tending to prove the safety of the operation of extirpation of the ovary, and the justifiability in surgeons performing it.

The explanation of the extraordinary course pursued by Mr. John Lizars toward Dr. McDowell in withholding his cases from publication for seven years, as given in connection with the report of his own first case, operated upon by the long incision of McDowell (October 24, 1823), will be learned from extracts presented, while comments will be given upon the details of this and his other three cases, in all of which McDowell's procedure was employed.

In this connection also will appear the unjust criticisms of Dr. James Johnson, the learned editor of the *Medico-Chirurgical Review*, upon the operation of McDowell, together with his

retractions of the same after discovering his error.

The several other operations performed in Great Britain after those of Mr. Lizars may be said to be principally the short incision operations of William Jeaffreson, Esq., of Framlingham, England, and his imitators, as already referred to, of which cases abstracts, more or less in detail, will be found in the regular order of presentation.

Having concluded our general survey of the subject before us, we are now better prepared to appreciate the historical facts to be brought out more in detail and commented upon.

The plan, as foreshadowed, will be to divide the subject into four sections, corresponding to the countries referred to, commencing with the United States. Naturally this brings us first to the presentation of McDowell's eight cases, five of which are copied in full, with abstracts of criticisms upon his operation and quotations from the same, together with answers and comments thereupon by himself. Of the remaining three cases the facts presented are based upon the highest authority.

SECTION I.

UNITED STATES.

Three Cases of Extirpation of Diseased Ovaria,[1]

By EPHRAIM McDOWELL, M.D., of Danville, Kentucky.

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

[1] The Eclectic Repertory, 1817, vol. vii., p. 242.

incision about three inches from the musculus rectus abdominis, on the left side, continuing the same nine inches in length, parallel with the fibres 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 pounds and one-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 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.

Since the above case I was called to a negro woman, who had a hard and very painful tumor in the abdomen (1813). I gave her mercury for three or four months with some abatement of pain, but she was still unable to perform her usual duties. As the tumor was fixed and immovable,

I did not advise an operation; though, from the earnest solicitation of her master, and her own distressful condition, I agreed to the experiment. I had her placed upon a table, laid her side open as in the above case, put my hand in, found the ovarium very much enlarged, painful to the touch, and firmly adhering to the vesica urinaria and fundus uteri. To extract I thought would be instantly fatal; but, by way of experiment, I plunged the scalpel into the diseased part. Such gelatinous substance as in the above case, with a profusion of blood, rushed to the external opening, and I conveyed it off by placing my hand under the tumor and suffering the discharge to take place over it. Notwithstanding my great care, a quart or more of blood escaped into the abdomen. After the hemorrhage ceased I took out as cleanly as possible the blood in which the bowels were completely enveloped. Though I considered the case as nearly hopeless, I advised the same dressings and the same regimen as in the above case. She has entirely recovered from all pain and pursues her ordinary occupation.

In May, 1816, a negro woman was brought to me from a distance. I found the ovarium much enlarged, and as it could be easily moved from side to side, I advised the extraction of it. As it adhered to the left side I changed my plan of opening to the linea alba. I began the incision, in company with my partner and colleague, Dr. William Coffer, an inch below the umbilicus, and extended it to within an inch of the os pubis. I then put a ligature around the Fallopian tube and endeavored to turn out the tumor, but could not. I then cut to the right of the umbilicus, and above it two inches, turned out a scirrhous ovarium (weighing six pounds), and cut it off close to the ligature put around the Fallopian tube. I then closed the external opening, as in the former cases, and she complaining of cold and chilliness, I put her to bed prior to dressing her; then gave her a wineglassful of cherry bounce and thirty drops of laudanum, which soon restoring her

warmth, she was dressed as usual. She was well in two weeks, though the ligature could not be released for five weeks, at the end of which time the cord was taken away, and she now, without complaint, officiates in the laborious occupation of cook to a large family.

As to the estimate of the reports of the above cases of Dr. McDowell, and the value attached to the results of his three operations soon after their publication, I deem it of interest to mention the opinions of two physicians, as found expressed in the *Eclectic Repertory* (1818): one, as a critic of the operations of Dr. McDowell, Dr. Ezra Michener, of Philadelphia; and the other, Dr. Thomas Henderson, of Georgetown, D. C., as a defender of them.

Dr. Michener, under the title of a "Case of a Diseased Ovarium,"[1] said the diagnosis was not clear. He thought, however, the case was one of "ovarium disease, but whether scirrhous or hydropic, could not so satisfactorily determine." Dr. James was called in consultation, and fully corroborated his opinion. The patient, Rosanna Albert, after two prescriptions of diuretics for the accompanying dropsical effusion, absolutely refused to take the medicines prescribed, and soon after died. At the autopsy, in addition to an enlarged and scirrhous state

[1] Op. cit., 1818, vol. viii., p. 242.

of the pancreas, there were "found the uterus and tumor so intimately united as to render it impossible to distinguish or separate them"; the latter, when removed, weighing eight pounds and ten ounces. The fault Dr. Michener found with Dr. McDowell was that he told what dropsy of the ovary was in his first case, but did not make himself intelligible regarding "diseased ovaria" of a "scirrhous or hydropic" character. He adds:

"It is a wish to give you a counterpart for 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 humbly 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."

And, after criticising Dr. McDowell's operations, and his descriptions of them, he concludes as follows:

"The utter impossibility of our ever being able to ascertain with certainty the real nature of those internal diseases, the delusive nature of all their indications, and the neces-

sary danger of an operation under the most favorable circumstances, will be likely to prove an insurmountable barrier to the use of the knife in their removal, as few persons will be likely to venture their reputation on such uncertain data."

Dr. Henderson, in a paper entitled "On Ovarian Disease and Abdominal Steatoma,"[1] read before the Medical Society of the District of Columbia, July, 1818, takes just the opposite view to that of Dr. Michener of Dr. McDowell's three reported cases. He refers to these cases and the operations performed by McDowell, in a pleasing and dignified manner, in connection with the unsuccessful treatment of his own case of steatoma, and the result of the autopsy that followed. His patient, aged eighteen, was a negress, who came under his observation in October, 1816, the case then "evidently tending to a fatal termination." Dr. Cook, in a consultation, corroborated Dr. Henderson's opinion—to wit, that the tumor occupied a somewhat central position in the abdomen, was neither connected with the uterus nor the bladder, and that it ought to be tapped. This operation was performed, but no fluid was found, and death followed three weeks after. At the autopsy it was found that—

[1] Op. cit., 1818, vol. viii., p. 545.

"The tumor adhered closely on each side of the edges of the abdominal (recti) muscles, through which it seemed to have protruded, separating and throwing them to each side, and the investing membrane adhered below to the os pubis. . . . . The tumor was a steatoma; the suety matter was contained in cysts of different dimensions, from the size of a grape to that of a hen's egg. The color of the steatoma was various, as the size of the cysts in which it was contained; being in some parts of the tumor of the color of coagulated blood, and again white, with all the intermediate shades."

The tumor held no relations whatever with either ovary, and weighed about nine pounds.

"The right ovarium, however, was as large as the gall-bladder of an adult, containing thin purulent matter, and almost full of black hair; a part of the hair growing from the internal surface of the organ, the rest loosely lying in the purulent matter. The Fallopian tubes in a natural state."

Dr. Henderson, after completing his remarks upon the peculiarities and the result of his case (the immediate cause of death being, no doubt, septicæmia following suppuration and rupture of the small dermoid cyst revealed by the autopsy), proceeds to comment upon Dr. McDowell's three cases in the following manner:

"While I unite with Dr. Michener in expressing my deep regret that a more particular detail has not been presented of these remarkable cases, yet, in one point of view, they are completely satisfactory in proving that an operation may be successful in cases which have, I fear, too fre-

quently been allowed to proceed undisturbed to a fatal termination. . . . Let the surgeon reflect on the progress that has been made within the last century in distinguishing the seats and characters of internal diseases; let him contemplate, too, the astonishing powers which the constitution manifests in restoration from injuries; let him exercise the same decision in the use of the knife which Dr. McDowell displayed, and that research in all fatal cases which Dr. Michener manifested in inquiring into the cause and seat of diseases; and the latter gentleman will probably live to see the time when he will with pleasure acknowledge the inapplicability of the views held out in the last paragraph (of his paper) to the power of the surgeon's discernment and the effect of his knife."

I next present the history of two additional cases of ovariotomy by Dr. McDowell, which, with the three previously given, constitute the only five cases published in detail. This report is communicated to Dr. James, of Philadelphia, in the form of a letter, with answers to certain criticisms of Dr. Michener as set forth in the remarks of Dr. Henderson upon his cases, Dr. McDowell not having previously seen these criticisms. In the fact that Dr. Michener had made such criticisms is no doubt to be found the explanation why Dr. McDowell sent this paper directly to Dr. James, who had seen Dr. Michener's case in consultation, and was then a leading practitioner and teacher in Philadelphia.

"*Observations on Diseased Ovaria.*[1]

"By EPHRAIM McDOWELL, M.D.

SEPTEMBER, 1819.

"DEAR SIR: I am induced to make this statement, principally in consequence of the observations of Dr. Henderson, which appeared in a number of the *Repertory*, published twelve or fifteen months since, 'On Ovarian Disease and Abdominal Steatoma.'

"Since my former communication I have twice performed the operation of excision, which cases are subjoined."

There are three points criticized by Dr. Michener: First, with regard to the length of the incision made by McDowell in his first case. To this Dr. McDowell replies:

"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."

Second, regarding the contused injury on the left side of the abdomen, attributed to the horn of the side-saddle, and mentioned by Dr. Michener as being within the field of operation, to which Dr. McDowell replies:

"Now, with all due deference to the Doctor's knowledge in surgery, and the structure of *side saddles*, I think it would not be difficult to conceive that a tumor weighing

[1] Op. cit., 1819, vol. ix., p. 546.

upward of twenty pounds would fill the whole abdomen, and, although attached to the left ovarium, the weight and bulk must have been almost, if not quite, as great on the right side as on the left. I would observe that my patient was a woman of small stature; her abdomen had become so pendulous as to reach almost to her knees; the size of the tumor was ascertained from actual weight. Had the left side of the abdomen been contused, I would either have delayed the operation until the contusion was removed or operated on some other part. I never have been of opinion that bruised flesh would heal so readily as sound, which matter I esteem of essential importance to success in this operation."

Third, as to the patient's getting up on the fifth day and making her bed, to which Dr. McDowell answered:

"The Doctor's scepticism 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."

Dr. McDowell answers, in a general way, other criticisms, both of Drs. Michener and Henderson, by reference to the qualifications of a surgeon, and his fitness for the important work usually expected of him. He displays in these remarks the keenest sense of honor and the highest appreciation of his own responsibility in giving to the profession the results of his experience in connection with the operations in question. He says:

"Dr. Henderson thinks I was entirely too inconsiderate in my detail of the cases of diseased ovaria; 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 good 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. Such have been the bane of the science; intruding themselves into the ranks of the profession, with no other qualification but boldness in undertaking, ignorance of their responsibility, and indifference to the lives of their patients; proceeding according to the special dictates of some author, as mechanical as themselves, they cut and tear with fearless indifference, utterly incapable of exercising any judgment of their own in cases of emergency, and sometimes without possessing even the slightest knowledge of the anatomy of the parts concerned.

"The preposterous and impious attempts of such pretenders can seldom fail to prove destructive to the patient and disgraceful to the science. It is by such this noble science has been degraded, in the minds of many, to the rank of an art."

"Case I. (IV.)—In April, 1817, I operated on a negro woman from Garard County, extracting a scirrhous ovarium weighing five pounds. The incision was made near the linea alba. As in the cases formerly related, I tied a cord firmly round the ligament, attaching it to the uterus, and cut away the ovarium; but, owing to the shortness and sponginess of the part, the cord slipped off before I laid the ovarium out of my hands, and a profuse discharge of blood took place. I immediately drew the uterus to the external incision and commenced tying up the bleeding

mouths separately. This also, in consequence of the diseased state of the parts, proved only of partial efficacy, as several of the ligatures cut through on tying them. I now thought it all over with my poor patient; but, arming a needle with a strong ligature, I passed it round the ligament, securing it in its place by taking several stitches over its surface as I passed it round, and firmly tied it. By turning her nearly on her stomach, I was able to get most of the blood out of the abdomen, using my hand to extract the coagulated portion. The incision was then closed by the interrupted suture and strips of adhesive plaster. She recovered happily, but I am told her health is not good; the account I had of her was awkwardly given; from what I could learn her complaint is hysterical. This, though the smallest ovarium I have ever extracted, was much more troublesome to the patient than in any previous case. Beside experiencing severe lancinating pains in the parts, she was seldom able to discharge her urine without getting almost on her head, in consequence of the tumor falling down into the pelvis and compressing the urethra."

"CASE II (V).—A negro woman from Lincoln County was brought to me in April, 1818, supposed, by the different physicians who had attended her, to be affected with ascites; she had been under their care about eighteen months. On examining her I could very plainly discover the fluctuation of fluid in the abdomen, and for some months administered medicine for ascites, without effect; despairing of the power of medicines, I at length tapped her, and discharged thirteen quarts of gelatinous fluid, such as I had before met with in dropsical ovaria, of so thick a consistence that I found it extremely difficult and tedious to discharge it. In two months after I found it necessary to tap again; during the process of discharging it a second time the opening was frequently stopped by viscid portions of the jelly, which were broken by introducing a probe; when the abdomen was pretty well evacuated I discovered,

with the probe, a firm substance, which, on minute examination, I found to be of considerable size. I at once supposed the existence of dropsical ovarium, in which I was confirmed on finding the uterus empty by examination *per vaginam*. Some months after she was again tapped, at which time I made the opening large enough to admit my finger, by which means I was able to ascertain the nature of the disease beyond a doubt. I informed her master what was certainly her situation, and that nothing but excision could effect a cure. My advice was not immediately followed, nor until after she was tapped a fourth time, a week or two after which she was brought to Danville to undergo the operation, which was performed May 11, 1819. The diseased ovarium being on the left side and evidently dropsical, the incision was, of course, made on the left side. On exposing the tumor it was found to adhere to the parietes of the abdomen and to the intestines by slender cords, which were easily separated with the hand and which caused a slight effusion of blood. To the uterus two strong ligaments adhered; one, the natural ligament, attaching the ovarium to the uterus; the other, an artificial one, attached to the fundus uteri, which appeared to be composed of the above-mentioned slender cords compacted together. I then tied fine cords of silk firmly round each of these ligaments, discharged the contents of the tumor, and cut it away.

"There were sixteen quarts of gelatinous fluid discharged from the tumor and abdomen. The dressings and precautions were the same as in other cases. The second day after the operation she was affected with violent pain in the abdomen, together with an obstinate vomiting. She was blooded as copiously as her strength would allow, but without producing any abatement of the pain or vomiting. On the third day she died. On examination after death the uterus, contrary to expectation, appeared natural and uninflamed, the right ovarium healthy, the silken cords were securely and properly fixed, and not in a situation

likely to injure the adjoining parts. Her death had proceeded from peritoneal inflammation. This membrane, throughout its whole extent, appeared greatly inflamed, and the intestines largely inflated.

"I was assisted in this operation by my nephew, Dr. William A. McDowell; Drs. Weizegar, Tomlinson, and Horr were present.

"On examining the substances we had removed, the contents of the sac presented a variety; different portions of the fluid were of different colors—semi-transparent, white, brown, and yellow. There was also contained in the sac a considerable quantity of hair, which grew from the inner surface. Enveloped in the inner substances of the sac we found a bone, resembling very much in shape the front tooth of a cow.

"From the circumstances of the hair and bone one or two of the physicians present were inclined to believe the disease originated from an extra-uterine conception, and that all of the fœtus had been absorbed, save the hair and single bone, which was found. This question I submit to the faculty. As for myself, I think it is as reasonable to suppose the hair and bone in this unnatural situation was the result of a morbid action. She had been delivered of a child two years before the operation; her health during that time was never good, but she had no reason to believe herself pregnant; and if it were the case, I doubt whether a whole fœtus could be so nearly absorbed in two years. There was likewise a round hole in the sac which, from the level appearance of its edges, appeared of long standing; the hole was about the size of a musket ball, and there is no doubt that the gelatinous fluid escaped through this aperture into the abdomen. This ovarium, when brought into view, was of a large size, which is the more remarkable when we consider the enormous quantity of fluid which had been drawn off at different times by the operation of paracentesis abdominis. During the evacuation a bandage was kept bound tightly around the abdomen, and consid-

erable pressure was made with the hands, in order to evacuate its whole contents. In an attempt to draw off the contents of such a tumor with a trocar it would be impossible to perforate all the vesicles,[1] and such only as were pierced would discharge their contents. While one portion of the vesicles of the ovaria would discharge themselves into the abdomen another portion would remain diseased in the original way, thus compounding in the system two of the most deplorable diseases to which it is liable.

"EPHRAIM MCDOWELL.

"DR. JAMES."

COMMENTS: Recognizing the two divisions of the abdomen (the lower and upper), formed by a line running across the axis of the body at the umbilicus, the reader will be better prepared to appreciate the distinctive features of the author's procedure in his first case, based upon his long incision; his exposure to the fullest extent possible of the peritoneal cavity; and his successful extirpation of the diseased ovary found to exist. This incision was made in both the lower and upper divisions of the abdomen, external to and parallel with the left rectus muscle, being in contravention to the old method of incisionism restricted simply to the lower division of the abdomen. Through the

[1] "That this is the structure of diseased ovaria, I infer, both from authorities, and from the difficulty in discharging their contents. I have always been under the necessity of introducing my hand and raking it forth, the obstacle to the discharge being always a membranous structure."

opening thus made, he applied a ligature around the pedicle of the tumor, laid the latter open, cut it away, and then, bringing the two ends of the ligature out at the lower angle of the wound, closed this up with sutures and adhesive strips, completing the dressing with compress and roller. *This was the first departure that had ever been made from the old procedure of incisionism* based upon the principle of simply opening the peritoneal cavity and the tumor jointly, and then, after evacuating the contents of the cyst, inducing inflammation, suppuration and obliteration of its cavity through drainage and injections.

The author in his five cases established several other distinctive and important principles of practice. In addition to the safety, and consequently the value, of his long incision extended from the lower to the upper division of the abdomen, and the complete exposure of the peritoneal cavity, combined with the practicability of a completed method of operating for the extirpation of a diseased ovary of whatsoever character, the several principles above alluded to may be set forth in a general way: The introduction of one or both hands for the manipulation of the tumor and the searching

for and breaking up of adhesions when present; the modified restriction of his long incision to the medium or short in the lower division of the abdomen, admitting one hand or one finger for whatsoever purposes, described in his third and fifth cases; the principle of making a long incision admitting one or both hands for completing the diagnosis as to the character of a fibrous growth of the uterus, as in the second case; the practicability, after discovering, as in the same case, that the tumor could not be safely removed, of puncturing and emptying the principal cyst in it, from which a cure resulted; the turning of the patient upon the left side, and even upon the stomach, as in the first and fourth cases, to facilitate the emptying of the fluids out of the cyst and the peritoneal cavity, in order to avoid rough handling of the peritoneum; the principle of putting the ligature around the pedicle before puncturing or removing the tumor from the abdomen—a line of practice doubtless resulting from fear of hemorrhage by opening the cyst first; the principle of bringing the two ends of the ligature out in the lower angle of the wound at the time of closure, to facilitate its speedy escape from the peritoneal cavity as a foreign sub-

stance, either spontaneously or by traction upon it from time to time. In the fourth case (unquestionably a fibrous growth of the uterus) the author witnessed, for the first time, the accident of the ligature slipping off the pedicle because of its shortness, and the danger resulting therefrom, which he successfully overcame by an impromptu procedure, combined, it is inferred, with cutting off the ends of the ligatures close to the knots. In the fifth case, after a third tapping, he established the precedent of a short exploratory incision, admitting one finger, to complete his diagnosis. In the same case he established a second precedent, after removal of a dermoid cyst, by employing the intra-peritoneal treatment of the pedicle; and although the patient died on the third day, he found at the autopsy his "fine cords of silk" "properly fixed and not in a situation likely to injure the adjoining parts"—a description clearly showing that the ligature had been cut off with the pedicle, and left to its chances of absorption. The closure of the wound of the abdomen, as in the first case, with interrupted sutures, together with broad adhesive strips, compress and roller, and the "observance of the antiphlogistic regimen," all indicate impor-

tant principles of practice pursued in these cases.

This concludes Dr. McDowell's five cases, believed, as previously stated, to be the only ones published by him in detail; but there is no doubt that he operated upon other cases, and this claim rests on the indisputable authority of the late Prof. S. D. Gross. In the "Report on Kentucky Surgery," which he presented to the Kentucky State Medical Society, October, 1852, Dr. Gross states that the whole number of cases operated upon by Dr. McDowell is not positively known, but from what he has been able to learn directly from his nephew, Dr. Wm. A. McDowell (formerly of Louisville), he performed the operation, from first to last, thirteen times. Dr. Gross, however, credits him with only three additional cases besides the five above presented, making in all eight (four white and four negro women). These last three cases (all in white women), the particulars of which Dr. Gross learned from direct and trustworthy sources, all belong to the period of the first seven years, extending from 1819 to 1826, inclusive, which followed the date of Dr. McDowell's last publication. Their histories are herewith given in chronological order.

Case VI.—Mrs. O., of Nashville, Tennessee, aged fifty-five, and inclined to corpulency. She first noticed (December, 1821) on the left side and a little below the umbilicus, a small globular tumor, movable from side to side, as well as from above downward, destitute of sensibility, and, up to this stage of the growth, attended with but little inconvenience. The following summer, however (1822), there was considerable augmentation in the volume of the growth, with corresponding increase of discomfort, and Dr. McDowell was requested to visit the patient at her home by her family physician, Dr. James Overton.

Dr. McDowell, after a careful examination of the case, decided upon an operation for the removal of the tumor. He cautiously made his medium incision in the linea alba below the umbilicus and over the most prominent part of the growth, intending to extend this into his long incision above the umbilicus in order to facilitate the different steps of the operation. In this, however, he was disappointed, "for he had no sooner made his first incision through the peritoneum than there gushed out, in a full stream, a bloody-looking serum, which continued to flow till the sac which had contained it was apparently entirely empty. The quantity thus lost was about one gallon." Judging that the character of the tumor and its surroundings were unfavorable for removal, he made no further attempt to complete the operation, but closed the incision, leaving a tent in its lower extremity to insure drainage. "The patient, who lived from fifteen to twenty years after the operation, enjoyed excellent health." The details of the after-treatment of the operation were furnished Dr. Gross by Dr. Overton.

As an interesting incident connected with the operation in this case, and referred to by Dr. Gross, may be noted the presence of General Andrew Jackson, before he was President, "a

neighbor of the patient, who assisted in holding her hands and supporting her resolution."

CASE VII.—Miss Plasters, May, 1823. The circumstances attending this case were furnished Dr. Gross by Dr. W. C. Galt, of Louisville, Kentucky, and were contained in a letter received by the latter from Dr. McDowell. An abstract of the case from Dr. Gross's report is here presented. When the patient reached Danville to consult Dr. McDowell the tumor was found to fill the entire abdominal cavity, although it had been tapped only three months previously. She was so extremely debilitated that he believed she would hardly be able to sustain the shock of the operation. After a few days rest, however, he proceeded to make his usual long incision, extending the whole length of the linea alba, and removed the tumor without difficulty. The pedicle was tied and the wound carefully closed in the usual manner. Recovery followed. The patient duly regained her usual good health and spirits and the following spring (April, 1824) "engaged herself to marry."

CASE VIII.—Mrs. Delano, of Chillicothe, Ohio (1826), aged thirty-eight. Her case will also be presented in abstract from Dr. Gross's report. She first noticed a fullness in the right side of her abdomen in the autumn of 1822. In December, 1825, it is stated "a hard tumor was discovered in the right ilio-hypogastric region which has steadily increased in volume and now occupies the whole abdominal cavity, from the pubic symphysis to above the umbilicus, reaching outwardly as far as the costal cartilages. It is hard, irregular, slightly movable, and cannot be traced under the ribs." The above notes were made by the late Dr. Daniel Drake, of Cincinnati, October 24, 1826, when the patient was on her way to Danville to consult Dr. McDowell. On her arrival there, and after a thorough examination of her case, Dr. McDowell thought it possible to remove the tumor, notwithstanding his belief

that extensive adhesions existed. He accordingly made his usual long incision through the linea alba, and exposed the tumor, which had firm adhesions with the omentum. After fully opening the peritoneal cavity he found the adhesions even more extensive than he had at first supposed. By the time he had gotten the omentum separated the patient became so exhausted that the operation had to be suspended, and finally it was abandoned altogether. The wound was immediately closed up, and in about two weeks it had entirely healed, the patient's general condition seeming to be very much the same as it was before the operation. Dr. Drake saw this woman the following March (1827) and "found her excessively emaciated, with swelling of her right leg, and all the symptoms of gradual exhaustion." Death took place soon afterward. No autopsy was made.

Out of the author's 8 operations reported by him (4 in white and 4 in negro women), 5 were completed, and 3 were unfinished, but recovered. Of the 5 completed operations there were 2 in white and 3 in negro women, with 1 death among the latter. Mortality of completed operations, 20 per cent.

FURTHER COMMENTS.—In the reports of these eight cases, four in white and four in negro women, the fact of the equal liability of the two races to ovarian tumors (which the author's experience proved) is brought to light, probably for the first time. The general belief of the profession now, however, is that the liability to ovarian tumors is largely in favor of the white

race, and *vice versa*, to fibroid tumors in favor of the black race. This experience of the author regarding the general character of the tumors in these cases (treated at a time when fibrous growths were generally regarded as scirrhous growths) may be explained or reconciled with our present views on the supposition of his erroneous diagnosis in some of the cases he operated upon, especially in those of negresses. One of these cases, the second of the series, was certainly an interstitial or a sessile fibrous growth of the uterus ; and there is but little doubt that the third and fourth cases were of the pedunculated variety of the same. As to the remaining one, the fifth case, the tumor was unquestionably a dermoid cyst, a diagnosis which accords fully with the author's history of the case and the graphic description of his operation, as well as with the general character of the specimen removed. Of the sixth case enough has been said to convince any one familiar with the subject that the tumor found was a fibroid growth of the uterus and that ascites had resulted from the irritation of the peritoneum caused by it. The patient remained well or comfortable for fifteen or twenty years after the operation, thus proving that the empty-

ing and draining of the peritoneal cavity was more or less curative, contrary to the result that would have followed had the tumor been ovarian. The seventh case was unquestionably one of ovarian tumor, and presented nothing unusual in the result of the operation further than the proving of the safety and value of the long incision. In the eighth case the tumor, if not a fibrocystic of the uterus, was probably a dermoid cyst, complicated, as was found, with extensive adhesions. This operation was performed only four years before the author's death (1826), and there is no evidence, as far as the study of the subject goes, to show that he ever undertook another operation after the date of this one.

The significance of the facts brought out is that the tumors in the two successful cases in negresses (Cases III. and IV.) were pedunculated growths of the uterus, involving greater difficulties in the operations, which consequently augment in a corresponding degree the statistical value of the author's success. In Case IV. the pedicle was so short that the ligature slipped off after it was tied, resulting in great loss of blood before another could be applied and secured.

As regards a most embarrassing difficulty encountered in Case I., it may be remembered that the intestines protruded from the abdominal cavity, and remained out of the body twenty-five minutes, or until the pedicle could be tied and the tumor laid open and emptied. Again, as an incident in the after-treatment of this case, it will be recalled that the author at his visit on the fifth day found the patient up and making her bed. With such imprudence and disregard of ordinary judgment on her part it was, therefore, only by mere accident or "good luck" that the immense importance of this first success was not lost to science and humanity. In the only case (V.) in which death resulted a dermoid cyst was found, with the usual complications in such cases from repeated tappings—viz., numerous and strong adhesions. At the time of the operation the patient had undergone four tappings, and her general condition of health was much depreciated. Extensive parietal and intestinal adhesions had to be broken up and several bleeding vessels had to be tied, so that peritonitis supervened, from which death resulted on the third day. Such a result was to be expected.

Of the three unfinished operations but little

is to be said further than that the abdomen was opened and the removal of tumor found to be impossible. It is clear enough to the mind of the reader that the tumors in Cases II. and VI. were uterine; and, as to Case VIII., it presented complications of the gravest character, as shown.

Case IX.—Entitled: "Case of Ovarian Dropsy Successfully Removed by a Surgical Operation," by Dr. Nathan Smith,[1] of Connecticut, Professor of Physic and Surgery at Yale College. Mrs. Strowbridge, of Norwich, Vermont, aged thirty-three, consulted Dr. Smith regarding an enlargement in her right side, which she first noticed when it was about the size of a "goose egg," seven years previously. She had born five children. The small enlargement excited her attention just after the birth of the first, and her application for treatment occurred about ten months after the birth of the last. Dr. Smith's diagnosis was that the enlargement proceeded from ovarian dropsy, and he believed the case to be favorable for an operation, involving extirpation of the diseased organ. Accordingly, after the necessary preparations, he proceeded to perform it in the presence of Drs. Lewis, Mussey, Dana, and Hatch, July 5, 1821. He says: "I commenced an incision below the umbilicus directly in the linea alba, and extended it downward three inches," which exposed the tumor. He then punctured the cyst (which proved to be single) with a trocar, and drew off eight pounds of a "dark-colored ropy fluid." Next, the sac was seized and traction made upon it. This brought to light some slight omental adhesions, which were separated with the fingers and knife. "By continuing to pull out the sac the ovarian ligament was brought out; this was cut off. Two small arteries secured with leather ligatures, and the ligament was then

[1] Am. Med. Recorder, vol. v., p. 124, 1822.

returned," the ligatures being cut off close to the knots. The fluid drawn off weighed eight pounds, and the empty cyst from "two to four ounces." No sutures were used for closing the wound, only adhesive strips and bandage being employed for the purpose. Patient completely recovered.

Dr. Smith states that he was led to perform the above operation from the fear the patient had of a 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. He further states that "the operation pursued 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." Dr. Smith, in this connection, refers in a foot-note to the translation and publication[1] of the views of Professor Dzondi, of Germany, relating to his treatment of ordinary encysted dropsy by puncture and incision, followed by the use of a tent with the expectation of causing mortification and sloughing of the cyst walls, and thus favoring their escape through the wound, either spontaneously

[1] Op. Cit., vol. iii., p. 63.

or by the use of a broad-beaked forceps. He says he did not read this article until after his operation. In a foot-note[1] published in Dr. Smith's *Medical and Surgical Memoirs* by the editor, his son, Dr. Nathan R. Smith, of Baltimore, are to be found the following statements:

"Before the extirpation of the ovarian tumor was accomplished by Professor Smith, as related in the foregoing pages, the same operation had been performed successfully in Germany. (Here referring, no doubt, to Dr. Chrysmar's operations in Wurtemberg, 1819-20, by McDowell's long incision.) Of this, however, he had no knowledge, and the operation was, therefore, with him altogether original. As such it must certainly be acknowledged to be one of the boldest achievements of modern surgery."

In the same publication, and on the same authority, Professor 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 was 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

[1] Dr. Nathan Smith's Medical and Surgical Memoirs, p. 230, 1831.

operations. The editor thus concludes his remarks:

"I ought here to state that the same operation has been performed in this country in several instances by Dr. McDowell, of Kentucky, and more recently by others. I am not confident that the first operation by Dr. McDowell was subsequent to that of my father."

The late Dr. E. R. Peaslee[1] (Dartmouth College, February, 1851), in the report of his first case of ovariotomy—one of double ovarian dropsy—concludes with the following comments upon the case of Professor Smith:

"NOTE.—It is a fact, certainly not without interest, that the first patient on whom the operation of ovariotomy was performed in this country was an *aunt* of Miss G. (though by *marriage* only), whose case has just been detailed. The operation alluded to (being the *minor* operation) was performed on the 5th of July, 1820, by Dr. Nathan Smith, Professor of Surgery in Dartmouth College, and was successful. The patient was a Mrs. Strobridge, of Norwich, Vermont, aet. thirty-three.

"For an account of the case see *Medical and Surgical Memoirs*, by Nathan Smith, M.D., Baltimore, 1831.

"The *year* is singularly enough omitted in the report of the case. I have ascertained of Dr. H. Hatch, of Burlington, Vt., who was present at the operation, that it was performed thirty years ago last July.—E. R. P."

From the foregoing foot-note it is evident that Dr. Peaslee quoted from Professor Smith's

[1] Am. Journ. Med. Sciences, 1851, vol. xxi., p. 321.

Memoirs, and not from his first report of the case published in the Journal cited (1822), two years after Dr. Chrysmar's three reported cases in Germany.

RESULTS.—One completed operation with one cure, and two unfinished operations with recovery.

COMMENTS.—The author certainly describes a plain, simple, and unquestionably successful operation, the distinctive features of which would seem at first sight to be new and original. The claim of originality by the author, however, does not rest upon the first direct and successful extirpation of a dropsical ovary without regard to previous growth, character, or complications, as has been supposed, but upon his first successful employment of an old proposal restricted to a short incision, a small tumor of recent or simple growth, puncture of the affected organ, and reduction of its size in the abdomen with extirpation afterward, if possible. In the combination, therefore, of these several steps is seen the revival and remodeling of the proposal referred to, embodying the practical extirpation of a previously punctured dropsical ovary of small size and uncomplicated surroundings ; and upon this the author's claim of originality or,

more properly speaking, of priority mainly turns.

The short incision now practically applied by the author for the first time for the accomplishment of all these ends in the favorable class of cases named was a theoretical proposition of Dr. William Hunter, as an extension of the old method of incisionism in the lower division of the abdomen (1757). The proposal, however, failed to find a supporter for about sixty-four years, when it was revived and reduced to practice by the author in the way above stated (1821); this being twelve years after the demonstration by McDowell of his first direct extirpation of a dropsical ovary by the long incision made in both the lower and upper divisions of the abdomen without regard to previous growth, character or complications of the existing tumor (1809). The ligation of the arteries separately in the pedicle, the use of leather ligatures, and the cutting off of the ends of the same close to the knots, together with the dropping of the divided pedicle into the peritoneal cavity, are principles of secondary importance, and even so only in a limited degree, since the proof is conclusive that the author was anticipated in three of these particulars by McDowell,

who employed silk ligatures on the pedicle in mass and likewise on the arteries individually, either by bringing the ends out in the wound or by cutting them off close to the knots in both cases, and returning the pedicle as circumstances demanded. To be sure the author used in his selected case a string of leather on the pedicle, as a mode of constriction by animal substance, with a view of securing more speedy and certain absorption, as a supposed advantage over a silk ligature. But, while the result was successful and satisfactory in this, his first employment of the principle, the practice soon proved to be dangerous, without having any real advantage over silk, and consequently was abandoned, or used but a few times.

Dr. Alban Goldsmith (Dr. Alban G. Smith), as we have seen, employed an animal ligature in one of his three cases, which terminated fatally from hemorrhage. This result he attributed to the slipping off or the giving way of the animal ligature employed. Dr. Bellinger used the same kind of ligature once with success.

The author in the report of his case (January, 1822,) does not make the slightest mention of or allusion to the publications of McDowell's two papers in the Philadelphia *Eclectic Re-*

pertory, respectively five and three years previously, containing the accounts of the five cases operated upon by him between 1809 and 1819, which have been previously copied here in full. Reference to McDowell's Case III. will show the precedent of a medium incision in the same situation, perhaps double the length of that of the author, easily admitting one hand into the abdomen; and to his Case V., of another precedent of a short incision in the same locality, admitting one finger, made and employed as an exploratory step to complete his diagnosis. This case, it will be remembered, was one of dermoid cyst, complicated with extensive and strong adhesions. Reference to McDowell's Case IV. will also show the precedent of dealing with the arteries individually in a very short and spongy pedicle, by "tying up the bleeding mouths separately." Not only this expedient, which failed of its purpose from the soft and yielding nature of the tissues, but that of still another of far greater difficulty of execution, will also be found explained—viz., "the arming a needle with a strong ligature," passing the ligature "round the ligament (pedicle), securing it in its place by taking several stitches over its surface," and then tying it firmly.

Though it is not stated, the natural inference is that the ends of the ligature and the sutures used to secure it in place were cut off close to the knots, as any prudent surgeon would hardly have taken the risk (or thought, under the circumstances) of bringing out and leaving long ends of sutures applied in this way in the lower angle of the wound. McDowell's Case V. furnishes further and even stronger proof of the establishment of the same precedent. Here were tied "fine cords of silk firmly round each of these ligaments"; and at the autopsy of the case, three days after death, it is stated that it was found that "the silken cords were securely and properly fixed, and not in a situation likely to injure the adjoining parts." Such a use of fine silk ligatures, and such remarks upon their condition and adaptation, as inspected three days after their employment, admit of no other conclusion than that the ends had been cut off close to the knots, and the loops on the pedicle left to take care of themselves in the peritoneal cavity.

The question of injustice on the part of the author as to the previously published facts contained in McDowell's two papers is still an open one, and one of sufficient importance, there can

be no doubt, to deserve a satisfactory explanation. Philadelphia, at the time McDowell sent there the reports of his five operations for the removal of diseased ovaries, to be published in the *Eclectic Repertory*, was the greatest centre 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 upon the teachings of McDowell, as well as articles in defence 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, Professor James, then one of the ablest teachers of obstetrics and diseases of women in this country (to whom Dr. McDowell directly addressed his second paper, September, 1819, accompanying it with a dignified and convincing

defence 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.

While all this was transpiring (including publications, criticisms, and discussions) in the medical circles of Philadelphia, regarding this new operation of McDowell, and even the transplantation of the same to the little town of Isny, in Swabia or Wurtemberg, under the fostering care of Dr. Chrysmar, what do we find going on in the neighboring city of New Haven, Conn., another centre, if not of medical teaching, certainly of educational and classical instruction?

Our author, an able and well-known teacher of surgery in Yale Medical College, was also directing his attention to the same subject. He had completed the cure of a case presenting a small cyst by the employment of the Hunterian short incision, or by merely the extension of McDowell's exploratory incision, puncturing the tumor and drawing out its collapsed walls, weighing only "two to four ounces." It would seem that he had not then heard of the achievement of McDowell in having already extirpated

three diseased ovaries by his long incision, as is inferred by the failure to mention his name or refer to his five published cases. He, however, refers in a foot-note to the proposal of Professor Dzondi, in Germany, which had no bearing whatever upon the operation of extirpation of diseased ovaries. The same reference, it is proper to mention, is made nine years later (1831) in his *Memoirs*, by the editor, his son. Even the son in this work states: "I am not confident that the first operation of McDowell (1809) was subsequent to that of my father (1821)." In addition, he says that his father had since operated in two other cases, but that he was compelled to desist in both instances on account of the too extensive adhesions, which were especially marked in the second case. Who can gainsay, regarding the unfinished operations in these two cases, that the employment of McDowell's long incision, extending the entire length of the linea alba (instead of this Hunterian short incision, probably the only one tried), might not have afforded the requisite facilities for obtaining a more complete diagnosis, or at least for getting at and trying to overcome the adhesions present, especially in the case of the large ovarian cyst, and thus have

effected a completion of the operation, and possibly a permanent cure?

Case X.—Entitled: "Account of a Case in which an Ovarium was Successfully Extirpated" (addressed in the form of a letter to a gentleman in Philadelphia), by Alban G. Smith, M.D., of Danville, Kentucky.[1] Patient, a negress in the neighborhood of Danville, applied to Dr. Smith for treatment, with "a diseased and dropsical ovary." Operation May 24, 1823. "I commenced," he says, "by making an incision from the umbilicus to within an inch of the pubes" (medium incision), which readily admitted the hand into the abdomen, and allowed the lifting out of the tumor. Turned patient "over on the abdomen (at the same time keeping in the intestines with a warm cloth), to allow all the blood to escape from the peritoneal cavity." Used "a strong ligature of white silk." Ends left long enough to be brought out at the lower angle of the wound. With "five threaded needles" he "closed the external incision by the interrupted suture." On the twenty-fifth day ligature came away and patient was discharged cured. He found the tumor to be of "a scirrhous appearance, and to contain, interspersed throughout its substance, a considerable quantity of bony matter." It was, no doubt, a dermoid cyst.

In connection with the publication of Dr. Smith's case, Dr. Coates—one of the editors of the journal quoted—speaks at considerable length of Dr. McDowell's five published cases, and says:

"The first instance of which we are aware in which the operation was performed by a surgeon for the removal of

[1] North American Med. and Surg. Journ., 1826, vol. i., p. 30.

diseased ovaria is a memorial of the courage of Ephraim McDowell, of Danville, Kentucky."

He also refers to Dr. Nathan Smith's case, and to Mr. John Lizars's *Anatomical Plates*, published in Edinburgh, 1825.

Also in connection with the preceding operation of Dr. Smith (subsequently known as Dr. Alban Goldsmith), performed in Danville, the home of Dr. McDowell, it is proper here to refer to the statement of Dr. J. M. Foltz, correspondent of the *New York Journal of Medicine*,[1] that Dr. Goldsmith operated in two other cases of ovarian dropsy: one a success and the other terminating fatally. The latter result, on the authority of Dr. Foltz, was attributed to the "giving way prematurely" of "an animal ligature" and "the supervention of secondary hemorrhage within the abdominal cavity." These two cases have never been published in detail. Dr. Foltz further credits Dr. Goldsmith with the statement that he saw a patient with Dr. McDowell, in Danville, who "had tapped herself no less than ninety times," and who presented herself to Dr. McDowell for the extirpation of the supposed tumor. "The event, however, proved, much to the surprise of the

[1] Vol. i., Sept., 1843.

two surgeons, that the tumor was merely a mass of the intestines conglomerated by adhesions."

RESULTS.—Three completed operations with two cures and one death; mortality, 33⅓ per cent.

COMMENTS.—The author, although at one time a partner and an assistant of Dr. McDowell in his earlier operations, strange to say, does not mention or allude to him in the slightest way in the report of his case. The distinctive features of the operation performed by him, however, are precisely the same as in McDowell's, and he found in this case that the medium incision of the latter, below the umbilicus, was sufficient for the removal of the tumor. The ends of the pedicle ligature were brought out at the lower angle of the wound, which was closed with interrupted sutures, compress, and bandage in the usual way.

The author, according to Dr. Foltz, as we have seen, performed two other operations after this, one being completely successful, and the other terminating fatally in consequence of the giving way of an animal ligature employed for securing the pedicle.

CASE XI.—Entitled: "Successful Operation for Ovarian Disease." By R. D. Mussey, M.D., then of Dartmouth,

N. H., and afterward of Cincinnati, Ohio.[1] Mrs. Sly, of Ryegate, Vt., aged forty, consulted Dr. Mussey in the summer of 1828. She presented a tumor in the left side of the abdomen, which was first noticed one year previously. Dr. Mussey's operation was made in July, 1828. "An incision was made through the integuments, at the linea alba, from the umbilicus to the symphysis of the pubis." He found the tumor covered "by the mesocolon, the transverse colon being situated below the tumor, extending from iliac to iliac regions. All that could be safely attempted was to discharge the fluid, and take measures to inflame the interior surface of the cyst." Through "one of the meshes of the beautifully injected mesocolic vessels a puncture was made large enough to admit a catheter, by which the fluid, slightly turbid, and amounting to between four and five pints, was drained off. The opening was then enlarged, and a tent of twisted charpie introduced a little way into the sac, the other extremity being left to hang out externally." Usual treatment of the wound by sutures, compress, and broad band around the abdomen. At the end of "three weeks the discharge was trifling, and the opening speedily closed." Patient, about a year afterward, gave birth to "her fourteenth and last child."

Dr. Mussey published this case about nine years after the operation described, and he says he saw the patient about two years prior to this date (1837), at which time she was well, thus proving the probability that the tumor was a fibrocystic growth, and not an ovarian cyst. His convictions at the time of reporting the case were that when a tumor "is wholly or in part fleshy," and presenting grave complications,

[1] Amer. Journ. Med. Sciences, 1837, vol. xxi., p. 380.

such for example as here existed, no sort of operation for removal is practicable "without subjecting the life of the patient to imminent hazard." He further says: "I could cite four cases of this kind, and, if proper, could designate the several operators, who thus gave themselves occasion to repent of their temerity."

COMMENTS.—In connection with the author's case, it is proper to state that although he was present at the first operation of Professor Nathan Smith, in the case of Mrs. Strowbridge, in 1821, and therefore had had some practical knowledge from direct observation, he did not employ the short incision used by him. Among the four cases of unfinished operations in the hands of other surgeons, to which he refers, he probably had in mind the two unfinished operations of his colleague, Professor Smith, which were brought to the notice of the profession by his son, Dr. Nathan R. Smith, in 1831, as has been mentioned. I will add that Dr. Mussey makes not the slightest reference to Dr. McDowell or his operations.

CASE XII.—Entitled: "Case of Ovarian Tumor Successfully Extirpated." By David L. Rogers, M.D., New York.[1] The patient, Mary Gurly, consulted Dr. Rogers in regard to a large tumor in the left side of the abdomen about

[1] Med. and Physical Journal, Jan. 1830, vol. ii., p. 284.

two months before his operation. She had been tapped five times, and the quantity of fluid drawn off was computed at about eighteen gallons. Operation September 14, 1829. Present, Drs. Mott, Vaché, and J. H. Rogers. He says: "I commenced an incision a little below the ensiform cartilage, carrying it parallel with the linea alba, and terminating at the symphysis pubis." The adhesions were somewhat extensive: "some separated by the finger, others by the handle of the scalpel. After occupying two hours in the operation, the huge mass of disease was safely removed and laid on the table." The ligatures on the bleeding vessels and pedicle were all cut off close to the knots and left to absorption. "The wound was closed by sutures, dressed with adhesive strips, lint, a compress, and a bandage applied firmly to the abdomen." One-third of the tumor was solid, containing a fibro-cartilaginous substance.

In connection with the history of the operation Dr. Rogers says:

"Dr. McDowell, of Kentucky, has reported three cases in which he operated successfully for tumors in the abdomen, ovarian and hydatid. A doubt exists in relation to these cases, and certainly the mode of describing them is calculated to confirm that doubt. We are bound, however, upon the authority of others, to believe them, notwithstanding the improbabilities connected with their details; and it is much to be regretted that a more circumstantial account of these cases has not been given to the profession."

Dr. Rogers then refers to Dr. Nathan Smith's case and its result; concluding his report with the following statement of statistics: "Thus we find in the *twelve* operations that have been

performed for the removal of this disease, *seven* have been successful, and two remained doubtful."

COMMENTS.—The author in the description of his operation clearly shows that he had studied well the operations of McDowell and followed his method to the letter; using silk ligatures for the pedicle and bleeding vessels, cut off close to the knots, as McDowell did in Cases IV. and V. It appears a little strange that the author should have limited his reference and criticisms to McDowell's first three cases, treated by bringing out the ligatures in the lower angle of the wound, not making the slightest mention of his second paper, containing the report of his fourth and fifth cases. It must, however, be added to the author's credit that he was the first of the four surgeons in this country, who had up to this time undertaken the operation for extirpation of the ovary, to make any reference whatever to the teachings of McDowell. Another interesting fact deserving of mention is, that this case was the last one operated upon and published in the United States prior to the death of the "Father" of the operation, which occurred at his home, Danville, Kentucky, June 20, 1830. "A prophet is not without honor

save in his own country," does not apply in this instance, at least.

CASE XIII.—Entitled: "Tumor of the Ovarium," by J. C. Warren, M.D., of Boston.[1] Dr. Warren, in the presentation of this subject, calls attention to "two kinds of ovarian enlargement," viz.: "scirrhous and dropsical." In illustration of the former variety he cites a case, that of Catharine Wait, single, aged forty, admitted to the Massachusetts General Hospital, October 28, 1830. The patient had noticed a tumor in her right side four years previously, and her catamenia had been profuse. Dr. Warren performed the operation for removal of this tumor November, 1830. "An incision was carried from above downward through the linea alba, the length of twelve inches." A "broad adhesion" was found in "the lower part" of the abdomen, and it "was encircled by a thick ligature." Under this "ligature a needle with a double thread was carried through the adhesion and tied on each side. The adhesion was then cut, and the tumor removed. Owing to the shortness of the pedicle the ligature partially slipped off as soon as the scirrhus was taken away, and though the vessels were secured as fast as possible, they were so numerous and large that the patient in a short time sunk from loss of blood." The tumor weighed "about twenty-five pounds," and was "of almost cartilaginous hardness." Dr. Warren concludes his remarks on this case and the result of the operation in these words: "The event of this case has led me to decline repeating the operation; and I should advise others to decline it unless there were some peculiar insulation of the tumor, as when it formed a hernia or when it had a very long and narrow pedicle."

Of the dropsical variety of ovarian tumors Dr. Warren goes on to state that he had met

[1] Surgical Observations on Tumors, with Cases and Operation, 1839.

with one case, that of a lady who had undergone three tappings. Soon after the third she died, and the autopsy revealed a cyst with walls a quarter of an inch thick and filled with hydatids.

COMMENTS.—The author in his operation certainly encountered grave difficulties, and perhaps met them as courageously as any one else at that time could have done; but the trouble at the outset was unquestionably an error in diagnosis as to the true character of the tumor, and not due to any fault of the operation by McDowell's long incision, which was employed, though no mention is made of the latter surgeon. The facts of the case prove that the tumor was a pedunculated fibroma of the uterus, somewhat similar to Case IV. of McDowell's record, which presented a like difficulty in the management of the pedicle, though with a far different final result. In the dropsical variety of ovarian tumors, as described in this same connection, the author would probably have been more successful in the employment of the operation, and would have had less cause for condemning it. This want of experience as to the diagnosis of the different varieties of tumors, both previously to this and for some time afterward, proved more prejudicial than anything

else to the acceptance of the teachings of McDowell.

CASE XIV.—Entitled: "Extirpation of an Ovarian Tumor, Complicated with Hydrops Uteri—Recovery." By John Bellinger, M.D., Charleston, S. C.[1] Patient, a negress, aged thirty-five, first noticed in 1834 a round tumor in the right side of the abdomen. Applied to Dr. Bellinger for treatment about a year later. He performed the operation for the removal of this tumor December 23, 1835, in the presence of Drs. Dixon, Prioleau, and Ogier. "The subject being corpulent the incision was commenced above the umbilicus, and extended to the symphysis pubis"; afterward "continued nearly to the ensiform cartilage." No adhesions mentioned. Pedicle divided. "Two arteries of considerable size required tying; animal ligatures were applied and both ends cut away near the knots." Patient recovered. Tumor fibrous, with "the dimensions of a medium-sized fist."

COMMENTS.—The author in his title indicates the removal of an ovarian tumor, but after its removal describes it as a fibrous growth—a discrepancy that may appear singular, though it was not an unusual thing for writers to do even many years after the date of this operation; a habit resulting, no doubt, from the belief that the operation, as proposed by McDowell, was intended solely for the removal of the former variety of tumors, and not for the latter. The author makes no mention of Mc-

[1] Southern Journal of Medicine and Pharmacy, May, 1847, p. 241.

Dowell in the report of his case, though he employed his long incision, with a full understanding of its advantages for securing access, light, and freedom of manipulation, even for the removal of a tumor so small as the one found to exist.

After this the operation fell into total neglect in the United States for eight years, only the above and the preceding operation being performed during the thirteen years intervening between the death of Dr. McDowell and the time of the revival of the operation here by the late Dr. John L. Atlee, of Lancaster, Pa., June 29, 1843,[1] nearly one year after the latter occurred in England (1842).

Summary of cases and results in the United States, including the two cases of Dr. Nathan Smith referred to by his son, Dr. Nathan R. Smith, and the two cases of Dr. Alban G. Smith referred to by Dr. Foltz, but not here brought out in detail, making in all 18 cases—12 completed operations with 9 cures and 3 deaths; 6 unfinished operations with 6 recoveries. Mortality of completed operations, 25 per cent.

[1] Am. Journ. of Med. Sciences, Jan. 1844, vol. xxxiii., p. 44.

SECTION II.

France.

The history in France of tapping and incisionism, with injections and drainage, as means of relieving and curing encysted dropsy of the ovary, may be said to be extensive as compared with that of other countries; and the modern writers entitled to most consideration upon the subject are Lisfranc, Velpeau, Vidal, De Cassis, and Malgaigne. It is not my purpose here to attempt a review of all the interesting points connected with these several subjects brought out by these authors, but simply to indicate, by a few brief extracts, how the first proposal of extirpation of a dropsical ovary, as an advance upon former teachings, came to be made, and how the principle was regarded afterward. Lisfranc, in connection with his discussion of incisionism, speaks of the importance of effecting artificial adhesion between the dropsical ovary and the abdominal wall by the employment of caustic potash over the point of election for the operation, as a preparatory measure, when a close relationship of the parts had not already taken place from the existing disease, a condi-

tion of things desirable for the operation, being similar to that met with in abscess of the ovary. He says, however, that he had seen, and even himself tried, the expedient referred to, but it was uncertain; and at best it usually failed of its purpose, viz.: to prevent the fluids contained in the cyst from escaping into the peritoneal cavity, and causing injurious consequences. In speaking of extirpation of the ovary itself, when in a dropsical condition, accompanied by scirrhous degeneration, he said the proposal was based upon the safety of the practice that had long before existed among certain peoples in the East of removing the normal ovaries, upon which he comments as follows:

"Plater, Delaporte, Morand, Diemebroeck, Darwin, veulent qu'on pratique l'extirpation de l'affection morbide, lorsque l'hydropisie de l'ovaire est accompagnée d'une dégénérescence squirrheuse, ou bien quand la tumeur est composée de plusieurs loges qui ne communiquent pas entre elles et qui ne permettent pas de la vider; ils pensent que cette opération peut être faite, puisqu' on y a recours presque sans danger sur les femelles de plusieurs animaux qu' on veut rendre stériles; Athénée et Suidas rapportent qu'Adromètes et Gygès faisaient pratiquer l'ablation des ovaires à beaucoup de femmes, pour qu'elles n'eussent pas d'enfants; on dit que cette inhumaine et criminelle coutume a existé chez quelques peuples de l'Orient; on parle d'un châtreur qui, ayant conçu des soupçons sur la vertu de sa fille, lui enleva les deux ovaires, après avoir incisé la paroi de l'abdomen; on assure que cette jeune fille guérit."

Notwithstanding the facts presented he further adds:

"The extirpation of ovarian cysts is rejected by Dehaen, Morgagni, Sebatier, Gardien, and others. Lemaunier, Smith, Lizars, Macdowel, Chrysmar, Delaporte, Lieutaud, and others, have extirpated the disease in question with success. It is likewise known that some of the women operated upon by Lizars, Martini, and Chrysmar, died, and most of them only a few hours after the operation; and how many cases, it may be asked, died, and have been passed over in silence? We are not ignorant of the cases of Lizars, Granville, Dieffenbach, and others, whose operations were abandoned after they opened the peritoneal cavity, because of the existence of too numerous and strong adhesions, and too great a vascularity of the parts!" [1]

Velpeau and Vidal discuss the old method of incisionism for treating dropsical ovaries very much in the same manner as Lisfranc, and their views, consequently, do not call for special consideration. Of Velpeau, however, it may be said that he is, on all matters relating to scientific progress, of the highest authority, and is, generally, accurate and comprehensive in his reference to authors. For this reason a short quotation is made from him, the passage purporting to be a reflex of the history of the proposals of extirpation of the disease in question in all countries for over a century (1722-1840):

[1] Clinique Chirurgicale de l'Hôpital de la Pitié, 1841. Tome iii., p. 710,

"Extirpation was already discussed by Schlenker (1722), Willius (1731[1]), Peyer (1751[2]), Targioni (1752), and practised by Frankenau and Percival-Pott. Extirpation of the ovary had also, as previously stated, occupied the attention of Delaporte, who, becoming discouraged from his experience in the employment of the old method by incision, asked himself if it would not be better to extirpate the diseased organ. This idea was seized upon and extolled by Morand, who, after reflection, thought the operation should be performed, but early. Near the same epoch Theden proposed the method that bears his name, which was strongly defended by Power and Darwin, two English surgeons. Nevertheless, their efforts, joined to those made later by M. d'Ischier, were not sufficient to make this operation acceptable. Notwithstanding the success obtained by Laumonier, notwithstanding the cure of Mme. de Choiseul, and notwithstanding the happy issue of the operation reported by Kapeler, Morand's idea of extirpation of the ovary remained without practical application until 1825, when Mr. Lizars called anew the attention of the profession to the subject. Also, with more confidence did Drs. McDowell and Nathan, and Alan Smith, put it to the test in America. In Germany, Diffenbach and Chrysmar sought to make it prevail, and in England the surgeons of that country regarded it very favorably[3]."

As there has always been, and still is, a misunderstanding, out of France, as to the facts

[1] Willius recognized the marked liability of the ovary, when it acquired a large size, to contract adhesions with the peritoneum, and the serious difficulty and risk that would attend their division in the living subject, except by "an opening extending the whole length of the abdomen;" though he thought so dangerous a practice would expose to criticism the healing art, "truly divine," and the great object of science, "the conservation of the human species." (N.B.)

[2] Peyer fully endorsed the views of Willius. (N.B.)

[3] Dictionnaire de Médecine, 1840, t. xxii., p. 590.

relating to the first proposal of extirpation of a diseased ovary in that country, and as to the claims of priority in the operation, incorrectly ascribed to surgeons there, I have deemed it proper to premise my presentation of the subject by the foregoing quotations from authors of acknowledged authority. This I have done in order that I might be able to examine the facts which are to follow more carefully and connectedly, and thereby to remove, if possible, the misunderstanding referred to among writers. This misunderstanding and the discrepancies arising therefrom, and existing for so many years in all countries, even in France, as shown from what has already been brought out, have proved most prejudicial to McDowell's claims of originality, the defence of which is the object of this investigation.

INCISIONISM.—My plan now of presenting the subject is to bring out, in the first place, all that relates to the employment in France of the old procedure of incisionism for the relief and cure of encysted dropsy of the ovary, as immediately preceding the proposal there of extirpation of the diseased organ. This old procedure is generally supposed to have first originated in that country, but the facts do not support the claim.

The credit of the first employment of incisionism is unquestionably due to Great Britain, the earliest case on record being that of Dr. Robert Houston (1701), as I shall show later on.

The surgeons to whom I shall particularly refer in connection with the employment of the method of incisionism for the treatment of dropsical ovaries, and the proposed extension of it to the procedure of extirpation of the diseased organ itself, are Le Dran, Delaporte, and Morand. The reports and comments upon the subject by these three surgeons (the first named in relation to incisions, with injections and a drainage tube, and the other two to incisions and extirpation) are found given at considerable length in an analysis based upon the Mémoires de l'Academie Royale de Chirurgie, and published under the title: *Plusieurs Memoires et Observations sur L'Hydropisie Enkystee et le Squirrhe des Ovaries.* Par M. Marjolin.[1]

These Mémoires comprise seven cases of encysted dropsy of the ovary, but only such cases as serve to illustrate the subject will be introduced at length, two by Le Dran, and one by Delaporte. The other four cases, though

[1] Encyclopédie des Sciences Médicales, 1837, t. 39, p. 50.

illustrating some interesting features of the disease in question, are only incidentally and briefly referred to, as showing dates and the way in which the pathology of such cases was generally regarded by physicians at that period.

Le Dran (1736).—Report entitled: Encysted-Dropsy Treated by an Operation from which a Fistula Remained—begins by pointing out the differences between general dropsy and encysted dropsy. Next, in illustration, he describes a case of abdominal distention for which he tapped the patient twice, at an interval of three or four months. He drew off the first time "thirty-six pounds of fluid, which was of a muddy color, and had a bad odor," and which, after standing for a day, deposited "from fifteen to sixteen ounces of blood, in the shape of small clots." The second time he drew off about the same quantity of fluid, and it was of a like quality. The patient had almost all the time a continued fever, more or less brick-dust deposit in the urine, and general pelvic and abdominal pains, together with other symptoms not commonly met in general dropsy. She died in twelve days after the second tapping. The autopsy disclosed the existence of "a large number of scirrhous tumors in both iliac fossæ," with a

defined cyst within the peritoneal cavity, firmly adherent to the parietes of the abdomen in front and on the sides, thus cutting off from view all the abdominal and pelvic viscera, and causing the cavity to appear as if "all its contents had been removed." Le Dran describes the abdominal cavity as being lined by the walls of a great cyst, varying from two to four lines in thickness, and constituting a part of the "scirrhous tumors" discovered in the "iliac fossæ." He found that this patient was relieved for a time after each tapping, and he was, therefore, led to conclude "that if the cyst in such cases could be prevented from refilling" a cure might be effected, or, at least, life be prolonged by it.

He cites a similar case, reported by Wanderviel, which was treated by Nuck. From his experience and study of the subject Le Dran was led to try the plan of treatment indicated in the title and outlined in the following case:

September, 1736, a woman, aged sixty, presented herself with an abdominal tumor, first noticed eighteen months previously, and suffering considerable discomfort from its gradually increasing size. It was found fixed in the hypogastric region, extending up from both iliac regions, particularly the left, rounded like a distended bladder, and reaching as high as the umbilicus. Fluctuation was indistinct, owing to its hardness, especially on the left side. Le Dran expressed the opinion that the tumor should be

opened "in a good part of its extent the length of the linea alba" below the umbilicus, to prevent its refilling, but the physician in attendance objected to the procedure, claiming that it was better first to tap the patient, to see whether there were "any scirrhous masses in the sac when emptied." Accordingly, the patient was allowed to go on until January, 1737, when the tumor had extended up to the diaphragm, and she was tapped by the physician in charge, fifteen pints of sanguinolent fluid being drawn off. Seven weeks later (February) she was tapped a second time, in the right side, when twelve pints of fluid escaped, the canula being now allowed to remain in the cyst to insure drainage. M. Le Dran saw the patient two days afterward, when he found a little purulent fluid escaping through the tube, and the left iliac region "filled by a scirrhous tumor. Its situation and its rounded outline seemed to indicate that it was the ovary, which had become swollen and scirrhous, as is often observed." The tumor now was so much larger than when he first saw the case (six months previously) that he did not have as much hope of curing it by his proposed plan of treatment, to wit, by incision and the setting up of inflammation and suppuration of the sac. Nevertheless, he proceeded to enlarge the trocar opening in the right side. This he did by introducing a grooved director, and making upon it an incision downward four inches in length, thus laying open the abdomen. On introducing his finger, however, he could not feel the cyst-wall. At first the edges of the wound were kept apart with charpie, afterward by means of a tube made of sheet lead, through which direct drainage was effected, and injections made night and morning. For four weeks there was considerable discharge, intermixed with shreds of the cyst-walls, as was supposed, through the drainage-tube; but this gradually grew less and less, and at the end of about five months after the first opening was made (the drainage-tube having been left off) a fluctuating tumor was found in the hypogastric region. A somewhat

transverse incision, six to seven inches in length, was now made from the original point of puncture in the right side, in the direction of the axis of the tumor, four fingers' breadth above the pubes. "A part of the right rectus muscle, and all of the left, together with the oblique and transverse muscles of this side, were cut through." In the operation the left epigastric artery was divided, and had to be tied. Two pints of fluid, of a sanious character, first escaped, "and then another pint of a different nature came from the left iliac fossa." On passing the hand into the latter region the tumor present six months previously could not now be felt. The wound was stuffed with lint, which was removed as often as necessary, the drainage tube after a time being made to take its place. The wound healed in seven weeks, leaving a fistula. The patient lived four years. At the autopsy the cyst was found "shrivelled up," and having a fistulous outlet, and the intestines were seen to be matted together, adhering to the cyst-walls at several points. "Scirrhous tumors of various sizes, and adherent one to another," were found in the intestinal mass and in the hypogastric regions.

M. Le Dran drew the following conclusions from this case:

"Encysted dropsy of the abdomen is almost always caused by a scirrhous tumor, and is developed from it. The cyst, however small, is always full of fluid. Encysted dropsy can only be cured by a large incision in the cyst. The cyst must be opened early. It is not sufficient to make a simple puncture with a trocar, but the opening must be of sufficient size that the cyst may suppurate before the incision closes. Though this mode of cure is only palliative, it ought to be practised, for it prolongs life."

M. Le Dran's second case. Report entitled:

"Encysted Dropsy Cured by Incision; No Fistula remaining."

In 1746, a woman, aged forty-two, after having general derangement of her health and abdominal enlargement for two years, consulted M. Le Dran, who tapped her and drew off "fifteen pints of a muddy, foul-smelling fluid." After the cyst was emptied he was able "to make out a scirrhous tumor, about the size of a melon, in the left iliac fossa." He says that after three weeks the sac had refilled, and was as large as it was at the first tapping. Next comes an account of M. Le Dran's operation, and his explanation of its adaptation to the case. "An incision was made in the linea alba, a little below the umbilicus, of sufficient length not to close up promptly, so that the lower angle of it would always be near the bottom of the sac as the latter contracted and approached the scirrhous tumor. A large canula was placed in the incision to prevent its closure, and to allow of suitable injections being made." After the operation the patient had nausea and vomiting, followed by fever and delirium, which lasted three weeks, during which time the stomach would retain only Spanish wine. During this period "six to eight ounces of a reddish, muddy liquid escaped daily through the canula," after which this liquid became clearly purulent. "Finally, one morning, when twelve to fifteen ounces of clear white pus suddenly escaped, it was thought that the scirrhous tumor had begun to suppurate, and that its contents had discharged." The patient from this time on rapidly improved in strength, and the discharge of pus gradually diminished, so that at the end of six months only a teaspoonful a day escaped. This slight drainage went on for three years, at the end of which time the drainage-tube escaped, and the patient could not return it, whereupon the fistula soon closed, and the patient continued completely cured.

Here follow the reports of four other cases of

encysted dropsy and scirrhous ovaries,[1] one by M. Mouton (1731), the case of a woman, aged thirty-nine, presenting an encysted dropsy between the peritoneum and the abdominal muscles. This woman had consulted a number of surgeons regarding her case during the previous two years, and finally M. Boudou, of Paris, but she would never consent to be tapped. She died February of the same year. The interesting point is that during the last two weeks of her life she was only able to rest in her bed upon her knees, and literally "fell dead." The dimensions of her body were simply enormous, the girth being six feet seven inches, and the distance from the ensiform cartilage to the pubis three feet four inches. At the autopsy the cyst was found in the abdominal wall, as stated, to contain sixty pints of fluid, of the color and consistence of the dregs of wine. No fluid was found in the peritoneal cavity, the organs there all being found healthy.

One case of encysted dropsy of the peritoneum, by M. De La Chaud. This patient was tapped three times, the quantity of fluid diminishing from twenty to ten pints at the third operation. At the autopsy the cavity contain-

[1] Op. Cit.

ing the fluid was found to be between two folds of the peritoneum.

One case of dropsy of the ovary, by M. Montaulieu. The woman was aged forty-five, and had been tapped nineteen times in eleven months. She died March 13, 1732. The autopsy showed a large cyst filling the entire abdomen, with but few adhesions, and found connected with the left ovary. Here, on the inside of the cyst, were "several masses of scirrhous and ulcerated tumors" of a "cauliflower form," no doubt of a papillomatous origin.

One case of scirrhus of both ovaries, complicated with general dropsy, by M. Malaval. The patient, at the age of forty, began to notice distinct enlargements on both sides of her abdomen, which developed into two round and smooth tumors, easily felt through the abdominal wall, and which would fall from side to side as she turned in bed. When this woman consulted M. Malaval there was uniform distention of the abdomen, but not great enough to demand tapping, and the patient, having taken the ordinary remedies without effect, soon afterward died. The autopsy showed a small collection of fluid in the peritoneal cavity, and the

presence of the two tumors (ovarian) previously diagnosticated, one weighing twelve pounds and the other fifteen pounds. The parietal adhesions were slight and easily broken up.

First Proposal of Extirpation of a Dropsical Ovary.—Next we come to the unique and classic case of this series, entitled "Encysted Dropsy of the Ovary Treated by Incision," by M. Delaporte, 1753.[1]

A woman, aged fifty-seven, having "an enormous abdominal dropsy," consulted Delaporte. Fluctuation was found to be indistinct, being felt only as an undulatory wave, which was accounted for by the œdematous condition of the abdominal walls. Under these circumstances Delaporte introduced a trocar, but no fluid escaped. A probe introduced through the canula and withdrawn "was found covered with a thick gelatinous mass."

Here follow the description of the operation by Delaporte and his comments upon the result:

"On the following morning a grooved trocar was introduced a few fingers' breadths above the anterior spine of the ilium of the left side, and an incision, five finger-breadths in length, and running obliquely upward toward the rectus muscle, was made through the abdominal muscles, the peritoneum, and the wall of the underlying tumor. Through this incision suddenly issued a mass of matter resembling jelly, about the size of a child's head, and in the course of two and a half hours thirty-five pounds escaped. Then a dressing was applied, and on changing this fifteen pounds more escaped. The next evening the incision had con-

[1] Op. cit., t. 40, p. 514.

tracted very much. The following morning the wound was enlarged upward, and five or six pounds of jelly again escaped. This was on the third day after the first operation. During the night of the third and fourth day the patient was attacked with profuse diarrhœa. On the night of the fourth and fifth day much sanious fluid escaped through the incision. During the night of the fifth and sixth day the same jelly-like fluid escaped, and in the morning the wound was covered with an eschar. The diarrhœa persisted, and fever set in. The tenth day after the operation about a pound of jelly escaped through the wound. The patient died from exhaustion on the thirteenth day after the operation, after having furnished in all sixty-seven pounds of this gelatinous material. On opening the abdomen a large encysted tumor was found occupying almost the whole of the abdominal cavity as far as the right hypochondrium. On following up this tumor it was found to start from the right ovary. The tube and broad ligament on that side were merged with the tumor. The ovary on the left side was perfectly healthy. If the operation had been done earlier would it not have been possible to prevent the growth of the tumor, and consequently the accumulation of such a quantity of fluid? Supposing that this operation should not prove successful, would it not be possible *to remove the focus of the disease—namely, the tumor formed by the ovary?*" (The writer's italics.)

M. Morand makes comments upon the foregoing cases somewhat in this manner: He recognizes the two forms of general and encysted dropsies, and states that the latter is much more common than is generally believed. He refers to an unique case of it published in the Royal Academy of Sciences, in 1718, and says that "the cyst, with very delicate walls,

was found floating free in the peritoneal cavity"; but that there was a different variety, not uncommon, such as the one described by M. Delaporte. He states that the tunics or coats of the ovary constituted the walls of the cyst, and that the latter admitted of prodigious dilatation. The cavities of these cysts were frequently the seat of "scirrhous masses," lining the walls more or less extensively, and the growth of the cyst was influenced largely by the presence of these. He says that the encysted dropsy of the ovaries may be distinguished from general dropsy by its occurring in one or the other of the hypogastric regions; and that it is only when the growth has attained sufficient size to fill the abdomen that the diagnosis is obscure. He recognizes the coëxistence of pregnancy as a complication of encysted dropsy, and refers to a case where the general health underwent but little change during three terms of pregnancy, the patient suffering very little from the complication until the third, when it failed to reach full term. Tapping in this case was made at the end of the fourth year, and twenty-five pints of fluid drawn off. He points out the difference in the quality of the fluid found in the two forms of

dropsy, and lays great stress upon the consistency or thickness of the fluid in encysted dropsy of the ovary, which he assigns as a reason for the indistinctness of fluctuation frequently met with, and the consequent failure to detect it in many instances. As to the mode of treating encysted dropsy, he concludes his comments in the following words:

"It is a question if the proper treatment of these cases is not the free incision of the cysts. M. Le Dran is perfectly right in counselling the operation before the tumor has reached any great size. M. Delaporte operated too late, and rather with a view to improve the patient than to cure her.

"The incision is not as useful in cases of ovarian dropsy complicated by scirrhous tumors within the sac; the reasons for this are obvious.

"M. Delaporte ought to be praised for first enunciating the idea of removing the ovary at the same time the fluid is removed. It is true, it would not be an easy operation when the cyst has formed many adhesions, but it ought to be attempted early."

Soon after the period (1753) Delaporte suggested extirpation of the ovary, for the cure of encysted dropsy of the organ, Theden proposed a method of operating that bears his name, and which we find described in the *Encyclopédie des Sciences Médicales*,[1] as follows:

[1] 3 Division Chirurgie Médecine Opératoire, par Malle, 1841, t. 19, p. 919.

"He commences by making an incision in the inguinal region, extending it through the skin and muscles down to the cyst, which, according to his idea, is outside of the peritoneum. He then dilates the wound with the fingers, taking care to control the bleeding vessels. This being done, he separates the edges of the wound from the cyst, and by an incision into the latter gives vent to the contained fluid. He finishes this step by detaching and drawing out the emptied sac. Next, with a long silk thread, with the ends to project beyond the wound, he surrounds the sac with a loop, and passes it down to the ovary. In case the ovary resists the traction upon it, he ties and strangles the parts in the loop of the ligature. If the ovary is found to be hard he endeavors to extract it with the fingers; and if this cannot be done, he immediately puts on the ligature to cause its destruction. According to circumstances he tightens the ligature, and he says that what is best to be done to prevent accident is to amputate the ovary. If this can be accomplished without danger it should be attempted by all means. Once the sac is removed the only thing remaining is to close the wound."

In the regular order of our study of the history in France of incisionism for the treatment of encysted dropsy of the ovary, we come to the consideration of another classic case reported under the title: "Observation sur un depôt de la trompe, et sur l'extirpation de l'ovarie," par M. L'Aumonier, Chirurgien en chef du grand hôpital à Rouen, et Correspondant de la Société.[1]

The patient, Marie Louise Lagrange, aged twenty-one, entered the Hôtel-Dieu, January 5, 1782, under the care

[1] Histoire de la Société Royale de Médecine, 1782–83, p. 296.

of M. L'Aumonier, feeble, emaciated, and having a low fever and diarrhœa, with general distention, tenderness and pain of the entire abdomen, together with a purulent vaginal discharge, following her confinement six or seven weeks previously. M. L'Aumonier, upon a careful examination of her case, discovered a hard, round tumor in the hypogastric region, resisting and painful under pressure. Firm pressure upon this tumor was attended by a sudden purulent discharge from the vulva, of which he assured himself positively by two or three similar investigations. By the touch he was able to determine that the external os uteri was in a normal state.

L'Aumonier says:

"The situation of the tumor, its connection with the matter in the uterus, the occurrence of an accouchement six or seven weeks previously, and the empty and flaccid state of the mammæ, all pointed to a milk abscess (dépôt laiteux) situated in the ovary and Fallopian tube."

"It was already late, and the strength of the patient seemed too feeble to attempt a decisive operation; but, according to the *maxim melius anceps quam nullum*, I determined to make an incision through the integument, muscles, and aponeuroses. It was made in the direction of the inferior plane of the external oblique muscle, commencing three fingers' breadth below the imaginary line between the umbilical and hypogastric regions. It was four inches in length, and made as carefully as possible in order to spare the subjacent parts. (Side not mentioned.)

"The peritoneal cavity opened, I perceived a round tumor, of a bluish color, adherent below to the part of the peritoneum covering the inguinal ring, and free above, where it was surmounted, in the direction of the umbilicus,

by another oval-shaped tumor, the size of an egg, having a scirrhous solidity. The bluish part of the tumor was elastic, but fluctuation was distinct, and I could again, by compressing it, cause immediately to flow from the vulva a small quantity of pus.

"Notwithstanding the size and considerable number of bloodvessels which ramified upon this tumor, I did not hesitate to plunge the bistoury into its cavity. In directing this incision from the part of the ovary having scirrhous hardness to the point where the Fallopian tube unites with the side of the uterus, the opening made gave issue to a pint at least of blackish pus of an odor the most infectious and penetrating I have ever smelled.

"The pus being evacuated, I passed my finger as far as it would reach into the interior of this cavity, and in carrying the finger to the superior part of it I felt an excavation in the body of the ovary, the edges of which were of considerable hardness, and which obliged me to examine more carefully the part that I had previously regarded as scirrhous. I tried to detach this part from the Fallopian tube, being sure now that the adherence was only the product of inflammation. Their separation was effected without difficulty, and the point of adherence was found to be formed by the fixation of the fimbriated extremity of the Fallopian tube upon the body of the ovary, an occurrence which results from any stimulation whatsoever of the latter. The parts being separated, the ovary seemed to be sufficiently isolated, and could be seized without much difficulty for extirpation, it now being certain that the disorganization was irreparable.

"The operation was simple, and included the application of a tenaculum to the upper part of the tumor (the hardened ovary), which fixed it, and facilitated the entire dissection without injury to the surrounding parts.

"From a branch of the spermatic artery there was a little hemorrhage immediately after the extirpation, but it seemed to me of no great moment. A small bit of dry

charpie, secured with a thread, as well as balls of the same, with which I filled the sac of the Fallopian tube, after having saturated them with the yellow of an egg, one-third honey, were all that was necessary for the internal treatment. Emollient embrocations to the abdomen, covered with lint, over all of which poultices were applied, constituted the external treatment."

The morning after the operation the patient was very weak, answering questions only by "yes and no," but to use M. L'Aumonier's own words, "the purulent discharge from the vulva was absolutely dried up."

On the third day he made the following observations regarding the internal treatment of the abscess that was indicated:

"I learned why the intestines do not present at the opening, as often happens in large incisions penetrating the abdomen. I readily discovered the causes of this—they are adhesions, resulting from inflammation between the circumference of the tumor and the peritoneum, which I have wished to overcome in order to avoid the pain they often occasion, from traction upon them, after the cure of the disease giving rise to them. I felt too great a resistance, and the patient too much pain, to push further the slight attempts that I made. I contented myself with treating the bottom of the ulcer with the small balls of charpie and the lint over the abdomen, medicated as previously described."

The progress of the improvement was uninterrupted until the sixteenth day after the operation, when the patient was seized with

an hysterical convulsion which lasted several hours, though she appeared to come out of it all right. This was followed by the catamenia. On the second day of the flow the discharge from the wound was tinged with blood, the explanation of which M. L'Aumonier was not able to give—that is, as to whether it was menstrual or came from the sides of the granulating wound. He recognized, however, that the tinge gradually ceased with the menstrual flow. "At this stage the cavity of the Fallopian tube was reduced to about the size of an egg." The wound completely cicatrized without any fistula remaining, and the patient was discharged cured, February 20, 1782.

Mr. L'Aumonier concludes the report of his case in these words:

> "This example and that of total amputation of the uterus and vagina performed with success, justify the conclusion that, with a thorough knowledge of anatomy, there are but few organs upon which one may not perform with advantage the different operations of surgery."

About twenty-five years after the report of L'Aumonier's case was published (1782–1807), the Inaugural Thesis of M. d'Ischier, at Montpellier, appeared in defence of the success of this operation as one of real extirpation of the ovary, coupled with the success of a similar

operation in a case by M. Kapeler; but, according to Velpeau, as has been shown, the efforts of the author failed to impress the profession with the importance he attached to these cases and their results. In this connection Velpeau does not even so much as quote the publication of L'Aumonier, or allude in the slightest way to any of the circumstances attending the operation he performed, thus leaving the reader wholly in doubt as to the source of M. d'Ischier's information upon the subject.

This brings us to a still longer lapse (1807–1837) of almost total neglect, in France, of the treatment of ovarian dropsy, as the history of the subject would seem to prove. Notwithstanding the inauguration and recognized success by the McDowell procedure during this period in other countries, the first evidence we have of the revival of interest in the subject in France is found in the proposal of M. Monteggia. The evidence regarding Monteggia is based upon the high authority of Professor Malgaigne,[1] who regards his proposal as only a slight modification of that described in the report of a case by William Jeaffreson, Esq., of

[1] Manuel de Médecine Opératoire. Trans, by Dr. Frederick Brittan, 1846.

England. The following is a description of Monteggia's proposal, as given by Professor Malgaigne:

"This surgeon objects principally to the large incisions of the abdomen. He advises puncturing the tumor with a large trocar, and extracting the liquid; and then, after having somewhat enlarged the opening, if necessary, introducing long-branched forceps, like those of Hunter for the extraction of calculi from the urethra. By means of these forceps he forcibly seizes the sac, thus emptied, draws it outside, and then excises it near its base; applying to its pedicle a ligature, the two ends of which are brought out of the wound so as to be withdrawn when the remainder of the sac is completely detached and removed."

In connection with the above proposal of Monteggia, M. Malgaigne describes the mode of treating encysted dropsy by incisionism associated with the name of Le Dran (1736–1746), and later with that of Galenzowski (1827); and of treating hernia of the ovary by excision, as coupled with the name of Deneux. He also describes the proposal of Theden for extirpation of the ovary, and the actual operation of McDowell for the same purpose, but cites no instance in which either had ever been employed in France. In the latter connection he says:

"We find traces of this operation in divers authors; but the first who framed an operative proceeding that he in-

tended adopting was Theden (between 1750 and 1760), and the first who performed it seems to have been McDowell (1809)."

As to the further history of the treatment of ovarian dropsy in France, I must again refer to Professor Velpeau[1] as the best authority. For an explanation of the character of this treatment it is only necessary to state that an attempt was made in a case by M. Recamier to establish drainage with a seton through the vagina; and in another case, by M. Marjolin, with an injection of honeyed barley water (eau d'orge meillée), both in the year 1839, and both terminated fatally.

From all that has been said thus far upon the history of extirpation of the ovary for the cure of ovarian dropsy, in France, it appears that not a single operation up to this date was performed there according to the teachings of McDowell. As proof upon this point I would refer to the communication entitled "Quelques notes relatives à l'excision des tumeurs ovariques," Par Achille Chereau, D.M.P.[2]

This writer, in his remarks introductory to his Table of Statistics, speaks as follows:

[1] Op. cit.

[2] Journal des Connaissances Mêdico-Chirurgicales, 1844, t. i. p. 228.

"I will say at the outset that one need not expect to find in the following lines an apology for, nor a criticism upon, the operation forming the subject of this article. They are simply notes from extracts that I have read of the estimate of it in French publications, and from which it is my sole aim to briefly show the present state of the science relative to the excision of tumors of the ovaries. According to my knowledge, the attempts which have been made up to the present time to remove, in totality, tumors situated in the ovaries, amount to sixty-five, of which cases the appended Table shows the circumstances."

The writer excludes from this Table the case of L'Aumonier, and assigns his reason for it in these words:

"In that number I do not include the case reported by L'Aumonier, as has been done erroneously, in my opinion, by all the authors who have written upon this subject. If that surgeon did perform the ablation of one of the ovaries, it was performed in a fortuitous manner, as it were, and on account of the disorganization of that organ."

Even at the date of the publication of this Table of Statistics, by M. Chereau (1844), two years after the revival of the operation of McDowell in England, he does not include a case operated upon in France by this procedure. Of the sixty-five cases given we find the following distribution of them, as to the countries in which these operations were performed: Great Britain, 37 cases; Germany 15 cases; United States, 8 cases; anonymous, 5 cases.

COMMENTS.—The points brought out in our study of the early history of ovarian dropsy in France show a wide range of investigation with regard to the nature, origin, diagnosis, prognosis, and treatment of this disease by the incisionist; and are of far greater interest than would seem from a cursory glance at the subject. Le Dran, as we have seen, during the few years (1736–46) that he devoted to the study and investigation of these several aspects of the subject, accomplished much that was of real value toward advancing the prevailing knowledge at that period. The disease was then called scirrhus by all writers, and Le Dran so described it, believing the origin and seat of it to be inside of the sac, at or near its base, the attachment of the ovary to the uterus, or in one or both iliac fossæ; also, that the growth of the disease depended upon the gradual enlargement upward of a single cyst. The growth of the disease he also knew to be confined at first to one side, and that as the growth gradually extended it occupied both sides, thus showing by these observations accuracy in differential diagnosis, and the importance he attached practically to being always able to determine the side on

which the disease was seated. For the ordinary operation of tapping he was influenced by these considerations, and in the advance from this practice to that of incisionism he adhered even more strictly to the observance of the same general rule.

From the known result in nearly, if not all, cases in which tapping was performed, he saw that the sac would refill sooner or later (in from a few weeks to several months), necessitating a repetition of the operation in order to relieve the distressed breathing and the embarrassed functions of the body generally, and by which alone death could be averted for a time.

With this knowledge of the nature, seat, growth, and consequences of such tumors, he dared to make incisions below the umbilicus, by which the peritoneal cavity was laid open in its lower division; to carry the finger or the hand, as the case might be, into the abdomen and pelvis in search of disease; and to leave the cavity open for the employment of drainage and injections, by tent and tubes, as has been shown. In this way he actually cured, to all intents and purposes, one case that he operated upon, the patient remaining in a fair state of health, with only a fistulous opening, for four

years; and in another he completed the cure without a remaining fistula. In the first case he made a small incision in the right side, four inches in length, admitting about two fingers for exploration, using afterward drainage-tubes and injections; but after six months, finding an increased growth of the tumor, he made across the lower part of the abdomen an incision six or seven inches in length, admitting the whole hand for exploration, and allowing of the same general after-treatment by tent, drainage-tube, and injections. In the second case he found the enlargement of two years' standing, occupying both sides of the abdomen, and he tapped it. When the fluid was drawn off he discovered a scirrhous tumor, the size of a "melon," on the left side, and at the end of three weeks the abdominal distention was as great as ever; whereupon, he decided to lay the abdomen and tumor open. This time he selected the linea alba below the umbilicus for his incision, extending it to the pubes, with the intention, as he tells us, that the opening in the abdominal wall should not close up promptly, in order that the cyst itself might have time to contract, and the lower angle of the opening made in it be kept always near the angle of the external wound

and the bottom of the sac, the scirrhous seat of the disease. In this way he was better enabled to employ his drainage-tube and injections to favor inflammation and suppuration of the walls of the cyst.

Le Dran's theory of the treatment employed in the above two cases was based upon former observations and experience, and his logical explanation of it, before he undertook the operations in question, accorded most fully with the results which he achieved.

The final result in the second case, as we have seen, was a complete triumph for the method of incisionism, without a remaining fistula. Had the tumor in the case not been a multilocular cyst, and complicated with adhesions, as was probably the case, Le Dran, with the incision he made, might have had a very different termination of the primary operation, to wit: the result of a spontaneous protrusion of the collapsed cyst through the abdominal opening, and a division by him of the pedicle, thus giving to the world an operation of complete extirpation of a dropsical ovary—the achievement left to McDowell just sixty-three years later (1809).

Le Dran, although anticipated over a third of a century in the employment of incisionism by

Houston, may properly be regarded as the first to fully comprehend and master the principle of the procedure, and thus to be able to secure its fullest fruition. For this the profession in his own country, and in all others as well, owe him more credit for the really scientific work he did, and for the triumph which he secured from it, than it is believed he has ever received.

The four cases following Le Dran's are all of interest, as we have seen, illustrating, as they do, important points in regard to the origin and seat of encysted dropsies, and especially the first one (that of M. Mouton), in which the accumulation of fluid took place between the peritoneum and abdominal muscles, attaining enormous dimensions, and causing the death of the patient, while on her knees, the only position in which she had been able to breathe for two or three weeks previously. In another case (that of M. De La Chaud), the fluid forming the tumor was found between the folds of the peritoneum. Next we have the case of M. Montaulieu, in which the tumor was of a "cauliflower form," being, probably, of papillomatous origin; and, lastly, that of M. Malaval, in which both ovaries were involved, and a correct diagnosis made, as was proved afterward by the autopsy.

Next is the important case of M. Delaporte, from the peculiarities of which, as we have seen, he was led, after his attempt at removal by incision simply, to inquire, for the first time in the history of the treatment of ovarian dropsy: Would it not be possible "to remove the focus of the disease—namely, the tumor formed by the ovary?"

In this instance Delaporte encountered a semi-solid tumor, no doubt multilocular in character, of enormous dimensions, and with no recognized features to indicate which ovary was involved. The greater prominence, however, of the enlargement of the left side no doubt influenced him to make his incision here, and it was commenced just above the anterior superior spine of the ilium and extended upward and inward the length of five fingers' breadth. There is no evidence that Delaporte at any time introduced his finger or fingers through the opening for the purpose of exploring the interior of the tumor; and the reason for this, no doubt, was that the gelatinous fluid it contained poured out in such continuous quantities that there was no opportunity to do it. He contented himself with simply looking on and noting the enormous discharge from

day to day, until the thirteenth, when the patient expired, the wound having given issue to sixty-seven pounds of fluid. At the autopsy Delaporte found that the tumor involved the right ovary, instead of the left, where the incision was made—precisely the same obstacle to success by incision that Le Dran encountered in his first operation. The latter mistake in diagnosis, and consequently the error in puncturing the abdomen in the wrong place, was made by the physician previously in charge. This error of diagnosis and the unguided puncture on the right side gave rise, no doubt, in Le Dran's second operation in the same case, to the long transverse incision he was forced to make, extending from the point of this puncture to the left side, the actual seat of the tumor. Had the diagnosis of the seat of the disease been correct in Delaporte's case, and the incision made into the tumor on the right side, instead of the left, near its base, the probability is that all of the fluid would have escaped in a far shorter time. Thus would the chances of saving the life of his patient have been increased to a certain extent; and by enlarging his incision to admit the hand into the interior of the tumor for breaking up the partitions between the

minor cysts, as Le Dran did for diagnostic purposes in his second operation, he would have increased his chances still more, probably to the extent of removing the entire diseased mass at the time of his operation. But, after all, it was no doubt his error of diagnosis as to the ovary involved, and the great disadvantage experienced from making the incision so far from the base of the tumor, that led Delaporte afterward to institute the inquiry he did as to the preferableness of the incision being made over the focus of the disease, and of the removal of the affected organ in totality.

Of the originality of the proposal of Delaporte there seems to be no question. Certainly there is no evidence accessible to show that he was acquainted with the Eastern custom of removing normal ovaries in women mentioned by Lisfranc; or that he was influenced by the well-known expedient of removing the ovaries in the female of quadrupeds which has come down to us from former centuries; nor is there any reason to believe that he was at all familiar with the discussions upon the same subject by Schlenker, Willius, Peyer, and Targioni, claimed by Velpeau to have taken place during the thirty years previously (1722–1752).

Delaporte makes no mention of the work of Le Dran, as appears from the history of his case and operation ; but no one can fail to see that he was a strict follower of the latter as regards the procedure of incisionism.

A fact deserving emphasis in this connection is that the four incisions made in the three cases of Le Dran and Delaporte, distinctive of the old method of incisionism, were restricted to the lower division of the abdomen alone (a line extending across the longitudinal axis of the body, at the umbilicus, being the limit), and were of variable length. These incisions for convenience in description may be divided into the short and the medium. One of them on the right side was four inches long ; one of them on the left was made four inches at first, and then extended somewhat into the medium, one reaching from four to six inches in the linea alba up to the umbilicus, and another medium or long, reaching transversely from the right to the left side and six or seven inches in extent. These incisions, all in the lower division of the abdomen, as stated, and made without reference to the axis of the body, except in one instance, constitute the most important feature of the old method of incisionism. The one of

Le Dran, however, which extended transversely across the body, without regard to the direction of muscles or the course of large bloodvessels, was made in a most unjustifiable way.

Theden's scheme of extirpating a dropsical ovary, an extension of incisionism, was unquestionably the outcome of Delaporte's proposal. It was characterized by a short incision four inches long in the inguinal region, as he supposed the diseased ovary to be outside the peritoneum. After exposing the organ and giving vent to the contained fluid he would draw the cyst out, put a ligature on its point of attachment, and cut it away. The tumor on being found hard, and not susceptible of being drawn out and excised, was to be seized with the fingers and forcibly brought out. Suffice it to say that this was merely a theory as to what the author thought an operation ought to be for the purpose indicated. It is, however, of interest here to refer to it, for the reason that it excited no little attention in France at the time of its proposal, was extolled by Morand, and by two English surgeons, Power and Darwin, and was even favorably commented upon by Malgaigne, as late as 1842, as the first scheme proposed for extirpation of the

ovary, while McDowell's procedure was the completion of it.

L'Aumonier performed his operation from thirty to forty years (1782) after the proposal of extirpation of the ovary by Delaporte, and the plan of executing it as formulated by Theden. L'Aumonier's operation forms an important era in the history of incisionism in France, as we have seen, and requires more than a passing notice. It was performed upon a young woman, aged twenty-one, six or seven weeks after an attack of puerperal peritonitis, resulting as the facts show, in a pelvic abscess which opened from Douglas's pouch into the vagina, the most favorable of the four common outlets of such purulent accumulations. L'Aumonier, finding a tumor of considerable hardness in the hypogastric region, and perceiving that pressure upon this region caused sudden and repeated gushes of matter from the vulva, concluded erroneously that an abscess of the ovary existed, which had opened into the corresponding Fallopian tube, whence the pus escaped through the uterus and vagina. The external uterine orifice, he averred, from a digital examination, to be in a normal state. His operation, based upon this theory of the

enlargement he found in the hypogastric region, consisted, as we have seen, in making an incision over the prominent part of the distended region (tumor) four inches in length, running obliquely across the linea alba, the side of the affected ovary not being mentioned. The bluish fluctuating tumor found at the bottom of his incision, after dilatation with the fingers, he says, was attached below, over the inguinal ring of the affected side, and floating above, while it was surmounted by another little tumor the size of an egg, having a hard feeling (*tumeur skirrheuse*). Below this latter point he plunged his bistoury (this being the second step of the procedure), extending the division of the structures down to the angle formed by the Fallopian tube of the corresponding side with the uterus, and thus gave vent to a pint of blackish and most offensive purulent fluid. His next step was the introduction of his finger, to its full length, into the wound, and this resulted in the discovery, as he says, in the upper side of the cavity of "an excavation in the body of the ovary of which the borders were of considerable hardness," corresponding in situation almost precisely with the hard-feeling little tumor surmounting the bluish tumor, as de-

scribed. The small opening through which his finger passed to reach this point led him to reconsider his first opinion regarding this hard-feeling little tumor. The result was, he discovered, as he states, that the small opening mentioned, with "hardened borders," was the outlet of an abscess in the ovary, and that the "organ was disorganized beyond reparation. But in this reinvestigation of the parts involved he overlooked the fact that the fluctuating little bluish tumor, fixed below, floating above, and surmounted by the hard-feeling little tumor, still remained unexplained. The seizing of the disorganized ovary, with "hardened borders," with a tenaculum, the removal of it entire by dissection without injury to the surrounding parts, and with a loss of only a few drops of blood, all tend to prove the operation to have been not only complex and unique, but of a character bordering on the marvellous. Such a procedure, without any explanation of the character of the specimen so removed, cannot, however, be accepted as justifying the importance given to it by L'Aumonier, to say nothing of the inconsistency of his statements regarding the anatomical and pathological structures involved, and their relations one with another.

The claim, therefore, of an abscess of the ovary emptying into the corresponding Fallopian tube, and of the extirpation of the diseased organ, it must be said, is not only opposed by the vague pathological description of the structures implicated, but by sound principles of surgery.

It is clear enough, from what we have read of L'Aumonier's description, and the analysis here made of the different steps of his operation, that the true explanation is that given in the outset, viz.: that the enlargement found in the hypogastric region was nothing more or less than a pelvic abscess in Douglas's space, resulting from puerperal peritonitis, with rupture of the pouch, and discharge through the vagina.

The proof of the above explanation is, on the one hand, the impossibility of L'Aumonier's forcing out in sudden and repeated gushes a purulent fluid through the Fallopian tube, the uterus, and its external orifice, in a normal state, as he describes; and, on the other hand, of the entire practicability of his being able to do this easily by the same manipulation with the opening that existed between the bottom of Douglas's pouch and the vagina. Besides, the extirpation of the hard-feeling little tumor sur-

mounting the large bluish tumor actually containing the purulent fluid, without reference to the walls of the tumor, would have been impossible, as described, and his claim of successful removal of a disorganized ovary is therefore clearly absurd.

As another proof of the absurdity of L'Aumonier's having even discovered, to say nothing of his removing, a disorganized ovary independent of the walls of the sac containing the pus, it is only necessary to assume (which is in strict accordance with his description) that the upper part of the large cavity was bounded by the broad ligament and the fundus of the uterus, the latter being drawn over to the affected side by adhesions. This being understood, it is easy to see that the hardened substance finally recognized in the sac, claimed by him to have been seized with the tenaculum and removed, was not the disorganized ovary at all, but the fundus of the uterus. Whether he dissected out this "without injury to the surrounding parts" remains, in my opinion, an open question.

From this it follows that the small opening admitting L'Aumonier's finger was nothing more or less than the point of communication between two parts of the large bluish tumor

actually containing the pus, one being on the affected side of the uterus, and the other in Douglas's pouch; and that when he passed his finger through the small opening into the cavity of the ovary, as he supposed, he simply passed it under the fundus of the uterus into Douglas's pouch, thus showing the continuity of the two portions of this cavity, viz.: the bluish-looking tumor, or pus sac, which he had cut down upon in the outset of his operation and punctured. By so doing he gave vent to the pint of contained pus, and caused the "drying up" the day afterward of the purulent vaginal discharge, as he describes.

In justice to L'Aumonier, however, it is proper to state that the incision made by him for the relief and cure of his case of pelvic abscess was simply an extension of the principle of incisionism as employed by Houston and Le Dran, especially in the first case of the latter, nearly fifty years previously. In the result thus achieved by him of completely emptying Douglas's pouch by the procedure described, and thus curing his patient, is to be found his triumph, which was truly brilliant for his day, and would even do credit to the most advanced laparotomist of the present time.

In this connection it is also proper to state that in the various references made by subsequent writers to L'Aumonier's case there has been an extraordinary reticence, and consequently a misunderstanding regarding its diagnosis, and the precise character of the operation he performed. Hence the non-appreciation of the operation as to its true merits, not as a procedure of extirpation of the ovary, so erroneously claimed for him, but as a practical extension of the procedure of incisionism to the relief and cure of pelvic abscesses, and a demonstration of its availability in other serious conditions, such as tubal pregnancy, pyosalpinx, etc., to the value of which the attention of the profession has only been pointedly directed within the last decade.

Again, as we have seen, twenty-five years after the publication of L'Aumonier's case, the claim of successful extirpation of the ovary by the latter was revived, in the Inaugural Thesis of M. d'Ischier, in connection with the success of Kapeler's case, and the fact that the date of this thesis was only two years before that of McDowell's first operation also proved prejudicial to the recognition of McDowell's claims, from the constant references made to the sub-

ject at that time, and the want of knowledge of the real facts of the case—M. d'Ischier, instead of L'Aumonier, being usually referred to by authors. This was done even by Velpeau himself.

Of all the French writers that have been consulted in connection with this subject only one has been found (M. Chereau) who quotes directly from the publication of L'Aumonier's case, as recorded in the *Histoire de la Société Royale de Médecine, 1782–83.*

In concluding these comments, I would state that during all these years of the history of McDowell's operation (the period of our present study of the subject, 1809–42) not a single report of an operation according to this procedure has been found in the medical literature of France. The question may well be asked: What was the cause of this seeming neglect of the procedure? Could it have been from dissatisfaction with the character and results of the few operations performed during the period of the old procedure by incisionism; or did it result from the failure of surgeons, for all these years, to regain sufficient confidence to make the trial of a different and more promising operation?

SECTION III.

GERMANY.

A GREAT deal has been said of Professor Dzondi, of Halle, and the association of his name with ovariotomy. In the United States Dr. Nathan Smith, in the report of his successful case of ovariotomy (1822), refers to Dzondi's practice of incision and drainage ; and, evidently impressed with the importance of his views upon the subject, disclaims any knowledge of them prior to the date of his operation. Dr. W. L. Atlee places his name in his "Table of Statistics" (1851), before that of McDowell as a successful ovariotomist. In England Mr. John Lizars, in his paper entitled "Observations on the Extirpation of the Ovaria, with Cases," published in 1824, speaks of Dzondi's successful treatment of dropsical ovaries. Velpeau, at a still later date, mentions the plan of treatment ascribed to Dzondi by Mr. Lizars, but calls attention to the contradictory statement upon the subject by Dr. Dolhoff, of Magdeburg, Prussia, a pupil of Dzondi.

As to the real facts relating to the credit attributed to Dzondi in the United States and

in England, as above shown, a reference to his published work, entitled: *Beitraege zur Vervolkommung der Heilkunde* (1816), an English review[1] of which I have consulted, shows that the practice attributed to Dzondi did not relate to the treatment of dropsical ovaries at all, but to that of encysted dropsy ("hydrops succatus peritonei") in the case of a boy, Christopher Shultz, twelve years of age. The operation he performed was simply a puncture with a trocar of the distended abdomen, which was made in the presence of Dr. Funke, May 24, 1814. After the fluid was drawn off he enlarged the trocar puncture by incision, and "introduced into the orifice a large linen tent dipped in oil, and secured it externally by adhesive plaster." The tent was removed every other day, the size being gradually increased until the twenty-sixth day after the operation, when a ragged point of the cyst wall showed itself at the fistulous orifice, and was seized with a pair of forceps and entirely drawn out, piece by piece. The patient recovered.

The reviewer of Professor Dzondi's work says of the principle of the treatment employed in the above case, that it "might be resorted to

[1] Am. Med. Recorder, 1820, vol. iii., p. 57.

with equal success in ovarian dropsy, as soon as the sack lies between the peritoneum and the external covering (muscular wall), as is generally the case, and if the ovary itself has not yet entered into an ulcerated and scirrhous state." This theory of the ovaries being outside of the peritoneum will be recognized as the same taught by Theden in France, 1753–1760.

Thus is made clear what was actually proposed and accomplished by Dzondi in a case of encysted dropsy in a boy; but it is also evident, from the presentation of the subject of incisionism in France, where it was practised nearly three-quarters of a century earlier, that Dzondi had profited from the teachings of the incisionists there, and, consequently, was entitled to no claim of originality of the employment of the principle further than as regards its extension by applying it to the successful treatment of encysted dropsy other than ovarian.

Let us next see with what success McDowell's operation of ovariotomy by his long incision was first employed by German surgeons, from the results as set forth in the recorded cases of Chrysmar, Martini, Dieffenbach, Ehrhartstein, Quittenbaum, Dolhoff, Groth, Chrissman, Ritter and Stilling.

To Dr. Chrysmar, of Isny, in Wurtemberg, is justly due the credit of having been the first in Europe to perform McDowell's operation, although he is credited by Dr. Hopfer, of Biberbach, with having been the first anywhere to perform extirpation of a dropsical ovary, since no mention is made by him of the American operation. The facts are, that Chrysmar's first case, reported by Dr. Hopfer, bears the date of May 16, 1819—nearly ten years after McDowell's first operation, and more than two years after the publication of his first three cases (1817). Beside this, Chrysmar's first recorded cases bear the ear-marks of the long peritoneal incision, the full exposure of the peritoneal cavity, and the bringing out in the lower angle of the wound the ends of the ligature on the pedicle, which are themselves enough to prove beyond the shadow of a doubt the priority of the American operation, independent of Dr. Hopfer's statements, dates, or publications. Dr. Hopfer, in his report of Chrysmar's three cases, entitled: "On Extirpation of Diseased Ovaria,"[1] states the circumstances under which he became acquainted with Dr. Chrysmar and

[1] Monthly Journ. of Foreign Med., 1829, vol iii., p. 440; translated from Medicinische-chirurgische Zeitung, Feb., 1827.

the results of his operations. In 1819, as Medical Superintendent, he went to Allgäu, in the district of Swabia, where Chrysmar enjoyed a wide reputation, and had already, as he learned, performed two operations, one of which was successful. Hopfer says that during his three years' residence in Swabia Dr. Chrysmar performed three operations for extirpation of diseased ovaria, two of which he witnessed, and the third of which was a case of his own (Hopfer's).

CASE I.—Mrs. Leupalz, aged forty-seven, presented herself to Dr. Chrysmar with a hard tumor in her left side, about the size of a child's head, complicated with ascites. The operation was performed May 16, 1819. The long incision of McDowell was adopted, extending in the linea alba from the ensiform cartilage to the pubes, with full exposure of the abdominal cavity. Extensive adhesions were found between the tumor and the arch of the descending and transverse colon, as well as the great arch of the stomach. The ligature was brought out at the lower angle of the wound. Patient expired thirty-six hours after the operation. The diseased ovarium weighed seven and a half pounds. Its surface was irregular and knotty, and upon section its structure was of a cartilaginous and fibrous character, with small "intervening cavities, filled with greenish offensive sanies."

CASE II.—A. B., aged forty, presented herself with a tumor, the size of a child's head, in the left side, with distinct fluctuation, and anasarca of the lower extremities. In June, 1820, Dr. Chrysmar performed the operation in the presence of Dr. Bawnwarth and three other surgeons. The long incision was employed, as in the preceding case,

with full exposure of the abdominal cavity. No adhesions. Wound closed with sutures, and the ends of the ligature on the pedicle brought out at the lower angle of the wound. The tumor weighed eight pounds. Patient returned home well at the end of six weeks.

Case III.—A single woman, of Bavaria, named Scheideck, aged thirty-eight, with abdominal tumor, spinal curvature, and deformed pelvis, applied to Dr. Hopfer in 1820 for treatment, but he advised her to consult Dr. Chrysmar. The latter decided to make the operation for removal of the tumor, which he did in the presence of Dr. Hopfer and three assistants. The long incision was made, with full exposure of the abdominal cavity. There were slight adhesions, but the pedicle was found to be short and *four inches thick.* It was tied with a double ligature, wound closed with sutures, and ligature brought out at the lower angle of the wound. Death, preceded by convulsions, took place at the end of thirty-six hours. "Tumor weighed six pounds and a half, and, on being divided, presented a lardaceous texture, with numerous fibrous cysts, filled with a brownish stuff, like size."

Next follow two cases operated upon, respectively, by Dr. E. Martini and Prof. Dieffenbach.

Case IV.—Woman, aged twenty-four, with enlargement of her left side, believed by her former physician to be due to an ovarian tumor, consulted Dr. Martini in April, 1827. She had previously been tapped four times, the last time only a month before her admission, at which date the cavity of the cyst was injected with water and alcohol in the proportion of 8 : 1. Dr. Martini, at a fifth tapping, made two punctures at the same sitting to relieve distention; after which he decided to make an incision in the linea alba three inches below the umbilicus. This incision was then enlarged above and below to the extent of nine inches (McDowell's incision). The tumor was the

size of a man's head, round, smooth, and of a "cartilaginous consistence," and it seemed solidly fixed in the brim of the pelvis. He could not find the pedicle. In the upper part of the tumor there was a large cyst which was punctured and evacuated, the canula being left in it to insure drainage. Wound closed with sutures, the canula projecting from the line of union. Case terminated fatally seventy-two hours after the operation. Disease was found seated in the left ovary, as diagnosticated.

Case V.—A Polish woman, aged forty, after having been examined by a number of surgeons, finally consulted Prof. Dieffenbach in regard to a large tumor in the abdomen, which she believed resulted from a blow received ten or twelve years previously. Prof. Dieffenbach decided to operate, and made the long incision, extending along the linea alba to the pubes (McDowell's incision). The lower part of the tumor, and its relations to the uterus and bladder could not be made out—it having a broad base and seeming to be attached to the vertebral column. It was somewhat round, of a bluish color, and of almost cartilaginous hardness, and contained large bloodvessels. The puncture in the tumor was followed by profuse bleeding, which could be controlled only by compression. It was deemed proper not to attempt a removal of the tumor. Wound closed by sutures. Patient recovered.[1]

The following is a short abstract of a case reported by Dr. Ehrhartstein,[2] translated from the *Med. Jahr. des Oester Staats*:

Case VI.—Mrs. A. D., aged thirty-one, in her fifth pregnancy showed enormous abdominal distention, which was but little diminished after her delivery. The cause of this was soon after discovered to be enlargement of the

[1] Archives Generales de Médecine, 1829, t. 20.

[2] Medico-Chirurg. Rev., July, 1833, vol. xix.

right ovary; the case thus illustrating the possibility of such tumors becoming complicated with pregnancy. The cyst was partially relieved by puncture with the trocar and the abstraction of fourteen pounds of fluid; whereupon another similar cyst was discovered, and a second puncture made, giving vent to twelve pounds more of fluid; thus proving the tumor to be multilocular. The operation was performed eighteen weeks after delivery. The length of the incision is not stated, but presumably the long incision was employed, from the facility with which the existing adhesions were overcome and the operation completed—only fifteen minutes being required for the purpose. Ligatures were applied to three bleeding vessels, but special treatment of the pedicle is not mentioned. It is to be inferred, however, that the ligatures were brought out at the lower angle of the wound, since it is stated that the threatening febrile symptoms intervened, which were only relieved on the eighth day by a discharge from the wound, "of bloody serum and gas." The emptied tumor weighed twelve pounds, and was found to be composed of numerous cavities. The patient was discharged cured at the end of nine weeks.

Case VII.—All the details of the case of Dr. Quittenbaum, next in order, are not accessible, but the writer has been able to ascertain that he performed the operation November 18, 1834, and that his incision was four inches in length. The cyst was successfully removed, and the patient made a complete recovery.

Dr. Dolhoff,[1] of Magdeburg, Prussia, in a communication entitled "On the Puncture and Extirpation of Tumefied Ovaries," makes two divisions of ovarian cysts, requiring two differ-

[1] L'Experience, 1837–38, t. i. p. 625; from Rust's Magazin, 1838, 1st series, vol. li.

ent plans of treatment, viz.: first, unilocular cyst, with puncture by trocar, incision, tent and injections (incisionism); and, second, multilocular cyst, with incision and extirpation. He encountered two cases of the first variety, which were treated by incisionism with injections of red wine, a weak solution of nitrate of mercury, etc., and both of which terminated fatally (1829–33). Of the second variety (multilocular) he relates three cases. In the outset he speaks of the difficulty of diagnosis and the justifiability of the operation in this class of cases. He refers to Prof. Dieffenbach's case,[1] in which there was a mistake in the diagnosis, and, consequently, failure to remove the existing tumor. In two of Dolhoff's cases the tumor was removed, and in the third no tumor was found.

Case VIII.—Maria Bock, aged twenty-three, after an attack of tertian intermittent fever, in 1832, first noticed a swelling in the left side. Little by little this tumor increased in size until the spring of 1833, when, after receiving various opinions upon her case, she applied to Dr. Dolhoff, and was admitted to the hospital at Magdeburg. The girth of the abdomen was then fifty-three inches, and the condition was attended by great embarrassment in breathing. The tumor was irregular, and hard under pressure, fluctuation being very obscure. Dr. Dolhoff called for a consultation with his colleagues upon the case,

[1] Rust's Magazin, vol. xxv.

and there was great diversity of opinion as to the true character of the tumor. He himself believed the disease to be ovarian. It was agreed by all that the tumor should be punctured, as it was thought that this would throw more light upon the diagnosis. Dr. Dolhoff found, however, that the abdominal wall was so thick everywhere except in the lower part, where there was risk of wounding the bladder from puncture with a trocar, that he decided to first make an incision into the peritoneal cavity, and then puncture the cyst. The point of election was to the left of the umbilicus, where the surface was more elevated than elsewhere, and here a perpendicular incision, two inches in length, was made through the muscular wall. (Sept. 27, 1833.) After a considerable quantity of ascitic fluid had escaped through the wound a puncture was made in the tumor, but only a little dark, thick fluid escaped; whereupon the abdominal wound was enlarged, and an incision made into the cyst wall, found to be about an inch thick, and the contained fluid, of a gelatinous character, evacuated. The hand was next introduced, and the contents broken up and removed as far as possible. A large portion of the posterior cyst wall (about the size of a man's hand) was seized with forceps, drawn out, and cut off. It still being found that the tumor could not be removed from the abdominal cavity, the external incision was enlarged to the extent of seven or eight inches (McDowell's long incision), when the diseased mass became more movable, and was readily lifted out through the wound, there being no adhesions. The pedicle was found to be the size of the little finger, and was included in a strong ligature. After cutting away the tumor Dr. Dolhoff discovered the orifices of two arteries in the end of the divided pedicle, about the size of a crow's quill, and, fearing that his ligature might slip off, he tied each artery separately, and removed the ligature, including the pedicle in mass, thus guarding more effectually, as he believed, against secondary hemorrhage. He does not so state, but it is to be inferred, that he cut the

ligatures off close to the knots, as the irritation likely to result from the ends of the ligatures would be an additional reason for his change in the mode of treating the pedicle. The wound was closed with sutures, and the patient died sixty hours after the operation from extensive peritonitis, as was found at the autopsy; though the symptoms up to the time of death did not indicate this lesion, a circumstance thought to be very extraordinary by Dr. Dolhoff and his colleagues. The tumor and its contents weighed forty-six and one-half pounds.

CASE IX.—Emilie Rœttcher, aged twenty-seven, admitted to the hospital at Magdeburg, September 28, 1833, with a tumor in the left side of the abdomen, felt by the patient to be movable from side to side, and believed by her to have resulted from a blow. Dr. Dolhoff made an examination, and found the tumor to be a little larger than a child's head, of globular form, and pushed toward the right side. Operation October 21, 1833. A medium incision was made in the linea alba, from the umbilicus to the pubes, but this being found too small, it was extended two inches above the former. (McDowell's long incision.) This brought to view a hard tumor, covered above by the omentum, and containing bloodvessels enormously enlarged, and numerous little growths of a whitish and bluish-red color, while below it was solidly fixed in the pelvis, rendering introduction of the hand impossible. From the condition thus revealed an attempt at removal was deemed unjustifiable, and the wound was closed in the usual way with sutures, etc. The patient died eight hours afterward. At the autopsy the tumor was found to fill the pelvis, and to be firmly united by adhesions to the pelvis, uterus, bladder, rectum, and both ovaries, and it was not possible to determine in which of these organs the growth had originated.

Dr. Dolhoff, in commenting upon the above case, says that, although the growth of the

tumor was of short duration, and the sensation of the tumor, as described by the patient, was as if it fell from side to side, the diagnosis as regards its mobility proved to be wholly faulty, and the removal of the tumor practically impossible.

In the introduction to his third case of peritoneal section Dr. Dolhoff, in a most commendable way, states that it illustrates a grave error in diagnosis, and the unjustifiability of the operation he performed. He says he delayed for some time before reporting the case, thinking it would be ridiculed. But, conscientiously believing it to be the duty of every surgeon to report his mistakes as well as his triumphs, he could not in this instance depart from the rule, consoling himself with the knowledge that he was not alone in the world in his particular, since a celebrated surgeon had already published a similar experience. (His reference here being to the unfortunate case, in Great Britain, of Mr. John Lizars.)

Case X.—Friederike Gollner, aged twenty-three, unmarried, after an obstinate attack of tertian intermittent fever in 1835, of which she was cured by large doses of quinine, suffered from retention of urine (with varying quantities of mucous and purulent deposits in the urine drawn off), requiring the use of the catheter three or four

times a day. There was also obstinate constipation of the bowels, for the relief of which, at times, three drops of croton oil would be used. Following this condition of things the patient, after several months, began to have tenderness in the lower part of the abdomen. This tenderness was soon succeeded by distention of the abdomen, gradually extending itself to and above the umbilicus, which would alternately become more or less effaced and then salient. With the increase of the vesical trouble and the abdominal tenderness and distention, a hard rounded body, seemingly the size of a fœtus, was discovered occupying principally the epigastric region. Dr. Dolhoff, after consultation with his colleagues, all of whom agreed that the enlargement was due to the presence of ovarian disease, decided to remove the tumor. He performed the operation September 29, 1836, making a medium incision in the linea alba, from the umbilicus to the pubes. On introducing his hand into the abdomen and carefully searching, however, he could not, to his own astonishment and that of his colleagues, discover any tumor. The wound was closed with sutures in the usual way, and the patient made a speedy recovery.

In commenting upon the result of his first case, Dr. Dolhoff congratulates himself upon applying his ligatures separately to the two arteries found in the pedicle, thus guarding his patient against the additional danger of hemorrhage by the ligature slipping off the pedicle. He calls the attention of the profession to this method of treating the pedicle, and in this connection refers to the history of an operation performed by Dr. Groth, whose name appears

in several of the statistical tables published, though without comments.

Case XI.—A woman named Waswo, of Schonmoor, consulted Dr. Groth in regard to an enlargement on the left side of the abdomen, which he attributed to a dropsical condition of the left ovary. He recommended the extirpation of the diseased organ, and to this the patient readily consented. The operation was performed in 1833, but the kind of incision is not mentioned in the account of his operation, though it is believed to have been the long. The pedicle was encircled with a ligature in the usual way, and the tumor removed. The patient died six hours after the operation from secondary hemorrhage, which is believed by Dr. Dolhoff to have been caused by the slipping of the ligature from the pedicle.

Case XII.—Of the case of Dr. Ritter (1833), which is referred to by statistical writers, the details are not accessible, and all that is known in regard to it is that he employed the long McDowell incision, and successfully removed a fluid cyst, with no adhesions, and weighing twelve pounds.

Case XIII.—This is Dr. Stilling's case,[1] and here again there is a lack of details. We learn, however, from the Statistical Table of Mr. Phillips, that an incision (medium) was made six inches in length, that no adhesions were found, and that the patient died from hemorrhage.

Case XIV.—The case of Dr. Chrissman is included in the Tabular Statement of Mr. Benjamin Phillips (1844), but the date of his operation is not given, though it is placed, chronologically, before that of Mr. Jeaffreson (1836), in England. Of the character of his operation it may be stated that he employed McDowell's long incision, found no adhesions, removed a tumor weighing twenty-two and a half pounds, and cured his patient.

[1] Holcher's Hanoversche Annalen, 1841, Heft 3.

Summary of cases and results in Germany, including the two of Dr. Chrysmar referred to by Dr. Hopfer, but not reported: 12 completed operations with 5 cures and 7 deaths; 3 unfinished operations with 1 recovery and 2 deaths; 1 unjustified operation with recovery. Mortality of complete operations 58.33 per cent.

COMMENTS.—This completes the history, as far as it can be ascertained, of McDowell's operation in Germany as regards its initiatory trial in sixteen cases (1819–1841). Two cases of Dr. Chrysmar, in addition to his three reported cases, are included in my summary upon the authority of Dr. Hopfer, who states that one of them was cured and one terminated fatally, making in all for Dr. Chrysmar five cases, with two successes and three deaths. It is proper to mention that McDowell's work is not alluded to in connection with a single one of these sixteen cases, so far as I have been able to learn, and that the only way by which I have been enabled to trace the influence of his teachings upon the surgeons performing these operations has been through careful study of his long incision, and the extension of the short or medium incision into the long, together with another distinctive feature of his procedure:

that of bringing out both ends of the ligature on the pedicle in the lower angle of the wound. Just how Dr. Chrysmar, in the little town of Isny, in the Kingdom of Wurtemberg (1819), obtained his first information regarding the reports of McDowell's first three cases, two years after their publication in the Philadelphia *Eclectic Repertory* (1817), it would be difficult to say; when in the United States Dr. Nathan Smith, Professor of Surgery in Yale Medical College, at New Haven (a little over one hundred and fifty miles from Philadelphia, and in close connection with the latter), had not apparently read or heard of McDowell's brilliant operations at the time when he (Smith) performed his first operation of extirpation of an ovary two years later (1821). And yet the facts clearly show that Dr. Chrysmar had not only obtained this information in the face of the many obstacles then existing to intercommunication between foreign countries; but, on the authority of Dr. Hopfer, Medical Superintendent at Allgäu, in 1819, he had even then already performed two operations, one with success; making, as stated, with the three other reported cases after this date (1819–1820), five cases, precisely the same number that McDow-

ell had reported in his two papers embracing the period between 1809 and 1819. Dr. Chrysmar's results in these five cases (two cures out of the five), though far short of those achieved by McDowell (three cures out of five cases) in the far off little village of Danville, in the backwoods of Kentucky, certainly show a very fair average of success. If nothing more, they indicate an earnest and determined effort on his part to rescue a large class of women from a disease nearly always fatal, and hitherto left to the chances of incisionism, which then only was practised, and that only to a limited extent, in England and France. To Chrysmar, therefore, honor is due next to McDowell, and a position assignable to no other surgeon in Germany or any other country outside of the United States, and even here outside of the State of Kentucky, since to Chrysmar properly belongs the credit of having been the first to catch the inspiration of the "Father of Ovariotomy" and to place his convictions of the soundness of the principles of the operation before the eyes of the profession of his own country, which, as the history of the subject shows, was not done by any one else there until seven years later (1827). Such boldness and daring as were

displayed by Chrysmar in these first trials of ovariotomy, under the circumstances stated, are deserving of the highest acknowledgment—yea, of a monument to perpetuate the nobleness of his example and the influence of it on his kind. May we not hope yet to see the high appreciation of the deeds of this truly great surgeon and their value commemorated by the liberality of the profession of Germany? A monument has been erected at Danville to the name and honor of the "Fáther of Ovariotomy" by the grateful profession of his own State, Kentucky, and one now erected to the memory of Chrysmar, the first to appreciate and perform ovariotomy anywhere outside the State of Kentucky, would not only be a praiseworthy act on the part of the profession of his own country, but it would show a just appreciation of the claim properly belonging to the little town of Isny, near the border of Bavaria, and one of the free cities of Germany from 1365 to 1803, in which this historic achievement took place.

To the other operations performed in Germany there is no special interest attached, except in the cases of Drs. Ehrhartstein and Dolhoff. The case of the former, it will be remembered, was the one in which the compli-

cation of pregnancy occurred, giving rise to enormous distention of the abdomen. Soon after labor, in which there is no special mention of difficulty, tapping was performed and two distinct cysts evacuated; the fluid from one weighing twelve, and from the other fourteen pounds. From the circumstances there might have been inferred implication of both ovaries, the possibility of which had been shown in France some two-thirds of a century previously by an autopsy made by M. Malaval. Here there was likewise large and uniform distention of the abdomen, resulting from ascitic effusion into the peritoneal cavity surrounding the two separate ovaries. This pair of ovaries weighed, respectively, twelve and fifteen pounds —figures corresponding almost precisely with those given by Dr. Ehrhartstein, and making a very extraordinary coincidence.

About, or soon after, the period referred to in France (1753), Morand, in commenting upon dropsical ovaries and the several varieties then known to exist, speaks of the complication, sometimes, of the disease with pregnancy. He even cites a case in which the complication took place three times without any impairment of the general health, though the third gesta-

tion failed to reach its full term. After this (at the end of the fourth year) the patient was tapped and twenty-five pints of fluid drawn off.

In this connection the writer recalls a case[1] of complicating pregnancy he operated upon six or eight years ago, in which the long incision of McDowell again proved of inestimable value. Here the complication not only co-existed without impairment of the general health or difficulty in the labor, but the patient afterward nursed her child up to the time she applied for the removal of the tumor, five or six weeks after labor. She was then of the size of a woman at full term, and the result of the operation was all that could have been wished considering the existence of still another grave complication that was found seriously to interfere with the execution of the procedure. This second complication consisted of a calcareous deposit in the walls of the cyst, about one-third the size of the hand, to which was firmly adherent a coil of small intestine. So firmly glued together were the peritoneal surfaces at this point that separation was found impossible. The difficulty, however, was overcome by splitting the cyst wall, the scalpel being made to follow closely upon the external surface of the

[1] Transactions Texas State Medical Association, for 1885.

calcareous plate. In this way the corresponding part of the cyst wall was detached and left in its pathological relations with the intestine, to take care of itself afterward in the abdomen; which it did with no ulterior bad consequences, as proved by the final good result.

Dr. Dolhoff refers to five cases (two uniocular and three multilocular), together with one of false diagnosis in which an operation was unwarrantably performed. The interesting point regarding the treatment of the first class of cases named is that he employed the old method of incisionism with drainage and injections. In this connection he speaks of using injections of red wine and a weak solution of nitrate of mercury; and both cases in which they were tried terminated fatally (1829–33). The general plan pursued by him differed but little from that of Prof. Dzondi (1816), he having been a pupil of the latter for several years, and, of course, familiar with his practice. It is in this connection that he avers most positively that Prof. Dzondi entertained no special views upon the treatment of encysted dropsy of the ovaries, as claimed for him by Mr. John Lizars, and he expresses his surprise that the latter should ever have made a statement so erroneous.

In two of the three cases of multilocular cysts referred to by Dolhoff there are several interesting points brought out. The first case presented a girth of fifty-three inches, and the tumor was uneven and more or less hard, with no distinct fluctuation at any point. From these and other peculiarities of the tumor and its surroundings, puncture of it with a trocar was deemed useless, and an exploratory incision was consequently decided upon. For this the point of selection was to the left of the umbilicus, where a perpendicular opening two inches in length was made. The tumor was then punctured, but only a little dark fluid escaped from it. The incision was now extended to a size sufficient to admit the hand into the tumor for the breaking up and removal of its contents as far as possible. At this stage of the operation (and this is an important point, showing the lack of appreciation of McDowell's long incision) a pair of forceps was introduced, and the posterior wall of the cyst (said to be an inch in thickness) was seized and drawn out, when a piece of it "the size of a man's hand" was cut off. With all this breaking up and excision of the cyst walls, the tumor still could not be drawn through the original opening.

Now it was thought advisable to extend the incision to seven or eight inches (McDowell's long incision), when, to the astonishment of all, the tumor, which had a pedicle of the size of the little finger, at once became movable and could be lifted out of the abdomen. Next, a ligature was made to encircle the pedicle in mass; but the operator, noting the large size of the divided arteries, afterward decided to remove the first ligature put on and to tie each artery separately. To this mode of individually tying the arteries he attached great value, and claimed originality for it. The case terminated fatally at the end of sixty hours.

Now, considering the character of this tumor, its size (forty-six and a half pounds), the time taken up in the mutilation of its walls, and the delay in changing the ligatures, can anyone say that the long incision of McDowell, made at the outset, would not have been the proper thing to do? Or, that the chances of saving the life of the patient would not thereby have been greatly increased?

Dr. Dolhoff, in his second case, made a medium incision, but, finding this insufficient, he at once extended it into the upper division of the abdomen, making it accord fully with Mc-

Dowell's teachings. The removal of the tumor, however, could not be effected, and the case terminated fatally at the end of eight hours.

Dr. Dolhoff, in his remarks upon the case of false diagnosis and the result of his operation, endeavored to explain the mistake as being mainly due to a spasmodic contraction of the abdominal muscles. He further remarks, strange as it may seem, that the patient was relieved in a great degree of all her old symptoms, and remained so until the following April (1837), when they returned and became as troublesome as ever. After a long and ineffectual trial of a seton in the abdominal wall, she was discharged unrelieved.

Regarding the cystitis described in this case, whether or not it existed as cause or effect of the hysteria present, there was certainly a direct relationship between the two; and this goes far to explain the cause of the error in diagnosis, and, consequently the uselessness of the operation that was performed.

Dr. Dolhoff, in premising his report of this case, properly and justly remarks, that it is the duty of every surgeon to publish his mistakes as well as his triumphs, referring at the same time to the unfortunate operation performed

under like circumstances by an eminent British surgeon.

In such a diseased state of the bladder as found in Dr. Dolhoff's case, ureteritis or pyelitis, on one or both sides, was to be expected as a direct sequence, and the symptoms characterizing either one of these affections are just such as would lead a patient suffering from them for a long time to imagine that she might have a tumor in her abdomen, as he describes.

As showing the wide range of bodily and mental sufferings (real and imaginary) closely related to some of the diseases of the genito-urinary organs, the writer has grouped the symptoms occurring in cases of this class according to the relation which cystitis bears to ureteritis and renal tenesmus, a relationship which he pointed out in a recent paper on the subject.[1] He has now the records of two cases in each of which incurable disease was declared to exist in both ovaries, by two eminent surgeons, and they were respectively laparotomized successfully without the slightest benefit.

[1] Renal Tenesmus: A Result of Chronic Cystitis and Ureteritis; Successful Treatment by Kolpo-uretero-cystotomy and Intravaginal Drainage, combined with Elevation and Support of the Uterus and Ovaries. The Medical Record, August 4, 1888.

Afterward, by means of kolpo-uretero-cystotomy, the writer diagnosticated in one case grave disease in both kidneys, as shown by the purulent discharge present, and in the other cystitis with ureteritis and renal tenesmus of the left side. Both the cases terminated fatally, and in one the autopsy revealed pyelitis calculosa in both kidneys. In the other case there occurred melancholia and refusal to eat, which terminated in insanity with hallucinations of a state of pregnancy and impending parturition, and finally in death from starvation. The melancholia resulted directly from the realization of her unnecessary mutilation in the sacrifice of her ovaries, of which she herself became convinced after she had been relieved of her vesical, ureteral, and renal complications by the kolpo-uretero-cystotomy and the subsequent intravaginal drainage.

Such is the writer's view and explanation of the complications presented in Dr. Dolhoff's case, and of the circumstances that led him into the mistake of performing the unjustified operation he describes, which arose, not from an error of judgment at the period of its performance (as should here be noted to his credit), but, from a want of appreciation in surgical

science at that date of the true relationship between the diseases of the uterus and its appendages, on the one hand, and the diseases of the bladder, ureters, and kidneys on the other, such as has just been pointed out.

SECTION IV.

Great Britain.

The operation of tapping for the relief and cure of general dropsy, as a cause of impairment of health and obstruction of respiration and other important functions of the body, dates back, there is reason to believe, to the time of the Greeks and Romans. From the long-accepted knowledge of the value of tapping for meeting the indications mentioned there is, also, reason to believe that encysted dropsy resulting from whatsoever cause, and in regard to the distinctive character of which no settled theory was held, was treated until within two or three centuries of our own time in the same way, and even cured, under favorable influences, now and then. But the precise period in the history of medicine at which the latter affection came to

be specially studied and differentiated from general dropsy, and treated with an appreciation of its distinctive pathology, cannot now be satisfactorily determined. From all that I have been able to learn from my present investigation of the subject it is evident that this knowledge could not have existed long, if at all, prior to the beginning of the last century. There is reason to believe, however, that, independently of there not being any settled views among writers in regard to the differences between general and encysted dropsy, the operation of tapping in both affections, previously to the period named, had been more or less extended and improved by enlarging the trocar puncture by incision, for the better escape of the varying fluids and the easier introduction of a tent for drainage, the latter being used either alone or in conjunction (especially in the encysted variety) with injections. Whether or not this conclusion be correct with regard to the conjoined use of the knife, prior to the early date of which I am speaking, the case of Dr. Robert Houston, of Glasgow, Scotland, establishes the fact, beyond any question, that in 1701 he not only recognized the distinct form of encysted dropsy as differing essentially from that of gen-

eral dropsy, but suggested and executed *an original procedure of incision, with drainage by tent in the lower division of the abdomen*, curing his patient by the plan in the course of three or four weeks. In order to render this practice more distinctive I have termed it *incisionism*, and the surgeons who employed it *incisionists*. This operation of Houston, so far as we know, inaugurated the practice of incision independently of tapping. I have previously referred to Houston's case in connection with several points in my study of encysted dropsy, and showed the influence of his method of incisionism with drainage upon the practice of after years, especially in France, where the method was employed and enlarged upon by Le Dran, Delaporte, Theden, and L'Aumonier, up to the time that McDowell associated with it the extirpation of the ovary by his long incision, embracing both the lower and upper divisions of the abdomen.

From the importance of Houston's practice, and the credit due him for the advance he made upon the old operation of tapping, it is proper that the report of his case, with the description of his procedure and the result, should here be copied in full, this case marking the beginning

of the treatment of a dropsical ovary by simply the short incision with drainage, without attempting removal of the diseased organ (1701), and by the long incision with extirpation of the diseased organ (1809.)

I may, perhaps, be excused for trespassing upon the time of the reader for this purpose, on the ground that the old and rare work in which this case is recorded is not readily accessible for reference except to a few physicians. In addition to this, certain unwarranted comments, affecting the claims of McDowell, that have been made upon the case by various authors, demand attention, and they can be better and more fairly made with all the facts relating to the case presented in the author's own words. For example, John Gorham, Esq., of England, in his efforts to give importance to the Hunterian short incision, couples the history in part of this case with the cases of Dr. Nathan Smith, and Messrs. Jeaffreson, King, and West, in order to show that they were the first to comprehend the true principles of the operation of extirpation of the ovary, forgetting that extirpation of the organ, with extension of the practice of incisionism so as to include both the lower and upper divisions of the abdomen, were the

essential features of the operation, and that to McDowell alone belonged the credit for these innovations.

The late Dr. W. L. Atlee, in the United States (1845), published his first "Table of Statistics upon Ovariotomy," without knowing about Houston's case, and introduced only the names of L'Aumonier, Dzondi, and Galenzowski, as preceding that of McDowell in point of priority. Discovering, however, from the *London Philosophical Transactions*, some four years later, his error in having omitted to place Houston's name in the list of previous operators, he addressed a note to the late Dr. Isaac Hays, editor of the *American Journal of the Medical Sciences*, which was headed as follows: "Ovarian Dropsy by the Long Abdominal Incision in 1701, by Robert Houston."[1] Accompanying it with a full copy of the report of the case, in quotation marks, under Houston's heading: "A Dropsy in the Left Ovary of a Woman, aged fifty-eight years, Cured by a Large Incision, Made in the Left Side of the Abdomen." In his corrected and enlarged table of cases of ovariotomy, published two years later,[2] he adds

[1] Op. cit., 1849, vol. xvii., p. 534.

[2] Trans. of the Am. Med. Association, 1851.

Houston's name to the other three given, thus making the number of surgeons four who had preceded McDowell in the operation of ovariotomy. His reprint of this publication bears the title: "A Table of All the Known Operations of Ovariotomy, from 1701 to 1851, Comprising Two Hundred and Twenty-two Cases, Including their Synoptical History and Analysis."

Still again, Professor Mapother, in an introductory address on "Dublin Medical Schools," speaks at length of the "School of Surgery." In a published abstract of this address[1] I have found enumerated a great number of names of distinguished men connected with the history of this school, commencing with those of Mullen, the anatomist of the seventeenth century, and Proby, the first surgeon-general, and ending with those of Mr. Cusack, Professor Maccartney, Dr. Shekleton, and Dr. Houston. The writer, in concluding his notice of the last-named and his great work, the *Catalogue of the Museum*, says:

"To a namesake of Houston, and to a namesake of his contemporary, Ephraim McDowell, is assigned the first performance of ovariotomy. Professor Gross, in a memoir

[1] British Medical Journal, 1873, vol. ii., p. 634.

of the great Kentuckian of the latter name, asserts that in 1809 he performed ovariotomy for the first time; but Dr. Mapother found, by the thirty-third volume of the *Philosophical Transactions*, that it was done successfully by a Dr. Houston in 1701."

So much, then, for the injustice done McDowell's claim of originality in the first extirpation of the ovary, and for the absurdity of any other claim for Houston than the important, and certainly the very creditable, one for his time of accomplishing the cure of his case by incisionism with drainage in the lower division of the abdomen. This had nothing whatever to do with extirpation of the ovary by the long incision made in both the lower and upper divisions of the abdomen, the achievement accomplished by McDowell a little over one hundred and eight years later.

With these necessary preliminary statements I now introduce the report of Dr. Houston's case[1] as published by him:

"A Dropsy in the Left Ovary Cured," by Dr. R. Houstoun. In August, 1701, I was desired to visit one Margaret Millar, a poor woman of 58 years of age, who lived not far from Glasgow, and lay bedrid of an uncommon disease. She inform'd me that her midwife having violently pulled away the burthen in her last lying-in, at 45 years old, she

[1] The Philosophical Transactions, N. 381, Jan., etc., 1724, p. 8. (From the year 1720 to the year 1732). Abridged and Disposed under General Heads, vol. vi., Part ii., iii., iv.

was very sensibly affected by a pain which then seized her in the left side between the umbilicus and groin, and had scarce ever been free from it after, it having troubled her more or less during 13 years together; that for two years past she had been extremely uneasy, her belly grew very large, and a difficulty of breathing increased continually upon her; insomuch that for the last six months she could scarce breathe at all without the utmost difficulty. That in all that space of time she had scarce eat so much as would nourish a suckling child, having quite lost her appetite, and that for the three last months she had been forc'd to lie constantly on her back, not daring to move at all to one side or other. This tumour drew towards a point, and was grown to so monstrous a bulk that it engross'd the whole left side from the umbilicus to the pubes, and stretch'd the abdominal muscles to so unequal a degree that I never saw the like. Her lying so continually on her back having greviously excoriated her, added much to her sufferings, which, with want of rest and appetite, had wasted her to skin and bone. I told her that in order effectually to relieve her, and remove the cause of the swelling, I must lay open a great part of her belly, but feared she would not be able to undergo such an operation: she seemed not at all frightened, but heard me without disorder, and, though scarce able to speak, urg'd me to perform it. I must confess I drew almost all my confidence from her unexpected resolution, and without loss of time prepared what the place would allow, and with an imposthume lancet laid open about an inch; but finding nothing issue I enlarged it two inches, and even then nothing came forth but a little thin yellowish serum; so I ventured to lay it open about two inches more; I was not a little startled to find only a glutinous substance stop up so large an aperture; but my great difficulty was to remove it; I tri'd my probe, I endeavoured to do it with my finger, but all in vain; it was so slippery that it eluded every touch and the strongest

hold I could take. I wanted, in this place, almost everything necessary, but bethought myself of a very odd instrument, yet as good as the best, because it answered the end. I took a strong fir splinter, and having wrapt some lint about the end of it, I thrust it into the wound, and by turning and winding it drew out above two yards length of a substance thicker than any gelly, or rather like glue that's fresh made and hung out to dry; the breadth of it was about ten inches; this was followed by nine full quarts of such matter as I have met with in steatomatous and atheromatous tumours, with several hydatides of various sizes containing a yellowish serum, the least of them bigger than an orange, with several large pieces of membranes which seemed to be parts of the distended ovary. Having squeezed out all I could, I stitched up the wound in three places almost equidistant; and, having no other but Lucatellus's balsam, with it I covered a pledget the whole length of the wound, and over that laid sevéral compresses dipt in warm French brandy; and because I judged that the parts might have lost their spring by so vast and so long a distention, I dipt in the same brandy a large napkin four times folded and applied it over all the dressings, and with a couple of strong towels, which were also dipt, I swathed her round the body, and then gave her about four ounces of this mixture:

℞.—Aq. menthæ	. . . . .	lb.ss.
Aq. cinnamomi fort	. . . .	lb.iss.
Syr. diacodii	. . . . .	℥vi.—M.

—ordering her also to take two or three spoonfuls of it four times a day. The cinamon water was drawn off from canary and the best cinnamon. Next morning I found her in a bathing sweat, and she informed me with great joy that she had not slept so much nor found herself so well refreshed at any time for three months past. I carefully dressed her wound in the same manner as above once a day for about a week; I kept in the lower part of the

wound a small tent, which discharged some serosities at every dressing for four or five days. But, business calling me elsewhere, I instructed her daughters how to dress the wound, and told them what diet I thought most proper, which was chiefly strong broth made of an old cock, in each porringer whereof was one spoonful of cinnamon water; this she repeated four times a day, and it gave her new life and spirits. After three weeks' absence I called at her house, and finding it shut up was a little surprised, but had not gone far before I was much more so, for I found her sitting wrapt up in blankets and giving directions to some labourers who were cutting down her corn. She mended apace, and lived in perfect health from that time till October, 1714, when she died after ten days' sickness."

Having now shown the early labors of Dr. Houston by incisionism with drainage in the lower division of the abdomen, we are prepared better to appreciate the influence it had upon the profession, especially in France. Here, some thirty years later, it was taken up, as we have seen, by Le Dran (1736–46) and greatly improved upon by both him and Delaporte, the latter in 1753 making the first suggestion "to remove the focus of the disease, namely, the tumor formed by the ovary." Soon after Delaporte's important suggestion of the preferableness of removing "the focus of the disease" to that of simple incisionism in the lower division of the abdomen, Theden recommended a scheme of making a small incision in the in-

guinal region, somewhat as Le Dran had done in his first case, based upon the theory that the diseased ovary was always to be found outside of the peritoneum, in which situation it could be exposed, punctured, drawn out, and ligated, and thus be strangulated or amputated, as circumstances called for. Theden proposed this procedure, as indicated, purely upon theoretical grounds, and there is no evidence to show that any one ever put it into practice, though it was highly commended by Morand, and somewhat enthusiastically endorsed at the time by Drs, Power and Darwin, in England. These points have been fully brought out in the French history of the subject, and do not here call for further comment.

With regard to the influence that Theden's theory of an operation for the removal of a dropsical ovary had upon the practice of Great Britain, at the period of which we are speaking, I am without the necessary data to speak positively.

Dr. William Hunter, in England, about the same period that Theden, in France, is credited with his proposal, called into question the views then entertained regarding the scirrhous origin of the dropsical ovaries, mainly brought out in

the latter country, claiming that many little bags, or cysts, found one within another on the inside of a "dropsical ovarium" were not scirrhous." He thus took the lead in advocating a more-advanced step regarding the pathology of the disease, and the basis of his views is found in a communication entitled "The History of an Emphysema,"[1] by William Hunter, M.D., read October 31, 1757, before a Society of physicians in London. Under this title he discusses, in addition to emphysema, "the cellular membrane and some of its diseases," together with *general and encysted dropsy of the ovarium, with attending anasarca.* He states that he had seen a great many cases of "encysted dropsy of the ovarium," both in the living and in the dead, and that he had never seen one in which there was a perceptible diminution of the enlargement by any other plan of treatment than by the trocar. He thought that the anasarca of the lower extremities attending this disease was less amenable to relief by incisions than the same result attending general dropsy.

He further held that encysted dropsy of the ovarium was incurable, remarking that "a patient will have the best chance of living

[1] Med. Observations and Inquiries, London, 1762, vol. ii., p. 41.

longest under it who does the least to get rid of it." Surgeons of the highest reputation, he adds, had proposed and advocated "a radical cure by incision and suppuration (incisionism), or by excision of the cyst," but the former practice could only be pursued under particular circumstances, and the latter hardly admitted of an attempt.

Dr. Hunter's views with regard to the origin, growth, and complications of the disease, and his proposed plan of "excision of the cyst," which he thought might be employed under extreme circumstances, together with his objections to the procedure by incisionism, are concisely stated in the following quotation:

"I can hardly say that I have ever found any part of a dropsical *ovarium* in a truly scirrhous state. What at first view might seem such proved, upon cutting, to be a compact group of small bags, or a spongy substance filled with gelly.

"Generally, before the patient dies of such a dropsy, some degree, both of *leucophlegmatia* and of *ascites*, is brought on, so that when such bodies are opened some water is found loose in the cavity of the belly, and sometimes the cyst is found to have burst, and to have discharged its contents into that cavity.

"Now, if the disease be nearly what I have stated, must not the wound made in the belly for the excision of the cyst or cysts always be large enough to admit the surgeon's whole hand? Must it not be often a good deal larger, as when the *tumor* is large, and composed of a number of

bags filled with gelly? Would not such a wound be attended with a good deal of danger from itself? Would it not be very difficult to cut the *peduncle*, or root of the *tumor*, with one hand only introduced? Would it not be impossible to do this, where the adhesions proved to be considerable? Would there not be great danger of wounding the intestines? If any considerable branch of the spermatic artery should be opened, what could the surgeon do to stop the bleeding? If it be proposed, indeed, to make such a wound in the belly as will admit only two fingers, or so, and then tap the bag, and draw it out, so as to bring its root or *peduncle* close to the wound of the belly, that the surgeon may cut it without introducing his hand, surely in a case otherwise so desperate it might be advisable to do it, could we beforehand know that the circumstances would admit of such treatment.

"With regard to incision and suppuration, all that is proposed to be got by this painful operation is the change of the dropsy into an incurable fistula in the *belly*. For this the patient must not only undergo much pain, but likewise be exposed to great danger, particularly where the cyst happens not to adhere to the muscles at the part where the incision is made, or where there are a number of cysts. In the first case, the wound will be a large one, communicating with the cavity of the *abdomen*, and both the external air and the contents of the incised cyst, will be admitted into that cavity, so that we may expect very considerable inflammation. In the second case, where there are a number of cysts, the inflammation and suppuration will either be too slight to discharge all of them, or too considerable to be supported with life."

From this presentation of Dr. Hunter's views on the pathology of ovarian dropsy, together with his theoretical operation for the removal of this disease, it must be confessed that credit

is due him for having attained a clearer insight into the nature of the disease and a more practical comprehension of what sort of a procedure was called for for its removal than any one who had ever written upon the subject before. It was virtually an intelligent and practical response to the timid suggestion of Delaporte in France, after his disastrous failure by the old method of incisionism a few years previously, "to remove the focus of the disease—namely, the tumor formed by the ovary." With strong common sense he suggests that the opening in the abdomen should at least be large enough to admit the surgeon's hand for the required manipulations of the tumor, and that even an opening of this size might not prove sufficient when adhesions and complications with neighboring viscera existed, with the danger of hemorrhage that was liable to attend any effort to overcome such obstacles. In regard to a small opening by a short incision he had also a clear conception of just what was barely necessary to enable the surgeon under favorable circumstances to expose the cyst, tap it, draw it out, and excise "its root or *peduncle* close to the wound of the belly." Whether or not he thought constriction of the pedicle before exci-

sion necessary he does not state, but that he did may be inferred from his mention of the danger of wounding the spermatic artery in the operation.

In his proposal of a short incision is seen the influence exerted upon him by the previous teachings of the incisionists, requiring the opening to be made in the lower division of the abdomen, as limited by a transverse line at the umbilicus; but the exact mode he describes of making the incision of a certain length, admitting "two fingers or so," is unquestionably original. There is nothing in the history of the subject to the date of McDowell's operation that approaches his proposed method for clearness of conception as to the kind of an opening in the abdomen necessary for the removal of a dropsical ovary composed of one, two, or three cysts. Appreciating the principle, as we do now, we cannot fail to wonder why there was no surgeon in Great Britain to profit by Hunter's teachings until after McDowell had led the way fifty-two years later, combining with a long incision the all-important step of extirpation of the ovary. Whether McDowell was familiar with his theory of an operation for extirpation of the ovary there is nothing to show,

further than the fact that he was a medical student in the University of Edinburgh during the session of 1793–94, and while there listened to the lectures of Mr. John Bell, one of the most eminent surgeons of that day. But whether or not while there he learned anything definite regarding the theoretical views of either Theden or Hunter (and this is certainly a matter of great doubt, to say the least), is of no practical importance, since it was thirteen years after his return to the United States that he encountered in the backwoods of Kentucky, where he was thrown entirely upon his own resources, his first case of dropsical ovary. Under these circumstances, what mode of procedure do we find him following? Was it by the old method of making a small opening in the lower division of the abdomen as formerly employed by the old incisionists, notably by Houston, Le Dran, and Delaporte, and as extended in theory by Theden and Hunter? No, it was by the *long incision* that properly bears his name, made (though outside of the rectus muscle) in both the lower and the upper divisions of the abdomen, from the margin of the ribs to the os pubis; thus affording opportunity for the fullest exposure of the tumor, the widest

possible range for the manipulation of the same, the discovery of complications, and the prevention of accidents.

Dr. Nathan Smith, who, as we have seen, was the first surgeon in the United States to imitate McDowell in the extirpation of a dropsical ovary (July 5, 1821), in his case followed almost precisely the theory of Dr. Hunter in puncturing and drawing out the collapsed cyst through a short incision. In fact the whole procedure was carried out by him on the theory of the cyst being small and simple, and on the line of old incisionism in the lower division of the abdomen, but combined with the practical and essential features of extirpation of the ovary by the long incision, as previously taught by McDowell, the account of which original practice had then been published over five years, and was familiar to the profession at home and abroad.

As the facts stand in medical history, Dr. Smith published his case, the year after the operation,[1] without mentioning McDowell's name or alluding to his operation in the slightest way. The result was that for a long time his publication, either by itself or in con-

[1] Op. cit.

junction with those of Mr. John Lizars, of Edinburgh, was frequently quoted by writers, who spoke of these operators, if not as originators of the procedure, certainly in such a way as to greatly disparage the claims of McDowell.

With this review of incisionism for the treatment of a dropsical ovary and the relation of the practice to that of extirpation of the diseased organ, we come to the direct study of the influence of McDowell's completed operation of ovariotomy by the long incision upon British surgery from the date of the first employment of it by Mr. Lizars[1] to the time of its revival in England, September, 1842, by Dr. Charles Clay.

Mr. Lizars in his first communication, which is entitled "Observations on Extirpation of the Ovaria, with Cases," by John Lizars, F.R.S.E., F.R.C.S.E., and Lecturer on Anatomy and Physiology, Edinburgh, commences by quoting in French the concluding paragraph of the report of the case of supposed extirpation of the ovary by M. L'Aumonier, as quoted in the French history of the subject, of which the following is a translation:

[1] Edinburgh Medical and Surgical Journal, Oct. 1824, vol. xxii. p. 247.

"This example and that of total amputation of the uterus and vagina, performed with success, justify the conclusion that, with a thorough knowledge of anatomy, there are but few organs upon which one may not perform with advantage the different operations of surgery."

After stating that Le Dran and Dzondi had each cured dropsy resulting from disease of the ovary by incision and tent (incisionism), the latter removing the sloughing sac by the forceps, he quotes Morand regarding the removal of the healthy ovaries in quadrupeds, and Felix Plater and Diemerbroeck, to show that the practice in women was not chimerical, as proven by a custom among the Lydians; Paulus Barbette, to show he had opened the abdomen for disengaging a strangulated intestine; Bonetus, as claiming that relief was afforded a lady in a similar condition by the same operation, performed by a military surgeon; and Schacht, as having secured a similar satisfactory result by the same method. Furthermore, to prove the practicability and safety of abdominal section, he recalls the well-known practice of the Cæsarean operation, and refers to the classic case in which the same operation was performed six times successfully. He then adds:

"But the practicability of extirpating a diseased ovarium does not rest on theory. It has been proved by experi-

ence. L'Aumonier, who was chief surgeon of the great hospital at Rouen about fifty years ago, extirpated the ovarium successfully; and since his time an ovarium has been repeatedly removed, and sometimes with success, particularly in France, Germany, and America. Dr. Smith, of Connecticut, lately extirpated an ovarium in a dropsical state successfully. Three very instructive cases occurred to Dr. Macdowal, of Kentucky, and the following history of them was sent, about seven years ago, to the late celebrated surgeon, Mr. John Bell, who was then on the Continent, and came into my hands as having the charge of his patients and professional correspondence during his absence."

Here follows the report of the three cases of McDowell, from the manuscript that had remained unacknowledged and unpublished, in his possession, for seven years, and he gives the narration of these important cases entirely without comment or remark, though making a few verbal corrections and transpositions in the text.

This brings us to the report in detail of Mr. Lizars's case of false diagnosis and unjustifiable operation, in which the incision made was that of McDowell. He states that in the year 1821 he was requested by his friend, Dr. Campbell, to examine a woman, aged twenty-seven, with an enlargement of the abdomen equal to that ordinarily met with in pregnancy in full term.

"On examination the tumor occupied the whole abdominal cavity, and appeared to roll from side to side. The woman stated that the enlargement began six years pre-

viously in the left side, and that she assigned the cause of it 'to several blows and kicks received from a brutal husband.' She further stated that some two years after it commenced she had noticed 'a small movable swelling in her left groin, which she allowed to increase for twelve months, when she came to Edinburgh, and, on consulting a surgeon, he opened it with a lancet, and discharged a large quantity of thin matter.' This was thought to be a 'lumbar abscess,' which she ascribed to a fall on her back three years previously."

The patient, after consulting the "chief medical gentlemen" of Edinburgh, many of whom pronounced her case one of pregnancy, and all of whom dissuaded her from an operation, finally came to Mr. Lizars for the removal of the supposed tumor. He,

"convinced, from the history of the disease in the records of medicine, and from gastrotomy having been successfully performed for volvulus,. and from the Cæsarean section, that there was little to apprehend either from loss of blood or peritoneal inflammation,"

decided to make an effort to relieve her of her sufferings by an operation, choosing, as mentioned above, the procedure of McDowell by the long incision. He, accordingly, performed the operation October 24, 1823. This was six years after he had received McDowell's manuscript containing the report of his first three cases, and one year after the publication of the report of Dr. Nathan Smith's operation.

Suffice it to say that the diagnosis of Mr. Lizars in this case was not only proved by McDowell's long incision to be wholly false as to the existence of an abdominal tumor that "appeared to roll from side to side," but that by means of the incision it was possible to discover

> "a flattened tumor of no great magnitude, at the left sacro-iliac synchonchosis of the pelvis, lying beneath the division of the common iliac artery, into its external and internal branches."

By this little pelvic investigation of Mr. Lizars he did more, though in an unconscious way (as implied by his general description) to prove the value of the long incision, embracing both the lower and upper divisions of the abdomen (as opposed to old incisionism), than McDowell had ever done in any one of his three cases. Such an investigation in the pelvis, resulting in such a diagnosis of the growth and its relations to the soft parts found to exist, would have been wholly impossible by the incision made in Dr. Smith's case, in which, in his history of the subject, Mr. Lizars gives so marked a degree of prominence. Could Mr. Lizars only have appreciated this fact, and brought it fairly to the notice of the profession, this improved mode of

pelvic investigation would have gone far toward lessening the horror created on all sides and in all directions by his performance of such an unnecessary operation. But, as it was, he failed to do this in his report of the case, and by the minute description of certain details of his operation which might just as well have been omitted, he, himself, unconsciously or ignorantly, largely contributed toward increasing the prejudice at that time existing against the procejure, as will presently be shown. For example, there occurred (as in McDowell's first case) a protrusion of the intestines through the incision, and he descants upon this as follows:

> "When the intestines protruded, and baffled all the efforts of Dr. Campbell and the other gentlemen to confine them, I shall never forget the countenances of my pupils and the younger members of the profession. This fact of the intestines being forced out proves, along with others, that the lungs can be expanded although atmospheric air be admitted into the abdominal cavity; the diaphragm acted with great vigor and with powerful impetuosity."

Fortunately for Mr. Lizars, however, the poor woman recovered from her operation in the course of three or four weeks. She afterward resumed her work, "earning her livelihood as formerly, by binding shoes, but often severely tortured with pain."

In explanation of his mistake in diagnosis and his unjustifiable operation Mr. Lizars says:

"The reason why all of us were deceived in this woman's case was the great obesity and distended fullness of the intestines, together with some protrusion pelvic of the spine at the lumbar vertebræ."

Mr. Lizars, from what he had learned from the manuscript of McDowell and the result of his own case, came to the conclusion "that there is little danger to apprehend in laying open the abdominal cavity," and that the procedure would have a wide range of applicability outside the employment indicated—viz., for extrauterine conception, for the prevention of embryulcia of the fœtus in deformities of the pelvis, for aneurisms involving the iliac arteries and aorta, for removal of foreign bodies from the stomach, for volvulous, for internal hernia, and for cancer of the uterus. He considered the dangers resulting from delay under these circumstances greater than would result from the timely employment of such an operation as he had performed.

The following year Mr. Lizars published three additional cases in a paper entitled "Observations on Extraction of Diseased Ovaria;

Illustrated by Plates Colored after Nature."[1] A brief summary of the cases is here given:

Case II.—Patient, aged thirty-six, presented herself with a tumor in the left side, of six years' standing and the size of a fœtus at full term. Operation February 27, 1825. McDowell's procedure; full exposure of the peritoneal cavity; ligatures on the pedicle brought out in lower angle of wound. Upon examination the other ovary (right) was found to be also diseased and about one-fourth the size of the one removed, but Mr. Lizars decided for some reason not to remove this, probably on the supposition of unwarranted risk. The wound was closed in the usual way and the patient recovered.

Case III.—A cookmaid, aged twenty-five, presented herself to Mr. Lizars with an abdominal tumor of six years' standing. McDowell's operation, March 22, 1825. In this instance the incision was curvilinear through the broad muscles, tendons and peritoneum. Some parietal adhesions were found, but these were easily overcome by the fingers. The pedicle was the size of the little finger. It was encircled with a ligature and the tumor cut away. The wound was closed with sutures, and adhesive strips, with compress, and a shawl was made to serve as a binder. The ends of the ligatures were brought out at the lower angle of the wound. Peritonitis supervened and the patient died at the end of fifty-three hours.

Case IV.—A cookmaid, aged thirty-four, presented herself to Mr. Lizars with an abdominal tumor of six years' standing. McDowell's operation performed April 24, 1825. The tumor was found to be covered by the great omentum, in which numerous bloodvessels, varying from the size of the finger to that of a crow's quill, were seen to

[1] Abstract of the same, Edinburgh Med. and Surg. Journ., July, 1825; also, Archieves Generale de Medecine, t. viii., p. 437.

ramify. No attempt was made to dissect the omentum from the tumor, and further efforts to complete the operation, other than to puncture the tumor in several places (from which only blood escaped), being deemed inadvisable, the wound was closed and dressed as in the preceding cases. The patient recovered.

It is proper here to note the effect which the publication by Mr. Lizars of McDowell's first three cases, and of his own of false diagnosis and unjustifiable operation, had upon the profession, judging from the criticisms and ridicule found in the *Medico-Chirurgical Review* for January, 1825, and October, 1826, by its editor, Dr. James Johnson.

Dr. Johnson, in his first remarks upon the subject, says that the exploits of surgery cannot always be accepted as real advances, and expresses surprise at the importance attached by Mr. Lizars to the operation of McDowell, to whom he refers slightingly as "Dr. Mac" and "Dr. Macdowal, of Kentucky." He then proceeds to accentuate what he considers the improbabilities of McDowell's statements, especially as they related to his first case, that of Mrs. Crawford. Thus, the patient travelling sixty miles on horseback to receive the care and attention of Dr. McDowell at his own home in Danville, and having her abdomen laid

open to the extent of nine inches; the protrusion of her intestines for twenty-five minutes through the wound made in her abdomen; the laying open of the tumor; the excision of it; and the patient's getting up on the fifth day to make her bed, when McDowell, from his report, appears to have made his first visit, were all extraordinary statements, and he was not a little surprised that Mr. Lizars "should put such implicit credence in them"; adding, *Credat Judæus, non ego.* He expresses the same incredulity in regard to McDowell's statement of the management of his second case of irremovable tumor (fibrous growth of the uterus, no doubt), in which, by way of experiment he "plunged the scalpel into the diseased part," and found "a quart or more of blood escaped into the abdomen."

The great prejudice of Dr. Johnson against the operations and results described by McDowell is further illustrated by his even ignoring the successful case of Dr. Nathan Smith, the report of which appears in Mr. Lizars's first communication. Mr. Lizars's description of his own case, however, he thought was altogether different from McDowell's account of his cases, and the fact of the operation by Mr. Lizars

being performed and no tumor found he recognized as a most fortunate circumstance, because his "patient would have had little chance of life." As it was, she recovered, "and lives to tell the tale." After quoting Mr. Lizars's explanation of the cause of his mistake in diagnosis, he concludes:

"Be that as it may, we do not think that the cases brought forward in this paper will have the effect of rendering surgeons more bold in operating for the removal of abdominal tumors, whether ovarian or of any other kind."

Just after the publication of the first case of Mr. Lizars the able work of Professor James Blundell appeared, entitled: *Researches, Physiological and Pathological: instituted principally with a View to the Improvement of Medical and Surgical Practice.* Dr. Johnson, in a lengthy review of this book (April, 1825), just after his strictures upon McDowell's operations, takes occasion to criticise the words of Professor Blundell regarding the extirpation of dropsical ovaries:

"And if British surgeons will not patronize and perform it, the French and American surgeons will;"

making use of the extraordinary statement:

"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."

A little over a year after the appearance of Mr. Lizars's second publication, in which his three additional cases are recorded (1825), four years after Dr. Nathan Smith's case was published (1822), and seven years after the publication of McDowell's second paper (1819), containing the report of his fourth and fifth cases, Dr. Johnson, in his second editorial (1826) seems for the first time to be aroused to the injury he had done McDowell and his operation, which resulted, as he indirectly admits, more from the loose manner of the narration of his cases than from the facts stated. Here, at this late day, he endeavors to make amends for his error, as shown in his opening remarks in the editorial referred to:

> "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 the diseased ovaria."

Here follows a brief notice of McDowell's fourth and fifth cases, special reference being made to the fourth, in which ligatures were "applied to several arteries individually," and also to the fact that both of these cases were in *negresses*. In the same communication he introduces a notice of Dr. Nathan Smith's case, the

result in which he ignored in his first notice. He also mentions the successful operation in a negress by Dr. Alban G. Smith, at Danville, Kentucky, which he speaks of as "still the scene of operations."

It is clear from reading Dr. Johnson's second review of McDowell's operations that he was finally forced to the acknowledgment of his error by the reply to his first remarks by Dr. Coates,[1] in which the latter upheld the just claims of McDowell, deduced from the actual facts of his five cases, four of which recovered. "For which uncharitableness we ask pardon of God and of Dr. Macdowal, of Danville," he exclaims; but, notwithstanding this, he goes on to say that he was "in good company" with "Diemerbroeck and Sabatier, who believed the operation to be altogether impracticable." In the same connection mention should be made of his persistent ridicule of the large proportion of negresses among McDowell's cases. He says:

> "When we come to reflect, that all the women operated upon in Kentucky, except one, were *negresses*, and that these people will bear cutting with nearly, if not quite, as much impunity as dogs and rabbits, our wonder is lessened, and so is our hope of rivalling Dr. Macdowal on this side of the Atlantic."

[1] North America Med. and Surg. Journ., 1826, vol. iii., p. 30.

Next, in England, following in the footsteps of Mr. Lizars in the employment of McDowell's operation is an Italian physician living in London, by the name of Augustus Bozzi, but better known as Dr. A. B. Granville. He encountered two cases of ovarian dropsy in the Westminster General Dispensary, where he was one of the attending physicians. His first operation was an unfinished one, and the report is entitled: "Case in which an Attempt was made to Extirpate Ovarian Tumors."[1]

CASE V.—Operation performed July 1, 1826, in the presence of Mr. Benjamin Brodie, Mr. Keate, Mr. Earle, and several others. Mr. Brodie had previously seen this case in consultation with Dr. Granville and they both agreed that the case was not favorable for an operation; but, nevertheless, it was deemed advisable under the circumstances. The incision made was seven inches and a half in length, in the left side external to the rectus muscle, and made in accordance with the teachings of McDowell. Dr. Granville, in passing his hand into the peritoneal cavity, found several tumors having extensive and firm adhesions, and, therefore, he concluded (in which opinion he was supported by the surgeons present, who examined the condition of the parts) that an attempt at removal of the tumors was not warranted. The wound was closed with hare-lip pins, and the patient recovered.

The report of the case concludes in these words:

[1] London Medical and Physical Journal, 1826, vol. lvi., p. 141.

"As far as it goes, this case adds another to the many instances on record of the impunity with which the cavity of the abdomen may be laid open, and is an encouraging step toward attempting, under proper circumstances, and after mature deliberation, an operation, which Mr. Lizars, of Edinburgh, has the merit of having revived on rational grounds."

CASE VI.—Entitled: "Extraordinary Surgical Operation."[1] The patient, aged forty, presented herself to Dr. Granville for treatment, suffering with an abdominal tumor the size of the human head. McDowell's long incision was employed, as in the preceding case, March 21, 1827, in the presence of Mr. Keate, Mr. Eade, Mr. Patterson, and several other physicians. The tumor weighed eight pounds and was removed entire. The patient died seventy-two hours after the operation from exhaustion due to excessive loss of blood from venesection by an over-zealous student, who thought peritonitis was present.

In connection with Dr. Granville's two operations it is proper to state the fact that some fifteen years after the date of his second operation he found himself compelled to defend his claims to having been the first in England to perform ovariotomy.[2] This he did in answer to the statement made by Mr. D. Henry Walne[3] that after Mr. Lizars the operation of ovariotomy sunk into a state of apathy, so to speak, and was not revived by any British surgeon until within a few months previously,

[1] Literary Gazette, March 31, 1827.

[2] London Medical Gazette, 1842–43, vol. xxxi.

[3] Op. cit.

when Dr. Clay (September 12, 1842) performed an ovariotomy, followed by his (Walne's) a few months later (November 6). To this Dr. Granville replies: "Mr. Walne assumes the credit which belongs to another," and in support of his claim he adduces the facts as brought out in the above two cases.

Of the various publications credited to Dr. Granville, from 1819 to 1858, it is curious to note that not one is mentioned as bearing upon the operation of ovariotomy, nor is any reference made to the two operations performed by him in London in *The Roll of the Royal College of Physicians of London* (of which College he was a member), which contains a biographical sketch of him.

The next British surgeon in order who was led to adopt the long incision of McDowell is Mr. R. C. King,[1] of Saxmundham, Suffolk, England, as appears from his communication entitled: "New Operations for the Removal of Abdominal Tumors." His reasons given for reporting the appended cases are principally to show the safety of the operation, and to encourage further efforts in the employment of it:

[1] Lancet, Jan. 7, 1837, vol. i., p. 586.

CASE VII.—This patient (the first) presented herself to Mr. King with a large and irregular tumor, with general distention of the abdomen and distinct fluctuation. After four tappings, from which relief always resulted, partially as to the embarrassed breathing, an operation for the removal of the tumor was decided upon. Dr. Field and several other physicians were present, and assisted in the operation. A long incision was made along the left linea semilunaris, through which a considerable quantity of ascitic fluid escaped, together with the omentum. Whilst he was endeavoring to return the omentum the patient "became discomposed, and expressed a wish that the attempt might be abandoned." Accordingly, as soon as the omentum was returned the wound was closed, and, although the patient recovered from the unfinished operation, she died from exhaustion a few months afterward.

CASE VIII.—Mr. King's second case was Sophia Puttock, aged forty, who presented a "movable abdominal tumor." It was in the right side, oval in form, and four or five inches in its longest diameter. Mr. William Jeaffreson, of Framlingham, who was called in consultation to see the case, corroborated the diagnosis of Mr. King, and expressed the opinion that removal of the tumor was called for. Operation, March, 1834. Present, Mr. Jeaffreson, Mr. Lanchester, and five other physicians. An incision, seven or eight inches in length, was made along the right semilunaris. The tumor not being found through this incision, it was enlarged transversely toward the lumbar vertebræ. Further search for the tumor was made in the direction of the liver and right kidney, the latter being "handled and held up two inches," but nothing of a diseased character could be discovered. The peritoneal cavity, in this fruitless examination, was exposed about twenty minutes. The wound was closed with sutures, and the patient made a speedy recovery.

Mr. King states that in his abdominal search

for the tumor he neglected to elevate the hips of his patient, which might have caused the dislodgement of the tumor from the pelvis, where it was probably concealed, and suggests that this precaution might prove of advantage to other surgeons placed under like circumstances. Mr. King further states that at the end of two or three years, when he reported the case, notwithstanding the increase of the tumor from one-fourth to one-third beyond its former size, the patient was in better health, and suffered less, than at the time of his unfinished operation, a fact which he attributes to the relaxation of the abdominal wall on the right side, resulting from imperfect union of the edges of the wound, the cicatrix being formed simply by the integuments.

Mr. King's third case will be presented further on, for the reason that the extirpation of the diseased ovary was effected by the short incision. This was previously suggested, as has been shown, by Dr. William Hunter, as the outgrowth of the old method of incisionism. Mr. King, however, attributes the credit of the procedure to his friend, Mr. William Jeaffreson, stating that he had previously operated upon a case by the short incision, and that it was

upon the result of this that his case followed, as "a scion grafted upon the parent stock."

Mr. Jeaffreson, in his report[1] of the case referred to, entitled: "A Case of Ovarian Tumor Successfully Removed," states that in an experience of thirty years he had met with about twenty cases of dropsical ovaries, and that the tendency of all of them was to a fatal termination, after varying periods of protracted suffering. The treatment employed, consisting principally of tapping, although affording temporary relief, was at best only a "forlorn hope," notwithstanding the contrary claims made by Sir Astley Cooper, Dr. Haighton, and a few others. He then states that he was cognizant of the fact that "Dr. Smith once performed this operation with success," and goes on to say that "Mr. Lizars had published many interesting cases of extirpation of the ovary," thus showing that he must have been ignorant of Dr. McDowell's original operation, or that he considers its special features of no practical advantage. In giving his own views he says: "It has often occurred to my mind that the operation might be had recourse to so soon as the sac was sufficiently distended as to press firmly on the

[1] Trans. Prov. Med. and Surg. Asso., 1837, vol. v., p. 239.

parietes of the abdomen, and before adhesions had taken place." He states that he was led, in 1833, to this conviction from meeting with a case of ovarian dropsy, complicated with pregnancy at full term, in which the descent of the tumor retarded the process of labor until he lifted it up with his finger, and thus overcame this grave obstacle to the passage of the child's head. This woman died a few days afterward, and as an illustration of the soundness of his convictions, just stated, he rehearsed at the autopsy the stages of an operation by which he believed the woman's life might have been saved.

The plan indicated, and which he proposed to follow when the opportunity again offered, embodied these features: First, to make an incision in the linea alba midway between the umbilicus and the pubes, about an inch in length; second, to expose and puncture the cyst with a trocar; third, during the flow of the fluid, to seize a portion of the cyst wall "in the grip of the forceps"; fourth, the sac being emptied, to draw it gradually through the opening, puncturing any other cyst or cysts as they presented themselves; fifth, to include the pedicle in a ligature, cutting the ends "off close

to the knot" and dropping the pedicle "into the cavity of the abdomen"; and, sixth, in the after-treatment to use large doses of opium with foxglove, "keeping a napkin wrung out of the coldest spring-water constantly applied over the whole of the abdomen," as first recommended by Mr. King. With these preliminary statements, he proceeds to narrate his case:

CASE IX.—In November, 1833, Mr. Jeaffreson was called to see Mrs. B. in her second confinement, and, by an extraordinary coincidence, he discovered the case to be similar to the one just referred to as terminating fatally. The same line of treatment was pursued with success, and the child delivered without difficulty. His friend, Mr. King, was called in consultation. Nearly three years afterward (March 4, 1836), Mr. Jeaffreson was again called in to attend Mrs. B. in her confinement, and the child was born without difficulty. But he was surprised to find afterward that the size of the abdomen was but slightly diminished, a circumstance due to the gradual augmentation of the dropsical ovary during the interval that had intervened between the two labors. After a lapse of two months, during which time all the ordinary remedies for promoting absorption of the fluid present, including veratria, so highly extolled by Dr. Turnbull, had been resorted to without permanent benefit, the patient decided to submit to an operation for removal of the tumor. Operation by Mr. Jeaffreson, May 8, 1836, assisted by Mr. King. The incision made was said to be "between ten and twelve lines." The different steps of the operation were carried out as in the plan previously described, and the wound closed, only two sutures being called for. The patient perfectly recovered.

Mr. Jeaffreson goes on to state that after the recovery of his patient he received a thesis written by Dr. Charles Frederick Quittẽnbaum, on the successful treatment of a case of dropsical ovary operated upon November 18, 1834, but he (Jeaffreson) had the same objection to this operation that he had to those of Mr. Lizars, viz.: "The greater extent of the incision and consequent hazard to the patient," referring here, of course, to the McDowell incision. He then concludes the report of his case by saying that if he had met with extensive adhesions between the cyst and the surrounding viscera he would have established a communication between the former and the peritoneal cavity, thus leaving the diseased organ to be cured by peritoneal absorption. In this is seen the most pointed acknowledgment of the defectiveness of the Hunterian short incision he had just adopted in the face of a difficulty that would not have been of the slightest consequence in the employment of McDowell's long incision. The expedient here referred to, of establishing a communication between the cyst and the peritoneal cavity in cases otherwise irremediable by the short incision, was a proposal previously made by Prof. Blundell.

Mr. Jeaffreson here mentions the case of Mr. R. C. King previously referred to by the latter, as "a scion grafted on the parent stock," and which now follows in regular order.

CASE X.—Mr. King's third case, entitled "Ovarian Dropsy; Removal of the Cyst; Employment of Cold and Foxglove after Operation."[1] H. C., a teacher, aged thirty-seven, applied to Mr. King, in August, 1833. She presented an enlargement of the abdomen, with fluctuation. Mr. King says that, previous to seeing Mr. Jeaffreson's case, he had decided to allow this patient to go on until she was incapacitated from her duties, and then tap her to obtain the usual temporary relief; but the result of Mr. Jeaffreson's case proving so satisfactory, he was led to perform the same operation without further delay. Operation July 12, 1836, at which Mr. Jeaffreson was present and assisted. The operation was virtually the same as that of the latter, except that, after drawing off twenty-seven pints of gelatinous fluid, he had to enlarge his incision to three inches in order to extract the sac. It should also be stated that, after applying the ligature to the pedicle in mass, it slipped off and had to be reapplied, which was done on the arteries individually, one of which was the size of the ulnar artery. The three ligatures applied were cut off close to the knots, and the pedicle returned to the abdomen. The bleeding was slight. After the operation Mr. King gave two drachms of tincture of foxglove and one of laudanum; and immediately after the operation began the application to the entire abdomen of thick cloths wrung out of ice-water, frequently renewed. Second day, little or no tenderness of the abdomen; pulse 60. At no time since the operation had the pulse exceeded 64. But little nausea or hiccough. On the third day condi-

[1] Op. cit., January 7, 1837.

tion of patient normal, and from this time on convalescence was as satisfactory as it was possible to be. Patient cured.

Mr. King concludes the report of this case with the following remarks:

"These cases will, I think, materially add to our confidence in the powers of the human frame to dispose of ligatures when left in cavities. . . . . The application of the ice-water was continued incessantly to the abdomen; it was injected into the rectum and colon in large quantities and frequently. Nutritious fluids of animal broth, milk, and gruel were likewise given through the same medium. Foxglove acted very favorably in overcoming the tendency to quickened circulation, and it was frequently repeated during the first fortnight, although chiefly through the medium of the bowels in consequence of the irritability of the stomach. It would be occupying too much of your publication to add my observations on the use of cold and foxglove to counteract inflammatory tendencies, either after operation or in idiopathic inflammatory disease, but I think there will be little difficulty in showing that, when fully and assiduously used, they have most important and controlling powers in arresting the march of the destroying power of inflammatory disease, chronic or acute."

Mr. W. J. West, of Tunbridge Wells, was the next to report a case of ovariotomy, and it was entitled, "Successful Operation for the Removal of an Ovarian Tumor."[1] He precedes the narration of his case by reference to

[1] Lancet, 1837–38, vol. i. p. 307.

the two published reports of the cases of Messrs. Jeaffreson and King, and to the objections that had been made to the report of the former by the London University Medical Society.[1]

Case XI.—Mrs. H., aged forty-four, was attended by Mr. West in her third confinement, the pregnancy being complicated by a tumor in the abdomen of thirteen years' standing. Mr. West had previously examined the patient, and knew the character of the tumor. She had consulted several surgeons, and had been treated by a seton, as recommended by Dr. Barnard, and by various other remedies. Operation November 2, 1837, Mr. West being assisted by Dr. Scudamore and Mr. Hargraves, also of Tunbridge Wells. Incision in the linea alba below the umbilicus, two inches in length; then the tumor was exposed and secured by a loop of cord fixed in the substance of the wall, preparatory to puncturing the cyst with a trocar. Twenty pints of fluid were drawn off, when, by very little traction on the loop, the emptied cyst was extracted from the peritoneal cavity. A ligature was applied to the pedicle in mass, the ends cut off close to the knot, and the tumor removed, the pedicle being returned to the abdominal cavity. Four sutures were used for closing the wound, which was also supported by strips of adhesive plaster. In the after-treatment "cold spirituous lotions were constantly applied over the abdomen," and calomel with saline aperients were given for keeping the bowels open. Patient was discharged cured.

In Mr. West's concluding remarks he summarizes the objections of the London University Medical Society referred to regarding Mr. Jeaf-

[1] Lancet, January 7, 1837.

freson's plan of operating. They were: First, inapplicability of the procedure when adhesions had formed; second, "the danger of peritonitis"; third, "when the cysts are numerous"; and fourth, "the disease being complicated with other tumors."

Mr. West performed three other operations according to the suggestions of Mr. Jeaffreson, which are not reported in detail, but he furnished Mr. John Gorham, of Tunbridge, Kent, for publication, the essential points of his treatment and the results, which the latter recorded, together with the cases of Dr. Nathan Smith, Mr. Jeaffreson, Mr. Hargraves, and the case in Guy's Hospital, in an article entitled: "Observations on the Propriety of Extirpating the Cyst in Some Cases of Ovarian Dropsy."[1]

CASE XII.—Mr. West's second case, Miss S., aged twenty-five, presented an abdominal tumor with distinct fluctuation. Short incision, exposure of the cyst, and emptying the sac (which contained twenty-four pints of fluid), carried out as in the preceding case. No unfavorable symptoms attended the after-treatment. The patient was cured.

CASE XIII.—Mr. West's third case. Mrs. Tompkins, aged forty, had an abdominal tumor which had previously been tapped. Short incision. Adhesions found and no attempt made to remove tumor, which was probably multilocular and, therefore, unsuitable for short incision.

[1] Lancet, 1839–40, vol. i., p. 155.

Wound was closed and patient recovered. She was tapped seventeen times afterward.

Case XIV.—Mr. West's fourth case. A. M., aged twenty-four. Similar case to his third, and short incision was made. "Sac contained eleven gallons and her constitution was much shattered." Mr. West's statements to Mr. Gorham regarding this case are vague, but enough is brought out to show that the tumor was multilocular in character, and, therefore, unsuited for removal by the short incision. Eight pints of fluid withdrawn. Tumor was not removed. "Tapped repeatedly before she sank."

In this connection Mr. Gorham refers to two other cases, the details of which are unpublished: that of Mr. Hargraves, and the one in Guy's Hospital.

Case XV.—The case of Mr. Hargraves, of Tunbridge Wells. A. B., aged forty. Fluctuation distinct in the abdomen. The solid portion of the tumor could be felt through the abdominal wall. Short incision made. Present Mr. Gorham. Tumor found with adhesions. Operation abandoned and wound closed. Tumor was probably multilocular and, therefore, unsuited for removal by short incision.

Case XVI.—Patient in Guy's Hospital. Operation (unfinished) was performed in 1839. Fluctuation of tumor distinct. Short incision as in the preceding cases. More extensive exploration, and greater traction made than was thought justifiable. The tumor being probably multilocular, the operation was unfinished. Patient died, and the autopsy showed but slight adhesions. Tumor unsuited for the short incision. Operator not named, but supposed to have been Mr. Morgan, and the case was the first one operated upon in any of the great hospitals of London.

Mr. West exhibited at Guy's Hospital the specimen of the cyst removed in his first case in 1839, and there is considerable direct evidence that Mr. Morgan, who was at that time one of the surgeons at Guy's, performed the operation in question.

After the publication of Mr. Gorham's ten cases, and his comments upon them and their results, accompanied by an allusion to the prior proposal of Dr. William Hunter in connection with the possible extirpation of dropsical ovaries by a short incision, Mr. Jeaffreson, feeling that these remarks reflected upon his originality, addressed a letter to the editor of the *Lancet* (November 2, 1839) upon the subject, in answer to Mr. Gorham, in which he says:

"I beg to say that I was perfectly sincere in claiming the more simple mode of operating in these cases as a suggestion of my own mind, never having seen or heard of Dr. Hunter's paper on the subject. Indeed, I think that it is the deference which has been paid to the gigantic authority of John Hunter, more particularly to his theory of 'Continuous Sympathy,' which has kept abdominal surgery in comparative abeyance."

Mr. Gorham,[1] in his rejoinder to Mr. Jeaffreson, disclaims any intention of reflecting upon the merits of Mr. Jeaffreson's proposal of the short incision, and admits the looseness of his statements regarding the prior suggestions of

[1] Lancet, Dec. 9, 1839.

Dr. Hunter. This done, he expresses his appreciation of Mr. Jeaffreson's contribution to science in these words:

"It does seem we are indebted not only for what we know of real utility and benefit, as regards this particular operation, but also for opening to us a new era in the surgery of the abdomen."

In the letter of Mr. Jeaffreson's just referred to he alludes to a successful operation of "extirpation of an ovarian cyst," by his friend, Mr. Crisp, of Harleston, Norfolk, and this is here introduced in its regular order.

CASE XVII.—This patient consulted Mr. Crisp in regard to an abdominal tumor of about twenty years' standing, and for which she had submitted to two tappings. Length of incision supposed to be short. No adhesions found with surrounding viscera, or from previous tappings. Cyst punctured, and three gallons of fluid drawn off, after which the collapsed cyst was removed without difficulty. Perfect cure.

Next follows Mr. Benjamin Phillips's case. His report is entitled: "Extraction of an Ovarian Cyst."[1] Mr. Phillips in the prefatory remarks to the report of his case, deprecates in a commendable way the reprehensible tendency of surgeons to report only their successful cases, "as if any moral imputation could

[1] London Med. Gaz., 1840–41, vol. xxvii., p. 83.

attach to failure in cases where failures must often happen." He considered such a practice not only "immoral," but tending to retard the true and legitimate advance of the art of surgery. Without going into the history of the operation for extirpation of ovarian cyst, he says:

"For all practical purposes it is sufficient to assume that to Mr. Jeaffreson (1836) belongs any merit which may attach to the plan of treating these cysts, by extraction through a short incision in the abdominal parietes."

Case XVIII.—A. D., aged twenty-one, with an abdominal tumor, having previously consulted several surgeons in London, among whom were Mr. Liston and Dr. Hamilton Roe, finally came through the latter to Mr. Phillips. No question as to diagnosis. Operation by Mr. Phillips, September 9, 1840, at which were present and assisted Drs. Roe, Clendening, Harrison, and Messrs. Prichard, Brown, and several others. Short incision below the umbilicus, an inch and a half in length. Cyst exposed, seized with forceps, punctured with trocar, and three hundred and thirty ounces of transparent, glairy fluid drawn off; no adhesions, but walls of cyst found thick, requiring the opening to be enlarged a little so as to facilitate extraction. Pedicle small, firmly tied with a ligature, ends cut off close to the knot, tumor removed, and the pedicle allowed to return to the abdominal cavity. Wound closed with sutures. After the operation the patient almost immediately began to complain of pain in the right iliac fossa. On the third day she was attacked with severe diarrhœa, a "choleriform affection," for which opium and astringents were freely given, and twelve leeches applied. Case terminated fatally at the end of one hundred and

three hours. Autopsy showed the ligature of the pedicle to be in place, but eight ounces of blood in the peritoneal cavity.

Summary of cases and results in Great Britain of extirpation of dropsical ovaries by McDowell's procedure, including alike those operated upon by the long and short incisions: 9 completed operations, with 6 cures and 3 deaths; 8 unfinished operations, with 7 recoveries and 1 death; 1 unjustified operation, with recovery. Mortality of completed operations, 33·33 per cent.

COMMENTS.—Encysted dropsy of the ovary as distinguished from general dropsy, or ascites, was, as we have seen, first recognized as such, and successfully treated by incision and drainage, in a woman, Margaret Millar, aged fifty-eight, residing near Glasgow, Scotland, by Dr. Robert Houston, in August, 1701. To Great Britain, it is believed, is justly due the credit of first adopting the practice designated as incisionism, and the circumstances of Houston's operation. with the result noted, mark an important era in the history of the subject, not only on account of its being the first case in which incisionism was employed, but from the influence it had upon the practice of other coun-

tries, leading, as it did, to the proposal of extirpation of the ovary nearly half a century later in France. In still another particular the case is important, as has been shown, viz., in its having been claimed by one writer over a hundred years later as a case of successful ovariotomy by the long incision, and again by another only a few years ago, who made the same claim on the assumption that a namesake of this old Scotch physician had catalogued, in a most creditable way, the anatomical museum of a school of surgery.

In the contribution of Dr. William Hunter, offering a more advanced explanation of the pathology of ovarian dropsy, with his suggestion of the possibility of extirpating a simple and small cyst through a short incision in the abdomen, there is much of practical value to commend, and for this also Great Britain has a just claim of credit, his position being on the line of advancement through old incisionism, as inaugurated by Houston. This theoretical proposition of Hunter, however, was not accepted by any surgeon of that country, nor was even a trial of it made there, until extirpation of dropsical ovaries became a settled fact three-quarters of a century later. Nevertheless, it was a

movement in the right direction, as proven by the readiness with which surgeons took up the short incision in the lower division of the abdomen, as proposed by Hunter, after McDowell had demonstrated the practicability of his operation by the long incision. How much McDowell profited by the teachings of Hunter it is difficult to say, but the boldness displayed by him in his first movement of securing the widest exposure of "the focus of the disease, namely, the tumor formed by the ovary," as suggested by Delaporte, shows conclusively that to master adhesions and to avoid injuries of the surrounding organs were with him considerations of paramount importance, a conception of the operation far beyond the simple thought of a short incision involving all the dangers incident to tugging at and dragging through such an opening a tumor of unknown dimensions. Further proof that the conception of McDowell was independent of any ideas derived from Hunter is shown in the fact that he made an entrance into the abdomen above the tumor, so to speak, instead of below, as had been advocated by Hunter, and was always the practice of the incisionists. The final abandonment of the short incision of Hunter, in England, after a few years'

trial of it, and the return there to the long incision of McDowell, may be considered conclusive, it is thought, not only as to the originality of the procedure of the latter, but as to the correctness of the principles upon which it rested.

Mr. Lizars deserves special mention, not only on account of his being the fifth surgeon to employ McDowell's operation of ovariotomy by the long incision, and of the results he secured from the procedure, but because of his unwarranted neglect for seven years to acknowledge his accidental possession of the report of McDowell's first three cases of extirpation of the ovary. His first case, the one of false diagnosis and unjustifiable operation, proved, of course, most unfortunate for the procedure, and threw a damper upon it in the estimation of the profession in Europe for many years. His second case (one of double ovarian dropsy), reported as being successful, was unsatisfactory, to say the least. One ovary, it is true, was removed, but the woman was left in a state of continual dread of having to go through with the same ordeal for removal of the other, and after a few years she finally died, from the remaining disease, in this state of mind. Double

ovarian disease was not unknown at the date of this operation by Mr. Lizars, though the facts show that this was the first time that tumors of both ovaries had been encountered in an operation. As brought out in the French history, M. Malaval, in the early part of the last century, found in an autopsy both ovaries to be the seats of tumors, one weighing twelve pounds and the other fifteen pounds. Mr. Lizars, therefore, acted without a precedent, and, although wrongly, did the best he knew how under the circumstances. He could have removed both ovaries just as well, with but little increase of risk, and it was the proper thing to have done. The case has an additional interest in being the first in Great Britain to recover from the operation of extirpation of an ovary, and, in consequence of this fact, aside from the incompleteness of the result, it elicited a good deal of attention there from the profession. It is said that the woman (whether at the instance of Mr. Lizars, I do not know) came from Edinburgh to London on a visit, and was there the subject of several examinations by prominent physicians, notably by Prof. Blundell, the greatest advocate of the operation that had been performed, and by Dr. James Johnson, the greatest critic

and denouncer of it at that date of its trial. The third case of Mr. Lizars was a completed operation, but it terminated fatally at the end of fifty-three hours. In his fourth case the operation was unfinished, but the patient recovered. These three operations of Mr. Lizars, affording the occasion of his second paper, were all performed within two months (February 27, April 24, 1825), and the results attending them, together with that of his previous case of false diagnosis, show pretty conclusively, it would seem, why he cut short his experience in this kind of surgery—an experience not uncommon among operators in like cases from that day down to the present time. This experience of Mr. Lizars had a notable precedent, in the days of incisionism, in the operation of Delaporte, where, after opening the abdomen and the tumor, and thus giving vent to sixty-seven pounds of gelatinous fluid in the course of eleven days, when death put an end to the scene, he wisely suggested that instead of this kind of work, it would be preferable "to remove the focus of the disease, namely, the tumor formed by the ovary." As we have seen, he even advised that this improved operation should be performed in the early stage of the

disease, but on account of his past experience in operating he does not appear to have had any desire, himself, to engage in the practice suggested, and here ended, it seems, his mission as an operator. So it was with Mr. Lizars. Such is the experience of operators still, in even less grave operations than those referred to, and so it may be expected to continue under like circumstances in the future.

As regards the conduct of Mr. Lizars toward Dr. McDowell, in withholding his manuscript, sent to Mr. Bell for publication, for seven years without acknowledgment, and then publishing it in connection with a case of false diagnosis and unjustified operation, there is nothing that can be said in extenuation of such neglect of duty and injustice. The simple statement of the facts is all that is needed here. These carry their own condemnation.

As to the unjust criticisms of the McDowell operation and the retraction of the same by Dr. Johnson, they speak for themselves, as we have seen in connection with the two papers of Mr. Lizars and the results of his former operations.

As to the four operations following Mr. Lizars's, by Dr. Granville and Mr. King, in

which the long incision of McDowell was employed, there is certainly but little to be said further than that they proved unsatisfactory: one terminating fatally, and three being left unfinished, though with recovery. The two operations of Dr. Granville are deserving of note as being the first performed in London, one July 1, 1826, and the other early in 1827.

In connection with Mr. King's second case, the fact is worthy of special mention that he employed in the after-treatment large doses of opium with tincture of digitalis and cloths over the abdomen wrung out of cold spring-water, and finally ice-water—an addition to the antiphlogistic practice then in vogue, both valuable and creditable to his judgment as a surgeon.

This brings us to the case of Mr. William Jeaffreson, of Framlingham, who, influenced by the case of Dr. Nathan Smith in the United States, as we have seen, was the first to revive and make trial of the short incision in the lower division of the abdomen, as proposed by Dr. William Hunter on the line of the old incisionism. The idea which Mr. Jeaffreson had in view in taking up this old method of incisionism was precisely the same that influenced the old

incisionists, namely: to operate early, when the tumor was below the umbilicus, and situated more or less on one side or the other, and the quality of the fluid, as determined by tapping, was such as to lead to the conclusion that the tumor was simple and uncomplicated.

In the study and investigation of this class of cases, where the tumor was liable, at any stage of its development to the size when the operation was called for, to become complicated with pregnancy, very close differentiation between the two kinds of enlargement became necessary, and thus great advance had already been made when Mr. Jeaffreson came to recognize this complication in a case of the kind which he afterward operated upon. As has been mentioned, M. Morand, about two-thirds of a century previously, had called attention to the possibility of such a complication; citing, as he did at that early day, a case in which it occurred three times, little or no inconvenience being caused until the third time, when the pregnancy failed to reach full term. It will also be recalled that a case complicated with pregnancy came under the observation of Dr. Ehrhartstein, in Germany, and that he successfully performed McDowell's operation just after labor; a trans-

lation from the German report of it appearing in the *Medico-Chirurgical Review*, July, 1833, the same year Mr. Jeaffreson encountered his first case. The latter says that it had often occurred to him that the operation of extirpation of a dropsical ovary ought to be attempted as soon as the tumor began to distend the abdominal wall, and before adhesions had taken place, points he insisted upon as being a *sine qua non* to success; and that he was led to these conclusions from encountering a case in which the tumor proved an obstacle to the descent of the child's head (1833). The patient died a few days afterward, and, learning from the autopsy that no adhesions existed, he decided upon a plan of removing such a tumor by operation, as previously mentioned. Mr. Jeaffreson, it would seem from this, was familiar with the published case of Dr. Ehrhartstein, and was no doubt led into the same line of investigation thus foreshadowed. This point, I think, is made clear from the fact that, four months after the publication of Dr. Ehrhartstein's case in England (November, 1833), Mr. Jeaffreson was called to see Mrs. B. in her second labor, and found the co-existence of a small dropsical ovary, a condition of things similar to that

found in the case previously cited. The tumor was pushed up out of the way, and the labor terminated satisfactorily. Again, on March 4, 1836, the third labor occurred, and terminated in a satisfactory way, without a recurrence of the former difficulty. About two months later, the patient having become anxious about the size the tumor had attained, and having been informed of the danger she was in, decided to submit to an operation for its removal, which Mr. Jeaffreson performed May 8, 1836. The result, as we have seen, proved completely successful.

From these circumstances and dates it is fair to infer that Mr. Jeaffreson, in his investigation regarding the relative advantages of the short incision and McDowell's long incision, profited not only by the teachings of his countryman, Dr. William Hunter, upon this point, but by the previous experience of Dr. Nathan Smith with the short incision, together with that of Dr. Ehrhartstein, as has been pointed out in relation to the complication of ovarian dropsy by pregnancy. When he made an incision midway between the navel and the pubes in the linea alba "between ten and twelve lines" in length for the removal of a tumor

which he knew to be small, and probably without adhesions (practical information derived from nearly three years' observation of its growth and behavior through two pregnancies), he had only to seize it with a pair of forceps, puncture a cyst or two, and draw it through the incision, as one would remove a tent from a sinus. But if, contrary to expectations, there had been found adhesions of the tumor to the surrounding parts, he would, as he takes the precaution to tell us, have established communication between the interior of the cyst and the peritoneal cavity, thus leaving the collapsed walls of the former to take care of themselves in a new relationship. This is an expedient previously suggested by Prof. Blundell in connection with the old method of incisionism. How different was the prospect before Dr. Ehrhartstein in the contingency of his meeting with such a complication in his case, possessing, as he did, the advantages afforded by the long incision of McDowell for discovering and successfully dealing with adhesions or any other existing complication. And where was the superiority of the short incision and the manipulation of the tumor employed by Mr. Jeaffreson, over the practice taught him

seventy-four years previously by the publication of his own countryman, Dr. William Hunter, in the following words?

"If it is indeed proposed to make such a wound in the belly as will admit only two fingers or so, and then to tap the bag and draw it out so as to bring its root or *peduncle* close to the wound of the belly, that the surgeon may cut it without introducing his hand, surely, in a case otherwise so desperate, it might be advisable to do it, could we beforehand know that the circumstances would admit of such treatment."

The favorable circumstances in Mr. Jeaffreson's case were the previous complications of two pregnancies, and a fairly thorough understanding, acquired on these occasions, of the simple and even the uncomplicated character of the "bag" of fluids co-existing.

But even in a case so simple as the one described by Mr. Jeaffreson, where the cyst can apparently be so easily removed through an opening in the lower division of the abdomen, the procedure adopted is liable to be followed by serious results, as we learn from Mr. Jeaffreson himself. On the fifth day after the operation there appeared symptoms of very grave and threatening import, which he describes in his report of the case as follows:

"I found her with incessant vomiting, hiccough, pulse scarcely to be felt, considerable griping pain in the

bowels, and an aching, shooting pain along the course of the anterior crural nerve."

Here is a state of collapse resulting no doubt from injury, and perhaps slow hemorrhage. The attending peritonitis was held in check and finally controlled by large doses of opium with tincture of digitalis, and cloths wrung out of ice-water applied continuously over the abdomen, as had been employed previously and recommended by his friend, Mr. King, of Saxmundham. To this treatment was largely due, no doubt, the final good result.

Mr. John Gorham,[1] some four years after the publication of Mr. Jeaffreson's case, in speaking of excision of the ovary by both the long and short incisions, made the same quotation from the publication of Dr. William Hunter I have given, and Mr. Jeaffreson took exception to this, publishing in the *Lancet* a communication in which occurs the following statement:

"I beg to say that I was perfectly sincere in claiming the more simple mode of operating in these cases, as the suggestion of my own mind, never having seen or heard of Dr. Hunter's paper on the subject. Indeed, I think it is the deference which has heen paid to the gigantic authority of John Hunter, more particularly to his theory of 'Con-

[1] Lancet, 1839-40., vol. i., p. 156.

tinuous Sympathy,' which has kept abdominal surgery in comparative abeyance."

I have thus given more attention to Mr. Jeaffreson's case of extirpation of a dropsical ovary by the Hunterian short incision than I otherwise would have done, because in it he claimed originality for the method, just as was done in the United States by Dr. Nathan Smith and his supporters; and because the principles underlying the practice deserve here to be brought out anew in connection with the trial of the latter by the other English surgeons credited with cases and operations, which finally resulted in the revival of the long incision of McDowell.

Mr. King's first and only operation by the Hunterian short incision, so far as is known, was in an unmarried woman, aged thirty-seven, and, the character of the tumor being favorable for it, the case terminated in a complete cure under the employment of large doses of opium, ice-water to the abdomen, and in the rectum as well, with tincture of digitalis and nutritive enemata.

Mr. West's case, in which the tumor had also been found complicated with a third pregnancy, was operated upon with complete success, the

operation being performed and the after-treatment carried out in conformity with the rules laid down by Messrs. Jeaffreson and King. His second case had an equally favorable ending. His third case, Mrs. Tompkins, aged forty, had previously been tapped. Hunterian short incision employed, as usual. Adhesions found and operation abandoned. Patient tapped seventeen times before death terminated the case. Who can say that the long incision of McDowell might not have relieved this woman, and given her an additional quarter of a century of health and happiness? Mr. West's fourth case was similar to the last, the Hunterian short incision being used with a like abandonment from adhesions. Afterward the patient was tapped repeatedly. The same question here likewise applies.

Mr. Hargraves's case, aged forty, presented a tumor with distinct fluctuation, but solid portions as well were felt through the walls of the abdomen. Hunterian short incision. Adhesions found and the operation abandoned, with final recovery of patient. This case was wholly unsuited for the form of incision employed. The long incision of McDowell afforded the only chance for removal with certainty and safety;

and why was it not tried when it only needed the extension of the short incision in the lower division of the abdomen into the region above the umbilicus?

The case in Guy's Hospital, the first operated upon in any of the large London Hospitals, presented a fluctuating tumor. The Hunterian short incision was employed, but the tumor could not be reduced in size and drawn through the opening. Operation abandoned. Patient died, and tumor was found to be multilocular, with but slight adhesions. Here, who could say that the long incision of McDowell would not have given this poor woman the requisite chances for the preservation of her life?

Mr. Crisp's case was stated to be of twenty years' standing, and she had been tapped twice. Hunterian short incision. No adhesions found, cyst punctured, three gallons of fluid drawn off, and the sac removed without difficulty. Complete cure.

Mr. Phillips's case was a young woman. The Hunterian short incision employed. No adhesions found, but the walls of the cyst said to be thick. Cyst punctured and drawn through the opening. After closure of the wound the

patient began almost immediately to complain of pain in the right iliac fossa. On the third day she was attacked with severe diarrhœa, and on the fifth day she died. Autopsy showed ligature on pedicle all right, but eight ounces of blood in the peritoneal cavity. Here the long incision of McDowell would have permitted an easy exploration and removal of the cyst, and thus have prevented the injury of surrounding structures, the cause, no doubt, of the hemorrhage.

In these ten cases operated upon by the Hunterian short incision, all, of course, with a view to the more or less simple and fluid character of the tumor, the latter was removed in six cases, with one death, and was not removed in four, with one death and three recoveries. the latter cases, however, all terminating fatally from the remaining disease, one after seventeen tappings, another after repeated tappings, and the last after a period not long. Thus is shown a success of 60 per cent., and failures in 40 per cent., with a mortality of 20 per cent., in cases adjudged suitable for the operation, and all by surgeons of recognized high ability.

The question here naturally arose, Why should there be so large a proportion of oper-

ations, in selected cases, unfinished or failures—four out of ten? The answer was that, despite the best diagnosis possible, the tumors found in the four unfinished cases proved too large and too much complicated by adhesions to be examined, manipulated, and removed through the opening in the lower division of the abdomen, then deemed sufficiently large. Dr. Charles Clay, in England, was the first to make this answer, and to rehabilitate, so to speak, the McDowell long incision, made in both the lower and upper divisions of the abdomen. This he did in a case operated upon successfully September 12, 1842,[1] and as a result of it took place the so-called revival of the long incision of the "Father of Ovariotomy," which followed a year later in the United States, in the hands of Dr. John L. Atlee, and soon after in the other two countries, France and Germany, where alike, as we have seen, his operation has been the subject of investigation and defence.

Following is a general summary of cases and results in the United States, Germany, and Great Britain, there being no case of extirpation of a diseased ovary in France during the period under consideration.

[1] London Medical Gazette, 1842-43, vol. xxxi., p. 437.

General Summary of Cases and Results in the United States, Germany, and Great Britain.

UNITED STATES.

12 completed operations, with 9 cures and 3 deaths.
6 unfinished " " 6 recoveries.
Mortality of completed operations, 25 per cent.

GERMANY.

12 completed operations, with 5 cures and 7 deaths.
3 unfinished " " 1 recovery and 2 "
1 unjustified operation, " 1 "
Mortality of completed operations, 58.33 per cent.

GREAT BRITAIN.

9 completed operations, with 6 cures and 3 deaths.
8 unfinished " " 7 recoveries and 1 death.
1 unjustified operation, " 1 recovery.
Mortality of completed operations, 33.33 per cent.

GRAND TOTAL.

33 completed operations, with 20 cures and 13 deaths.
17 unfinished " " 14 recoveries and 3 "
2 unjustified " " 2 "
Mortality of completed operations, 39.39 per cent.

CHAPTER XV.

EULOGISTIC LETTERS, ETC.

3 Upper Grosvenor Street,
London. W., 2d July, 1887.

Mrs. Mary Y. Ridenbaugh:

Dear Madam: In reply to your letter of the 10th of June, I may say that I shall read with great interest any life of McDowell that you may publish, but I am sorry I cannot add to what I have said about him in my book on *Diseases of the Ovaries*. . . . .

In 1878 I delivered six lectures at our College of Surgeons, and I concluded those lectures by some reference to McDowell.

They were published in the *British Medical Journal*, of July, 1878 (p. 132), and as you may have some difficulty in finding them I enclose the remarks which I then made, and which I can still entirely confirm.

I am sorry I cannot be of any further assistance to you. I remain, my dear madam,

Faithfully yours,

T. Spencer Wells.

The Remarks of Sir T. Spencer Wells.[1]

The hour is nearly complete, but I cannot conclude the very hasty and imperfect review of the subject of abdominal tumors, which I have been able to condense in six lectures—the operation now accepted as the only effectual means of relief in cases of ovarian tumors, especially—and of the results which have been obtained in alleviating distress and prolonging valuable life, without some reference to the man who is justly looked upon as "the father of ovariotomy."

McDowell was wise, practical, and prophetic. He carefully studied the subject which filled his mind; did with an enviable success what his opportunities permitted; and looked with an anxious eye on the prospect opening up to his successors.

We, more happy in our opportunities, have entered into full possession of what to him was little more than a promised land; and, speaking personally, I feel it my greatest happiness to have been able, chiefly through the encouragement of professional brethren (which at one time I had little reason to anticipate), to reach the point at which McDowell aimed.

I have not only attained the amount of operative success which he gave as the standard; I have not only the almost daily gratification of seeing some living and enduring evidences that my labors have not been in vain; but I have, for the rest of my days, the satisfaction of knowing that my example has emboldened others, and will be the means of still further extending to human suffering the consolatory assurance of the prospect of relief, and insuring

[1] Delivered at the close of a series of six lectures on the "Diagnosis and Surgical Treatment of Abdominal Tumors," at the Royal College of Surgeons of England, June 21, 1878.

the certainty of its realization by the many skilful hands which are now betaking themselves to the work.

This is a lot which falls to but few innovators. It is not given to every one to see the fruit of his labors; but the surest way of gaining that end is by studying the words and following the counsel of wisdom. The wish to do well what others have done is not all that is wanted. Step by step their course must be followed, difficult still, but somewhat easier from the results of experience; and, while I content myself with a warning to aspirants that a fancied inspiration will not alone carry them on to success, I feel that I cannot quit them and the subject better than by repeating the words of McDowell, who, though better known in the open, rugged field of practice than in the paths of literature, was a man of broad and elevated views, and thus expressed the advanced opinions he had already formed respecting the operation he had inaugurated after years of patient waiting and zealous preparation.

He strove to make ovariotomy a boon to humanity. He had reason to believe it had proved so, but he foresaw the dangers of its abuse from rash and indiscriminate rivalry amongst his followers. Listen to his own words: "I think my description of the mode of operating, and of the anatomy of the parts concerned, clear enough to enable any good 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. Such have been the bane of the science; intruding themselves into the ranks of the profession with no other qualification but boldness in undertaking; ignorant of their responsibility, and indifferent to the lives of their patients, proceeding according to the special dictate of some author as mechanical as themselves, they cut and tear with fearless indifference, utterly incapable of exercising any judgment of their own in cases of emergency, and sometimes

without possessing even the slightest knowledge of the anatomy of the parts concerned. The preposterous and impious attempts of such pretenders can seldom fail to prove destructive to the patient and disgraceful to the science. It is by such this noble science has been degraded, in the minds of many, to the rank of an art."

In conclusion, allow me to read a sentence or two from one of those able reviews which make one regret that the day of the medical quarterlies is passed (*British and Foreign Medical Review*, April, 1873): "All honor to McDowell, of Kentucky, who, to use the words of Hufeland, 'looked upon his profession as a high and holy office, who exercised it purely, not for his own advancement, not for his own honor, but for the glory of God and the good of his neighbor, and who, long since called to give an account of it, is, no doubt, reaping the reward of his faithful stewardship.'"

12 GRANVILLE PLACE, PORTMAN 59, W.

MRS. M. Y. RIDENBAUGH.

DEAR MADAM: I beg to acknowledge the receipt of your valued letter of the 12th inst., asking me for a contribution to your proposed work. While I thank you for the compliment you have paid me, I feel that anything I could say would only burden your work, and could not add to the renown attaching to the name of Ephraim McDowell.

I shall look forward with much anticipation to the reading of the biography of so remarkable a man, who was so far in advance of his age, whose originality and surgical skill are still so conspicuous, and whose name is inseparably linked with the greatest surgical achievement of this or any other age.

Hoping that a grand success will crown your noble efforts, I have the honor to be, dear madam,

Yours very faithfully,

GEORGE GRANVILLE BANTOCK.

Correspondence between Professor Alexander Russell Simpson, Dr. Willoughby Walling, and the Authoress,

Relative to a Lecture delivered by Professor Simpson at the University of Edinburgh, Scotland, October 19, 1887.[1]

52 Queen Street, Edinburgh, Scotland,
October 20, 1887.

Dr. Willoughby Walling.

My dear Sir: My introductory lecture, which contains, I believe, everything that can be gleaned from reference to our University matriculation books regarding Ephraim McDowell, will be published soon in one of our medical journals,[2] of which I shall be glad to send a copy to Mrs. Ridenbaugh.

Yours very faithfully,
A. R. Simpson.

The above note was in reply to a letter to Professor Simpson from Dr. Willoughby Walling, United States Consul for Leith, who writes from Edinburgh to the authoress of this work, as follows:

[1] Part of an introductory lecture on the Ninth International Medical Congress and American Gynecology.

[2] Published in the British Medical Journal, London, July 2, 1887, vol. ii. p. 977.

U. S. CONSULATE FOR LEITH, EDINBURGH, Oct. 20, 1887.

MRS. RIDENBAUGH.

DEAR MADAM: . . . . You will see from the enclosed card from Professor A. R. Simpson that I am in a way to get what you want. I will, however, be compelled to wait until the publication of the lecture referred to in the communication of Professor Simpson.

. . . . I want to suggest that if you have not gotten a speech made by Dr. R. O. Cowling,[1] at Danville, Kentucky, about the year 1879, at the meeting of the Kentucky State Medical Society, the occasion being the presentation of the door-knocker of Dr. McDowell's old residence to Dr. S. D. Gross, of Philadelphia, you should by all means have it.

Dr. Cowling was an old friend of mine, a professor of surgery in the University of Louisville, Ky., and the speech referred to was one of the most eloquent I ever heard, and was equally laudatory of Dr. McDowell and Dr. Gross.

So strong was it that when Dr. Gross arose to reply he was so overcome by emotion that he could not speak for some moments. . . .

Very respectfully,

WILLOUGHBY WALLING.

[1] See page 553.

52 QUEEN ST., EDINBURGH, Dec. 6th, 1887.

MRS. MARY Y. RIDENBAUGH.

DEAR MADAM: At the commencement of our session I gave a brief sketch of the work of Dr. Ephraim McDowell. . . .

I send you now along with this a separate copy of the lectures, as I have got some printed for distribution among the students. . . .

McDowell was a hero of whom our profession may well be proud, and a good biography of him will receive a wide welcome. . . .

Believe me,

Yours very faithfully,

A. R. SIMPSON.

PROFESSOR ALEXANDER RUSSELL SIMPSON'S LECTURE.

I have said that the *Transactions of the American Gynecological Association* give evidence of the vast amount of earnest and faithful work that is wrought in our department by our trans-Atlantic confraternity. And I would add that the noble services they have rendered in the past are an inspiration and incentive to them and us to further achievement in the future.

Have you ever thought how much obstetrics and gynecology owe to America? We sometimes hear half contemptuous reference to the scream of the American eagle; but, in our section of medicine, at least, she has established the strongest claims to let her voice be heard.

I cannot pretend just now even to give an inventory of the contributions that have travelled to us over the Atlantic waters, but let me indicate a few.

Laparotomy.—First of all, we must acknowledge America's just claim to be the birthplace of ovariotomy. The conception was not peculiarly American. It had been thought of elsewhere. It had been talked of and written about, but only to be talked down and written down. It had even been attempted, but usually only in a doubtful and tentative sort of way, in isolated and unsuccessful cases.

In 1809, at Danville, in Kentucky, a practitioner who had already achieved a surgical reputation for success in lithotomy and hernia—numbering among his thirty-two lithotomies (all successful) an operation on young James K. Polk, who afterward became President of the United States—removed an ovarian cystoma. The patient recovered. Four years later he repeated the operation on another patient with successful result. After the lapse of two more years he for the third time saved a life by extirpating an ovarian tumor.

He did not publish his cases until 1817, and then in a somewhat slipshod fashion in an American journal. He sent a copy of his paper to his old teacher, John Bell, of Edinburgh. John Bell was ill at the time, and away on on the Continent in quest of health. The paper fell into the hands of John Lizars, who was doing duty in the absence of his friend. Stimulated by the perusal, Lizars opened an abdomen where he and some of the other Edinburgh surgeons and obstetricians believed the patient to be the subject of an ovarian tumor.

He seems to have supposed that the American's success was in some measure due to climatic conditions, from this sentence, "As inflammation appears to be generally induced by exposure to cold, and, as these cases succeeded so well in America, I desired the room to be heated to 80° F." The diagnosis proved to be wrong, but the

patient recovered, and Lizars republished in the *Edinburgh Medical Journal*, for October, 1824, the cases of the more-successful American surgeon, prefixing a brief historical notice of the operation, and appending the history of his own case.

How this first public announcement of the splendid achievement was received in England let the editor of the *London Medico-Chirurgical Review*, writing a notice of Mr. Lizars's paper, reveal to us:

"Passing over the records of surgery, all of which cannot be depended on, we shall come at once to the recent facts, or alleged facts, communicated in this paper by Mr. Lizars. Three cases of ovarian extirpation occurred, it would seem, some years ago in the practice of Dr. Macdowal, of Kentucky, which were transmitted to the late John Bell, and fell into the hands of Mr. Lizars. We candidly confess that we are rather sceptical respecting these statements, and we are rather surprised that Mr. Lizars himself should put implicit confidence in them. A woman, supposed to be parturient, was visited by Dr. Macdowal at the instigation of two physicians who considered her in the last stage of pregnancy. Dr. Macdowal found the uterus unimpregnated, but a large tumor in the abdomen movable from side to side. The woman travelled sixty miles on horseback to have an operation performed. Dr. Mac made an incision, nine inches in length, parallel with the rectus abdominis, and right into the abdominal cavity. The tumor appeared in view, but could not be removed. A ligature was thrown round the Fallopian tube, the tumor cut open (found to be the ovarium) and fifteen pints of dirty gelatinous stuff extracted, '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 they could not be replaced till after the operation was performed, which lasted twenty-five minutes! The wound was sewed up by means of the inter-

rupted suture, assisted by means of adhesive plaster. Dr. Mac visited the patient *at the end of five days*, though she had come to his own residence to have the operation performed!! He found her engaged in making her bed! She soon returned to her native place quite well. *Credat Judæus, non ego.*

"The second case is little less extraordinary, if not incredible. A negress had a hard, painful, fixed tumor in the abdomen. Dr. Mac placed her on a table, laid the abdomen open, inserted his hand, and found the ovaria very much enlarged, painful to the touch, and firmly adhering to the bladder and fundus uteri. To extract this (two ovaria) he thought would be instantly fatal; 'but, by way of experiment,' says the doctor, 'I plunged the scalpel into the diseased part, when some gelatinous substance, as in the above case, with a profusion of blood, rushed to the external opening, which I conveyed off by placing my hand under the tumor and suffering the discharge to run over it.' A quart or more of blood escaped into the abdomen. The same dressing and the same success as in the first case. We cannot bring ourselves to credit this statement."

The same *Review* writer in April, 1825, has still, no doubt, the Kentucky operator (McDowell) in his mind when he falls foul of the great obstetrician, Dr. Blundell, for thinking that ovariotomy will ultimately come into general use, and saying: "If the British surgeons will not patronize and perform it, the French and American surgeons will;" for he adds: "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."

How hard it is to move a man who has committed himself to the position of a sceptic may be seen from the manner in which this writer returns to the subject in October, 1826, after the *North American Medical and Surgical Journal* had come into his office to tell him that "Dr. Mac," as he contemptuously called the ovariotomist, had

operated not only three but five times, and in four of the cases with success.

"*Extirpation of an Ovarium.*—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 ovaria. In the second volume of this series, page 216, we adverted to the cases of Dr. Macdowal, of Kentucky, published by Mr. Lizars, of Edinburgh, and expressed ourselves as sceptical respecting their authenticity. Dr. Coates, however, has now given us much more cause for wonder at the success of Dr. Macdowal; for it appears that out of five cases operated on in Kentucky by Dr. M., four recovered after the extraction, and only one died. There were circumstances in the narratives of some of the first three cases that raised misgivings in our minds, for which uncharitableness we ask pardon of God, and of Dr. Macdowal, of Danville. The two additional cases now republished (for it appears that the cases were published, though in a very unsatisfactory form, in the American *Eclectic Repertory*) are equally wonderful as those with which our readers are already acquainted." And toward the close of the article he says: "It was this mode of narration that excited our scepticism, and we must confess it is not yet removed."

Now the man whose splendid success in a new field was received with so much scorn and scepticism, not only on this side of the ocean but his own, was no haphazard adventurer out in the wild West.

Born in Virginia in 1771, and moved with his father's household to Kentucky in 1782, where his father became judge of the district court, he seems to have had but an imperfect training in letters in a land that, during his childhood, was fighting its way to freedom. After leaving school he studied medicine with Dr. Humphreys, of Staunton, Virginia, a graduate of the University of Edinburgh. Philadelphia was then the only seat of medical education in the United States, and doubtless it was at the instance

of this Edinburgh *alumnus*, with whom he had been reading from two to three years, that the eager student crossed the deep, and came to enroll himself among the Cives Academiæ Edinensis.

In the roll of Session 1792–93 I find that Ephraim McDowell has inscribed his name as it is reproduced in the zincotype (see frontispiece). It was not then the custom for the entrant to give his place of birth and residence. So he has simply signed his name, and opposite the signature the secretary has noted that he is entered to study chemistry.

In that subject he would come under the inspiring influence of Joseph Black, and, as he had no other university class that session, it was probably during it that he studied surgery with John Bell. In a biographical sketch of him by the late Professor Gross, of Philadelphia, it is stated very confidently that it was during his second year that he attended the lectures of that distinguished extra-mural teacher. But, when he matriculates for the second time, at the beginning of session 1793–94, he is entered for the classes of anatomy and surgery under the second Monro; practice of medicine under James Gregory; and botany under Daniel Rutherford; besides the clinical prelections in the Royal Infirmary.

With so much to do in his second session, and so little in the first within the university, it seems to me more probable that he had put himself under Bell's tuition during his first session here.

Our librarian has shown me the library day-book of the time, from which it appears that throughout he had been greatly interested in the study of chemistry. On February 25, 1793, he had out Hopson's *Chemistry;* on March 11th, Hoffman's *Practice of Medicine;* March 25th, Chaptal's *Chemistry*; April 8th, vol. ii. of the same work, and on April 27th, Hamilton on *Female Complaints*.

During the summer he had ceased to borrow from the library, and he then may have been making the excursion through Scotland, described by Gross, in company with

two of his compatriots, one of whom had been his fellow-apprentice with Dr. Humphrys, of Staunton, and who enrolled himself in the same two sessions with McDowell as Sam Brown.

On September 25th a friend, James Cairns, a matriculate of 1793–94, gets Fourcroy's *Chemistry* for him; on October 3d he is at the library himself for Savary's *Letters on Egypt;* on October 15th he gets a volume of *Chemical Theses* and two volumes of *Medical Commentaries*, and the last entry is on October 29th, 1793, when his friend Cairns gets for him Cullen's *Practice of Physic*.

Among the readers who must have rubbed shoulders with him at the librarian's table were Henry Brougham and Francis Horner; among the students who sat in the same classes with him were Monro Tertius, (Sir) William Newbigging, and John Bell's youngest brother, (Sir) Charles.

Members of the athletic club will be pleased to hear, from Dr. Gross, that he used often to narrate with special glee how, during his sojourn in Edinburgh, "a celebrated Irish foot-racer arrived, boasting that he could outrun, outhop, and outjump any man in the city, and bantered the whole medical class. McDowell was selected as their champion. The distance was sixty yards, and the stake ten guineas. The trial took place in the college grounds, and the American allowed himself purposely to be the loser. A second race for one hundred guineas and at an increased distance came off soon afterward, and this time the Irishman, after much bullying, was badly beaten, much to his own chagrin and the gratification of the students." That by way of parenthesis to help you know the man.

Gross is uncertain as to whether he graduated here or not. But clearly he had not taken out the requisite courses to qualify, and his name is not to be found in our roll of graduates.

Doubtless his biographer is correct in thinking that the teacher from whom he learned the most was John Bell, whose "enthusiasm and ardor," says Gross, "were absolutely boundless."

It is difficult to conceive, at this distant day, the charm which this great teacher infused into his subjects and the ambition which he inspired in his pupils. All loved him; many worshipped him; not a few idolized him. Among the latter was the subject of this memoir.

During his attendance upon his prelections the young American was enraptured by the eloquence of his teacher, and the lessons which he imbibed, while thus occupied, were not lost upon him after his return to his native country.

Mr. Bell is said to have dwelt with peculiar force and pathos upon the organic diseases of the ovaries, speaking of their hopeless character, when left to themselves, and of the possibility, nay practicability, of removing them by operation. The instruction thus given made a powerful impression upon Dr. McDowell, which was not lost upon him after he took leave of the academic groves of Edinburgh.

What actual success McDowell on the whole achieved is not accurately known. It is said he operated thirteen times in all with eight recoveries. It would seem, therefore, that he was not so happy in his later series of cases as he had been in his earlier. But, it was a splendid triumph, then, to have rescued eight women from inevitable death, and, whatever premonitions of it there may have been beforehand, America has the right to claim for Ephraim McDowell the foremost place among ovariotomists.

As Prof. Parvin said: "The suggestions of Hunter and the instructions of Bell had an important influence upon McDowell's mind, but this detracts nothing from the glory of his achievement. The fame of Columbus is not dimmed by the fact that others before him, others in his time, believed with him that by sailing westward a sea-way to the Indies would be found. No matter what surgeons may have believed and suggested as to removal of diseased ovaries, no matter though John Bell taught the mode of operating, their faith without works was utterly dead, and the new Columbus (McDowell) started upon his exploration without pilot or chart."

Response of Professor D. W. Yandell, of Louisville, Ky.,

In behalf of the invited guests, at a Complimentary Dinner to Professor Samuel D. Gross.[1]

Mr. Chairman: When the invitation came to unite in this offering, I was deeply touched. It revived memories of my student life, when, as a pupil of your guest, I came before him for examination for the doctorate, now thirty-three years—a generation—ago. The teachings of that period have remained a part of my life. The method, the system, which the great master observed, as in his earnest way he gradually unfolded to the minds of his hearers the grand truths which lie in the upper planes of surgery; the painstaking, conscientious care with which he infused interest into the dry details of his subject, his fiery zeal, his never-flagging industry, and, better than all this, the solemnity with which he declared that to be a truly great physician it was essential to be at the same time a truly good man—all these are as fresh to me this evening as when I made one of his hearers, now so long ago.

Mr. Chairman, I obeyed the summons to be here with alacrity. I came with pleasure. Nay, more, I came with feelings akin, I fancy, to those which animate the pilgrim as he turns his footsteps toward the tomb of the Prophet.

With fitting reverence, sir, I stand in this august presence. I come, sir, as the humble representative of a great people, the people of Kentucky, who send you greeting on this auspicious occasion. I come, empowered by them to lay at the feet of your illustrious guest the homage of that renowned commonwealth. I come to wish him yet many years upon the earth, and to say that, though his name and fame have become a common heritage, Ken-

[1] Given by his medical friends in commemoration of his fifty-first year in the profession. April 10, 1879.

tucky still claims them as peculiarly her own, since it was in her borders that he laid the foundation of a reputation which has not only irradiated this continent, but has penetrated wherever civilization is known or surgery is cultivated as a science.

I feel, Mr. Chairman, that it is an honor to be called on to speak on such an occasion and for such a people—a people that has given to statesmanship a Clay, a Lincoln, and a Breckenridge; to arms a Johnston, a Preston, and a Buckner; and to surgery a McDowell and a Dudley. A goodly company! Stately names! Would you think me as exceeding the limits of good taste if I added—and chief among *all* these is that of him who bears the mark of our guild—Ephraim McDowell?

For, sir, will not the labors of the statesman yield to the pitiless logic of events; the voice of the orator grow fainter in the coming ages; and the deeds of the soldier eventually find place but in the libraries of the student of military campaigns; while the achievements of the village surgeon (McDowell) like the widening waves of the inviolate sea, shall reach the uttermost shores of time, hailed of all civilizations as having lessened the sufferings and lengthened the span of human life?

Again, would you think me very far wrong were I to couple the victorious issue of the late war, and the operation of ovariotomy as, in different fields, the two most stupendous events of modern times?

Sir, both are to be credited to Kentuckians. Mr. Lincoln effected the one. Dr. Ephraim McDowell accomplished the other.

Nor yet, in my opinion, do the two achievements admit of comparison. Powerful cabinets, far-seeing ministers, renowned captains, a daring and multitudinous soldiery, a rich, a steady, a united, and a persistent people contributed to the success of the former. Its glory was won amid the blare of trumpets, the groans of men, the shock of contending armies. The glory of the other belongs to but one

man, is single and indivisible, was born under the eyes of fair women, and by the cunning of a single hand, which, amid supreme peril, plucked victory from an enemy that, before McDowell's time, had defied all that was subtlest in art, and repulsed every assault of science.

But, sir, I fain must have done. I feel that it is good to have been here. I shall return to my people and recount to them what I have seen and what heard, and repeat to them what I now offer in their name:

"To our guest, the illustrious son of Pennsylvania, the foster son of Kentucky, who, to the nimbus which ever encircles great deeds, has added the milk-white flower of a stainless life."

ST. LOUIS, MO., May, 1889.

MRS MARY Y. RIDENBAUGH.

MY DEAR MADAM: I regret very much that unavoidable circumstances prevented me from calling upon you personally before you left the city, thus enabling me to form a more correct idea of the scope of the memoir which you are preparing of your distinguished ancestor, Dr. Ephraim McDowell.

You request me to make some contribution to your work, forgetting, perhaps, that not knowing what others have written, I may follow too nearly in their footsteps to present anything worthy of being considered original or readable.

For, I feel that I would be unable to add a single leaf to the garland of honor and glory which an enlightened and grateful profession have already woven around the name and memory of your distinguished grandfather.

So long as the fame of Sir Isaac Newton is cherished among philosophers, or that of Christopher Columbus is held in reverence by navigators, will the lesson of the life and achievements of McDowell receive respectful homage at the hands of surgeons throughout the entire world. And could the women of the present

generation fully realize the blessings which have accrued to their sex through the seeds planted by the patient industry of this great physician, they would erect above his grave a monument far eclipsing the proudest of the Pyramids.

But, it is not in the line of eulogy that I would speak of Dr. Ephraim McDowell, for he needs none.

The practical lesson of his professional life is to me the chief object of interest and study, since it carries with it a moral of peculiar value to the younger members of the medical profession. Although he had the best advantages of study which his times and generation afforded, yet his sources of information were limited as compared with the superior resources accessible to the student of the present day.

He evidently possessed, however, a well-trained and analytical mind which enabled him to turn to the best account such opportunities as came in his way. He cultivated independence of thought and action. *What he learned* he *learned well;* so well, that it proved a deep and abiding foundation upon which he could venture to build. To a natural courage was added that self-reliance which is born of mature knowledge and clear perception. He

was evidently a close and practical student of those fundamental principles of medicine, anatomy, physiology, and pathology. The surgical triumph which in due time rendered his name famous followed naturally.

Galileo was not the first to suggest the telescope, neither was McDowell the first to suggest ovariotomy, and yet their names will be handed down to future ages as indissolubly connected with two of the crowning triumphs of science. What the one did for astronomy the other accomplished for abdominal surgery. Each developed and crystallized into practical results what before were merely theories, or vague ideas.

It is difficult for the layman, who is ignorant of the anatomical relations and pathological conditions peculiar to the several varieties of ovarian tumors, to fully appreciate the brilliancy of McDowell's achievement. It is only the anatomist and the pathologist who, in the light of knowledge, can enter fully into the spirit which animated this bold pioneer as he ventured into a hitherto unexplored region of surgery, with rude instruments and with no precedents to guide him.

It is plain that he had pondered well over

the prophetic suggestions of the great Hunter, and of his illustrious preceptor, John Bell, of Edinburgh. In this instance Hunter may have planted, and Bell watered, but it was McDowell whose intelligent and unerring hand plucked the practical fruit of victory.

After careful dissections and patient investigation at the bed-side and in the dead house, he arrived at a matured and intelligent plan of procedure, which for the *first* time placed the operation of ovariotomy upon a scientific basis.

However brilliant may have been the improvements which have attended later efforts in this direction, it will be impossible to efface the debt of gratitude due to the courage and skill manifested in the conception and execution of Ephraim McDowell.

Trusting that you may meet with success in your very laudable undertaking I am, with respect,

Very truly yours,

WALTER COLES, M.D.

McDowell Monument. Danville, Kentucky.
Erected in 1879.

CHAPTER XVI.

MEMORIAL SERVICES AT THE UNVEILING OF THE McDOWELL MONUMENT.

This chapter is made up from a volume entitled "Memorial Oration in Honor of Ephraim McDowell, the 'Father of Ovariotomy,'" published by the Kentucky State Medical Society, Louisville, 1879.

That Dr. Ephraim McDowell, of Danville, Ky., was the first to perform the operation of ovariotomy, and by his successful cases make the extirpation of diseased ovaria a legitimate surgical procedure, has long been conceded both in this country and in Europe. To Dr. S. D. Gross, of Philadelphia, is due the credit of successfully establishing the claims of McDowell to priority in this important field of surgery.

The idea of marking the last resting-place of the first ovariotomist with some memorial commemorative of his great services to humanity originated with the late Dr. John D. Jackson,

of Danville, and was brought by him to the attention of the Kentucky State Medical Society, and from thence before the American Medical Association. Quite a number of subscriptions were made to this object by members of the National Association, but at the meeting in Louisville, in 1875, the Association adopted a resolution creating a Prize-essay Fund for the perpetuation of McDowell's great achievement. The resolution left to the profession of Kentucky the work of placing some local memorial over his grave. The death of Dr. Jackson occurring soon afterward, the Kentucky State Medical Society intrusted the work to Dr. Lewis S. McMurtry, of Danville, the pupil and friend of Dr. Jackson. To his energy and perseverance, under many discouraging circumstances, the complete and perfect success of the enterprise is attributable. In addition to those made by the members of the Kentucky State Medical Society subscriptions toward the erection of a monument to McDowell were made by Dr. Lewis A. Sayre, of New York, Dr. Samuel D. Gross and the late Dr. Washington L. Atlee, of Philadelphia, the late Dr. Edmund R. Peaslee, of New York, and Dr. J. A. Murphy, of Cincinnati.

The monument is a handsome shaft made from Virginia granite. Midway on the shaft is a bronze medallion of McDowell, and beneath the medallion his monogram with the motto, "Honor to whom honor is due." Upon the front face of the monument is the following inscription, encircled with a laurel wreath: "A grateful profession reveres his memory and treasures his example." On the opposite side is inscribed, "Erected by the Kentucky State Medical Society, 1879." On the eastern face this inscription: "Beneath this shaft rests Ephraim McDowell, M.D., the 'Father of Ovariotomy,' who, by originating a great surgical operation, became a benefactor of his race, known and honored throughout the civilized world." The western face is devoted to the historic inscriptions as follows, being encircled with the Æsculapian serpent: "Born in Rockbridge County, Virginia, 1771; attended the University of Edinburgh, 1793; located in Danville, Ky., 1795; performed the first ovariotomy 1809; died 1830." The monument is beautifully located near the centre of the city of Danville, in a park of several acres, which, by subscription of the citizens of that place, has been beautified and made suitable for the purpose.

The dedication of the monument occurred on the 14th of May, during the session of the Kentucky State Medical Society at Danville. These services were unusually interesting and imposing. An immense audience composed of the members of the Society, and of ladies and gentlemen from all parts of the State, assembled to witness them, and to honor the memory of a great man. In addition to the members of the Society, the Governor, the Secretary of State, the speakers of the two houses, and other officials, the following well-known physicians and surgeons of other States occupied seats on the platform: Dr. Gilman Kimball, Lowell, Mass. (who has performed ovariotomy two hundred and thirty-nine times); Drs. Whittaker, Seely, Ayres, and Stevens, of Cincinnati; and Dr. McDowell, of St. Louis, and Drs. V. P. Gibney and Lewis A. Sayre, of New York City.

The committee regrets exceedingly that a letter addressed it by Dr. Fordyce Barker, President of the New York Academy of Medicine, failed to reach its destination.

COLEMAN ROGERS,
PRESTON B. SCOTT,
J. W. HOLLAND,
Committee of Publication.

LOUISVILLE, KY., May 17, 1879.

DR. L. S. MCMURTRY,

Chairman McDowell Monument Committee, Danville.

DEAR SIR: In accordance with the resolution adopted by the Kentucky State Medical Society on the 15th of May, I would respectfully request you to forward me for publication the Proceedings of the McDowell Memorial Exercises, held in your city on the 14th instant.

I am, very respectfully,

COLEMAN ROGERS,

Chairman Committee of Publication.

DANVILLE, KY., June 19, 1879.

DR. COLEMAN ROGERS,

Chairman of the Committee of Publication, Louisville.

DEAR SIR: I have the honor to send herewith the Proceedings connected with the Dedication of the McDowell Monument, as requested in your favor of the 17th instant.

I am, yours, etc.,

L. S. MCMURTRY,

Chairman McDowell Monument Committee.

DEDICATORY ADDRESS.

BY PROF. SAMUEL D. GROSS, M.D.

GENTLEMEN OF THE KENTUCKY STATE MEDICAL SOCIETY, LADIES AND GENTLEMEN: Nearly fifty years ago the citizens of Danville, then a small, obscure village, carried to its last resting-place all that was mortal of the man whose monument will henceforth mark an era in the history of the medical profession and of the people of Kentucky. The announcement of his death, after a brief illness, in the fifty-ninth year of his age, on the 20th of June, 1830, caused deep and wide-spread grief in the community in which he had so long lived, and of which he had been so conspicuous, honored, and beloved a member. By none was his loss more profoundly deplored than by the poor of Danville and its neighborhood, who had been so frequently benefited by his skill and so frequently the recipients of his bounty. Many a tear was shed as the body was tenderly laid in the earth, and many a sigh was heaved as the

reflection came that the mantle of such a man would be long in finding worthy shoulders. Of those who were present on that melancholy occasion, one after another has disappeared. New generations have sprung up, and a scene that wrapped a whole community in sorrow and caused general regret in the American medical profession is with most of the people of this section of Kentucky a mere tradition. The marble slab erected by the hand of affection over the mortal remains bears the simple but significant inscription, Ephraim McDowell.

Who was this man, this Ephraim McDowell, in honor of whose memory we have assembled here this evening? Was he a hero whose body was scarred as he was leading his armies in the defence of his country? Was he a great magistrate, meting out justice to his fellow-citizens, protecting their rights, and wisely interpreting their laws? Was he a legislator, devising means for the development of the resources of his state, and the promotion of the happiness of society? Was he a great senator, like Clay, or Crittenden, or Webster, expounding the constitution and convulsing the American people by the power and majesty of his eloquence? Ephraim McDowell was not any

of these, and yet he was none the less a good and a wise man, nor is he any the less entitled to the world's gratitude. Following the noble vocation of a practitioner of the healing art, liberally dispensing alike to poor and rich the blessings of his knowledge and of his skill, he silently pursued the even tenor of his way, a faithful servant of his profession, with no ambition for meretricious distinction. It was here, on this very spot, that he achieved that renown which so justly entitles him to be ranked among the benefactors of his race. It was here, while engaged in the daily routine of his calling, that he performed an exploit which no one had ever achieved before, and which, although for a long time denounced and condemned by many otherwise enlightened surgeons and practitioners as an outrageous, if not murderous, innovation, is now universally admitted as one of the established procedures in surgery; an operation which, in its aggregate results in the hands of different surgeons, has already added upwards of forty thousand years to woman's life, and which is destined, as time rolls on, to rescue thousands upon thousands of human beings from premature destruction.

Ephraim McDowell will be regarded in all

time to come as the "Father of Ovariotomy," and as one of the master spirits of his profession. We are here this evening to place upon his tomb a wreath of immortelles expressive of our admiration and respect, and of the gratitude of more than two thousand women rescued from an untimely grave by his operation. That his claims to this distinction are well founded the history of this operation abundantly attests. For a long time it was thought that other surgeons had anticipated him in this undertaking, but all the doubt that had hung over the subject was at length completely dispelled in 1852 in an address which I had the honor to read before the Kentucky State Medical Society at its annual meeting at Louisville, entitled "A Report on Kentucky Surgery." In the prosecution of my inquiries I became deeply interested in the subject of ovariotomy, and especially in the claims of McDowell as its originator. With this end in view I engaged in a long and laborious correspondence, in which I was kindly assisted by Professor Daniel Drake, Dr. William Galt, and Dr. William A. McDowell, a nephew and at one time a partner of the great surgeon. Letters were addressed to physicians in different parts of the State, and

also to the surviving members of Dr. McDowell's family, asking for information respecting the number and results of his cases, as well as the names and residences of his patients, and any other intelligence calculated to throw light upon his life and character; matters concerning which, up to that period, hardly anything definite was known. These documents are still in my possession, and will probably at no distant day be given to the public.

When this investigation was begun the origin of this operation was generally ascribed to a French surgeon, L'Aumonier, of Rouen, who, it was contended, had performed it in 1782, when McDowell was not eleven years old. More recently the honor has been claimed by our British brethren for Dr. Robert Houston, of Glasgow, whose name appears in connection with an operation upon the ovary as early as 1701. The operation, however, has been found upon a careful examination of the history of the case to be entirely different from that of the Kentucky surgeon. The case was simply one of ovarian tumor, the contents of which were partially evacuated by an incision made through the abdomen, the cyst itself being left behind.

These and other pretensions that have been set up by different nationalities are wholly unsupported by facts; for a careful study of the cases which have been reported by their respective operators will serve to convince any unprejudiced mind that, so far from being examples of ovariotomy, they were simply instances of cystic tumors, similar to those already mentioned in connection with the names of L'Aumonier and Houston. Indeed a considerable number of such operations were performed during the last century, chiefly by French, German, and English surgeons, or, as they would now call themselves, if living, gynecologists.

The first actual case of ovariotomy of which there is any authentic account occurred in this town in December, 1809, in the hands of Dr. Ephraim McDowell, and to him and to him alone is due the credit of having devised and first successfully executed the operation. All honor, then, we say, to the man who thus paved the way to a new path of humanity, since so nobly trodden by his successors! All honor to the man who had the courage and skill to do that which no man had ever dared to do before! All honor, too, to the heroic woman who, with death literally staring her in the face,

was the first to submit calmly and resignedly to what certainly was at the time a surgical experiment. To her, too, let a monument be erected, not by the Kentucky State Medical Society or by the citizens of Kentucky, but by suffering women who, with her example before them, have been the recipients of the inestimable boon of ovariotomy, with a new lease of their lives and with immunity from subsequent discomfort and distress. I know of no greater example in all history of heroism than that displayed by this noble woman in submitting to an untried operation. McDowell himself must have been startled, if not absolutely abashed, when he found how willing she was, after he had depicted to her, in the most glowing colors and in the strongest and plainest language, the risks of the operation. When a surgeon, however experienced or skilful, meets with a desperate case, and finds that, after having informed his patient, that if an operation be performed, it will be likely to destroy him, he is willing and ready to incur the risk, his heart often fails him and he deeply regrets that the poor sufferer ever fell into his hands. So, no doubt, McDowell felt upon this occasion. "Having never," he said, "seen so large a sub-

stance 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 seemed 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." She did come, and the experiment, as McDowell very properly calls it, was, as already stated, performed. A rapid recovery ensued, and the patient, Mrs. Crawford, a Kentucky lady, survived the operation thirty-two years, enjoying for the most part excellent health, and dying at length in the seventy-ninth year of her age. Thus, it will be seen, this heroic and courageous woman owed nearly two-fifths of her life to the skill and care of her surgeon. Our admiration of this noble woman is greatly enhanced when we reflect that the operation was performed without the aid of anæsthetics, which were not introduced into practice until a third of a century afterward, as is our admiration of the surgeon when we recall the fact that he had no trained assistants to aid him in his work, executed despite the most strenuous and persistent efforts to dissuade him from undertaking it.

It is not a little remarkable that no account of this operation was published until eight years after it was performed. Whether this was due to inherent modesty on the part of McDowell, to indifference to fame, to sheer apathy, to an aversion to writing, or to fear of criticism, to which such an undertaking, without a precedent in the annals of surgery, would necessarily expose him, it would be idle to conjecture. It is sufficient for my purpose to know that the first notice of it appeared, in 1817, in the *Philadelphia Eclectic Repertory and Analytical Review.* The communication, which covered not quite three octavo pages of printed matter, was entitled "Three Cases of Extirpation of Diseased Ovaria," and was drawn up so loosely and carelessly as to be well calculated to elicit adverse criticism, as indeed it speedily did both at home and abroad in a way not at all calculated to reflect credit upon the author as a literary and scientific man. The details of the cases were singularly meagre; there was nothing said respecting their origin, progress, or diagnosis, and even the operations themselves were very imperfectly described. If such operations had been performed in our day the most minute circumstances would have speedily found their

way into print. The fact is, McDowell possessed no facility as a writer, and he lacked that grace of diction and power of expression so well adapted to impart interest even to the driest details, and which can be acquired only by long practice. In a word, he was a stranger to the pen and had no fancy for its use. Writing was a great bore to him; a compulsory necessity. The report of his cases soon after its publication was severely criticised, and an attempt was made to discredit his statements, or, in other terms, to impugn his veracity. Had McDowell lived in our day, when intelligence flashes with lightning speed, not only from one section of the country to another but from continent to continent, such an occurrence would not have been possible.

Dr. James Johnson, the very able and learned editor of the *London Medico-Chirurgical Review*, a journal widely circulated both in Great Britain and in the United States, was especially savage and satirical. He could not imagine it to be possible that an American surgeon, living in a small, obscure village in the wilds of Kentucky, or in the backwoods of America, as he expressed it, could perform such an operation, or become a pioneer in a new branch of sur-

gery. In commenting upon McDowell's first case, especially upon the wonderfully rapid recovery of the patient, he exclaims apparently in holy horror and with uplifted hands, "*Credat Judæus non ego.*" In a subsequent article, published in 1826, Johnson again calls attention to McDowell's cases, adding that of five cases reported four had recovered and only one had died. "There were circumstances," remarks this Cerberus, "in the narratives of some of the first cases that raised misgivings in our minds, for which uncharitableness we ask pardon of God, and of Dr. Ephraim McDowell, of Danville." It is presumable that this frank and manly recantation on the part of a man who occupied so elevated and influential a position as the editorship of the most widely read medical journal in the world had some effect in controlling professional sentiment and inspiring confidence in the declarations of a surgeon whom he had only a few years before denounced as a backwoods operator unworthy of credence. Nevertheless Dr. McDowell had for a long time no imitators. Among those who, on this side of the Atlantic, had the courage to follow in his footsteps, were Nathan Smith, of New Haven, in 1821, Alban G. Smith, a part-

ner of McDowell, in 1823, and Dr. David L. Rogers, of New York, in 1829. All of the cases terminated favorably. McDowell himself, as clearly as I could determine in preparing my report on Kentucky Surgery, operated altogether thirteen times, with the result of eight cures, four deaths, and one failure, due to an inability to complete the operation on account of extensive adhesions of the tumor; a degree of success which, considering the fact that he had no precepts except his own experience to guide him, was eminently creditable to his judgment, care, and skill, and which, although exceeded in recent times, was for a third of a century pretty much the average in the hands of his followers, both in America and in Europe. If we go to the other side of the Atlantic we shall find that the first attempt at ovariotomy in Great Britain occurred in the practice of Mr. John Lizars, of Edinburgh. This gentleman, in 1825, published a beautiful monograph upon the subject, in which he gave a detailed account of four cases, with two recoveries, one death, and one an utter and disgraceful failure, due to an erroneous diagnosis, both ovaries being perfectly sound. Mr. Lizars, who was a surgeon of considerable note in his day, was led to turn

his attention to this subject from having read an account of McDowell's operations, which had accidentally fallen into his hands during the absence of Mr. John Bell, McDowell's old preceptor, upon the continent, from which he never returned. The brochure here referred to was, there is reason to believe, of great service in calling to the subject the attention of European surgeons generally, the more especially as it embraced a full report of the Kentucky cases, which, up to that period, had lain, as it were, in a state of dormancy. Nothing, however, of any moment was done anywhere, either at home or abroad, until 1842, when ovariotomy received a new impulse at the hands of Dr. Charles Clay, of Manchester, England, followed shortly after by Dr. Frederick Bird, of London, and the two brothers Atlee, John and Washington, of Pennsylvania, the first case of the former having occurred in 1843 and that of the latter in 1844. To these gentlemen is unquestionably due the great merit of reviving the operation and of placing it upon a firm and immutable basis as one of the established procedures in surgery. Their attempts to generalize the operation met everywhere with great opposition and even obloquy. Dr. Clay, who

introduced it into England, in referring to the subject, states that he had to wade through much vexatious opposition, great misapprehensions, and gross misunderstandings; and the experience of Dr. Washington L. Atlee was still more trying and annoying. In an address which he delivered in 1872 before the Philadelphia County Medical Society, entitled "A Retrospect of the Struggles and Triumphs of Ovariotomy in Philadelphia," he depicts in glowing language the obstacles which this operation had to encounter in this country and in his own city. "Ovariotomy," he exclaims, "was everywhere derided. It was denounced by the general profession, in the medical societies, in all the medical colleges, and even by the majority of my own colleagues. I was misrepresented before the medical public, and was pointed at as a dangerous man, and even as a murderer. The opposition went so far that a celebrated professor, a popular teacher, and captivating writer, in his public lectures, invoked the law to arrest me in the performance of this operation." This rancorous opposition, however, founded as it was upon ignorance and prejudice, gradually wore away, and the men who were most clamorous in keeping

it up either disappeared from the active scenes of life, or yielded gracefully to the light of reason and experience. Dr. Clay, writing in 1874, states that he had operated upon two hundred and seventy-six cases, while those of Dr. Atlee, at the time of his death, less than a year ago, amounted to three hundred and eighty-seven. Mr. T. Spencer Wells, of London, whose brilliant career as an ovariotomist began in 1858, wrote to me on the 29th of April, 1879, that he had just had his nine hundred and thirty-eighth case. Mr. Thomas Keith, of Edinburgh, whose career in this field of surgery is also wonderfully brilliant, informs me, in a letter written a short time previously to that of his English *confrère*, that he had operated up to that date two hundred and eighty-four times. Dr. John L. Atlee has operated fifty-seven times; Dr. Alexander Dunlap, of Ohio, one hundred and forty-three times; Dr. Edmund R. Peaslee, seventy-seven times; Dr. T. Gaillard Thomas, one hundred and twenty-six times, and Dr. Gilman Kimball, the oldest and most-renowned American ovariotomist since the death of Dr. Washington L. Atlee, two hundred and forty times. Professor Briggs, of Nashville, who has operated upwards

of fifty times, recently had three cases of ovariotomy on the same day, the patients living within a short distance of each other.

It is an interesting fact with regard to the history of ovariotomy in this country that Dr. John L. Atlee's first operation, performed in 1843, was also the first operation in which both ovaries were removed. In the report of this remarkable case, an unusually elaborate one, in the *American Journal of the Medical Sciences* for January, 1844, after instituting a comparison between this and other capital operations, Dr. Atlee makes a strong appeal in favor of ovariotomy. "Let this operation," he says, "but be placed upon its legitimate basis, and let it receive that attention from the profession which has been devoted to other departments of surgery, and we shall soon arrive at such a knowledge of the proper time and manner of operating, and before those complications exist which render it impracticable, as will be the means of saving many unfortunate and hopeless victims." When this operation was performed Dr. Atlee was not aware of the cases that had occurred in England in the practice of Dr. Clay and Mr. Walne, and he informs me that he would never have performed it if he

had not studied with great care the report of McDowell's cases. The success of his operation, one of the most brilliant on record, induced him and his brother to repeat it on the first favorable opportunity, despite the opposition and clamor of their professional brethren. Up to 1850 only eighteen American surgeons, including the originator, had performed this operation. In 1855 it received a new impulse from the publication of Dr. Washington L. Atlee's first thirty-five cases, and in the following year appeared the admirable prize-essay of Dr. George H. Lyman, of Boston, entitled "The History and Statistics of Ovariotomy," embracing a summary of three hundred cases, being all that were then known as having occurred in different parts of the world. On the continent of Europe ovariotomy made, until recently, very slow progress, although Chrysmar, of Germany, had performed it three times before the close of 1820, and consequently several years before it was attempted by Lizars, of Edinburgh. In France it was performed for the first time in 1847. In these countries, as in the United States and Great Britain, it was long denounced as an unsafe and improper operation, and that this should

have been the case is not surprising when we consider the enormous mortality which attended it, even in the hands of many of the most accomplished surgeons. The results of late years, however, have been more encouraging, and have been particularly flattering in the hands of Koeberlé, of Strasbourg, Schroeder, of Berlin, and Skoeldberg, of Sweden, not to mention others. Ovariotomy is no longer on trial; it has successfully passed that ordeal, and is now performed in every country of the earth where civilization has carried the blessings of scientific medicine.

The frequency of ovarian diseases is appalling; far greater, indeed, than it is generally supposed to be. One surgeon alone, Dr. Clay, of England, declares that he had examined within a single decade eight hundred and fifty cases! Who, in view of these occurrences, will deny the blessings of ovariotomy, especially when we take into consideration the fact that few women laboring under maladies of this kind live longer than about four years, unless relieved by surgical interference?

The mortality of this operation is worthy of brief notice in connection with Dr. McDowell's name and fame. His own cases—thirteen in

number, with eight cures, four deaths, and one failure to complete the operation on account of extensive adhesions—show an astonishing degree of success when we recollect all the circumstances attending them, especially the operator's own inexperience, and the absence of any rules to guide him in his undertakings. For a number of years after McDowell's death the mortality in the hands of different surgeons exhibited but little improvement upon that in his own practice. Thus, of one thousand four hundred and eight cases collected by me in 1872, from various sources, native and foreign, four hundred and fifteen died, affording a mortality of twenty-four per cent., or one death in every three and two-fifths cases. That the results of the operation are materially influenced by the manner in which it is performed, and by the previous and subsequent treatment, is a fact long since fully established. Thus, if we take the statistics of one hundred cases in the hands of so many different surgeons, men who have no experience in such cases and who follow the ordinary method of operating, the mortality will be found to be enormous, just as it would be likely to be under similar circumstances in any other grave operation, as lith-

otomy, the larger amputations, trephining of the skull, and the ligation of the larger arteries. No one will deny that experience is a most important factor in saving or destroying life in all the more serious, severe, or capital operations. The results of ovariotomy in the hands of professed or skilled ovariotomists, men who make a specialty of abdominal surgery, are among the greatest triumphs of our art, entitling them to be ranked among the noblest benefactors of the present day, or indeed of any day. The cases of Washington L. Atlee, Charles Clay, T. Spencer Wells, Thomas Keith, Gilman Kimball, Alexander Dunlap, T. Gaillard Thomas, and others, are counted, not by tens or twenties or thirties, but by hundreds. It is this enormous multiplication of cases that makes these men such experts and that gives them such a superiority over those whose practice is comparatively limited. One of the most gratifying circumstances connected with this operation is the gradually decreasing mortality even in the hands of the most successful surgeons. This is strikingly shown, to go no farther, by the statistics of Dr. Clay, of Manchester, who, as previously stated, introduced ovariotomy into England. Of the first twenty cases the

death-rate was one in two and one-half; of the second twenty, one in three and one-third; and of the last thirty-one, one in four. In Mr. Wells's cases the same gratifying results are apparent, and so also in those of Mr. Keith, of Edinburgh. Who will dare to assert that these triumphs are not due to superior skill in operating, and to increased care and experience, and not to the selection of the cases, although this will doubtless, now that the diagnosis between innocent and benign ovarian diseases is so well established, have its influence?

The attention bestowed upon the after-treatment must necessarily exert a powerful influence upon the patient's fate. All the professed ovariotomists employ trained and experienced nurses and personally superintend their cases from first to last. Mr. Keith, in referring to this subject, says, "No one knows the anxiety that ovariotomy has given me, nor the time and thought and care I have bestowed on the patients." There can be no doubt that the chances of recovery after the operation are greater when the patient is treated in a private hospital, situated upon airy ground, and provided with all the means and appliances which such an institution ought to possess. This fact

has been strikingly exemplified in the practice of Mr. Keith, and also in that of Mr. Wells while he was in charge of the Samaritan Hospital, London.

Leaving out of the question the results of less-experienced ovariotomists, what can be more wonderful than the results of Mr. Keith's cases—two hundred and eighty-four—with a mortality of only thirty-five, or one death in about eight operations? Of the last one hundred and fifty-eight cases only twelve succumbed; of the last seventy-seven only thirteen, and of the last forty-nine not one, thus verifying his assertion that "this long-despised operation is now the safest of all the great surgical operations, at least judging from these results." The statistics of the operations of Mr. Wells are equally astonishing. Both these surgeons are now making constant use of antiseptics, notwithstanding they obtained most brilliant results from the ordinary treatment, conducted with that care which their increasing experience had taught them to employ. Mr. Keith does not hesitate to ascribe much of his wonderful success in his late cases to the efficacy of antiseptics. Mr. Wells, in the letter previously referred to, says: "I began the year

1878 with the eight hundred and eighty-eighth case, by adopting the antiseptic system of Lister, and have kept it up ever since, the result of forty-five cases being forty recoveries and five deaths. The recoveries have taken place, as a rule, without fever." "I believe," he adds, "that the antiseptic system will certainly reduce mortality and expedite convalescence." Of the thirty-eight cases of the ninth hundred, the number operated upon by Mr. Wells up to April 29, five, he informs me, have died, and thirty-three are well or convalescing. Of Mr. Clay's two hundred and seventy-six cases two hundred recovered and seventy-six died. Koeberlé, during the last four years, operated one hundred times with eleven deaths.

The mortality in Dr. Washington L. Atlee's three hundred and eighty-seven cases was, as I am informed by his son-in-law, Dr. Thomas M. Drysdale, about thirty per cent., which, considering that he did not select his cases, and frequently had no opportunity of superintending the after-treatment, always a matter of such great moment in every severe operation, may be regarded as a fair average. Dr. John L. Atlee's fifty-seven cases show forty recoveries and twelve deaths, with five failures to complete

the operation on account of extensive adhesions. Of Dr. Dunlap's one hundred and forty-three patients one hundred and twelve recovered and thirty-one died. Of Dr. Peaslee's seventy-seven operations the results of twenty-eight only are positively known, and of these nineteen recovered and nine perished. J. Taylor Bradford had thirty cases with three deaths. Professor T. Gaillard Thomas's one hundred and twenty-nine cases show ninety-six recoveries and thirty-three deaths. The mortality of Dr. Kimball's cases is in the ratio of one to four; of his last twenty-four cases twenty-one have recovered and three have died.

It would be foreign to my purpose, in an address like this, and especially before such an audience, to speak of the causes which mainly influence the results of this operation; but there is one circumstance to which I cannot forbear alluding. I refer to the importance of establishing in every case, before an operation is attempted, a correct diagnosis. Fortunately this can now be done, with proper care, almost in every instance, with the aid of the microscope. Dr. Thomas M. Drysdale, availing himself of the great opportunities afforded by Dr. Atlee's operations, has, after numerous

examinations, satisfied himself of the existence, in all innocent forms of ovarian cysts, of what he calls the "ovarian granule cells." These cells, which are very small and of a rounded or oval shape, are largely supplied with nuclei and nucleoli, and, as they are not present in any other affections or in dropsical fluids, they may be regarded as characteristic. More recently Dr. Foulis, of Edinburgh, and Dr. Knowsley Thornton, of London, have ascertained that malignant ovarian tumors can be distinguished from benign ovarian growths by the presence of groups of large, pear-shaped, round, or oval cells, occupied by granular material with nuclei, nucleoli, vacuoles, or transparent globules. The value of these researches, in which Dr. Drysdale has taken the lead, cannot, in a diagnostic point of view, be overestimated, for they clearly indicate the necessity, in every case of doubt, of making a thorough examination of the contents of these classes of tumors before finally deciding upon the propriety of using the knife.

The brilliant success which has attended ovariotomy both in America and in Europe has led to an extension of the whole domain of abdominal surgery, and has emboldened ope-

rators to invade other regions of the body until recently regarded as too sacred to be meddled with. Indeed, there would seem to be hardly any longer any forbidden territory. The uterus, the spleen, and the kidneys have of late years been the coveted objects of the surgeon's cupidity. Very lately the gall-bladder has not only been aspirated for the purpose of relieving it of distending fluids, but actually, in several instances, extirpated. Many years ago, during my residence in Kentucky, I received a telegram from a distinguished surgeon of Columbus, Ohio, saying he had just excised the liver, and that as his patient was progressing favorably he indulged great hope of her recovery. The woman, however, died the next morning, when it was discovered that, instead of the liver, only an ovary had been removed, thus depriving my friend of the glory of being a pioneer in hepatic surgery! Within the last ten years a number of cases of excision of the larynx have been reported, including, in some instances, portions of the tongue and of the œsophagus, and yet despite the mutilation some of the survivors, with the aid of an artificial substitute, articulated nearly as well, it would seem, as before the operation. The entire

tongue, too, has on a number of occasions—perhaps in not less than forty or fifty cases—been extirpated with, as is alleged, very little impairment of the patient's voice or power of speech. With such inroads, such innovations, on the part of surgery, we need not be surprised if, on waking some morning, we should find the papers filled with accounts of the successful amputation of the head without any serious detriment to the patient's mental faculties, despite the assertion of Mons. Blandin, a French surgeon, that this portion of the body, which he invariably designates as the encephalic extremity, cannot be removed during life without stopping respiration and causing other inconveniences which, unhappily, render the operation inadmissible! This language, however, it must not be forgotten, was uttered fifty years ago, when surgery was in a comparatively crude condition, and is therefore hardly applicable at the present day. But, pleasantry aside, as perhaps unbecoming the occasion, while I have always been a friend to progress, it is evident that there must be limits to the use of the knife. What the fate of some of these operations may be, whether any or all of them will be ultimately admitted into the

domain of legitimate surgery, must for the present remain an open question. We are no more justified now in condemning what may seem to us to be an improper operation than physicians were in the days of McDowell in condemning ovariotomy. Experience alone can determine how far the knife shall go or shall not go.

What has been called, perhaps oddly enough, *normal ovariotomy*, an operation first performed by Dr. Robert Battey, of Georgia, may be regarded as a natural outgrowth of McDowell's operation, or ordinary ovariotomy, rendered necessary, as is alleged, on account of organic or functional disorder of the ovaries, incurable by ordinary treatment. The results obtained thus far are not very satisfactory, and it is evident that further light is required before we can determine its real merits. Different methods of reaching the faulty structures have been suggested, but there is not one that is wholly free from danger, while that originally practised by the courageous and ingenious inventor does not always afford sufficient space for the purpose.

The statistics of this operation published in 1878 by Dr. George J. Engelmann, of St.

Louis, embracing forty-three cases, show that the risk is very considerably greater than in ordinary ovariotomy, fourteen of the cases terminating fatally, while of the twenty-nine surviving patients nine only, or thirty-one per cent., were cured, and eleven were more or less improved. Many of the operations were not completed on account of the impossibility of extracting the entire ovary.

Dr. Battey, as he informed me only a few days ago, has performed this operation fifteen times with two deaths and thirteen recoveries. Of these thirteen cases four were promptly and entirely cured, nine were benefited, and of those not completely relieved every one had made notable progress during the last twelve months.

In delineating the character of McDowell the question naturally arises, how was he led to perform for the first time in the history of surgery so dangerous an operation? Was it his superior knowledge of abdominal and pelvic diseases, or had he made a special study of them, and thus qualified himself above all other men to become a pioneer in a branch of surgery whose territory had never before been invaded by the knife? Or was it his superior

sagacity or his more profound penetration which led him to undertake it? Finally, had the lessons which as a student he imbibed in the lecture-room during his sojourn at Edinburgh any agency in the matter? It must not be forgotten, in discussing this subject, that long before McDowell launched into this then unexplored field of surgery a number of distinguished physicians, in view of the hopeless character of ovarian diseases, suggested their removal through an opening in the wall of the abdomen. Among others who seriously thought of the matter may be mentioned more especially the names of Schlenker, Willius, Preger, Chambon, and the celebrated William Hunter, the foremost obstetrician of his day in Great Britain. None of these men, however, had the courage to undertake such an operation. Prior to McDowell no surgeon had been so bold as to do more than to open occasionally an ovarian cyst and to let out its contents. No one had dared to remove an ovarian tumor of any kind bodily.

In reflecting upon this subject I have always thought that the instruction which McDowell had received while attending the lectures of the celebrated Mr. John Bell, of Edinburgh, had

mainly paved the way to this undertaking. It is a well-known fact that the young Kentuckian was greatly impressed by the lectures of this great surgeon, who was a man of splendid genius, of high intellectual endowments, an eloquent teacher, and a bold, dashing operator, then in the zenith of his renown. We may well imagine with what pathos such a man, a man of the most ardent temperament and a most accomplished scholar, would describe abdominal surgery, and with what force and emphasis he would dwell upon the hopeless character of ovarian tumors. No man, perhaps, ever taught surgery to more admiring pupils, or more completely fascinated them by the power of his eloquence. There was, moreover, from all accounts, a wonderful magnetism about John Bell, which drew to him, as with an irresistible charm, every one who came within his presence. Listening to the lectures of such an enthusiast, a kind of Tom Marshall in his way, it is not probable that the young American sat listlessly with closed eyes and ears upon the hard bench of the amphitheatre. On the contrary, his attention was all agog. We can see him even now, as it were, with open mouth and protruding head, with his chin resting upon his

hands, eagerly drinking in every word as it fell from the lips of this divine son of Æsculapius. The sparks of genius which such a teacher emits kindle a flame in the minds of his pupils which the waters of all the rivers and seas of the earth cannot extinguish. That the prelections of this wonderful man exerted a powerful influence in moulding the character of McDowell and in inspiring him with boldness and confidence as an operator is unquestionable. How far they affected his career as an ovariotomist is of course a mere matter of conjecture. The knowledge which he brought home with him, and his warm sympathy for suffering woman, no doubt exercised a powerful effect upon his future life. Besides, he was not unaware of the fact that success had often attended the Cæsarean section, and that persons not unfrequently recovered after severe wounds and other injuries of the abdominal and pelvic viscera. Moreover, it is not improbable that, in reflecting upon the subject, he came to the conclusion, long since universally recognized, that the peritoneum, when chronically diseased, is generally comparatively tolerant of the rudest manipulation, whereas the slightest exposure of, or interference with, the healthy

membrane is sure to be promptly resented, almost invariably, indeed, at the expense of the patient's life. Finally, it must not be forgotten that McDowell was a bold surgeon, and a man of a broad, elevated mind, capable of taking a comprehensive view of anything that was presented to him. With a heart as tender and gentle as that of a woman, he was not afraid of the sight of blood. For many years he had the field of surgery in Kentucky almost wholly in his own hands. He had not been home long from his foreign residence before patients began to flock to him from all parts of the southwest, and he found himself immersed in a large surgical practice, demanding the performance not only of the more common but also of many of the more difficult and severe operations. His first case of ovariotomy occurred when he had hardly been twelve years engaged in the practice of his profession. He was about the same age as Valentine Mott when he performed his great feat of tying for the first time the innominate artery; an operation in comparison with that of McDowell of utter insignificance, for of the nineteen or twenty cases in which it has been done only one life has been saved, whereas the other has already restored to health and comfort upwards of two thousand women.

The career of McDowell is so intimately bound up in the great operation already so frequently mentioned that one might suppose nothing of interest remained to be considered. This, however, is far from being the case. In many respects, indeed, it is replete with incidents. Born in Rockbridge County, Virginia, in 1771, he was brought, when thirteen years old, by his parents to Danville, at a time when Kentucky was literally a wilderness, resounding with the howl of the panther and of the savage and reeking with the blood of its early settlers. The terrible battle fought near Blue Lick Springs, in which Daniel Boone played so conspicuous a part and lost a son, and which proved to be so disastrous to his followers and companions in arms, took place only a short time after this event, and filled the country with pain and sorrow. The frequent wars of which it was the theater gave it a peculiar claim to the title of the "Dark and Bloody Ground," from which it derived its name. At the period in question Kentucky was still a territory, and it was not until after repeated conventions, the last of which was held in this city, that it was finally, in June, 1792, admitted as a State into the Union.

McDowell was of Scotch-Irish parentage, and the ninth of twelve children. His great-grandfather, after whom he was named, was Ephraim McDowell, a brave and courageous man, who, after having done some fighting in the civil wars of Ireland, in the cause of the Covenanters, emigrated, after he was past middle life, to Pennsylvania, which he left in 1737 for Augusta County, Virginia, where he died at a very advanced age shortly before the revolutionary war. From an elaborate genealogical article in the *Cincinnati Commercial*, January 14, 1879, under the *nom de plume* of Keith, it appears that the descendants of the Scotch-Irish emigrant have become almost as numerous as the sands upon the sea-shore, and that they represent by their intermarriages many of the most respectable and influential families in Maryland, Virginia, Kentucky, Ohio, Illinois, Indiana, Missouri, and indeed almost in the entire southwest. If called together they would form, at least numerically, a powerful clan. Besides the great surgeon, who has immortalized the family, many of these people have held important positions, as governors of different States, congressmen, lawyers, judges, divines, physicians, politicians, and army officers. Joseph Nashe

McDowell, who died only a few years ago, was a nephew of Ephraim, a great teacher of anatomy and surgery, and the founder of a medical school at St. Louis. Another nephew, the late Dr. William A. McDowell, of Louisville, occupied a high position as a sagacious and successful physician. The name of Gen. Irvine McDowell, United States Army, is familiar to every American citizen. The father of Ephraim was Samuel McDowell, an accomplished gentleman, a member of the Legislature of Virginia, and, after his removal to Danville, a judge of the district court, a position which he held until within a short time of his death. On his mother's side he was descended from the McClungs, a distinguished family of Virginia. The son's early education was obtained at a classical seminary at Georgetown, in his adopted State, under the supervision of Messrs. Worley and James, two accomplished teachers. How long he remained here, or what progress he made in his studies, I am unable to say, but it is safe to affirm that, although he was fond in after life of literary reading, his primary education was sadly neglected, and that he never surmounted his early deficiencies. He wrote, as has already been

stated, with great difficulty, and his only literary contributions are two short articles contained in the Philadelphia *Eclectic Repertory and Analytical Review* for 1817 and 1819. His medical education was commenced in the office of an eminent physician, Dr. Humphreys, of Staunton, Virginia, a graduate of the University of Edinburgh. It was doubtless through the influence of his preceptor that the youth determined to go at once to the fountain-head of medical education and learning, as the Scotch metropolis was then very justly regarded. At all events there is no proof to show that he ever attended any lectures in Philadelphia, at that time the only place of resort for the medical student in this country. The University of Edinburgh, of which he was a member in 1793–4, enjoyed a world-wide reputation at this period on account of the learning and ability of its professors, among whom may be mentioned as especially worthy of notice the names of Cullen and Black, two great luminaries, whose fame added lustre to the school and attracted pupils from all parts of the civilized world. Not waiting to take a degree, he immediately, upon his return to America, settled at Danville, where, having brought with him the prestige of

foreign study, he soon acquired the confidence of the public and rapidly rose to distinction as a successful practitioner. He particularly distinguished himself as a surgeon and as an expert operator, a position of which he retained undisputed possession until the organization, in 1819, of the medical school at Lexington, when he was gradually eclipsed by his young rival, Dr. Benjamin Winslow Dudley, a gentleman of highly fascinating manners, a popular teacher, and, as all the world knows, a great surgeon.

It is not the design of this address to enter into minute details respecting Dr. McDowell's more ordinary surgical achievements. It will subserve my purpose to state that he was an excellent lithotomist, and that he repeatedly performed many of the great operations of surgery. The subject of one of these operations was James K. Polk, afterward President of the United States, at the time a thin, emaciated stripling, fourteen years of age, worn out by disease, uneducated, and without apparent promise of future usefulness or distinction. "As an operator," as Dr. Alban G. Smith, who late in life changed his name to Dr. Goldsmith, and who knew him well, having at one time been his partner, told me, "as an operator he

was the best I ever saw in all cases in which he had a rule to guide him;" no slight praise from a man who was himself an expert operator; and yet Dr. Goldsmith seemed to forget that this man did certainly once operate in a case in which he had no rule to guide him, a case which was destined to confer immortality upon his name.

McDowell was not only a good operator, but he possessed all the higher attributes which make up the character of a great surgeon, intense conscientiousness and a scrupulous regard for the welfare of his patients. He never operated merely for the sake of operating. He had always an eye to consequences. For the mere mechanical surgeon he had an immitigable contempt. In speaking of ovariotomy, in answer to some strictures pronounced upon his first three cases, he expresses the hope that no such surgeon will ever attempt it. "It is," he adds, "my most ardent wish that this operation may remain to the mechanical surgeon for ever incomprehensible." He considered the profession of medicine as a high and holy office, and physicians as ministering angels, whose duty it is to relieve human suffering and to glorify God. He had a warm and

loving heart, in full sympathy with the world around him. To the sick poor he was particularly kind. He was a loyal and devoted husband, a tender and loving father, an honest, high-toned citizen. In all the relations of life he was a model. Naturally of a lively, social disposition, he enjoyed a good joke or a spicy anecdote, and was the delight of every social entertainment which he honored with his presence. Late in life he devoted much of his leisure to reading and meditation. His favorite medical authors were Sydenham and Cullen; his favorite literary authors, Burns and Scott. During his sojourn in Scotland he passed several months of his vacation in rambling over the country trying to make himself familiar with the nature and habits of the peasantry. In these perambulations he had the society of two of his Kentucky friends, Drs. Brown and Speed, the former of whom became afterward Professor of Medicine in Transylvania University. When the trio reached home some one asked Brown, "What do you think of McDowell?" "Think of him? Why, he went abroad as a gosling and has come back as a goose." It would be well if our country had more of such birds! He had little confidence in the efficacy

of medicine, and constantly cautioned his students against the too free use of drugs, saying that they were more of a curse than a blessing. He considered surgery as the most certain branch of the healing art, and spared no means to extend his knowledge of it. He was an excellent anatomist, and it is said that he never performed any serious operation without previously recalling to his mind the structures involved in it. In 1817 the Medical Society of Philadelphia sent him its diploma of membership, and in 1825 the University of Maryland conferred on him the degree of Doctor of Medicine. At the age of thirty-one he married Sallie, daughter of Gov. Isaac Shelby, of Kentucky, by whom he had six children, two sons and four daughters, two of the latter of whom, Mrs. Deadrick, of Tennessee, and Mrs. Anderson, of Paris, Missouri, are still living at an advanced age, the parents of large and highly respectable families. He was nearly six feet in height, with a florid complexion, black eyes, a commanding presence and remarkable muscular powers. As an illustration of his great physical strength, he used to tell with peculiar glee an anecdote of a circumstance which occurred while he attended medical lectures at

Edinburgh. One day, as the story goes, a celebrated Irish foot-racer, a kind of Mike Fink, arrived, boasting that he could out-run, out-hop, and out-jump any man in the city, and bantered the whole medical class. McDowell was selected as their champion, the distance being sixty feet, the stake ten guineas. The backwoodsman purposely allowed himself to be beaten. A second race for one hundred guineas, at an increased distance, came off soon afterward, and this time the Irishman, after much bullying, was badly worsted, much to his own chagrin and the delight of the students.

Although McDowell's means were not large he was liberal in the bestowal of his charities, and generous to a fault in his dealings with his patients. In 1828, only two years before his death, he united himself with the Episcopal Church, of which he remained a zealous and consistent member. A vein of piety ran through his whole life. As a proof of this fact it may be stated that he always preferred to perform any great operation that he might have on hand on the Sabbath, knowing, as he affirmed, that he would then have the prayers of the church with him. Trinity Church of Danville was the special object of his care;

and as an evidence of the interest he felt in it I may mention, what does not seem to be generally known even among your own citizens, that he gave it the lot upon which the present building is situated. Indeed McDowell, to use the language of one of your most noble and accomplished women, was the head and front of its vanguard, which embraced many distinguished names in the past history of this portion of Kentucky. Of Center College he was one of the founders and original trustees.

Such, fellow-citizens of Kentucky, was the character of Ephraim McDowell; kind-hearted, benevolent, and just in all his dealings, an excellent citizen, an original thinker, a bold, fearless, but most judicious surgeon, and, above all, a Christian gentleman. Such, citizens of Danville, was your former townsman, whose career has shed so much lustre upon his age and country, and who, if he could be in our midst this day, might justly echo the words of the Roman poet, "*Exegi monumentum ære perennius.*"

The latter years of this good man's life were clouded by an attempt made, strange as it may appear, by one of his own nephews and private pupils, to deprive him of his claims as the origi-

nator of the operation so frequently mentioned. This circumstance induced him, in 1826, only a few years before his death, to address a printed circular to the physicians and surgeons of the West in vindication of his rights. Without entering into any particulars respecting this matter, I am satisfied, from a careful examination of all the facts connected with it, that the pretensions set up by this gentleman, were, like the "baseless fabric of a vision," without the slightest foundation in truth.

It was not given to McDowell to see the fruit of his labors beyond the limits of his own country; the seed which he sowed fell upon meagre soil, and was slow in germinating. Now and then, it is true, a blossom shot forth and shed its fragrance upon the air, but fully a quarter of a century elapsed before it ripened into vigorous fruit. No single age has ever witnessed the birth and the maturity of any branch of human knowledge. McDowell lived in advance of his time and of his profession; his boldness, as his contemporaries were inclined to view his conduct, took them by surprise, and shocked their sensibilities; hence, instead of investigating the merits of his operation, as reasonable men should and would have done,

they rejected it as the device of a crack-brained man, who deserved to be prosecuted for a violation of the sixth commandment. It was unfortunate for McDowell that he lived at a time when there were no societies for the diffusion of knowledge, and when the means of communicating intelligence were so scanty as they were in the early part of the present century. News at that period of our history, locked up as it always was in the mail-bags of the cumbersome four-wheeled stage-coach, was often stale before it reached its destination. In those days, as well as for a long time afterward, there were no railroads, no steamships, no telegraphs. The world moved at a snail-like pace, or, as it were, upon the back of a tortoise, at the rate of six or eight miles an hour. To publish reports of medical cases or of surgical operations was then, as it is now, unprofessional. Besides, even if such a course had been permissible they would have found their way very tardily to the public. Journalism was at a low ebb; there were comparatively few newspapers, and newspaper reporters had no existence. Medical news travelled still more slowly than miscellaneous. In 1817, when McDowell's first three cases were reported in the *Philadelphia Medical*

Repertory and Analytical Review, there was, if I mistake not, only one other medical periodical in the United States. Had McDowell's operation been performed in our day the news would have spread far and wide within the first twenty-four hours, and in an almost incredibly short time would have been carried to the utmost limits of civilization. As it was, it was locked up first for eight years in the brain of its originator, and then in an obscure medical journal, and when at length it reached the other side of the Atlantic it met only with ridicule and incredulity.

An account of McDowell's first three cases was, it seems, sent to Dr. Physick, of Philadelphia, but from some cause or other it failed to interest him or to attract his attention. He probably knew little or nothing of the backwoods surgeon, and therefore, it may be, looked upon him as an adventurer unworthy of notice. However this may be, it fared much better in the hands of Dr. James, the amiable Professor of Midwifery in the University of Pennsylvania. This gentleman, deeply impressed with the novelty and importance of the subject, and thoroughly acquainted with the hopeless character of the ordinary treatment of ovarian dis-

eases, read an account of the cases before his class, and caused it shortly after to be published in the journal already several times referred to, and of which, in fact, he was one of the editors. He, however, failed to make any editorial comments upon the subject, or to defend the operation when assailed by ignorant critics. McDowell also sent an abstract of his cases to his old master, Mr. John Bell, but as this gentleman had been for some time absent on the Continent, and not long afterward died at Rome, it never reached him. The paper, however, fell into the hands of one of his pupils, Mr. John Lizars, of Edinburgh, by whom it was published in the *Edinburgh Medical and Surgical Journal* for 1824. Mr. Lizars, as before stated, was the first to perform McDowell's operation in Great Britain.

In no pursuit of life does history repeat itself more frequently than in affairs relating to human progress, innovation, and discovery. From this occurrence our profession is not exempt. The history of the discovery of the circulation of the blood, one of the most brilliant achievements of the human intellect in the seventeenth century, is a striking instance in point. Of Harvey's contemporaries not one, it is said, over forty

years of age accepted his teachings. Many years elapsed before the value of vaccination was fully recognized, and even now an operation which has saved millions of lives has its opponents not alone among the vulgar, but among otherwise highly enlightened people. The use of the stethoscope as a means of diagnosis was long rejected by medical men, and the speculum, an instrument as old as Herculaneum, reintroduced to the notice of the profession less than fifty years ago by Recamier, of Paris, met with no better fate. Everybody knows with what suspicion many physicians regarded the employment of anæsthetics, and it is fair to say that much prejudice in regard to the use of this class of remedies still lingers in the public mind. Ignorance, superstition, and prejudice have ever been giants in the path of progress.

The idea of erecting a monument to the memory of Dr. McDowell originated with one of the citizens of Danville, the late lamented Dr. John D. Jackson, a gentleman whose death, a few years ago, in the prime of life, threw a whole community into mourning, and whose memory will long be cherished on account of his varied accomplishments as a physician, his

lovable character as a man, and the many amiable impulses of his great heart. This idea was in due time communicated to the Kentucky State Medical Society, of which Dr. Jackson was a prominent member, and acted upon through a committee whose duty it became to collect the necessary funds for carrying out the noble design. This committee made known its wishes not only to the profession of this country, but to our brethren in Europe, and also, if I mistake not, to the women who had been the fortunate recipients of the fruits of Dr. McDowell's operation: Finally, in 1875, a stirring appeal was made to the American Medical Association at its annual meeting at Louisville in May of that year. From none of these sources, however, was any substantial aid derived, and it devolved at last upon the society in which the design originated to furnish nearly the entire sum necessary to carry it into execution.[1]

[1] All, in fact, that the American Medical Association did was to pass an empty resolution, leaving, as the illustrious chairman, Dr. J. Marion Sims, expressed it, "to Kentucky the grateful privilege of providing a local monument to the memory of Dr. McDowell," and requesting the Association to contribute through its individual members the sum of ten thousand dollars as a fund, to be called the "McDowell Memorial

While, therefore, the granite shaft which graces yonder cemetery is a just tribute to the memory of a great and good man, whose title to immortality is well founded, let us not forget the part borne in its erection by the Kentucky Medical Society, which had the sagacity to perceive, and the liberality to execute, a design which reflects so much credit upon the medical profession and the State of Kentucky. I feel a just pride when I recall the fact that I was one of the founders of a society which now includes among its members nearly all the medical talent, culture, and refinement of the State, and which has established a reputation for ability, learning, and enterprise not exceeded by any similar association in the United States. Dr. McDowell is not the only physician of whom Kentucky has reason to be proud. She furnished the first case of hip-joint amputation on this continent in the hands of Dr. Walter Brashear, of Bardstown, of lithotrity in the practice of Dr. Alban G. Smith, of Danville, and the most flattering results in

Fund," to be devoted to the payment of prizes for the best essays relating to the diseases and surgery of the ovaries. This fund is still unborn, and it is not probable that it will receive any further attention from the Association.

ovariotomy in the hands of Dr. J. Taylor Bradford, of Augusta. The triumphs of Dr. Benjamin W. Dudley in lithotomy established for him an unrivalled reputation in his day as a great operator in calculous affections. Her medical teachers were for a long time, as they still are, among the foremost in the land, and it is but just to say that her practitioners have nowhere any superiors. Kentucky was the first State west of the Allegheny Mountains to establish a medical school and to send forth its first medical graduate in the West. If in statemanship she may boast of a Clay and of a "silver-tongued" Crittenden, whose eloquence enchained admiring audiences, and elicited the applause of the senate chamber; if her bar was long known as one of the most elegant, astute, and learned in the land; if her pulpit was dignified by the piety, erudition, and oratory of her Campbells and her Breckinridges, and is still adorned by her Humphreys, her Robinsons, and other great divines, she has their counterparts in her Caldwell, her Drake, her Dudley, her Miller, her Rogers, her Yandell, her Bush, and other great physicians whose names stand high upon the roll of fame, and who, if they had directed their attention to

other pursuits, would have been equally distinguished. These men need no monuments to perpetuate their virtues or their services; their names live in the esteem and affection of their fellow-citizens, engraved in good acts, designed to relieve human suffering and to exalt the dignity of human nature.

I stop here for a moment to ask, What is the object of a monument? Is it to glorify the dead or to encourage the living? The boy, as he passes along Charles Street, Baltimore, under the shadow of the Washington monument, pauses to read the inscription upon its entablature: "Erected by the State of Maryland in grateful recognition of the virtues and services of the 'Father of his Country.'" He gazes at the august figure at the top, and discovers in it all the attributes of a great man; he goes home and curiosity impels him to inquire into his character; perhaps he consults his childish history, and there finds that Washington, the grandest subject of all history, was the saviour of his country; like himself, at one time, an obscure youth, but now, long after his death, the idol of the American people. He has learned an important lesson; his ambition is roused; his energies have received a new

impulse; in a word, new life has been infused into his soul, and that boy is already the coming man. The granite shaft which we have this day dedicated to the memory of McDowell is a living biography, designed not merely to commemorate the virtues and services of a great and good man, but to excite the emulation of Kentucky's youths and to urge them on to deeds of valor and of humanity. A country without monuments is a country without civilization.

I cannot forbear introducing here the appropriate and beautiful remarks of an old and distinguished pupil, Dr. David W. Yandell, made upon a recent festive occasion, when contrasting the fame of the statesmen, the orators, and the military men of Kentucky with that of McDowell. "Chief among all these," says my eloquent friend, "is he who bears the mark of our guild, Ephraim McDowell; for the labors of the statesman will give way to the pitiless logic of events, the voice of the orator grow fainter in the coming ages, and the deeds of the soldier eventually find place only in the library of the student of military compaigns; while the achievements of the village surgeon, like the widening waves of the inviolate sea,

shall reach the uttermost shores of time, hailed by all civilizations as having lessened the suffering and lengthened the span of human life."

In selecting Danville for the site of the "McDowell Monument" the Kentucky State Medical Society made a happy choice, for it was here that the Father of Ovariotomy encountered and vanquished his early professional struggles; here that he performed his great achievements; here that at the close of a well-spent life he was laid quietly in the grave. When McDowell, after his return from Europe, began the practice of medicine here, Danville contained a mere handful of inhabitants; but he soon identified himself with its prosperity, watching its progress with a jealous eye, and contributing largely by his means and his good sense to make it what it now emphatically is, the Athens of the West, a distinction at one time so justly conceded to her near neighbor Lexington. Its institutions of learning have become the foremost in the State. Center College has educated many of Kentucky's greatest citizens. Its theological school has widely disseminated the lessons of Christianity. Its female seminaries have planted the seeds of virtue, piety, and learning in the hearts and

minds of her young women. The institution for the education of deaf-mutes was the first of the kind established in the West. Founded in 1823, shortly after those at Hartford, Philadelphia, and New York, it gradually, despite great obstacles, attained, under the wise management and fostering care of the late Mr. John A. Jacobs, extending over a period of forty-four years, a degree of reputation not less creditable to the country at large than to his adopted State. His death in 1869 was a public loss, widely deplored.

Nearly forty years have elapsed since I was called to the chair of surgery in the University of Louisville, and responded, along with Professor Drake, at the request of my colleagues, to an invitation issued by the late Dr. William L. Sutton, of Georgetown, to assist in forming a State medical society. The first attempt proved abortive, but another, made under more favorable auspices several years later, was successful, and the society soon assumed important proportions. Of the original members, of whom Dr. Sutton was one of the most zealous and influential, few survive; but it is gratifying to know that the work which they inaugurated has been so nobly pushed forward by their suc-

cessors, not a few of whom have achieved a wide and enduring reputation as medical philosophers, clear thinkers, accurate observers, and accomplished and sagacious practitioners. If any evidence were needed of their zeal to advance the interests of medical science and of suffering humanity, it would be found, not in idle talk or vapid boasting, but in hard work and steady and persistent effort, as shown in the transactions of their society and in our periodical literature. Progress of the most laudable character is everywhere visible in its ranks. Since the period adverted to most of my earlier Kentucky friends in and out of the profession have passed away, while of my earlier colleagues in the University of Louisville not one remains. Drake and Caldwell and Short and Cobb and Miller and Yandell have gone to their last home, to that sleep which knows no waking. Palmer and Rogers, who entered the school at a later day, have also been gathered to their fathers; the one a brilliant anatomical teacher and a genial and intelligent companion; the other for upward of a third of a century Louisville's honored, beloved, and favorite physician, with a heart gentle as a woman's and a countenance benig-

nant as an angel's. Kentucky has a long list of deceased physicians, who have left behind them a rich legacy and an example worthy of the emulation of their successors, whose duty it should be to cherish their memories and to transmit to their descendants the history of their lives.

It would be unjust alike to the occasion, as it would be to my own feelings if I failed to connect with each other and with the great ovariotomist, as with an adamantine chain, the names of those of our surgeons, already several times mentioned, who have been instrumental in reviving this operation in this country, and thus giving it a new impulse. The names which stand most conspicuously upon this honored list are those of the two brothers Atlee, John and Washington, J. Taylor Bradford, Edmund Randolph Peaslee, Gilman Kimball, and Alexander Dunlap. Of these six pioneers in this field of surgery three have passed away, while the other three, John L. Atlee, Gilman Kimball, and Alexander Dunlap, are still spared to us, in a ripe but vigorous old age, to battle with disease and death and to earn additional laurels for themselves and their country.

Of the early life of Dr. J. Taylor Bradford, who died a number of years ago in the prime and vigor of life, I know nothing, although our acquaintance extended over a period of twenty years. He received his medical degree from the University of Louisville during the early part of my connection with that institution, and, settling at Augusta immediately afterward, soon acquired a large and commanding practice, performing many important surgical operations, and earning an enviable reputation as a most successful ovariotomist. Had he reached the age usually allotted to man his cases would probably have been counted by the hundred.

Dr. Washington L. Atlee, who died at his home in Philadelphia in September, 1878, was, as is his brother John, a native of Lancaster, Pennsylvania, where he was born in February, 1808. After having received an academic education he graduated at the Jefferson Medical College in 1829. Having been fellow-students in the office of Professor George McClellan, the eminent surgeon, and having met with him very frequently after my removal to Philadelphia in 1856, I had excellent opportunities of forming a correct estimate of his character, which no one perhaps appreciated more

fully than myself. If this character was not perfect in the true sense of that term it was a model worthy of universal imitation. He had many striking traits of character, with a strong, vigorous mind incased in a strong body, and accomplished a vast deal of work. He performed a much greater number of professional journeys than ever fell to the lot of any American physician. His visits extended into almost every State of the Union and even into a number of our Territories. His power of endurance was gigantic. He often travelled thousands of miles without taking any rest except such as he found upon the swiftly-flying railway train. Not unfrequently he performed two ovariotomy operations on the same day. Such labor could not fail to make serious inroads upon the stoutest frame, and, although the day of reckoning was long put off, it was sure to come at length.

The early professional life of Atlee was spent in earnest practice, enlivened by the study of botany and other branches of natural science, for which he had a great fondness. Much of his leisure during the first few years was spent among the flowers and grasses of his native county. After his removal, in 1844, to Phila-

delphia he occupied for eight years the chair of chemistry in what was then known as the Pennsylvania Medical College. His career as an ovariotomist began, as already stated, in 1844 and terminated only with his life. His first case proved fatal. As an operator in his specialty he had no superior on this continent, if indeed anywhere. Despising display, always so well calculated to entrap the vulgar, he employed the fewest possible instruments and went about his work calmly and deliberately, with the greatest care for the welfare of his patient, which, it is safe to say, no man had ever more at heart. There was no hurry, no parade, no ostentation. I witnessed a number of his operations and was strongly impressed by the simplicity of his movements and the coolness of his manner. Such, in a few words, was his character as an operator. But it must not be inferred that Dr. Atlee was a mere specialist. For many years he enjoyed a large and lucrative general practice, although during the last quarter of a century of his life his business was mainly in the direction of abdominal surgery, in which he achieved an enduring reputation. He wrote largely for the medical press, and late in life published an able and

elaborate treatise on the *Diagnosis of Ovarian Tumors*, a subject which he invested with new light. His operation for the removal of fibroid growths of the uterus constitutes a new era in surgery, precious alike to science and to humanity. Like McDowell's operation, Atlee's was received with distrust, and remained unappreciated for upward of a quarter of a century. Time, however, which generally measures things according to their real value, has made a strong verdict in its favor, and it is therefore not surprising that the gynecologists of America and Europe should unite in proclaiming it as one of the greatest achievements of modern surgery. Atlee's own successes should have been quite sufficient to convince any unprejudiced mind of its great value.

Atlee had a strong but tender, sympathizing heart, a well-regulated temper, a high sense of honor, and a clear and well-cultivated mind. Tall and erect in person, he had a commanding presence, blended with the air and graces of the well-bred gentleman. In the sick-room he was cheerful and winning in his manners, with a heart full of kindly feeling for the sufferer. He was the idol of his family, a warm friend, a loyal citizen, a consistent Christian. His last

illness, extending over a period of three months, was cruelly severe, but he bore his suffering, which was daily making sad inroads upon his previously robust frame, without a murmur of complaint or impatience. The gradual decay of his body did not impair his intellectual powers, and his mind remained clear to the last. No man, perhaps, ever set his house more perfectly in order than he did; not even the most minute details were overlooked. Impartial history will assign to Washington L. Atlee a high rank in the temple of fame as an original thinker, an accomplished surgeon and physician, and a benefactor of his race.

Dr. Edmund Randolph Peaslee, whose name, as has been stated, is, like that of Atlee, so honorably associated with the progress of ovariotomy in this country, died in January, 1878, only about eight months before his distinguished Philadelphia *confrère*. Born in New Hampshire in 1814, he was emphatically a many-sided man, of high culture, great refinement, vast industry, and extraordinary professional resources in cases of emergency. With the exception of Nathan Smith, of New Haven, a contemporary of McDowell, I have no recollection of any man who in recent times

lectured on so many branches of medical science or filled chairs in so many medical schools. Anatomy and physiology, general pathology, surgery, obstetrics, and gynecology were the diversified themes which from time to time engaged his facile brain as a public teacher. He was also an expert and cautious operator and a most accomplished physician, especially distinguished for his skill as a diagnostician. Besides numerous papers contributed to the periodical press, he was the author of several books; among others an exhaustive treatise on *Ovarian Tumors*, published in 1872, a production which, while it greatly enhanced his reputation at home, made his name widely known abroad. Of his operations I have already spoken. The private character of Dr. Peaslee may be best summed up in the beautiful words of his biographer, the Rev. Dr. Bartlett, President of Dartmouth College, who, having known him long and well, thus speaks of him: "His day," says this accomplished scholar, "is done; his sun is set. But from the scene of its setting there streams up a trailing brightness, as of some perpetual zodiacal light—the shining example of one who, while profound in science, wise in counsel, and ex-

cellent in skill, was also sincere in piety, blameless in manhood, true in friendship, genial in intercourse, and whose presence enters the sick-chamber like a sunbeam from heaven streaming into a darkened room. Its mild radiance lingers in hundreds of homes and thousands of hearts. It is a life profitable for young men to contemplate."

Young men of the Kentucky State Medical Society, listen to the voice of one who has grown old in his profession, and who will probably never address you again, as he utters a parting word of advice. The great question of the day is, not this operation or that, not ovariotomy or lithotomy, or a hip-joint amputation, which have reflected so much glory on Kentucky medicine; but it is preventive medicine, the hygiene of our persons, our dwellings, our streets; in a word, our surroundings, whatever, and wherever they may be, whether in city, town, hamlet, or country, and the establishment of efficient town and State boards of health, through whose agency we shall be the better able to prevent the origin and fatal effects of what are known as the zymotic diseases, which carry so much woe and sorrow into our families, and which often sweep, like a hurricane, over

the earth, destroying millions of human lives in an incredibly short time. The day has arrived when the people must be roused to a deeper and more earnest sense of the people's welfare, and when suitable measures must be adopted for their protection as well as for the better development of their physical, moral, and intellectual powers. This is the great problem of the day, the question which you, as representatives of the rising generation of physicians, should urge, in season and out of season, on the attention of your fellow-citizens ; the question which, above all and beyond all others, should engage your most serious thoughts and elicit your most earnest coöperation. When this great, this mighty object shall be attained ; when man shall be able to prevent disease and to reach with little or no suffering his threescore years and ten, so graphically described by the Psalmist, then, but not till then, will the world be a paradise, with God, Almighty, Allwise, and All-merciful, in its midst, reflecting the glory of His majesty and power, and holding sweet converse in a thousand tongues with the human family.

ADDRESS OF PROFESSOR SAYRE.

No word from me can add a single laurel to the crown of the immortal McDowell, whose history and services to mankind have been so beautifully and truthfully portrayed by the distinguished orator of the evening, the Nestor of American surgery, Prof. Gross. In fact, any remarks from me in my individual capacity would seem almost inappropriate, but in my *official* capacity as President of the American Medical Association it is my duty as well as my pleasure to bring to the monumental shrine the ovations of the entire medical profession of these United States. And, Sir, I venture here the prediction that in all time to come the intelligent surgeons, either in person or in thought, from every part of the civilized globe, will wander here to Danville to pay their respects and sense of obligation to the memory of Ephraim McDowell, who has contributed more to the alleviation of human suffering and the prolongation of human life than any other

member of the medical profession in the nineteenth century. We can scarcely comprehend the greatness of this man's mind, and the truly wonderful genius of McDowell, until we stop to consider who he was, what he did, and when and where he did it. A village doctor in the backwoods frontier, surrounded by Indians and the buffalo, almost beyond the bounds of civilization, with no books to refer to, with no precedent to guide, with no one to consult but his own unaided judgment, with no one to share the responsibility if unsuccessful, unaided and alone assumes the responsibility of removing a disease which up to that time had been considered absolutely incurable. Think for a moment what would have been the result of failure —a coroner's jury, and a verdict of wilful murder, which at that time would have been pronounced correct by the entire medical profession throughout the civilized globe. All this he dared and did assume, because his clear intellect had reasoned out his plan of procedure, and his careful dissections had pointed out to him the path to victory. And now every intelligent surgeon in the world is performing the operation as occasion requires, until at the present time, as Dr. Thomas has stated, forty

thousand years have already been added to the sum of human life by this one discovery of Ephraim McDowell.

Another fact strikes me very forcibly, Mr. President, and that is, the heroic character of the woman who permitted this experimental operation to be performed upon her. The women of Kentucky in that period of her early history were heroic and courageous, accustomed to brave the dangers of the tomahawk and scalping-knife, and had more self-reliance and true heroism than is generally found in the more refined society of city life ; and hence the courage of Mrs. Crawford, who, conscious that death was inevitable from the disease with which she suffered, so soon as this village doctor explained to her his plan of affording her relief, and convinced her judgment that it was feasible, immediately replied, "Doctor, I am ready for the operation ; please proceed at once and perform it."

All honor to Mrs. Crawford ! Let her name and that of Ephraim McDowell pass down in history together as the founders of ovariotomy.

Kentucky has many things to boast of in climate, soil, and magnificent forests of oak carpeted with her native bluegrass, far surpass-

ing in beauty and grandeur the most elegantly cultivated parks of England. She is famed for her beautiful and accomplished women; she is renowned for her statesmen, her orators, and her jurists; her Clays, her Johnsons, her Wickliffes, her Crittendens, her Marshalls, her Shelbys, her Prestons, her Breckinridges, and a host of others; but no name will add more to the lustre of her fame than the one whose name we this day commemorate by erecting this monument to Ephraim McDowell, the ovariotomist.

CORRESPONDENCE.

LETTERS FROM DISTINGUISHED GENTLEMEN AND MEMBERS OF THE PROFESSION.

L. S. McMURTRY, M.D.,

Chairman McDowell Monument Committee.

MY DEAR DOCTOR: With eagerness I accepted, a few weeks since, the invitation of your committee, and anticipated rare pleasure in meeting the many distinguished medical gentlemen whom the occasion and the exercises so wisely planned for the dedication of the monument just erected at Danville to the memory of Ephraim McDowell would naturally bring together.

The medical profession of the United States, under the auspices of the Kentucky State Medical Society, has honored itself in honoring, by this special mark of gratitude, Kentucky's most eminent surgeon.

The purpose of the meeting—a public and emphatic indorsement by the profession of the country—affirming the claim of originality in the operation of ovariotomy to Dr. McDowell, and

showing a readiness to recognize and admire superior genius in our ranks, and hold it up for imitation and encouragement, will certainly meet the approbation of every lover of the science of medicine.

For a number of years I enjoyed the rare privilege of an intimate friendship with Dr. John D. Jackson, of Danville, the originator of the project to have the medical profession of America erect a becoming monument to Kentucky's—yes, to America's great surgeon, Dr. Ephraim McDowell, of Danville, Kentucky, who had the genius to devise and the courage to execute, almost without assistance, the formidable operation of ovariotomy in your town. Well do I remember the enthusiasm of Dr. Jackson when commenting upon this splendid operation, which has added greater security to the life of woman, rendered its originator's name imperishable, elevated the character of medicine everywhere, and given fame to American surgery throughout the civilized world.

Ovariotomy deserves to rank as one of the four greatest discoveries in the progess of medical science, along with the circulation of the blood, vaccination, and anæsthetics.

Besides my enforced absence I have but one

regret, which I doubt not is felt by all who may be present with you, which is that Dr. Jackson was not spared to take part in the dedication of this noble and appropriate memento to his townsman, to whose memory and achievements he was so ardently attached.

The work in its consummation will, I am confident, as faithfully and imperishably perpetuate the fame of Jackson as it does the name of the noble McDowell, for whom it has been erected.

Thanking you, gentlemen, for your courtesy, and regretting more than I can express my inability to be present to testify by my presence my appreciation of your commendable and so satisfactorily completed labors, and to have the pleasure of hearing the dedicatory address of the veteran American surgeon, Prof. S. D. Gross, as well as to meet old friends and partake of your hospitality on this occasion,

I am, with sentiments of regard,

Very truly yours,

J. M. TONER, M.D.

WASHINGTON, May 13, 1879.

L. S. McMURTRY, M.D.,

Chairman McDowell Monument Committee.

DEAR DOCTOR: I have much pleasure in acknowledging receipt of the invitation to attend the memorial occasion in honor of "the Father of Ovariotomy." Unfortunately for me some professional duties here, which cannot in any way be postponed, will compel my return home from Atlanta immediately after the adjournment of the American Medical Association.

It is well in the name of American surgery, and in the name of a common philanthropy, that this honor, though tardy, should be paid to the memory and fame of Ephraim McDowell.

I cannot but think of the fact that the erection of the monument is largely due to the original suggestion and active efforts of one who recently passed away from earth before he had reached the noon of his power and reputation, one who was esteemed and admired by every physician North, South, East, and West. The monument will tell not only of "the Father of Ovariotomy," but also of John D. Jackson.

I am, dear Sir, yours very truly,

THEOPHILUS PARVIN.

INDIANAPOLIS, IND., May 1, 1879.

L. S. McMURTRY, M.D., AND OTHERS,

Of the McDowell Monument Committee.

GENTLEMEN: Your kind invitation to attend the dedication of the McDowell monument is just received, for which I beg leave to return my thanks, and the assurance of my sincere regret that I shall be prevented from taking part in the interesting ceremonies.

The occasion is one of extraordinary import, in that it is the first and only instance in the history of the United States that such honors have been paid to the memory of a physician; and secondly, that the virtues which it is proposed to perpetuate in the monument were consecrated to the saving of human life and the mitigation of human suffering. Of the man Ephraim McDowell we know comparatively little, but of the great original ovariotomist no one at all concerned in the progress of surgery can be ignorant. As a Kentuckian no less than as a surgeon I have always felt the deepest interest in his history, and have sought in his life and surroundings to penetrate to the origin of the great thought, and still greater courage, that gave expression to the thought which, without the sanction of precedent, and unaided by the advice or sympathy of others, culminated

in the institution of an operation by which thousands of women heretofore doomed to early death now live to bless his name.

But who can discover and open the secret door which hides from profane view the sacred laboratory of genius? Or who can trace the footsteps of the inspired discoverer as he works his narrow way out to the confines of human experience, and with purged eye looks into the mysteries which lie beyond? All that we can do is to cheer on with our words of encouragement, and, when the work is done, with willing hands distribute its benefits to those who are in need, never forgetting to pronounce a blessing upon the author. In this spirit of humble reverence I bow my bared head before him whom you this day exalt in the sight of the whole world as one of its greatest benefactors, and proclaim by your act that the highest and noblest ambition of the physician should be the saving of human life. Who is there, since the days of Jenner, who can in this respect compare with the "backwoods surgeon of Kentucky?" I would not derogate in the slightest degree from the deserved honor which belongs to many who have followed their profession with equal zeal and earnestness, and who have

added largely to the resources of the healing art, but in the inscrutable wisdom of the Creator of all things it has not been given to any other single laborer in the field of medicine and surgery upon this western hemisphere to confer so great a blessing upon the human race.

All honor to the memory of Ephraim McDowell, the man of genius, the wise and heroic surgeon, the benefactor of his kind. When the granite shaft which you have erected to signalize what he was and what he did shall have fallen into decay, his name will still be perpetuated by the many lives saved through his instrumentality.

I am, gentlemen, with great esteem, your obedient servant,

T. G. RICHARDSON,

NEW ORLEANS, May 9, 1879.

L. S. MCMURTRY, M.D.,

Chairman McDowell Monument Committee.

DEAR SIR: I thank you very much for your invitation to attend the meeting connected with the McDowell monument, and I deeply regret that I am unable to leave London at present.

It would give me extreme pleasure to be present at so interesting a ceremony, to make

the acquaintance of so many of my American professional brethren, and to show my respect to the memory of "the Father of Ovariotomy."

I shall hope in some future year to visit your great country again, and to see the monument you have raised over the grave of McDowell.

Very sincerely,

T. SPENCER WELLS.

3 UPPER GROSVENOR STREET, LONDON W., April 24, 1879.

L. S. MCMURTRY, M.D.,

Chairman McDowell Monument Committee.

DEAR SIR: I regret that it is not in my power to renew the pleasure of a former visit to Kentucky and take part in the exercises at the dedication of the McDowell monument, at least so far as to be a sympathetic listener to all the eloquence which the occasion will call forth.

I feel a personal interest in the surgical conquest which is to be commemorated in addition to that which all the world recognizes. Among the births of the century this is a twin with myself. Dr. McDowell's first operation dates from the same year as that in which I first inhaled the slow poison that envelops our planet, the effects of which I have so long survived. I

thank God that the other twin will long outlive me and my memory, carrying the light of life into the shadows of impending doom, the message of hope into the dark realm of despair; opening the prison to them that are bound and giving them beauty for ashes, the beauty of a new-born existence even, it may be, as I have but recently seen it, of youthful and happy maternity in place of the ashes for which the inevitable urn seemed already waiting.

I am glad that this great achievement is to be thus publicly claimed for American surgery. Our trans-Atlantic cousins have a microphone which enables them to hear the lightest footsteps of their own discoverers and inventors, but they need a telephone with an ear-trumpet at their end of it to make them hear anything of that sort from our side of the water. There is another kind of trumpet they do not always find themselves unprovided with, as those who remember Sir James Simpson's astonishing article, "Chloroform," in the eighth edition of the *Encyclopædia Britannica*, decently omitted and ignored in the ninth edition of the same work, do not need to be reminded.

If there was any one who could dispute Dr.

McDowell's claim to be called "the Father of Ovariotomy" it would have been our own Dr. Nathan Smith—our own and *your* own too, for he also was born and lived and died on the sunset side of the Atlantic, and within the starry circle which holds us all. Dr. Smith performed the operation of ovariotomy with success early in the century, but unfortunately there is no record, so far as I know, of the exact date. I allude to this fact not to invalidate Dr. McDowell's claim, for an undated case cannot do it, but to couple with his name as at least next in priority that of another native American practitioner worthy of companionship with the greatest and the best.

A single thought occurs to me which may help to give this occasion something more than professional significance. Although our political independence of the mother country has been long achieved, our scientific and literary independence has been of much slower growth.

And as we read the inscription on this monument, let us gratefully remember that every bold, forward stride like this grand triumph of American science, skill, and moral courage, tends to bring us out of the present period of tutelage and imitation into that brotherhood

and self-reliance which should belong to a people no longer a colony or a province, but a mighty nation. I am, dear sir,

Yours very truly,

OLIVER WENDELL HOLMES.

BOSTON, May 9, 1879.

L. S. MCMURTRY, M.D.,

Chairman McDowell Monument Committee.

MY DEAR SIR: It is with extreme regret that I find myself prevented from accepting your kind invitation to take part in the dedication of the monument to the "Father of Ovariotomy." Although absent in body let me assure you that I shall be present in spirit.

Kentucky cherishes the memory of many noble sons, but nowhere in her annals can she point to a name more deserving of her pride than that which adorns the monument erected to commemorate McDowell's glory.

Others have given her the proud records of the warrior, the statesman, the philosopher, and the philanthropist. McDowell, favored by God above other men, has already bestowed upon humanity more than forty thousand years of active life, and insured for the future results which will surely dwarf those of the past.

The noble tribute which you erect in his honor will last long, but it will crumble into dust and be scattered abroad by the winds, while his memory will continue to live green and vigorous in the hearts of a grateful posterity.

With sentiments of sincere regard,

I am, dear sir,

Very truly yours,

T. GAILLARD THOMAS.

294 FIFTH AVENUE, N. Y., May 1, 1879.

PRESENTATION ADDRESS.

Remarks made by Prof. Richard O. Cowling, M.D., of Louisville, in Presenting the Door-knocker of Dr. McDowell's House to Dr. Gross.

Dr. Gross, the Kentucky State Medical Society thanks you for the beautiful oration you have just delivered on Ephraim McDowell. Surely hereafter, when history shall recall his deeds and dwell upon his memory, it will relate how, when he was fifty years at rest, the greatest of living surgeons in America came upon a pilgrimage of a thousand miles to pronounce at his shrine the noble words you have spoken.

The Society does not wish that you should return to your home without some memento of the occasion which brought you here, and which shall tell you also of the admiration, the respect, and the affection it ever bears for you.

I have been appointed to deliver to you this simple gift, with the trust and the belief that it will always pleasantly recall this time and be a

token of our feelings toward you. We wished to give you something directly connected with McDowell, and it occurred to us that this memento of the dead surgeon would be most appropriate. It is only the knocker which hung upon his door, but it carries much meaning with it.

The sweetest memories of our lives are woven about our domestic emblems. The hearthstone around which we have gathered, the chair in which our loved ones have sat, the cup their lips have kissed, the lute their hands have swept—what jewels can replace their value? Do you remember the enchantment that Douglas Jerrold wove about a hat-peg? How at the christening of the child they gave it great gifts of diamonds and pearls and laces; and when the fairy godmother came, and they expected that she would eclipse them all with the magnificence of her dowry, how she gave it simply a hat-peg? They wondered what good could come of that. The boy grew to be a man. In wild pursuits his riches were wasted, and at last he came home and hung his hat upon that peg. And while the goodman's hat was hanging there peace and plenty and order and affection sprang up in his home, and the hat-peg was indeed the talisman of his life.

I would that the magician's wand were granted me a while to weave a fitting legend around this door-knocker, which comes from McDowell to you, Dr. Gross. There is much in the emblem. No one knows better than you how good and how great was the man of whom it speaks. It will tell of many a summons upon mercy's mission which did not sound in vain. Ofttimes has it roused to action one whose deeds have filled the world with fame. A sentinel, it stood at the doorway of a happy and an honorable home, whose master, as he had bravely answered its signals to duty here below, so when the greater summons came, as trustfully answered that, and laid down a stainless life.

It belongs by right to you, Dr. Gross. This household genius passes most fittingly from the dearest of Kentucky's dead surgeons to the most beloved of her living sons in medicine. She will ever claim you as her son, and will look with jealous eye upon those who would wean you from her dear affection.

And as this emblem which now is given to you hangs no longer in a Kentucky doorway, by this token you shall know that all Kentucky doorways are open at your approach. By the

relief your skill has wrought; by the griefs your great heart has healed; by the sunshine you have thrown across her threshold; by the honor your fame has brought her; by the fountains of your wisdom at which your loving children within her borders have drunk, the people of Kentucky shall ever open to you their hearts and homes.

DR. GROSS'S REPLY.

I AM much overcome, gentlemen of the Kentucky State Medical Society, by this mark of your approbation. I am not the great man your speaker has declared me to be, but I gratefully appreciate the feelings that have prompted his words. I claim to be but an earnest follower of Surgery, who during a period which has now extended beyond half a century, has striven to the best of his ability to grasp its truths and to extend the beneficence of its offices. I am not to be placed by the side of McDowell, for what I may have done in our art; but if this reward be a measure of the appreciation I hold of the good-will of the people in this Commonwealth, I may claim it for that.

The years of my life which I passed in Kentucky represent the most important era in my career. They witnessed many of its struggles and much of the fruition of its hopes. To the warm hearts of the many friends it was my

good fortune to secure within these borders do I owe it that those struggles were cheered and rewards beyond my deserts were secured.

I take this emblem now offered me as the most valued gift of my life. It shall be received into my home as a household god, environed by all the memories of goodness and greatness to which your speaker has referred, and above all recalling this scene. Dying I shall bequeath it, among my most important possessions, to the family that I may leave, or in failure of that, to be preserved in the archives of some society.

I thank you again, gentlemen, and I wish I were able to tell you better how much I thank you.