BIOGRAPHICAL SKETCH

OF

DR. EPHRAIM McDOWELL.

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The subject of the engraving published in the July number of this Journal, Dr. Ephraim McDowell, was born in Rockbridge county, Va., on the 11th day of November, 1771.* His ancestors belonged to the clan of the Duke of Argyle, in Scotland, but having embraced the covenant, were so persecuted during the reign of Charles I., that they took refuge in the counties of Ulster and Londondery, in the north of Ireland. In 1737 they removed to the Valley of Virginia, and settled upon an immense tract of land in Rockbridge county, granted by James II. to Benjamin Borden, who, in partnership with the McDowells, furnished the emigrants required to make the grant effective.

His father, Samuel McDowell (his mother's maiden name was Sarah McClung), was for many years engaged in political life as a member of the Legislature of Virginia, but in 1782 he

* It is right for us to say here, that for most of the facts contained in this sketch, we are indebted to the Biography of Dr. Ephraim McDowell, read by Dr. S. D. Gross in his Report on Kentucky Surgery before the Kentucky State Medical Society in 1852, and to be found in the printed Transactions of that year, and subsequently published in the volume of American Medical Biography, edited by Dr. Gross, and published by Lindsay & Blakiston, of Philadelphia, in 1861. This admirable memoir by Dr. Gross has, we think, hardly attracted the attention it deserves. He has certainly gone over the field, as we have found out, with extraordinary labor and care, and his conclusions and comments upon the true character of the subject of his sketch, as far as we have been able to verify them through conversation with the few surviving contemporaries of Dr. McDowell, are most just and discriminating.

was appointed by the Virginia Assembly a Land Commissioner for Kentucky, then a county or appanage of Virginia, and in the following year removed with his family to Danville, Ky., where he received the appointment of Judge of the District Court of Kentucky, which held its first sitting, and all those of its early years, in the town of Danville.

Young Ephraim McDowell received his early education at the classical seminary of Messrs. Worley and James, who taught at Georgetown, and afterwards at Bardstown. He then went to Virginia, and entered the office of Dr. Humphreys, of Staunton, as a medical student, where he remained for two or three years. Of Dr. Humphreys we know but little, save the fact that he was a graduate of the University of Edinburgh, and that in his day he enjoyed a considerable local reputation, and an extensive practice in Staunton and its vicinity. That he was a good instructor, also, is highly probable, at least we know the fact that another of his pupils, Dr. Samuel Brown, one of the founders of the first corps of lecturers of the Medical Department of Transylvania University, at Lexington, arose to high distinction.

In 1793–4 McDowell attended lectures at the University of Edinburgh contemporaneously with his countrymen, Dr. Samuel Brown, above alluded to, and Drs. Hosack and Davidge, of New York, and Brockenborough, of Virginia, all of whom subsequently gained 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 did not belong to the Faculty, and it seems that the brilliant prelections of this most able and eloquent of the Scotch surgeons of his day impressed him very profoundly. That portion of his course in which he lectured upon the diseases of the ovaries, dwelling upon the hopeless death to which their victims were inevitably fated, and merely suggesting the possibility of success following so shockingly severe an operation as any attempt at their extraction would prove, was never forgotten by his auditor, for undoubtedly it was the principle and suggestions at this time enunciated by the master which, sixteen years after, determined the

pupil to attempt his first ovariotomy. He did not remain long in Edinburgh after finishing his course, but returned to Danville at the expiration of two years, preceding his return home by an extended tour afoot through Scotland, in company with two of his American compatriots, Drs Brown and Speed. As far as we know, the degree of M. D. was not actually conferred upon him until 1823, when, entirely unsolicited on his part, the University of Maryland honored itself by conferring upon him the honorary degree of M. D. The Medical Society of Philadelphia, at the time the oldest and most distinguished of the kind in this country, had sent him its diploma in 1807.

Upon his return to Danville in 1795, Dr. McDowell at once entered upon the practice of his profession, and commencing, as he did, with the eclât of an attendance upon the then most famous medical school of the world (for Edinburgh at that time held the position since occupied by Paris, and now held by Vienna, as the centre of medical science), he soon assumed the first professional position in his locality, and speedily advancing the extent of his reputation within a very few years, became known throughout all the Western and Southern States as the first surgeon west of Philadelphia. For a quarter of a century indeed, or until Dr. Benjamin W. Dudley, of Lexington, came upon the field—and as a lecturer upon surgery 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, had an opportunity for extending a reputation such as no man in the West ever had before him—we may say that Dr. McDowell stood without one to dispute his position, as *facile princeps* in surgery west of the Alleghanies.

During this time his practice extended in every direction, persons coming to him for treatment from all the neighboring States, and he frequently taking horseback journeys for hundreds of miles, generally the only mode of travel for long distances at that day, when neither turnpikes nor railways existed, to operate upon persons whose difficulties were of such a nature as to prevent their visiting him at Danville. As

far as is known, he was 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 single death. For strangulated hernia he also operated in a large number of cases, and we have good reasons for believing that he successfully extirpated the parotid gland long before McClellan or any other American surgeon had attempted it. Indeed, there was scarcely anything from a simple amputation to tracheotomy which was to be done but that if Dr. McDowell was accessible, he was sent for to perform it.

It was in the autumn of 1809, when he had been practicing his profession for fourteen years, that he was sent for to see Mrs. Crawford, residing in Greene county, Ky., some sixty miles from Danville, who was thought by her doctors to have gone long beyond her time in pregnancy, or to be the subject of extra-uterine fœtation. McDowell found her trouble really 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 excision 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 undertake it, and risk his reputation upon the issue, adding that it was an experiment, but an experiment 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 mode of death, suicide excepted, was preferable to the ceaseless agony which she was enduring, and that she would hazard anything that held out even the most remote prospect of relief. The result has been long before the Profession. Mrs. Crawford submitted to the operation, and thus became the first subject of ovariotomy of whom we have any knowledge."

Mrs. Crawford was forty-seven at the time of the operation, and died on the 30th of March, in 1841, aged seventy-eight.

Although the success in Mrs. Crawford's case had been everything which could be desired, it was not until seven years afterward, and when he had twice repeated the operation, that he published any account of it. In 1816 he prepared a brief account of his first three cases, a copy of which he forwarded to his old preceptor, John Bell, who was then traveling on the Continent for his health, and had left his patients and professional correspondence in the charge of Mr. John Lizars. Though Mr. Bell lived until 1820, he never returned to Edinburgh, and for some reason the communication of his old pupil failed to reach him. Another copy of the report, however, was sent to Philadelphia for publication, and in the "Eclectic Repertory and Analytical Review" for October, 1816, there appeared the following:

"THREE CASES OF EXTIRPATION OF DISEASED OVARIES. By EPHRAIM McDOWELL, M. D., of Danville, Ky.

"CASE I.—In December, 1809, I was called to see a Mrs. Crawford, who had for several months thought herself pregnant. She was affected with pain similar to labor pains, for 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 in 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 though the most favorable conveyance, though she performed the journey in a few days on horseback. With the assistance of my nephew and colleague, James McDowell, M. D., I commenced the operation, which was concluded as follows: Having placed her on a table of the ordinary height, on her back, and removed all her dressing which might in any way impede the operation, I made an incision about three inches long, 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 the journey. The tumor then appeared full in view, but was so large that we could not take it away entire. We put a strong ligature around the Fallopian tube near to the uterus; we then cut open the tumor, which was the ovarium, and the fimbriated 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 and extracted the sac, which weighed seven pounds and a half. As soon as the external opening was made, the intestines rushed out upon the table, and so completely was the abdomen filled by the tumor, that they could not be replaced during the operation, which was terminated in about twenty-five minutes. We then turned her upon her left side, so as to permit the blood to escape, after which we closed the external opening with the interrupted suture, leaving out at the lower end of the incision the ligature which surrounded the Fallopian tube. Between every two stitches we put a strip of adhesive plaster, which, by keeping the parts in contact, hastened the healing of the incision. We then applied the usual dressing, put her to bed, and prescribed a strict observance of the antiphlogistic regimé. 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."

"Case II.—Since the above case, I was called to a negro woman who had a hard and very painful tumor in the abdomen. 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 hæmorrhage had 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."

"Case III.—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. Wm. 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 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 ligatures 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."

The brevity and the rather loose manner in which his first cases were recorded, exposed Dr. McDowell to criticism, and Dr. Henderson and Dr. Michener, of Philadelphia, each, 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 of Dr. McDowell's statement. A few years thereafter, when the accuracy of the reports had been fully confirmed, he, however, acknowledged his previous error, though in a very flippant and 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 diseased ovaries. * * * There were circumstances in the narrative of the first three cases that raised misgivings in our minds, for which uncharitableness we ask pardon of God and of Dr. McDowell, of Danville."

In the "Repertory" for October, 1819, he reported two more cases, and, in connection with them, incidentally alluded to his critics and their criticisms to this effect:

"I thought my statement sufficiently explicit to warrant any surgeon 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 ever 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 dictate of some author as mechanical as themselves, they cut and tear with fearless indifference, incapable of exercising any judgment of their own in cases of emergency; and sometimes without possessing 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 their patients, and disgraceful to the science. It is by such the noble science has been degraded, in the minds of many, to the rank of an art."

In the summer of 1822 he made a long horseback journey of some hundreds of miles into Middle Tennessee and back, and performed ovariotomy with a successful result upon Mrs. Overton, who resided near the Hermitage, the residence of the late President Jackson. Mrs. O. was enormously obese, and he had to cut through four inches of fat upon the abdomen. The only assistants he had in the operation, as we have been informed, were General Jackson and a Mrs. Priestley. General Jackson seems to have been greatly pleased with the Doctor, and had him to go to his house and remove a large tumor growing from the neck and shoulder of one of his negro men. Dr. McDowell's charge for his operation upon Mrs. Overton was five hundred dollars, but the husband, with a commendable generosity, gave a check upon one of the Nashville banks for fifteen hundred dollars, which, upon the Doctor's 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 replied that, far from being 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 the pen; indeed, to have been of that class of mankind (which we have all seen specimens of, even among the ablest and most cultivated,) who have a nat-

ural antipathy to writing. He is said to have kept no notes of his cases, and with the exception of the two communications above quoted, and in 1826, when many tried to wrest his honors from him, a card to the Profession, and addressed especially to the "Medical Faculty and Class at Lexington," which he was induced to publish, defending his veracity and claims to having been the first to perform and establish the feasibility of the removal of diseased ovaries, is about all he wrote for publication regarding his operations. However his nephew, Dr. Wm. 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. McDowell's removal from Kentucky to Fincastle, Va., Dr. Alban G. Smith succeeded to his position as partner of Dr. Ephraim McDowell, and while with him Dr. Smith himself twice performed ovariotomy. The younger McDowell stated that he had reliable testimony of his uncle having during his life operated at least thirteen times, exclusive of the two cases Dr. Smith operated upon, when they were in partnership, and that of the cases operated upon 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. McDowell seems to have been very careless of either his 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 the partner of his uncle, as his brother William, to whom we have alluded, afterwards 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 of 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 investigations of Dr. Gross, it was generally believed that L'Aumonier, Dzondi, and Galenzowski had all preceded him, by having each done at least a single ovariotomy. Going to the original records of these gentlemen, however, it was found that the first had only punctured an abscess of the ovary, that Dzondi's was simply a case of gastrotomy upon a boy for a pelvic tumor, and Galenzowski's case, while really an imperfect ovariotomy, was not done until 1827, eighteen years after the first case of McDowell. When Dr. Ephraim McDowell performed his first operation, as he said in publication of it, he had never "heard of an attempt or 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 an 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 L. Atlee, that 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 his 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 equi-distant." 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, forgotten or unnoticed, as the cases lay among the dead records of the past, it should not and would not derogate at all from the glory of Dr. McDowell, who had never heard even 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 four and five hundred inhabitants, far removed from the opportunity of consultation with any one whose opinion might be of any value to him in such a case, and near a thousand miles away from the nearest hospital or college dissecting-room at which he might have had opportunity of studying and practicing upon some body who had perished of the disease before performing a new and untried operation of such fearful magnitude upon the living, and learn of his having pondered and contemplated all the difficulties, and with a full sense of the dangers liable to environ him in the attempt, and then without ether or chloroform, and by the aid of probably only one fully skilled assistant and two or three 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 heart of the first mariners who had the boldness to go down into the sea in ships:

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

Dr. McDowell, in person, was nearly six feet in height, of commanding carriage, of a rather florid complexion, with black eyes and dark hair, and deemed in youth a quite handsome man. He 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, and readily approachable by the world. He seemed to be totally devoid of all reserve and 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, that with the masses, probably because of this very fact, he was not generally appreciated for his true worth. A man in manner arrogating to himself nothing above the populace, as may readily be believed, would not, save by those gifted with something above common penetration, be acknowledged to be superior to their sphere. Never, however, was any of 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, I am 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 he was fond of gossiping about local matters and the 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 publicly known to be on anything but good terms. While in daily competition with certain members of the Profession, whose chief strength was 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 constant endeavors of these gentlemen, who knew that they never could approach McDowell by fair competition, was to try and train the community to believe that there was a sort of essential incompatibility between surgery and medicine, and that because he was infinitely their superior in surgical knowledge and manual dexterity, that just by so much was he their inferior in all 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 he was a bold surgeon, he was but a poor "fever doctor." So far from this being the case, however, he kept himself fully abreast with 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 doctrines of his day and the prevailing custom of the physicians of his section. At that period it was customary to give more or less mercury in the progress of every fever, and, after a dose of calomel or blue-mass, to allow a patient cold water was thought to be recklessly dangerous. The standard treatment of the country was, to let the patient have no drink but what was 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 of 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 after bucketful of cold water poured over him, to his great relief and ultimate recovery. In medicine he looked upon Sydenham and Cullen as the master minds, and set their works above all others on practice.

To the system of over-drugging, then so common, he was an enemy, believing that as then given by the mass of the Profession, without discrimination, drugs were producing, in the aggregate, more harm than good. Though practicing 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 at least two or three, to dissect in the upper story of an old abandoned building which had formerly been the county jail; and his office, in the course of time, had quite a number of anatomical preparations, the work of his own hand. When having determined upon the performance of any capital operation, his custom was to drill beforehand his students who were

to assist him thoroughly, until each was perfect in the part he was to perform; not only this, but he compelled each 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 rehearse the different steps of the operation itself. As an operator, it was the invariable opinion of all competent judges that, for coolness and dexterity, they had never seen his equal. From the moment he took the knife in his hand, preparatory to operating, he seemed to become enthused, and to the bystanders looked like quite a different man.

He possessed an excellent medical library for his day and locality, and was in the habit of purchasing most of the principal new works on their issue. While having a fair knowledge of the classics, yet most of his professional leisure he gave to history and belle-lettres. Burns was an especial favorite with him, and from his familiarity with the Scottish dialect, acquired while in Edinburgh, his readings and quotations were given with the idiom as perfect as if he had been a native of Auld Reekie.

As a citizen, he was charitable and public spirited, favoring and contributing, by his means, to most of the enterprises which promised good to the community in which he resided. He was an especial friend to Centre College, coöperating largely by his influence and money toward its foundation, and was indeed one of its original corporators and curators. This, too, although its government was by the Presbyterian Church, while he himself was, in religion, an Episcopalian. The site of the present Episcopal edifice, Trinity Church, was a contribution from Dr. McDowell.

In 1802 he married Sarah, a daughter of Governor Isaac Shelby, with whom he lived happily and raised a family of two sons and four daughters, only three of whom survived him. Mrs McDowell was his survivor by ten years.

While in the full vigor of life, and in the midst of his professional work, he contracted an "inflammatory fever," and, after an illness of a fortnight, died in Danville on the 20th day of June, 1830, and was buried at Travelers' Rest, one of the

estates of the Shelby family, some six miles north of the town.

When we consider the results to mankind of the labors of Dr. McDowell, we do not hesitate to rank him with the great benefactors of the race. Before the 19th century, of the thousands of women afflicted with ovarian dropsy, to not one could the most astute or boldest of the healing profession promise anything hopeful. The promise of the doctor when called to such a case, was that of the priest, and not much more; for he 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, such is your inevitable fate. But now, since the establishment of ovariotomy by McDowell, the matter stands quite differently, for the physician of our era, to-day, can say; it is true that without an operation you are inevitably doomed to death after some two years of miserable suffering; but by ovariotomy you have seventy chances or more out of a hundred (much better than one undergoing an amputation of the thigh), not only of recovery, but a full restoration to health.

Dr. Peaslee has made a calculation, based on this 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 assurance, and has shown that, "in the United States and Great Britain alone, 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 womankind bless the name of 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 him 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 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 recently, when we made a pilgrimage to the burial-ground of the Shelby family at Travelers' Rest, and after climbing the stone-wall enclosure, finally succeeded in struggling our way through brambles, briers, tall weeds and rank grass, to the neglected, lichen-covered sandstone slab, with simply the name of Ephraim McDowell upon it, which lies superposed above 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 should erect the tallest shaft in all the land to mark his resting-place, she would but justly honor the worthiest of honor 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 Jenner, 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

McDowell, to be erected in Danville, the scene of the first ovariotomy. But since Dr. McDowell has been woman's special benefactor, we think it would be especially appropriate that the gratitude of the women of all nations should be allowed to display itself in the erection of a fitting memorial to their friend. Indeed, that a bronze statue of life-size should be erected solely from the voluntary contributions throughout the world of those women who may owe their lives to the operation of ovariotomy.