



DOCTOR EPHRAIM McDOWELL

1771--1830

Some of the Medical Pioneers of Kentucky

EDITED BY

J. N. McCORMACK, M.D., L.L.D.

Illustrated With Portraits



"By the historical method alone can many problems in medicine be approached profitably. For example, the student who dates his knowledge of tuberculosis from Koch may have a very correct, but he has a very incomplete, appreciation of the subject."—OSLER.

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To
The Members of the Medical Profession of Kentucky
who,
however humbly, if worthily,
are attempting
to follow in the footsteps of these pioneers,
this little volume
is affectionately dedicated by their friend,
The Editor.

General Introduction

THE remarkable achievements of the pioneer medical men of Kentucky read so like a romance, and have been handed down as such an abiding and fruitful source of inspiration to their students and successors that, ever since the writer entered the profession, nearly half a century ago, it has been the constant wish and hope of all of us, expressed by frequent resolutions of the State Society and similar organizations, that to some especially qualified member of the faculty be delegated the important and pleasant duty of writing "The History of Medicine in Kentucky." Dr. David W. Yandell, doubly fitted for the task on account of his recognized ability as a writer, and by the fortuitous circumstance that he and his honored father represented in their own persons direct connecting links between the pioneers and the older members of the present day profession, often half promised to undertake the work, but death called him before it was begun. Then for years, Dr. Lewis S. McMurtry, because of his facile and puissant pen, his familiarity with the literature of the subject, and his knowledge of the personnel of nearly all except the first generation of our forbears, became the unanimous choice of his colleagues for this service, but the exactions of a large surgical practice and his teaching work and other duties made such demands upon his time as to make him unwilling to accept the assignment.

The failure of these efforts, and the knowledge that many of the only too scant case reports and other writings of this period of our medical history, some more or less crude and fragmentary, but often of great value, were published in journals long out of print, some gone hopelessly and many of them difficult to trace or obtain, and that much valuable unwritten information would be forever lost with the passing away of men already of advanced age, induced the writer to undertake, not the preparation of a medical history, but, recognizing that history, after all, is little more than a succession and tactful combination of selected biographies, the far more modest task of collecting and preserving in a somewhat permanent form such still available data of that time as might in abler and more fitting hands, be useful as the foundation of such a history of that day as would be worthy of the actors whose momentous deeds it recorded.

On account of the very nature of the work, as well as of the unavoidable delay in taking it up, while possibly other scarcely less important facts might have been accessible, which would have included other worthy men in its scope, and also to the limits of the space which can be devoted to even such a subject as this in an issue of the *JOURNAL*, the compilation is recognized as so incomplete as compared with what it should be, that the writer earnestly expresses the hope that some one of his more gifted colleagues may be stimulated not only to add biographies of

others of this early period rightfully entitled to honored places therein, but that the scope of it may be so extended as to include those of the later generations who actively and worthily spent and ended their days in Kentucky, often underestimated it is feared, because of our intimate and short range association with them and also scores of native born or adopted sons of the Commonwealth who were educated or first won their spurs here, and then added luster and renown to our profession and to the State in distant fields of labor. Many familiar and honored names and faces in both of these classes, who well earned such a distinction, and who would reflect honor upon the profession by being included in such a future volume, will readily occur to all of the older members.

This is not the time or place, even if one were competent for the task, to weigh the individual merits of these pioneers, much less the comparative merits of the constructive life-work of master minds like McDowell, Dudley and Bradford in surgery and Drake, the senior Yandell and others in medicine and public affairs, in contrast with those of almost equal reputations who were followers rather than leaders, and some of whose reputations are based mainly upon one or more brilliant and successful operation or exploit, but in considering their accomplishments singly or as a whole a proper perspective upon the part of the reader is of the utmost importance.

The environments by which they were surrounded, including the lack of hospitals, trained nurses, anesthetics, modern surgical appliances, knowledge of asepsis and the other inherent and almost inconceivable difficulties under which their work was done, explains the incredulity of their contemporaries, and make their achievements seem almost miraculous. For it must be remembered that the subjects of all of the biographies, and most of the authors of these biographies and other papers, were not only the more or less self-educated products of country villages or districts, but were country practitioners when they performed the operations or made the scientific discoveries or advances which gave their names enduring places in medical history and in the annals of the State and Nation; and the most illustrious of them remained in the localities where they had won renown to the end of their days, and now lie in honored graves in the little communities which were still more highly honored by their lives and achievements.

In order to emphasize these surroundings and difficulties, and the claims of these forbears of ours to eternal renown, it should be borne in mind that Bardstown, although situated in a rich agricultural section, the seat of the Diocese or See of the Catholic church for all the country west of the Alleghanies, with the most illustrious courts and bar in the west, and recognized as a centre of learning and culture, had but 820 inhabitants when Brashear performed the first successful hip-joint amputation ever done in the world in 1806. Danville, the first Capitol of Kentucky, with the home of McDowell almost under the shadow of the State Buildings when he was doing his early surgery, had only 432 inhabitants when he operated upon Mrs. Crawford in 1809, and but 804 at

the time of his death. Mayslick, in Mason County, where Drake was reared and first practiced, had 130 inhabitants then and but 309 now, and Cincinnati, where he next located, had less population and commercial importance than Lexington, to which place his restless spirit soon took him. Augusta had less than 600 inhabitants when Bradford began his surgical career, and only 960 at the time of his death. Lexington, a remarkable town in a wonderful country, then as now, had but 1795 inhabitants when the Medical School of Transylvania University, the second in the United States and the first west of the Alleghanies, was established there in 1799, and only 6,997 when Dudley was in the zenith of his surgical work. Louisville, now a great metropolis, and for more than a generation one of the recognized centres of medical education of this country, had but 359 inhabitants when this Medical School was opened at Lexington in 1779, less than 19,000 when it was moved from Lexington to Louisville in 1837-8, and but 43,194 in 1850.

For the convenience of readers, as well as because it seemed a more natural arrangement, chronological order and logical sequence were ignored, and all of the sketches and papers in the volume placed under the following heads:

1. The McDowell Group.
2. The Transylvania University Group.
3. The University of Louisville Group.
4. The General Kentucky Group.

This involved recognized inconsistencies and defects, to the extent even of placing a few writers in more than one group, but equal or greater difficulties seemed unavoidable under any other plan which suggested itself.

Grateful acknowledgements are here made to Dr. McMurtry for invaluable advice and assistance in making this compilation; to the Filson Club for the use of both subject matter and its plates in preparing the Transylvania Group, and to all others who have aided in the work.

Confident of the intrinsic value of the facts contained in it, in spite of the defects mentioned, and of the cordial reception it will meet at the hands of the profession, arrangements have been made to put this volume in handsome binding, for presentation to such public libraries as the Association may select, and for the use of all members who may desire to incur the small personal expense necessary to enable them to possess and transmit it in this permanent form as a heritage. It is also expected that the Association at its next meeting will create a committee to present copies of this bound volume, the original McDowell letter, and all of the pictures contained in this publication, properly grouped and handsomely framed, to the Kentucky State Historical Society, at Frankfort, in the hope that they may form the nucleus of an honored and honoring collection of "The Medical Men of Kentucky," in the halls of the Capitol, which it is hoped will grow by decades or periods through all the ages.

J. N. McCormack.

Foreword To The McDowell Group

TO the late Professor Samuel D. Gross, M. D., LL. D., D. C. L. Oxon, is due the credit of rescuing from obscurity the name and fame of Dr. Ephraim McDowell, and of establishing permanently his place in history as the first ovariectomist and the founder of abdominal surgery. Professor Gross was for a number of years Professor of Surgery in the University of Louisville, going later to Philadelphia where he completed his long and brilliant career as Professor of Surgery in Jefferson Medical College. While residing in Louisville Professor Gross met many of the contemporaries of Dr. McDowell, and thereby learned much of the personality and professional work of that pioneer of American surgery. Professor Gross resurrected Dr. McDowell's report of his cases of ovariectomy from the files of "*The Eclectic Repertory and Analytical Review*" published in Philadelphia, and in his Report on Kentucky Surgery to the Kentucky State Medical Society in 1852 set forth in a thorough and masterful paper McDowell's priority as the first surgeon in the world to successfully invade the peritoneum and remove an ovarian tumor. This paper was subsequently incorporated in Professor Gross' American Medical Biography, published by Lindsay and Blakiston of Philadelphia in 1861.

In 1873 the late Dr. John D. Jackson, of Danville, Ky., wrote and published a "Biographical Sketch of Ephraim McDowell," which added materially to existing knowledge of McDowell's character and surgical achievements. In this admirable sketch Dr. Jackson portrayed the claims of McDowell to the gratitude of the women of the world and also the honor due to his memory from the medical profession. Dr. Jackson urged that Dr. McDowell's remains should be removed from the neglected family burying-ground at "Traveler's Rest," the former country home of Governor Shelby, and suggested that the women of the world who have been rescued from lingering death by the operation he devised should erect a monument over his grave. Dr. Jackson was so deeply imbued with this idea that his enthusiastic appeal in the press, in the medical societies and in private correspondence won the approving interest of Professor Gross, Dr. J. Marion Sims and other prominent American surgeons.

In 1875 Dr. Jackson presented his appeal to honor McDowell's memory to the American Medical Association, and a Committee, of which Dr. J. Marion Sims was Chairman, reported a recommendation that a fund to be known as the McDowell Memorial Prize Essay Fund be established to perpetuate McDowell's

memory, and that "to the profession of the State of Kentucky he left the privilege of suitably marking his resting place." Under the conditions of the organization of the American Medical Association at that time such disposition of the subject was equivalent to its burial, although Dr. Sims did not so intend. At that time all executive business was transacted in the general session, and the *personnel* of the convention changed from year to year with the place of meeting.

In December of 1875 Dr. Jackson died, and his pupil and devoted friend, Dr. Lewis S. McMurtry, then of Danville, now of Louisville, a recent graduate in medicine, assumed the continuance of Dr. Jackson's cherished plan to place a suitable local memorial to McDowell. Dr. McMurtry brought the subject before the Kentucky State Medical Society, at Hopkinsville, in the following year, and a Committee, with Dr. McMurtry as Chairman, was appointed to erect a monument to Dr. McDowell in Danville. Dr. McMurtry undertook this difficult task with a very limited acquaintance with the medical profession of the State, and carried it to a successful conclusion despite many obstacles and much discouragement. He raised the money from subscriptions of members of the profession to provide the granite shaft which now marks McDowell's grave in McDowell Square in Danville. In addition he secured for this purpose the beautiful square near the center of Danville, and removed thereto the remains of Dr. McDowell and his wife. In response to his appeal the citizens of Danville contributed a fund to grade, enclose and beautify the square. Professor Gross, Dr. E. R. Peaslee, and other distinguished American surgeons encouraged Dr. McMurtry's efforts by sending contributions to the McDowell Memorial Fund.

This was Dr. McMurtry's first important public service rendered in behalf of the medical profession of his native State, and won for him the gratitude and esteem with which the profession has since honored him.

In 1879 the Kentucky State Medical Society convened in Danville, and this was the most brilliant occasion in its history. Professor Gross came to personally dedicate the McDowell monument, and in the presence of a large concourse of Kentucky physicians, with many distinguished surgeons from other states, among them Dr. Lewis A. Sayre, President of the American Medical Association, and Dr. Gilman Kimball, of Lowell, Mass., a famous ovariologist of that day, many prominent laymen, including the Governor of the Commonwealth, delivered the eloquent address which will be found with the other proceedings of that occasion in this number of the JOURNAL.

Thus was fixed in history for all time the fame of Kentucky's greatest pioneer surgeon.

J. N. McCormack.



EPHRAIM McDOWELL.

(By permission of the American Gynecological Society.)

1771--1830

From a painting, supposed to have been made about time his first ovariectomy was performed.

I. THE McDOWELL GROUP

BIOGRAPHICAL SKETCH OF DR. EPHRAIM McDOWELL.*

By JOHN D. JACKSON, M. D., Danville.

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 Antrim and Londonderry, 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 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, and one of the first corps of lecturers of the Medical Department of Transylvania Uni-

versity 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 at the University he also took a private course under John Bell, who at that time did not belong to the Faculty, and it seems that the brilliant predilections 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 principles and suggestions at this time enunciated by the master which, sixteen years after, determined the pupil to attempt his first ovariectomy. 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 eclat 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

*Reprinted from the Richmond and Louisville Medical Journal, 1873.

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 winter of 1809, when he had been practicing his profession for 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 doctors to have gone long beyond her time in pregnancy, or to be the subject of extra-uterine foetation. 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. Craw-

ford 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 ovariectomy 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 appeared in the *Eclectic Repertory and Analytical Review*, for October, 1816, and will follow this paper.

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 declared outright his total disbelief of Dr. McDowell's statements. A few years thereafter, when the accuracy of the report had been fully confirmed, he, however, frankly acknowledged his previous error, 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 operation, 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

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 ovariectomy with a successful result upon 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 assistants he had in the operation, as we have been informed, were General Jackson and a Mrs. Priest-



TRAVELERS' REST

Near Danville, the home of Isaac Shelby, first and sixth Governor of Kentucky. Here Dr. McDowell was married to Sarah Shelby, daughter of the Governor, in 1802, and here they both lay buried until their bodies were removed to Monument Square, Danville, in 1879.

no other qualification, but in 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

ley. 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 messen-

ger 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 service which Dr. McDowell had rendered.

How many times during his career he had occasion to perform ovariectomy 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, 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 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 done seven cases, six of which he witnessed, and that six of the seven were successful. After the removal of this nephew from Kentucky to Fincastle, Virginia, Dr. Alban G. Smith succeeded to his position as partner to Dr. Ephraim McDowell, and while with him Dr. Smith himself twice performed ovariectomy. 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 cousin 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 ovariectomy. 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 ovariectomy, 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 the 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 ovariectomy before the time of McDowell; for although we observe that Mr. Spencer Wells, in his recently published history of the origin and progress of ovariectomy, says, on the authority of Dr. Washington L. Atlee, that Dr. Robert Houston operated near Glasgow in 1701, and that "from this case it will appear that ovariectomy originated with British surgery, on British ground," yet a reference to the original record shows very plainly that Dr. Houston was never really an ovariectomist, in the sense of his having removed an ovary, his operation, like L'Aumonier's, consisting of 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 Ovariectomy." Even had the operation been done many times before, forgotten or unnoticed, as the case 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 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 ovariectomy, 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 ase triplex,
Circa pectus erat, qui fragilem truci
Commisit pelago ralem
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 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 tinged with professional demagoguery. His bitterest enemies did not once accuse him of this. By a gentle man 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 to 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, 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 the 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, the tissues to be divided, and then to 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 belles-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, cooperating 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 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 south 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 ovariectomy 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 ovariectomy 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 had an ovarian tumor uninterfered with, and the average age of all the recorded cases of ovariectomy 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 alone, ovariectomy 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 ovariectomy never been performed"; to say nothing of saving her more than a thousand years of untold suffering. With these facts before them, 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 ovariectomy, 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 Repub-

lie 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 the brambles, briars, tall weeds, and rank grass, to the neglected, lichen-covered sandstone slab, with simply the name of Ephriam McDowell upon it, which lies superimposed above

erect the tallest shaft in all the land to mark his resting-place, she would but justly confer the worthiest of honor on one of her children; yet does his fame not rest with us alone, nor is the beneficence of ovariectomy confined alone to our part of the globe.

Like Jenner, McDowell has been a benefactor for the generations of all times, 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 be allowed to contribute to a suitable statue to Me-



THE GRAVES OF DR. AND MRS. McDOWELL AT TRAVELERS' REST

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, have 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

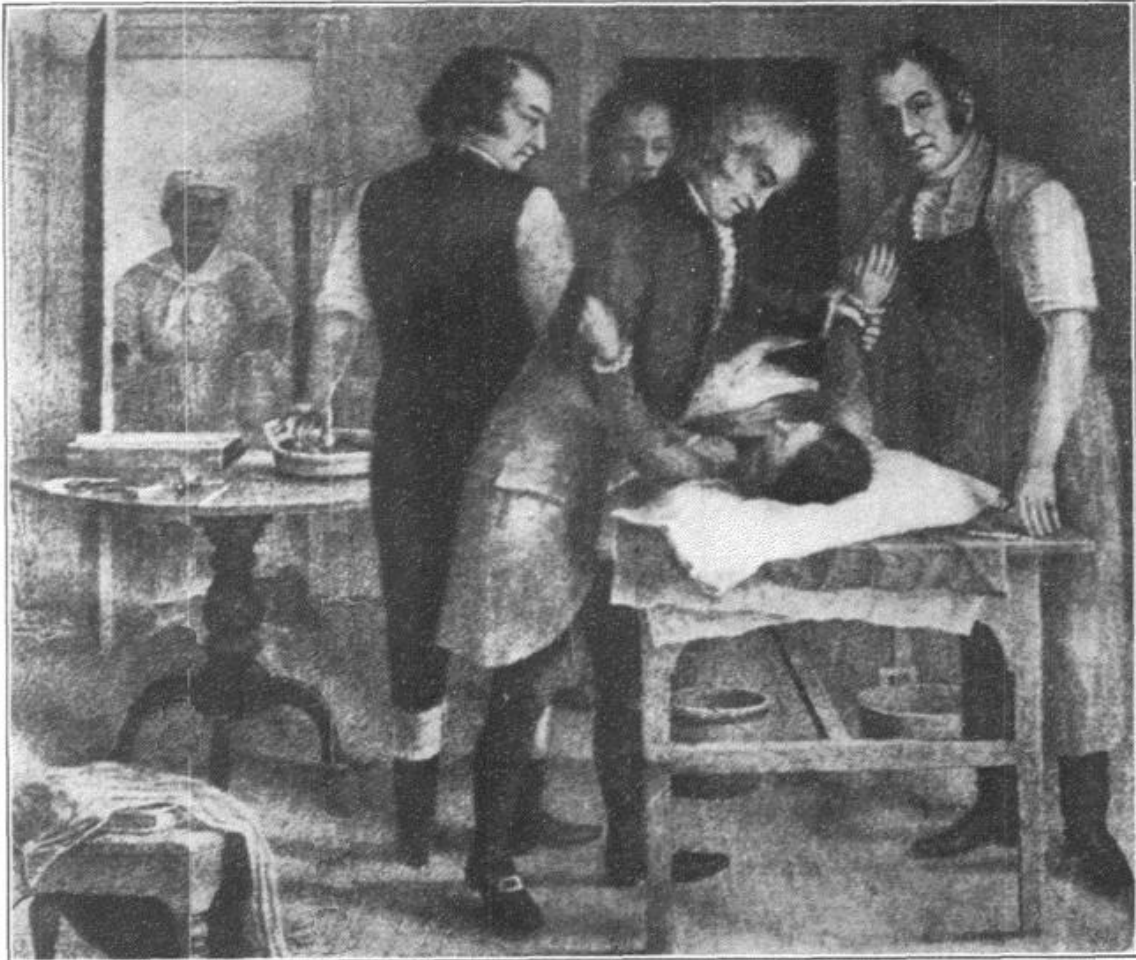
Dowell, to be erected in Danville, the scene of the first ovariectomy. But since Dr. McDowell has been woman's special benefactor, we think it would be especially appropriate that the gratitude of the women of all nations should be allowed to display itself in the erection of a fitting memorial to their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

THREE CASES OF EXTIRPATION OF DISEASED OVARIES.*

By EPHRAIM McDOWELL, M. D.

"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

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.



THE FIRST OVARIOTOMY

Copy of an idealized picture, said to have been painted from a sketch and description by Dr. Albin Goldsmith, a partner of Dr. McDowell, and an assistant at this and other of his operations.

By the courtesy of Dr. Fayette Dunlap, Danville

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

*A reprint from the *Electric Repertory and Analytical Review*, of Philadelphia, October, 1816, then the only medical journal published in this country.

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 tumor, that they could not be replaced during the operation, which was terminated in about twenty-five minutes. We then turned her upon her left side, so as to permit the blood to escape, after which we closed the external opening with the interrupted suture, leaving out at the lower end of the incision the ligature which surrounded the Fallopian tube. Between every two stitches we put a strip of adhesive plaster, which, by keeping the parts in contact, hastened the healing of the incision. We then applied the usual dressing, put her to bed, and prescribed a strict observance of the antiphlogistic regimen. In five days, I visited her, and much to my astonishment found her engaged in making up her bed. I gave her particular caution for the future and in twenty-five days she returned home, as she came, in good health, which she continues to enjoy."

"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-urinary and fundus uteri. To extract, I thought would be instantly fatal; but by way of experiment, I plunged the scalpel into the diseased part. Much 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 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 II. 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. Coffey, 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 scirrhus 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 wine-glassful of cherry-bounce and thirty drops of laudanum, which soon restoring her warmth, when she was dressed as usual. She was well in two 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."

Danville, Kentucky.

FACSIMILE OF A LETTER FROM DR. McDOWELL.*

WRITTEN THE YEAR BEFORE HIS DEATH.

Sir
 Danville January 2^d 1829
 At the request of your father
 I take the liberty of addressing you a
 letter giving you a short account of
 the circumstances which lead to the first
 operation for diseased Ovaries; I was
 sent for in 1809 to deliver a Mrs. Crawford
 near by a town of Lewis; as the two
 attending physicians supposed upon exa-
 -mination per Vagina I soon ascertained
 that she was not pregnant; but had
 a large tumour in the Abdomen
 which moved easily from side to side
 I told the lady I could do her no good
 and candidly stated to her an unfavor-
 -able situation; I informed her
 that John Bell Hunter the most
 A Wood. four of the first and most
 eminent Surgeon in England and
 Scotland had uniformly declared in

Your father's name is written in pencil on the back of the paper.

Louisville Free Public Library

*This letter, detailing the circumstances leading up to and attending the first ovariectomy, was written to Dr. Robert J. Thompson, then a medical student in Philadelphia, but always a citizen, and until his death in 1887, a highly respected physician, of Woodford county, Kentucky, where three of his children, including Dr. R. J. Thompson, junior, still reside. It is expected that the original letter, handsomely framed, will be given an honored place on the walls of the State Historical Society, in the Capital Building at Frankfort. As will be seen, this letter was written before the days of stamps and envelopes.

their diseases that such was the danger
 of Peritoneal Inflammation, that opening
 the abdomen to extract the tumour was
 an inevitable death. But notwithstanding
 this, if she thought herself prepared
 to die, I would take the omentum from
 her if she could come to Demerol;
 She came in a few days after my return
 home and in six days I opened
 her side and extracted one of the
 ovaries which from its diseased and
 enlarged state weighed upwards
 of twenty pounds; The Inlistines as
 soon as on opening was made run out
 upon the table remained out about
~~the~~ ^{the} minutes and being upon
 Christmas day they became so cold
 that ^{P. U. B.} I thought it best to bathe them
 in the cold water previous to my
 replacing them; I then returned them

Staked up the wound and ^{she} was perfectly
 well in 25 days; Since that time
 I have operated eleven times and have
 lost but ~~one~~; I now can tell of once
 when relief can be obtained by exam-
 ination of the tumour if it ~~is~~
 freely from side to side of ~~the~~ ^{the}
 from ~~the~~ ^{the} ~~lower~~ ^{lower} part
 of the abdomen; I advise the operation,
 allowing no fear from the ~~inflammation~~
 that may ensue; I last spring operated
 upon a Mr Bryant from the mouth of Elk-
 River below A rock Point I opened the
 abdomen from the Umbilicus to the pubis
 and extracted a rather large ~~the~~
~~solid~~ contained the most ~~of~~ ^{the}
 matter ~~than~~ I ever saw, all ~~the~~ ^{the}
 putrid or ~~decolorated~~ ^{decolorated} ~~except~~ ^{except} ~~it~~ ^{it} ~~was~~
 is now living; ~~of~~ ^{of} ~~from~~ ^{from} ~~being~~ ^{being} ~~successful~~
 in the above operations several young
~~men~~ ^{men} with ruptured nose come
 to me; I have uniformly cut the

ring open just the Intestines up if done so
 then cut the ring all round very quick
 of an Inch then spread the parts
 closely together and in every case the
 cure has been perfect; therefore it appears
 to me a more sure way about the

to Mr. Smith

Mr Robert Thompson

Student of medicine

No 29 Spruce Philadelphia

Street - Pennsylvania

Don't let the Venereal Infection do
 much damage about by most Surgeons
 after work of your health and
 I am ^{truly} ^{affectionately} ^{and} ^{devotedly} ^{your} ^{friend} ^{and} ^{servant}
 S M Lawrence

Library

JOHN DAVIES JACKSON. M. D.

By LEWIS S. McMURTRY, M. D., LL. D.

John Davies Jackson was born in Danville on December 12, 1834 and died in that place on December 8, 1875, not completing the forty-first year of his life. He was the eldest child of John and Margaret Jackson, both natives of Kentucky. He received his education at Centre College in Danville, from which institution he received the degree of A. B. in 1854. He was an excellent student, and early gave evidence of the power of close applica-

ing disposition, public recognition of his ability and qualifications came very slowly; but he was never idle. He gave himself with enthusiasm and close application to the study of medical literature. He also began the study of the French language, in which he became quite proficient and thereby familiarized himself with the best medical literature of Europe. The unremitting labor of these early years of practice laid the foundation of broad scientific culture which distinguished his later career.

Dr. Jackson had become fairly established

**DOCTOR JOHN D. JACKSON**

1834--1875

tion. Immediately after his graduation he entered upon the study of medicine, and in the autumn of 1854 matriculated in the Medical Department of the University of Louisville. After one course in the University, he went to Philadelphia and entered the Medical Department of the University of Pennsylvania, from which he graduated with the degree of M. D., 1857.

He returned immediately to his native town of Danville and entered the practice of medicine. He never ceased to be a student. Being naturally of modest demeanor and retir-

in practice when the war between the states broke upon the country. He entered the Confederate Army with the rank of Surgeon, and was engaged in active service in the field throughout the great conflict. He received his parole at Appomattox, and returned to his home at Danville immediately. At this time he found himself without means, but with abundant courage and faith in the future he opened his office and resumed his professional labors. He seemed to bring to his work renewed energy and determination, and soon his time was fully occupied with private prac-

tice. He gave himself wholly to his professional work. He resumed the study of the French language and began to collect a library which in time became one of the finest private medical libraries to be found in this country. His collection was very rich in old copies of the medical classics, and his table was always filled with the very best current literature of the day.

Dr. Jackson at this time realized the great importance of advanced clinical study and, in order that he might repair the deficiencies of his early training, he went to New York and devoted himself to private courses upon special branches in medicine. He was especially interested in surgery, and applied himself with enthusiasm to the most recent advances in surgical pathology and practice. Almost every year from 1869 until his death he spent some months in New York in this way. In 1869 he contributed an article to the *American Journal of Medical Sciences* upon "Trichiniasis" which is one of his most valuable publications. This essay shows thorough familiarity with the literature upon this subject in all languages. Very soon after his return from the army he established a private dissecting-room and began to take pupils for instruction in the elementary branches of medicine. He gave thorough courses in practical anatomy and in surgical operations upon the cadaver. He made numerous contributions to the medical literature, all of which were of practical character, and based upon thorough knowledge of the subject. He attended the annual meetings of the American Medical Association and at the time of his death was the first vice-president of that body. He founded the Boyle County Medical Society, which became one of the most efficient organizations in the State, and was a regular attendant and contributor to the annual meetings of the Kentucky State Medical Society.

In order to perfect his professional knowledge, Dr. Jackson went to Europe in 1872. He attended the meeting of the British Medical Association as a delegate from the American Medical Association, and spent much time in London, Edinburgh, Paris, and other European centers. In Paris he spent several months in pursuit of special studies. He made numerous acquaintances among prominent teachers of Europe, and by correspondence kept in touch with members of the profession there during the remainder of his life.

Upon his return home after his visit to Europe, his labors became more extensive. His practice extended throughout central Kentucky, and his services were commanded as a consultant very extensively. His growing practice, however, did not prevent his devotion to the study of medical science, which he cultivated with the utmost devotion

throughout his career. In 1873 he translated Farabeuf's "Manual on the Ligation of Arteries," which was published by J. P. Lippincott & Co., of Philadelphia. About the same time he wrote a biographical sketch of Dr. Ephraim McDowell (see page 11) which attracted renewed attention to the achievements of this great pioneer surgeon. The idea of erecting a monument to the memory of McDowell originated with Dr. Jackson, and he pressed the subject upon the attention of the profession until it received consideration by the Kentucky State Medical Society and the American Medical Association. In the spring of 1873, while engaged in an autopsy Dr. Jackson infected one of his fingers, and suffered with a severe systemic infection. His illness taxed severely his strength, and he never fully recovered. During his convalescence he developed pulmonary tuberculosis, and after a long illness succumbed to this disease. As previously stated his death occurred in December, 1875, before the completion of his forty-first year.

Dr. Jackson possessed superior talents, high scholarship, untiring industry, and a mind of singular alertness and vigor. He loved science for its own sake, and looked upon his profession as a great privilege of service and duty. His ideals were high, and he lived up to them with incorruptible honor and integrity of character. He performed many of the most important operations in surgery, and his contributions to surgical literature show a profound knowledge of the subjects treated therein. As a writer he was clear and concise, and his language gave evidence of scholarly attainments. During the last year of his activities, he was intensely interested in the researches of Lister, which were attracting great attention at that time, and had he lived he would have been one of the first to grasp and apply in surgical practice the great principles of the antiseptic system. He was a model preceptor, and inspired his pupils with ambition and a thorough appreciation of the high aims and purposes of the profession. He was a delightful companion, and was devotedly loved by his personal friends and those to whom he administered as a physician and surgeon. He was one of the most sincere and steadfast friends.

In personal appearance he was above the medium height, very erect and rather slender. He had fine bluish-gray eyes, a firm expression about the mouth and a forehead indicative of intellect. In his habits he was systematic, and in all his engagements he was promptness itself.

Dr. Jackson was unmarried, his social visits were few, and his entire life was devoted to his profession.

DEDICATORY ADDRESS.

By PROF. SAMUEL D. GROSS, M. D., L.L. D.
D. C. L. Oxon.

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

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 the 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



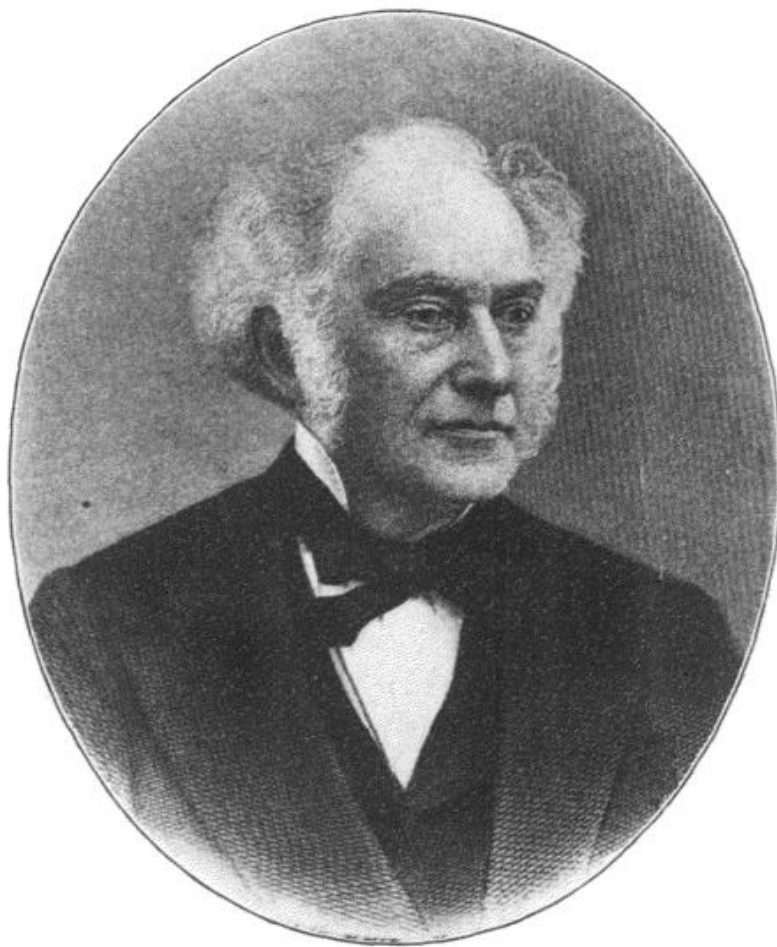
THE MONUMENT

20th of June, 1830, caused deep and widespread 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 recipient 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.

was scarred as he was leading his armies in the defense of his country? Was he a great magistrate, meeting 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

Ephraim McDowell will be regarded in all time to come as the "Father of Ovariectomy," 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



DOCTOR SAMUEL D. GROSS

1805--1884

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.

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 ovariectomy, 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. Me-

Dowel, 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 1776, when McDowell was hardly five years old. More recently the honor has been claimed by our British brethren for Dr. Robt. Houston, of Glasgow, whose name appears in connection with an operation upon the ovary as early as 1771. 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 ovariectomy, 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 ovariectomy of which there is any authentic account occurred in this town in December, 1809, in the hands of 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 ovariectomy, 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 skillful, 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 substance extracted nor heard of an attempt or success attending any operation such as this required, I gave 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 anesthetics, 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 persuade 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 Repository and Analytical Review*. The com-

munication, 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 throw discredit upon 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 surgery. 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 Judoæus, non ego.*" In a subsequent article, published in 1827, 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 partner 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 ovariectomy 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 ovariectomy 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 Altee, 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 every where 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 Ovariectomy in Philadelphia," he depicts in glowing language the obstacles which this operation had to encounter in this country and in his own city. "Ovariectomy," he exclaims, "was every where 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 ovariectomist 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 confrere, 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; Edmund R. Peaslee, seventy-seven times; Professor T. Gaillard Thomas, one hundred and twenty-six times, and Dr. Gilman Kimball, the oldest and most renowned American ovariectomist since the death of Dr. Washington L. Atlee, two hundred and forty times. Professor Briggs, of Nashville, who has operated upward of fifty times, recently had three cases of ovariectomy 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 ovariectomy 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*

Science, for January, 1844, after instituting a comparison between this and other capital operations, Dr. Atlee makes a strong appeal in favor of ovariectomy. "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 Ovariectomy," embracing a summary of three hundred cases, being all that there were then known as having occurred in different parts of the world. On the continent of Europe ovariectomy 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 Koeberle, of Strasbourg, Schroeder, of Berlin, and Skoeldberg, of Sweden, not to mention others. Ovariectomy 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 occur-

rences, will deny the blessings of ovariectomy, 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 1871, 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 fifth 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 lithotomy, 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 ovariectomy in the hands of professed or skilled ovariectomists, 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 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 ovariectomy in England. On 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 is 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 ovariectomists 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 ovariectomy 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 ovariectomists, 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 158 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. Koeberle, 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 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 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 can not 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, and with the aid of the microscope. Dr. Thomas M. Drysdale, availing himself of the great opportunities afforded by Mr. 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, can

not, in a diagnostic point of view, be over-estimated, 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 ovariectomy both in America and in Europe has led to an extension of the whole domain of abdominal surgery, and has emboldened operators 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 esophagus, and yet despite the mutilation some of the survivors, with the aid of an artificial substitute, articulate 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, "can not 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 ovariectomy. Experience alone can determine how far the knife shall go or shall not go.

What has been called, perhaps oddly enough, normal ovariectomy, an operation first performed by Dr. Robert Battey, of Georgia, may be regarded as a natural outgrowth of McDowell's operation, or ordinary ovariectomy, 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 practiced 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. Englemann, of St. Louis, embracing forty-three cases, show that the risk is very considerably greater than in ordinary ovariectomy, 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 benefitted, 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 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 amphitheater. 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 Aesculapius. 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 predilections 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 ovariectomist 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 Cesarean 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 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 ovariectomy 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 which in comparison with that of McDowell is 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 hardly two 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 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 advent, 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 of 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 Nash 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 the 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 Medical Repository*

*The facsimile letter of McDowell published herewith largely for this purpose, and the history of his education, his life and what he accomplished, all show that his lack of literary attainments have been greatly exaggerated.

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 luster 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 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 consciousness and a scrupulous regard for the welfare of his patients. He never op-

erated merely for the sake of operating. He had always an eye to consequences. For the mere mechanical surgeon he had an unmitigated contempt. In speaking of ovariectomy, in answer to some strictures pronounced upon his first three cases, he expressed 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 poor sick 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 someone asked Brown, "What do you think of McDowell?" "Think of him? Why he went abroad as a gosling and has come back 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 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 operations without previously recalling to his mind the structures involved in it. In 1807 the Medical Society of Philadelphia sent him its diploma of membership, and in 1823 the University of Maryland conferred on him the degree of Doctor of Medicine. At the age of thirty-one he married Sallie, daughter of Governor 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 footracer, a kind of Mike Fink, arrived, boasting that he could outrun, outstep, and outjump 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 van-guard, 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 luster 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, "*Eregi monumentum acre 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 originator 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 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 mailbags 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 traveled 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 diseases, 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 Hercules, 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 anesthetics, 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 no one 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.*

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 lithotomy in the practice of Dr. Alban G. Smith, of Danville, and the most flattering results in ovariectomy

*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 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.

in the hands of Dr. J. Taylor Bradford, of Augusta. The triumphs of Dr. Benjamin W. Dudley in lithotomy established for him an unrivaled reputation in his day as a great operator in calculus 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 Alleghany Mountains to establish a medical school and to send forth its first medical graduate in the West. If in statesmanship she may boast of a Clay and of a "silver-tongued" Crittenden, whose eloquence enchanted admiring audiences, and elicited the applause of the senate chamber; if her bar was long known as one of the most elegant, austere, 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 discerns 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 hu-

manity. A country without monuments is a country without civilization.

I can not 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 statesman, the orators, and the military men of Kentucky with that of McDowell. "Chief among all of 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 campaigns, 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 civilization 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 Ovariectomy 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 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 of 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 successors, not a few of whom have achieved a wide and endearing 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 the Elder 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 benignant 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 ovariologist, as with an adamant 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 ovariologist. 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 appreciates more fully than myself. If his 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 increased 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 traveled 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 Philadelphia he occupied for eight years the chair of chemistry in what was then known as the Pennsylvania Medical College. His career as an ovariologist 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 the 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 ovariectomy in this country, died in January, 1878, only about eight months before his distinguished Philadelphia confrere. 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 excellent 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 ovariectomy or lithotomy, or a hip-joint amputation, which have reflected so much glory on Kentucky medicine, but 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 cooperation. 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 three-score years and ten, so graphically described by the Psalmist, then, but not till then, will the world be a paradise, with God, Almighty, All-wise, 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.

PRESENTATION ADDRESS.

REMARKS MADE BY PROFESSOR RICHARD O. COWLING, M. D., OF LOUISVILLE, IN PRESENTING THE DOOR-KNOCKER OF DR. McDOWELL 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 lace their hands have swept—what jewels can replace their value? Do you remember the enchantment that Douglas Jerrold wove about a hat-peg? Now at the christening of a 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, now 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 godmother'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 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 thresholds; 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 your 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 a 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

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 regards 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



DOCTOR RICHARD O. COWLING

1839--1881

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

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 presented to 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.

ADDRESS OF PROFESSOR LEWIS A. SAYRE, M. D.

PRESIDENT OF THE AMERICAN MEDICAL ASSOCIATION WHEN THE MONUMENT WAS DEDICATED.

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 ca-

tion 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 un-



DOCTOR LEWIS A. SAYRE

1820-1900

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 times 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 obliga-

aided 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 willful 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 total 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 ovariectomy.

Kentucky has many things to boast of in climate, soil, and magnificent forests of oak carpeted with her native bluegrass, far surpassing 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 crators, 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 luster of her fame than the one whose name we this day commemorate by erecting this monument to Ephraim McDowell, the ovariectomist.

CORRESPONDENCE.

LETTERS OF REGRET FROM DISTINGUISHED MEMBERS OF THE PROFESSION WHO COULD NOT ATTEND THE DEDICATION.

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 Ovariectomy."

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, 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 eart-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 Encyclopedia Britannica, decently omitted and ignored in the ninth edition of the same work, do not need to be reminded.

If there was one who could dispute Dr. McDowell's claim to be called "the Father of Ovariectomy" 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 ovariectomy with success early in the century, but unfortunate-

ly 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 can not 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 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, 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 Ovariectomy." 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,

Yours very truly,
T. GAILLARD THOMAS.

294 Fifth Ave., New York, May 1, 1879.

L. S. McMurtry, Chairman McDowell Monument Committee:

Dear Doctor:—I have much pleasure in ac-

knowledging receipt of the invitation to attend the memorial occasion in honor of "the Father of Ovariectomy." Unfortunately for me some professional duties here, which can not 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 Ovariectomy," 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 ovariectomist 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 con-

finer 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

EPHRAIM McDOWELL.*

By LEWIS S. McMURTRY, M. D., L.L. D.,
Louisville.

It is most appropriate that in this one hundredth year since McDowell's epoch-making work this society, founded by his followers in America, should celebrate his achievement and thereby keep afresh in the professional mind the source and origin of a great department of surgery.

No conception of Ephraim McDowell's character and personality could be more remote from the truth than that he was a rude, but courageous, backwoodsman, who by accident or mishap undertook an untried feat in surgery and succeeded in spite of a disregard of all surgical rules and established principles.



CAMBUS KENNETH
THE HOME OF DR. McDOWELL, NEAR DANVILLE

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.

Let us for a moment consider his origin and preparation. He was born in Rockbridge county, Virginia, on the eleventh day of March, 1771, when the American colonies were in the agitation preceding the revolution. His father, Samuel McDowell, was a prominent man in Virginia and a member of the Assembly of that State. In 1782, he was sent by the Legislature as a land commissioner to Kentucky, which was then a county or appanage of Virginia. A year later he was appointed judge of the District Court of Kentucky and removed his family to the town of Danville where the sittings of the court were held and where he resided permanently thereafter.

*An address delivered before the American Gynecological Society at the Centennial Celebration of McDowell's first Ovariectomy.

Ephraim McDowell's mother was Sarah McClung, a member of a distinguished Virginia family. McDowell was a product of that civilization which was planted on the Virginia coast, and from which came Washington, Jefferson, Richard Henry Lee, Patrick Henry, Benjamin Harrison, Edmund Pendleton, George Mason and other soldiers, statesmen, and patriots who founded this great republic. His early education was attained at the classical seminary at Georgetown, Kentucky, the best school accessible at that time. After completing his studies at the seminary, he went to Staunton, Virginia, and following the custom of that period entered upon the study of medicine in the office of Dr. Humphreys, a graduate of the University of Edinburgh and a practitioner of high reputation. In 1793-94 he attended the University of Edinburgh, then universally regarded the most famous centre of medical education in the world. As fellow students, McDowell was associated there with Dr. Samuel Brown, afterward one of the founders and teachers of Transylvania University at Lexington, Kentucky, and Dr. Hosack and Dr. Davidge, of New York, all of whom subsequently attained eminence in the profession. As far as we know, the degree of M. D. was not conferred upon him until 1823, when, entirely unsolicited on his part, the University of Maryland conferred upon him the honorary degree of M. D. The Medical Society of Philadelphia, at the time the most distinguished of its kind in this country, sent him its diploma in 1807, two years before he performed his first ovariectomy. Thus it will be seen that McDowell had attained national distinction as a surgeon before he undertook the work which has made him famous. While at the University of Edinburgh, McDowell attended the private instructions of John Bell, the most able and eloquent of the Scottish surgeons of his day. That portion of his lectures describing tumors of the ovaries and the power and eloquence with which he depicted the hopeless fate to which their victims were condemned, made a powerful impression upon his auditor. Indeed, McDowell afterwards stated that the principles and suggestions at this time enunciated by his master impelled him sixteen years afterward to attempt what was considered an impossibility. In 1795 McDowell returned to his home at Danville and entered upon the practice of his profession. Being a man of classical education, coming from the most famous medical school of the world, he soon easily assumed the first professional position in his locality, and within a few years was known throughout the Western and Southern States as the first surgeon of his entire section of country. Indeed, until Dr. Benjamin W. Dudley, of Lexington, Kentucky, came into the field Dr. McDowell was undisputedly the most eminent

surgeon west of the Alleghanias. During this time his practice extended in every direction, persons coming to him from all the neighboring States, and he frequently making long journeys on horseback to operate upon persons whose condition would not permit them to visit at his home. As far as is known, he was in the habit of performing every surgical operation then practiced. In lithotomy he was especially successful, and was known to have operated, up to 1828, twenty-two times without a death. He operated many times for strangulated hernia, and did successfully various amputations and other operations, including tracheotomy. We must remember that anesthesia was unknown in his day.

In 1809, fourteen years after he began the



THE FAMILY CREST

practice of his profession, McDowell's opportunity was presented. He was called to see a Mrs. Crawford, living sixty miles distant from Danville, who was supposed by herself and her physicians to be pregnant and beyond her term, with most serious complications. After careful examination he pronounced the case to be one of ovarian tumor; explained the hopeless character of the disease; expressed his conviction that it was feasible to undertake its removal; frankly announced that it would be in the nature of an experiment, but an experiment that was promising. In a word, he had faith in himself and his resources, which inspired confidence and hope in the patient. Mrs. Crawford accepted the proffered aid at once, and in a few days went to Danville, sixty miles distant, on horseback, where the operation was successfully

performed and followed by prompt and perfect recovery.

It is known that McDowell had an excellent medical library for that time, and that he devoted much of his leisure time to his books, but he possessed an aversion to writing. Like many able men in our profession of the present day, he was absorbed in practice, and literary work of every kind was burdensome to him. Moreover, we must remember that he did not have the stimulus of the daily mail and numerous medical journals; also that no medical society was in existence in his section of the country. Seven years elapsed after the operation before he made a report for publication, during which time he had operated in two additional cases, both followed by recovery. The title of his paper is "Three Cases of Extirpation of Diseased Ovaries," and his description of the symptoms and operation is concise and clear, describing most essential points, but without any minute account of the pathology and daily progress after operation. That he was inspired by the teachings of Mr. John Bell, of Edinburgh, to undertake the operation is apparent from the fact that his report of his cases was forwarded to his revered master. The report failed to reach Mr. Bell, who was absent on account of ill health, and McDowell prepared another copy and forwarded it to the *Eclectic Repository and Analytical Review*, published in Philadelphia, where it appeared in the issue of October, 1816. The brevity and disregard of many essential details which characterized the report, exposed McDowell to criticism, and articles sarcastic and incredulous appeared in the *Repository*, while Dr. James Johnson, the learned editor of the *London Medical-Chirurgical Review*, expressed outright his disbelief of McDowell's statements. A few years afterward when the accuracy of the reports had been verified and confirmed by the report of additional cases, Dr. Johnson editorially acknowledged his error, saying, "There were circumstances in the narrative of the first three cases that raised misgivings in my mind, for which uncharitableness we ask pardon of God and Dr. McDowell, of Danville."

In October, 1819, three years subsequent to his first publication, he published in the same journal two additional cases. In this report, he alludes to the several criticisms which had appeared regarding his first paper in these words: "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." If we had no other knowledge of McDowell's mental cast and surgical ideals, these words would stamp him as a surgeon of broad and elevated view, with lofty conception of the science and art of surgery, and keen appreciation of the advanced ground on which he trod. The total number of ovariectomies he performed is not certainly known. Dr. William A. McDowell, his nephew and pupil, afterwards his partner, stated that the total number of ovariectomies done by Ephraim McDowell was thirteen, with eight recoveries and five deaths.

The essential points of McDowell's operative technique are: (1) The parietal incision was made external to the border of the rectus muscle; (2) the pedicle was ligated before opening and evacuating the cyst; (3) care was observed to cleanse the peritoneum of fluids; (4) drainage was provided by bringing the ligature out through the lower angle of the incision and the ligature eliminated in that way; (5) the operation occupied only twenty-five minutes, expedition resulting more from the absence of an anesthetic, doubtless, than otherwise. In the report of the second case, he says, "I laid her side open." In the third case, he adopted the median incision, which he indicates thus: "I changed my place of opening to the linea alba." In all his cases he ligatured the pedicle before separating adhesions or tapping the tumor. In the third case he mentions that the ligatures were not released for five weeks, at the end of which time the cord was taken away.

In the brief report of his first case, Dr. McDowell failed to record such details of environment, preparation, and after treatment as so important an operation should have received. He even failed to record the room or house in which the operation was performed. Either tradition or imagination has depicted the operator fearlessly doing his work while a mob gathered about his house threatening his life on account of the fancied reckless hazard of life in attempting an untried experiment. Having been born and reared near Danville, and educated there, and having known some of McDowell's contemporaries, I am sure this story is pure fiction, without any semblance of facts for its basis. McDowell was perhaps the most prominent and popular citizen of the community, commanding the respect and confidence of all classes, and known far and near as a great surgeon. The house in which Mrs. Crawford underwent operation and remained while under treatment is not known. It is not probable that such an operation was done in the doctor's office; but

more probably in some bedroom prepared for her care and nursing after operation.

In a most accurate and painstaking sketch of McDowell by the late Dr. John D. Jackson, of Danville, he states that in 1822 McDowell made a journey of several hundred miles on horseback to the Hermitage, the residence of President Andrew Jackson, near Nashville, Tennessee, to do an ovariectomy in the case of a Mrs. Overton. He was assisted in the operation by General Jackson and a Mrs. Priestly. Mrs. Overton recovered. McDowell was the guest of General Jackson during his stay in the neighborhood. Another one of his patients in Tennessee was James K. Polk, afterward President of the United States, upon whom he did lithotomy when the patient was fourteen years of age.

In 1802, Dr. McDowell married Sarah, a daughter of Isaac Shelby, Kentucky's first and greatest governor, a soldier and statesman, with whom he lived most happily and raised a family of two sons and four daughters, only three of whom survived him. Mrs. McDowell survived her husband by ten years. Dr. McDowell was nearly six feet in height, with dark hair and eyes, and possessed of exceptional strength and endurance. He was dignified in bearing and possessed a commanding presence, but quite free from austerity. He is described as an amiable and approachable man, with abundant cheerfulness and good humor. As a citizen he took an active part in all movements for the welfare of the community. He was especially interested in education, and contributed liberally of his time and means to provide educational facilities so much needed at that time. He was a member of the first Board of Trustees of Centre College of Kentucky, now Central University of Kentucky. He contributed personally the lot upon which Trinity Episcopal Church in Danville now stands. In his fifty-ninth year while in the full vigor of life, he was seized with an acute fever and died on the twentieth day of June, 1830, after a brief illness.

In 1852, twenty-two years after the death of Ephraim McDowell, Professor Samuel D. Gross, then a resident of Louisville, presented to the Kentucky State Medical Society a sketch of the life and original surgical work of the first ovariectomist. Professor Gross brought to his task his characteristic accuracy and thoroughness of investigation. He engaged in a laborious correspondence with the family, relatives and contemporaries of McDowell, and collected all available knowledge bearing upon his life and character. This sketch

was subsequently incorporated in Gross' American Medical Biography, published by Lindsay & Blakiston, of Philadelphia, in 1861. The critical investigations by Professor Gross of the original reports of various operators, together with the incontrovertible testimony presented as to McDowell's priority, placed McDowell's claims beyond all dispute and established firmly his position as the originator, by successful accomplishment, of the radical cure of ovarian tumors by abdominal section.

In 1879, the Kentucky State Medical Society erected over the grave of McDowell, at Danville, a monument to perpetuate his name and fame. The dedication of this monument, on the fourteenth day of May, 1879, was the most imposing event in the annals of the medical profession of Kentucky. The address of the occasion was delivered by Professor Gross before a large audience composed of members of the State Medical Society, officials of the State, and a large concourse of prominent citizens. Upon the speaker's stand were seated the Governor of the Commonwealth, the Secretary of State, and other officials; the president of the American Medical Association, Dr. Lewis A. Sayre; the venerable Dr. Gilman Kimball, of Lowell, Mass., who had performed ovariectomy nearly three hundred times; and numerous other eminent American surgeons. Among the tributes to McDowell presented on this occasion were letters from Sir Spencer Wells, Oliver Wendell Holmes, T. Gaillard Thomas, Edmund Randolph Peaslee, Theophilus Parvin, and others. The oration of Professor Gross is a master-piece of biographical literature, quite worthy of the occasion and its distinguished author. The occasion is memorable for the achievement it celebrated, and memorable for the poet who put it in verse. Achilles can never be forgotten because Homer fixed his fame.

Other and more eloquent speakers will tell you of the struggles of McDowell's followers in America, in Great Britain, in France, and in Germany. The work was in the hands of a few courageous spirits, who fought on in the face of opposition and even persecution until the dawn of the Listerian era lighted the way to the present proud position of abdominal surgery. Pelvic and abdominal surgery began with ovariectomy; ovariectomy began with McDowell.

II. THE PENNSYLVANIA UNIVERSITY GROUP

FOREWARD

THE MEDICAL DEPARTMENT OF PENNSYLVANIA UNIVERSITY*

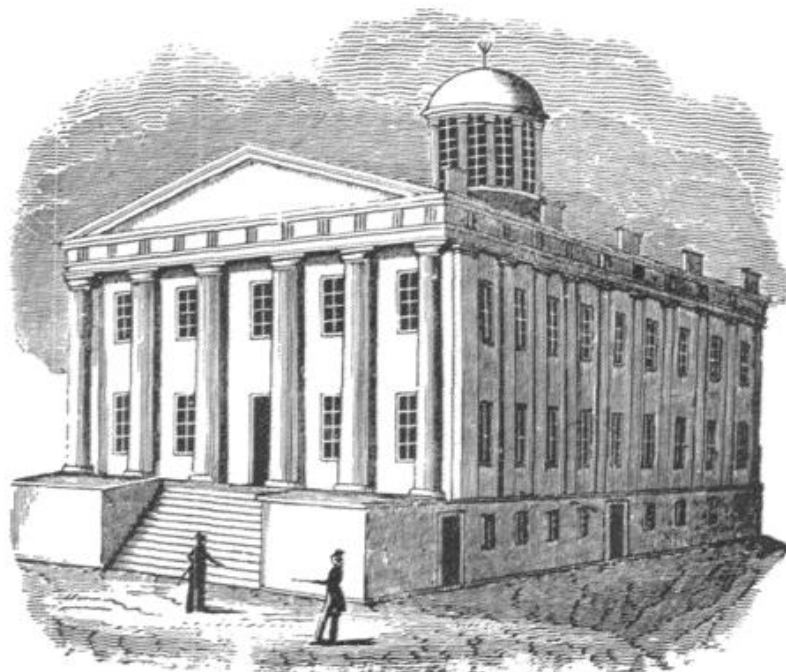
By ROBERT PETER, A. M., M. D., Lexington.

The history of medicine and of the earliest medical men in Kentucky clusters around the name of Pennsylvania University.

The State of Virginia, in 1780—when “Kan-tuck-ee” or “Ken-tuckee,” as this

ary of learning,” that “might at a future day be a valuable fund for the maintenance and education of youth; it being the interest of this Commonwealth always to promote and encourage every design which might tend to the improvement of the mind and the diffusion of knowledge, even amongst the most remote citizens, whose situation a barbarous neighborhood and a savage intercourse might otherwise render unfriendly to science.”

Three years thereafter, 1783, when Ken-



PENNSYLVANIA UNIVERSITY MEDICAL HALL

Erected in 1839. Burned in 1863. Provision seems to have been made for the medical classes in the first University building, but from the time this was destroyed in 1829 until the construction of Medical Hall, above shown, in 1839, these classes appear to have been more or less migratory bodies, lectures and demonstrations being given in the offices of individual professors, or in a room provided by them independently, as is shown in the context and in the picture of Fairlawn.

country was then called, was only a little-explored portion of that State—placed eight thousand acres of escheated lands within that county into the hands of thirteen trustees “for the purposes of a public school or semin-

*The medical profession of Kentucky is indebted to the Filson Club for the use of many of the sketches and pictures in this group.

tucky had become a district of Virginia, the General Assembly, by a new amendatory Act, re-endowed this “public school” with twelve thousand acres more of escheated lands and gave it all the privileges, powers, and immunities of “any college or university in the State,” under the name of “Pennsylvania Seminary.”

In the wild and sparsely settled country this seminary began a feeble existence under the special fostering care and patronage of the Presbyterians, who were then a leading religious body, aided by individual subscriptions and by additional State endowments.

The Reverend James Mitchell, a Presbyterian minister, was its first "Grammar Master," in 1785. In 1789 it was placed under the charge of Mr. Isaac Wilson and located in Lexington, with no more than thirteen pupils all told. The Reverend James Moore, educated for the Presbyterian ministry but subsequently an Episcopalian, and first Rector of Christ Church, Lexington, was appointed "Director," or the first acting President of the Transylvania Seminary, in 1791. He taught in his own house for want of a proper seminary building, with the aid of a small library and collection of philosophical apparatus. This library and apparatus had been donated by the Reverend John Todd, of Virginia, who, with other influential Presbyterians, had been mainly instrumental in procuring the charters and endowments from the General Assembly of Virginia.

The offer of a lot of ground in the town of Lexington to the trustees of Transylvania Seminary, by a company of gentlemen calling themselves the "Transylvania Land Company," induced the trustees to permanently locate the seminary in that place in 1793. On that lot, the first school and college building were placed, and on it was afterward erected the more commodious University edifice in which taught the learned and celebrated President, Doctor Horace Holley. This first University building was destroyed by fire May 9, 1829. In later years, 1879, this old "College lot" was beautified and improved by tree-planting and otherwise by liberal citizens of Lexington, moved by the efforts of Mr. H. H. Gratz, and designated first "Centennial Park," and afterward "Gratz Park," in honor of Benjamin Gratz, being not now utilized for special educational purposes.

With limited success the first "Director of Transylvania Seminary" taught in Lexington until 1794, when he was superseded by the election by the Board of Trustees of Mr. Harry Toulmin as first President of the Seminary.

This gentleman, a learned Unitarian minister of the school of Doctor Priestley, and a native of England, resigned the Presidency in 1796, and was Secretary of State of Kentucky under Governor Garrard.

Intense feeling at the election of Mr. Toulmin on the part of the leading Presbyterians, who claimed the Seminary as their own peculiar institution, caused them to obtain in 1796 a charter from the Legislature of Ken-

tucky, now a State, for a new institution of learning which they could more exclusively control. This was the "Kentucky Academy," of which the Reverend James Blythe, of their communion, was made President.

On the establishment of the Kentucky Academy by the dissatisfied Presbyterians in 1796, an active rivalry between that school and Transylvania Seminary operated to the injury of both institutions as well as to the cause of education in general. Therefore, after two years of separate existence these two institutions, with the consent of the trustees of both, were united in 1798 by an Act of the General Assembly of Kentucky into one, "for the promotion of public good and learning," under the title of Transylvania University. The consolidation was made under the original laws which governed the Transylvania Seminary, as enacted by the General Assembly of Virginia.

Under the act of consolidation of December 22, 1798, this University was organized by the appointment of Reverend James Moore, of the Episcopal Church, as first acting President, with a corps of professors. And now, for the first time in the Mississippi Valley, was the effort made to establish a medical college.

Early in 1799, at the first meeting of the trustees of the new Transylvania University, they instituted "The Medical Department" or College of Transylvania, which subsequently became so prosperous and so celebrated, by the appointment of Doctor Samuel Brown as Professor of Chemistry, Anatomy, and Surgery, and Doctor Frederick Ridgely as Professor of Materia Medica, Midwifery, and Practice of Physic. Dr. Brown qualified as Professor October 26, 1799, and Doctor Ridgely the following November.

Dr. Brown was authorized by the Board to import books and other means of instruction for the use of the medical professors to the amount of five hundred dollars, a considerable sum in those days, and he and his colleagues were made salaried officers of the University.

A Law College was also organized at this time in the University by the appointment of Colonel George Nicholas, a soldier of the Revolution and member of the Virginia Convention, as Professor of Law and Politics.

The annals of the earlier efforts to establish medical education and a medical college in connection with Transylvania University, the first in the whole West and the second in the United States, are meager and unsatisfactory.

As already stated, the first Medical Professors in this University, Doctors Samuel Brown and Frederick Ridgely, 1799, no doubt taught and lectured occasionally to such stu-

dents as were present. The files of the old *Kentucky Gazette* show that Doctor James Fishback, who was unanimously appointed to the Chair of Theory and Practice of Medicine in Transylvania in 1805, advertised to lecture, and did probably lecture on these subjects. But he resigned in 1806. Doctor James Overton, who had been appointed to the chair of *Materia Medica* and Botany in 1809, said in his letter of acceptance, on the occasion of his reappointment in the reorganization of the Medical Faculty in 1817, that he "had engaged for some time in giving lectures on Theory and Practice in this town," etc.

According to the best recollection of the late Doctor Coleman Rogers, for a long time before his death a resident of Louisville, the Medical College of Transylvania University was reorganized in 1815 by the appointment of the following Faculty:

Doctor Benjamin W. Dudley, Professor of Anatomy and Surgery.

Doctor Coleman Rogers, adjunct to this chair.

Dr. William H. Richardson, Obstetrics, etc.

Doctor Thomas Cooper, Judge Cooper, of Pennsylvania to the chair of Chemistry, Mineralogy, etc.

Doctor James Blythe, then acting President of the University, was to give chemical instruction. Doctors Cooper and Rogers did not accept this appointment. According to Doctor Rogers' recollection a regular course of lectures was not delivered by this Faculty, although Doctors Dudley and Overton probably both lectured or taught "as they previously had done."

Dr. C. C. Graham says: "What few private students there were in Lexington went from shop to shop, at that day doctors' offices were so called, and got three only, Dudley, Richardson, and the eccentric Overton, to give us a talk."

Dr. Dudley's own recollection, as detailed to the present writer, was also that he and Doctor Overton, as well as Doctor Blythe, lectured in 1815-16 to about twenty students, of whom the late Doctor Ayres and the yet surviving Nestor of Transylvania graduates, Doctor Christopher C. Graham, of Louisville, now almost a centenarian, were in attendance as pupils. Very little can now be ascertained, from existing records, of the character of Professor James Overton. Doctor Christopher C. Graham, in a recent letter to the writer, gives some reminiscences of him in the following language: "Doctor Overton was a small, black-eyed man, very hypochondriacal and sarcastic, notoriously so, and yet quite chatty, humorous, and agreeable; telling his class many funny things. He was well educated for his day and plumed himself especially on his Greek." Doctor Overton removed

from Lexington to Nashville, Tennessee, in 1818.

The late Doctor Ayres, of Danville, and latterly of Lexington, informed the writer that, in 1815, Doctor Dudley, having recently returned from Europe, was invited by himself and other medical students to demonstrate to them in anatomy and surgery. Learning that he would lecture to them if a class were formed, they made up one of from twenty to twenty-five, and Doctor Dudley lectured to them on anatomy and surgery in "Trotter's Warehouse," a house situated on the southeast corner of Main and Mill streets, opposite the site of the old original Lexington block-house. In the next winter, he recounts, he lectured to about fifty or sixty students, some of whom were from Ohio. Doctors Overton and Blythe, one or both, also lectured in both winters.

This may be said to be the real beginning of the successful career of the Medical Department of Transylvania University, and of that of Doctor Dudley as a medical professor.

The Kentucky Gazette of March 10, 1817, contains a card published by a committee of the medical students of Transylvania, signed David J. Ayres, Thomas J. Garden, and Charles H. Warfield, committee of the medical class, headed a "Tribute of Gratitude," in which they return grateful thanks to their professors, Doctors B. W. Dudley, James Overton, and the Reverend Doctor Blythe, for the ability, fidelity, and perseverance with which they had taught them, a further proof that a medical session was held in the Transylvania School in 1816-17.

Many circumstances in these early times favored the establishment of a medical college in Lexington. Not only had that city been recognized for many years as a great center of public education for the whole State, made so by the location in it of the State's University, "Transylvania," but it was also at that time the great metropolis of the West. The country around it, though fast becoming settled and improved by enterprising pioneers, had not as yet been provided with roads or good means of communication with older settlements. To ascend the Ohio River and cross the Alleghany Mountains to Philadelphia, where the only other medical school in this country then existed, was a tedious and laborious undertaking, and not devoid of danger.

On March 2, 1816, one thousand dollars were appropriated by the Trustees of Transylvania and placed in the hands of Doctor Blythe and John D. Clifford for the immediate purchase of chemical apparatus. Doctor Blythe, who had been acting President of the University up to this time, resigned and accepted the position of Professor of Chemistry in the Medical Department.

In 1817, the Medical Faculty was further

reorganized by the appointment of the celebrated, talented Doctor Daniel Drake to the chair of Materia Medica and Medical Botany. The organization was then as follows:

Doctor Benjamin W. Dudley, Professor of Anatomy and Surgery.

Doctor James Overton, Professor of Theory and Practice.

Doctor Daniel Drake, Professor of Materia Medica and Medical Botany.

Doctor William H. Richardson, Professor of Obstetrics, etc.

Doctor James Blythe, Professor of Chemistry, etc.

Doctor Drake has stated that twenty pupils attended this course of lectures, and the de-

and returned to Cincinnati at the end of this session, returning subsequently in 1823 to occupy the same chair, to resign it again in 1827. Professor Richardson did not lecture this session. He, not having yet received the degree of M. D., was allowed to be absent.

DOCTOR SAMUEL BROWN.

By ROBERT PETER, A. M., M. D., Lexington.

The first Medical Professor of Transylvania University and of the great Western country, was born in Augusta, Rockbridge County, Virginia, January 30, 1769, and died near Huntsville, Alabama, January 12, 1830. He was the son of the Reverend John Brown, a



DOCTOR SAMUEL BROWN

1769--1830

gree of M. D., was, for the first time in Lexington, conferred on John Lawson McCullough, of that city.

Each professor lectured three times a week, and his ticket was fifteen dollars. During this session ill feelings arose between Doctors Dudley and Drake, leading to the duel between Doctors Dudley and Richardson already described.

Doctor Drake resigned his professorship

Presbyterian minister of great learning and piety, and Margaret Preston, a woman of remarkable energy of character and vigor of mind, second daughter of John Preston and Elizabeth Patton. He was the third of four distinguished brothers, Honorable John Brown, Honorable James Brown, Doctor Samuel Brown, and Doctor Preston Brown.

After graduating at Carlisle College, Pennsylvania, where he had been sent by his elder

brother, he studied medicine for two years in Edinburgh, Scotland. Doctor Hosack, of New York, and Doctor Ephraim McDowell, of Danville, Kentucky, were of the same class. Returning to the United States, he commenced practice in Bladensburg, but soon removed to Lexington, Kentucky, where he was made Professor of Chemistry, Anatomy, and Surgery in Transylvania University in 1799, as above stated. In 1806, he removed to Fort Adams, Mississippi, where he married Miss Percy, of Alabama. Afterwards, returning to Lexington, he was re-appointed in 1819 to a chair in the Medical Department of Transylvania, that of Theory and Practice. Here he was a distinguished colleague of Professors E. W. Dudley, Charles Caldwell, Daniel Drake, William Richardson, and James Blythe until 1825, when he finally left Kentucky.

Dr. Brown was a man of fine personal appearance and manners; an accomplished scholar, gifted with a natural eloquence and humor that made him one of the most fascinating lecturers of his day. Learned in many branches, he was an enthusiast in his own profession, scrupulous in regard to etiquette, and exceedingly benevolent and liberal of his time and services to the poor.

Although active in scientific pursuits he left no extensive work, and but a few detached writings, to perpetuate his fame. His name appears among those of the contributors to the American Philosophical Transactions, and to the medical and scientific periodicals of the day, both in this country and in Europe. In those Transactions and in Bruce's Journal of Mineralogy, he described a remarkably large nitre cavern on Crooked Creek, in Madison County, now Rockcastle County, Kentucky. In this and in a subsequent communication in Volume I of *Silliman's Journal* he described the process of nitre manufacture in caves, and gave the best theory of its formation, according to the science of the day. In various other journals he described several interesting cases which occurred in his own practice, and in the renowned *Medical Logic*, by the distinguished Gilbert Blane, of London, Doctor Samuel Brown, of Lexington, is quoted as authority for a certain scientific fact. "To him we are indebted for the first introduction in the West of the Prophylactic use of the cow-pox. As early as 1802 he had vaccinated upwards of five hundred persons, when in New York and Philadelphia physicians were only just making their first experimental attempts. The virus he used was taken from its original source, the teats of the cow, and used in Lexington even before Jenner could gain the confidence of the people of his own country."

A curious anecdote, illustrating progress, was told of Doctor Samuel Brown by his

nephew, the late Orlando Brown, Esquire, of Frankfort, in a letter to the present writer:

"I remember once when talking of calomel, he said he never would forget the first dose of it he gave a patient. It was looked upon as 'the Hercules,' and he used it accordingly. The case was desperate and he resolved to venture upon calomel and give a strong dose. He accordingly weighed out with scrupulous accuracy four grains, gave it to his patient, and sat up all night to watch its effects. The man got well and the Doctor afterwards used calomel more freely."

What would he have thought of the heaping tablespoonful doses, quickly repeated *pro re nata*, or the pound of calomel taken in a day, and survived, which characterized the cholera treatment of one of the later Professors of the Transylvania School?

DR. FREDERICK RIDGELY.*

1756—1824.

By ROBERT PETER, A. M., M. D., Lexington.

Of a well-known family in Maryland, and one of the most celebrated of the early physicians of the West, studied medicine in Delaware, and attended medical lectures in Philadelphia.

He was appointed Surgeon to a rifle corps in Virginia when only nineteen years of age, served in different positions as Surgeon-General in General Wayne's army in 1794, and after that decisive campaign was ended returned to Kentucky in 1799, and was made Professor of Materia Medica, Midwifery, and the Practice of Physic in the same year in the Medical Department of Transylvania University, at the first organization of this department.

Widely known as a successful practitioner and a gentleman of great benevolence, disinterestedness, and affability, he was also one of the medical preceptors of Kentucky's distinguished surgeon, Benjamin W. Dudley, and for many years gave active support to Transylvania University as a member of the Board of Trustees. In 1799-1800, he delivered to the small class of medical students then in attendance a course of public instruction which did him much credit, a fact of peculiar interest, "as it proves him to have been," with his able colleague, Doctor Samuel Brown, "the first who taught medicine by lecture in Western America." He died at the age of sixty-eight at Dayton, Ohio, December 21, 1824.

These first medical professors in Transylvania University were no doubt the first in

*After the most patient inquiry no portrait of this able man, or additional facts in regard to his life and work, could be obtained.

the promotion of medical education in the West. Medical and Law societies were soon established and were in active operation, as we learn from the columns of the *Kentucky Gazette*, published at the time. How many pupils they attracted and taught we can not now definitely ascertain.

In 1801, the meager existing records of the University show a reorganization, in which the Reverend James Moore, who had been replaced in 1799 by a Presbyterian clergyman, the Reverend James Welsh, was restored to the Presidency. "Doctor Frederick Ridgely was made Professor of Medicine, and Doctor Walter Warfield was made Professor of Midwifery, in addition to Doctor Samuel Brown." Doctor Warfield, a physician of Lexington, did not long occupy this chair, and appears not to have lectured in it.

In 1804, the Reverend James Blythe, D. D., of the Presbyterian church, who had been President of Kentucky Academy, was made acting President of Transylvania University, which position he held until 1816. He was subsequently, in 1817, under Doctor Holley's administration, appointed Professor of Chemistry, etc., in the Medical Department. This position he retained until, in 1831, he accepted the Presidency of Hanover College, Indiana.

Doctor Blythe died in 1842, aged seventy-seven, having devoted his life mainly to religion: having been one of the pioneers of the Presbyterian church, in Kentucky. He made no distinguished reputation as a chemical professor in the Medical School, for chemistry in those days had few advocates, but he did good service in the University as a teacher of what was called "Natural Philosophy" in early times.

The Medical College of Transylvania University seems not to have attracted many students in this early period of its history, nor were its means of instruction or its organization complete.

In 1805, Doctor James Fishback, D. D., was made President of the Theory and Practice of Physic in this department. He was characterized as an eloquent, learned, though erratic divine; an able writer; a physician in good practice; an influential lawyer, and an upright man. He was the son of Jacob Fishback, who came to Kentucky from Virginia in 1783.

He resigned this chair in 1806, having given lectures to such small medical classes as were present. In 1808, he was elected Representative to the General Assembly of Kentucky. In 1813, he published "The Philosophy of the Mind in Respect to Religion," and, in 1834, "Essays and Dialogues on the Powers and Susceptibilities of the Human Mind to Religion." He was also preceptor in medicine,

and for a time partner in the practice, of the celebrated surgeon, Benjamin W. Dudley. He died at an advanced age in 1854.

An effort was again made to organize a full Faculty and establish a medical school in Transylvania University in the year 1809, when Doctor Benjamin W. Dudley was appointed to the chair of Anatomy and Physiology, Doctor Elisha Warfield to Surgery and Obstetrics, Joseph Buchanan, A. M., to the Institutes of Medicine, and Doctor James Overton to Materia Medica and Botany. But Doctor Warfield resigned in the same year, and Doctor Buchanan in 1810. The late Lewis Rogers, M. D., of Louisville, thus mentioned Doctor Buchanan in his inaugural address as President of the Kentucky State Medical Society in 1873: "He died in Louisville in 1829: and I call up from the memories of my boyhood with great distinctness his slender form, massive head, and thoughtful, intelligent face. He was a man of great and varied powers of mind. He was a mechanical, medical, and political philosopher. His "spiral" steam boiler, the prototype of the exploding and exploded tubular boiler, and his steam land-carriage were among the wonders of the day. As a physician his papers attracted distinguished notice from the medical savants of Philadelphia, then a center of medical science."

As a political writer he ably discussed the most weighty problems of the times, he being editor of the *Louisville Focus*. Want of concentration of his wonderful mind prevented him from becoming eminent in medicine as in other pursuits which divided his mental powers.

No systematic medical instruction seems to have resulted from this imperfect organization of the Medical School in 1809, although occasional lectures may have been delivered and private instruction given.

Doctor Dudley, after having graduated in medicine in the University of Pennsylvania, visited Europe in 1810, spending four years in Paris and London in the arduous pursuit of medical and surgical information and experience under the celebrated teachers of that day. Returning then to Lexington he began a career as a practical surgeon and teacher, in which his name became distinguished throughout the civilized world.

A MEMOIR OF THE LIFE AND WRITINGS OF DR. BENJAMIN W. DUDLEY.*

By L. P. YANDELL, M. D., Louisville.

The announcement of the death of Dr. B. W. Dudley, though from his great age and increasing infirmities an event not unexpected, will be read with feelings of sadness by every American physician; and educated surgeons in every country will feel, when they read it, that a great light of the profession has gone out. The oldest by many years of all the eminent medical men of the West and South, for

our surgeons has occupied a larger space in the public eye. He achieved indeed a great reputation. He was equally distinguished as a surgeon and as a teacher of surgery. His life and character were in many respects remarkable, and furnish materials for a memoir of extraordinary interest. It would be a pleasure to write a history of his professional career; and one, no doubt, will be written in due time worthy of his fame and services. In the limited space that can be afforded by a journal like this, nothing more can be attempted than a brief notice of the more prominent events and labors of his life.



DOCTOR BENJAMIN W. DUDLEY

1785--1870

a long time the unrivaled surgeon of the Mississippi Valley, one of the founders of the earliest of all our western schools of medicine, he was the last remaining link between the present generation of physicians and that which has passed away with him. If he leaves behind him any superior in the profession of our country, it is certain that no one of all

*Read at a meeting of the State Medical Society at Bowling Green, April, 1870.

Dr. Benjamin Winslow Dudley was born of respectable and pious parents in Spottsylvania county, Virginia, on the 12th of April, 1785. His father, the Rev. Ambrose Dudley, long known as a leading Baptist minister in Kentucky, and whose memory is still affectionately cherished in the churches where he labored, removed from Virginia to the neighborhood of Lexington, into what was then called the county of Kentucky, when this gifted son was a year old. In that neighbor-

hood his long life was passed. He grew up with the beautiful city which was his pride, and of which he was always a favorite son. The opportunities for acquiring an education in Kentucky when he was growing up were limited, and it is not known that he enjoyed any which his own immediate neighborhood could not furnish. If he studied any language but his own at school, it must have been superficially, for he made no pretensions to any knowledge of either Greek, or Latin; and the perfect command of the French which he is known to have possessed he acquired later in life, and principally when he was abroad. He was probably not a student, and it may be that his turn of mind was not literary in early life. But certainly his education was not neglected, and the training which he received was in studies which fitted him well for a life of action. No doubt in subsequent life he often felt painfully the want of those classical attainments which in the public mind are always associated with a professional education. But if he missed the grace of a thorough education, he was saved from the temptation to which scholars are exposed, of wasting upon vain studies those powers to which he devoted with so much success to matters of practice. He had not to regret at the end of his life, with the learned Grotius, that he had consumed it in levities and strenuous inanities.

Medicine being the profession to which his taste inclined him, he was placed by his father, when very young, under the tuition of Dr. Frederick Ridgely, an eminent physician at that time and for many years after in a large practice in Lexington. In the office of this excellent instructor he was not only taught the elements of medicine, but had constant opportunities of becoming acquainted with disease at the bedside. Dr. Dudley always spoke with warmth and esteem of his scholarly and urbane preceptor, as a physician whose high culture of mind and elevated moral tone reflected dignity upon his profession.

In the fall of 1804 he went to Philadelphia to attend medical lectures. He met in the University of Pennsylvania, among the students of that winter, John Estlin Cooke, Daniel Drake and William H. Richardson, names destined afterward to be associated so often and so closely with his own. The coincidence is interesting. Two of these students, like himself, were from the backwoods and felt as he did the disadvantages of a deficient education. Richardson had been reared in his own immediate neighborhood, and had not made himself even an English scholar. Drake by great assiduity had already supplied many of the deficiencies of his early tuition, but knew no language except his own mother-tongue. All became distinguished, and two of the

three who were with him in that class rose to an eminence hardly exceeded by his own. At different times all subsequently were associated with him as colleagues, and two sustained to him, at a later period, the relation of strenuous competitors in rival medical schools. But whether working harmoniously together in the same institution, or striving to build up rival schools, all were engaged in shaping the profession of medicine in the frontier states, and will always hold a place among the most useful and honored of its pioneers.

In the interval between the lectures, from April to October, Dr. Dudley engaged in practice with Dr. Fishback, a distinguished physician of Lexington. At the close of his second course in the University of Pennsylvania he took the degree of M. D., near the end of March, 1806, just two weeks before he was twenty-one years old. Then returning to Lexington, which had now become a town of note, and was indeed the literary and commercial emporium of the West, he became again a candidate for practice. But he seems not to have entered heartily into the business. He was not satisfied with his professional attainments. His ambition was fired by his associations in Philadelphia. He was resolved to qualify himself for the highest position in his profession. And this, he thought, could only be done by studying in the hospitals and under the great teachers of Europe. His energies were all directed to the accomplishment of this end, and with the view of acquiring the requisite means he added some commercial business to the practice of physic. On some adventure connected with trade he went to New Orleans in a flatboat about the year 1810. There he bought a cargo of flour with which some time in that year he sailed to Gibraltar. Disposing of his cargo advantageously at that point and at Lisbon, he made his way through Spain to Paris.

He remained nearly four years in Europe, and the larger portion of that time was spent in the French capital. Its vast hospitals and dissecting-rooms afforded the facilities he was in quest of. His mind craved a knowledge of facts; and though the fame of the great surgeons of London and Paris had inflamed his ambition, it was things he had gone abroad to see and learn. Diseases in their varied phenomena and aspects, operations on the living subject, the minute structure of the human body, these were the objects of his study. Paris furnished them in amplest measure, and on the most liberal terms; and it was in Paris undoubtedly that he gained that perfect knowledge of anatomy and that familiarity with surgical operations which laid the foundation of his success as a surgeon. But though acquiring most of the knowledge which availed him in future years through the institutions of Paris, it was for the surgeons of

London that he habitually expressed the highest admiration, Baron Larrey perhaps excepted. They certainly of all his teachers had the largest share in shaping his opinions and molding his professional character. In manners he came home a Frenchman, but in medical doctrine and practice he was thoroughly English. It was impossible that he should not admire the great military surgeon of France, and be captivated by the recital of his wonderful experience. The memoirs of this extraordinary man furnished him indeed with numberless incidents which he afterward added to the dramatic interest of his own surgical lectures. But it was Abernathy who impressed him as the leading surgeon of Europe. Sir Astley Cooper was his beau ideal of an operator, but Abernathy he always quoted as the highest authority on all points relating to surgery, as at once the observant student of nature, the profound thinker, and the sound medical philosopher.

The years embraced in Dr. Dudley's stay in Europe belong to one of the most eventful periods in the history of France, a period as favorable as could be for the study of that branch of his profession to which he was specially devoting himself. How wisely he improved those fine opportunities is best attested by the perfect mastery of his profession which he afterward exhibited in all the emergencies of practice.

It was while pursuing his studies in Paris that Napoleon set on foot his gigantic Russian campaign. Having made the acquaintance of Caulaincourt, the Emperor's trusted minister, he was admitted to the chamber of deputies on the occasion of Napoleon's appearing before that body at the close of his disastrous expedition. The writer has often heard him describe the scene as the most impressive that he had ever witnessed. The Emperor's address was brief—"The Grand Army of the Empire is Annihilated." These were the terrible words with which he commenced it.

In the summer of 1814 he returned to his old home at Lexington. He returned with high aspirations, and with a consciousness of superiority given by his advantages. There was now no longer any hesitation in his movements or diversion of his mind from medicine by foreign pursuits. His profession had become the engrossing object of his thoughts, and from that time on until age made it necessary for him to relax his labors, he applied himself to it with undeviating fidelity. I am sure I have never known a physician who made himself more a slave to his profession. He had no holidays. He sought no recreation: no sports interested him. If his friends prevailed on him to quit the city on a trip of pleasure, he returned to his business rather wearied than refreshed by the excursion. His

thoughts, he has been heard to say, were always on the cases he had left behind, and not on the objects or the amusements around him.

Such devotion had not long to wait for its reward. But, apart from this faithful application to business, there were other circumstances which rendered the time of his return peculiarly auspicious to his success. Great as were the western states at that day, and growing, as they were, daily greater, they were still without a surgeon of note, and without a medical school. Students of medicine had then to cross the mountains, or practice without a diploma on the knowledge derived from attendance on lectures. Dr. Dudley soon gave assurance of his ability to meet both of these public wants. With his consummate knowledge of anatomy, and the skill he had attained in the use of the knife, he was not long in acquiring national reputation as a surgeon; and when, a short time after his return, the project of reviving a school of medicine began to be agitated, public opinion pointed at once to him as its head. Added to these influences, which gave him early distinction, another circumstance favored his immediate introduction into practice. He found a disease presenting some strange features prevailing in the country when he reached home. Traces of the typhoid pneumonia which had just swept across the continent were to be seen everywhere in Kentucky. The fatal epidemic had given place to a bilious fever, characterized, like the plague, by a tendency to local affections. Abscess formed among the muscles of the body, legs, and arms, and were so intractable that limbs were sometimes amputated to get rid of the evil. Arriving in the midst of so alarming an epidemic, Dr. Dudley was not long without calls. His attention while abroad had been specially directed to the bandage as an agent, among other things, for controlling ulcers of the extremities. It at once occurred to him that this appliance was adapted to the treatment of the burrowing abscesses with which he was continually meeting. The efficiency of the bandage, now recognized by every surgeon, was at that time not fully understood. Dr. Dudley's success with it in these cases was striking, and from its novelty, as well as its efficacy, his practice drew upon him general attention.

In 1817, three years after his return to Lexington, the Board of Trustees of Transylvania University determined to re-organize the medical department of that institution, then the leading college in the West. Dr. Dudley was made professor of anatomy and surgery, and two of his fellow students of 1805 were associated with him, Dr. Drake in the chair of materia medica, and Dr. Richardson in that of obstetrics. Dr. James Overton was elected professor of theory and practice of medicine,

and to the Rev. James Blythe, D. D., was assigned the chair of chemistry. A small class of medical students encouraged the enterprise, and at the close of the session one of the number, W. L. Sutton, of Georgetown, afterward a distinguished physician of Kentucky, was admitted to the doctorate. The beginning was regarded as favorable, but before the winter was over misunderstandings occurred among the members of the faculty, and the feuds resulted in its disruption. Drake went back to Cincinnati to inaugurate measures for establishing a medical school in that rising city, and Overton, disgusted with medical politics, removed to Nashville. Bitter animosities, some sharp pamphleteering, and a duel between Dr. Dudley and Dr. Richardson ensued, in which the latter received a pistol shot in the thigh. No attempt was made that year to carry on the department, but the year following a new faculty was organized, with Dr. Dudley in his former chair, and Dr. Richardson and Dr. Blythe again as two of his colleagues. To these were added Dr. Charles Caldwell and Dr. Samuel Brown, the former in the institutes of medicine, the latter in theory and practice, and both widely known to the profession.

It should be remarked, as a fact creditable to Dr. Dudley, that in the reconstruction of the faculty he made no objections to serving with a gentleman with whom a little while before he had had a hostile meeting; and that a few years later he united with his colleagues in an invitation to Dr. Drake to return to the school, though that gentleman in a public controversy with him had written much that it was not easy to forgive. The fact shows that he was both magnanimous and wise. He was able to rise superior to the prejudices which personal bickerings engender, and gave his voice for the men who had the greatest fitness for the places, regardless of their social relations to him.

Dr. Dudley had in the faculty as now constituted some colleagues who were worthy of him. Caldwell and Brown, gifted and learned, ripe in their powers, both of the most imposing presence and already known to fame, were just the men to cooperate with him in his enterprise. Caldwell especially had the qualities of mind and temper to render the infant school the most important services. To his varied learning and uncommon eloquence he added boldness and energy, and a devotion which never waned or wavered. All his time, all his gifts as a writer and a speaker, were fully and enthusiastically devoted to the institution.

The Transylvania Medical School under this organization grew apace. In the number of its pupils, it began in a few years to vie with the older schools on our Atlantic border. The ability of its faculty could not be ques-

tioned. Its alumni showed themselves to be equal in attainments and professional skill to the graduates of the oldest institutions. It took rank in a little while with the schools of Baltimore, New York and Philadelphia; and the reputation of Dr. Dudley rose with it. His admiring pupils bore to every part of the country reports of his surgical skill and of his powers as a teacher. Unquestionably from the beginning he was in their estimation the foremost man in the faculty. Drake entered it in the fifth year of the school, when its success had become assured, and he brought to it a brilliant reputation. But Dudley's preeminence continued undisturbed. Students doubtless there were not a few who would have declared for other professors, who took more interest in other lectures than his, but the great body of the class he had always with him. To him they always hurried, however listlessly they may have repaired to other teachers; and whatever other rooms were deserted his amphitheater was always full.

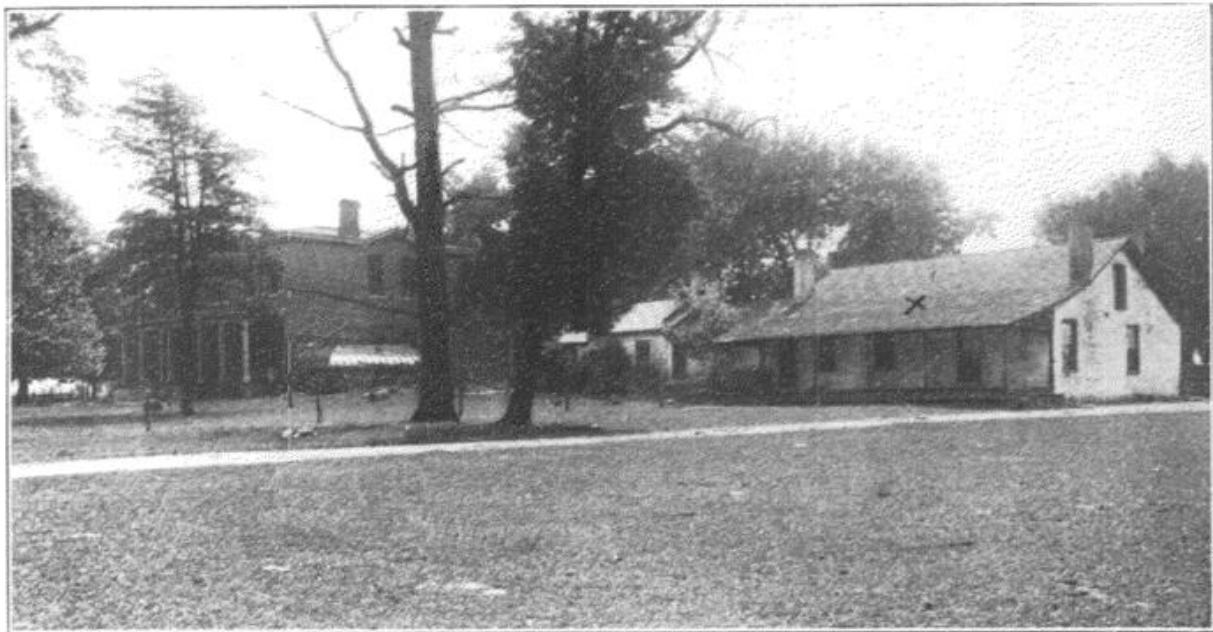
Why, it is natural to ask, was this ascendancy? What was the source of that superior influence which he so long exerted? It will not be claimed, I think, by his most ardent admirers that he was intellectually superior to all his colleagues. Nay, he was the readiest himself to admit, as I myself know, that in point of mental endowments several of his associates had the advantage of him. There were with him in the faculty at all times men who surpassed him in all the qualities that go to form the popular lecturer. Caldwell was far more brilliant and eloquent, besides being a profound scholar. Brown was superior to him in voice and person, in versatility of mind, and in depth and variety of learning. Drake exceeded him in elocution, in earnestness, in the extent of his attainments, and in grasp of mind. He laid no claims indeed to oratorical powers or to professional erudition. He was not a logician, he was not brilliant, and he had neither humor nor wit. And yet in ability to enchain the attention of students, to impress them with the value of his instruction and his greatness as a teacher, he bore off the palm from all the gifted men who at various periods taught by his side. By common consent he stood as an instructor among the foremost of them *facile princeps*.

This was partly due undoubtedly to the department of medicine taught by him. There is, as all medical teachers well know, an inherent charm about surgery for medical students, a dramatic interest in the cases of the surgeon, an *eclat* about his operations which is found in no other branch of art. Something is also to be set down to his holding two professorships. This had its effect upon the imagination of students. But all this is far from accounting for the superiority which he maintained so long in the midst of such com-

petition. The true explanation of the fact is to be found, I think, in the perfect devotion of his life to one pursuit. Choosing this wisely with reference both to his own aptitudes and its dignity, he concentrated upon it all the powers of his mind and made himself a master in it. All other studies he neglected. To all pleasure that would draw him away from it he turned a deaf ear. Cool, quick, calm, decisive, with a sound judgment and a steady hand, he had all the attributes of a great surgeon, and he improved them by severe application. In point of skill he rose to an eminence which no one around him approached. Patients came to him from afar

oracular, conveying the idea always that the mind of the speaker was troubled with no doubts. His deportment before his classes was such as further to enhance his standing. He was always in the presence of his students not the model teacher only, but the dignified urbane gentleman; conciliating regard by his gentleness, but repelling any approach to familiarity; and never, for the sake of raising a laugh, or eliciting a little momentary applause, descending to coarseness in expression or thought. That is, to his pupils he was always and everywhere great.

The medical school at Lexington, owing to the influence of his great name more than to



"FAIRLAWN", THE HOME OF DR. DUDLEY, NEAR LEXINGTON.

The outbuilding marked with a cross is the one in which he taught, gave demonstrations and made dissections, when the University Buildings were not available. In renovating this building recently Dr. Barkley informs me that four skeletons, evidently left over from cadavers, were found in a basement, probably unused since Dudley gave up teaching more than half a century ago.

because it was believed that he did what others could do better than any one else, and that he did much no one else in reach could do. Students looked up to him as an operator who had distanced competition, and a teacher who gave them not what was in the books, but much that the writers of books had never understood. Like John Hunter, he rather prided himself on his independence of authorities, and this increased the admiration of his pupils. They listened to his words as those of a master who drew continually upon the stores of his own ample experience, and not upon the teachings of others. They were persuaded that there was much they must learn from his lips or learn not at all.

His manner as a lecturer was singularly imposing and impressive. It was magisterial,

any other cause, flourished for more than twenty years. But he was painfully aware that it was beset by difficulties which must ultimately cause its decline. He often alluded mournfully to these circumstances in conversation with his colleagues; and when the effort was made, in 1837, to transfer the school to Louisville, it was expected that he would favor the measure. But he decided otherwise. His attachment to Lexington, where he had been brought up and was surrounded by such troops of friends, overbore all considerations of policy, and he remained with the school, on the spot where they had risen together. His last course of lectures was delivered in 1849.

In some respects Dr. Dudley, as a practitioner, was in advance of his age. He con-

demned blood-letting, and used to say that a man's life was shortened a year for every bleeding. On this point he was up with those of our day who are the most ultra. His use of the trephine in epilepsy and his treatment of fungus cerebri were original. The bandage in his hands assumed an importance not dreamed of in our country before his time. His views on many surgical subjects were peculiar, and he adopted novel methods in the cure of other affections which have since been sanctioned by general experience. But at his practice in another and a large class of affections the physician of modern times stands aghast. To "puke and purge, purge and puke," as he advised, day after day, for weeks and months together, in tubercular diseases, affections of the hip-joint, spine, etc., all the while restricting patients to a diet of skimmed milk and stale bread, or a few half pints of water gruel, would be, as we regard it, to conspire with the disease against the life of the patient. And yet if Dr. Dudley was not a successful practitioner he was greatly deceived, and the public was sadly deceived with him. Unquestionably he had the reputation of success, and he was himself fully persuaded that he was making cures all his life, by his energetic practice, of diseases which are esteemed the most unmanageable.

Dr. Dudley's reputation as a surgeon rests chiefly upon his operations for stone in the bladder, in which he succeeded better than all other surgeons of the world, either of our own or of former times. He performed lithotomy in the course of his life two hundred and twenty-five times, and it was not until after about his hundredth case that he lost his first patient as a result of the operation. This success, it is believed, is unparalleled. He never adopted lithotrity, but performed the lateral operation, and to the last adhered to the gorget for making the incision into the bladder, and preferred an instrument rather under than over size, regarding the danger from contusion of the parts in extracting a large calculus as less than that of hemorrhage from a free incision. He was an expert operator but rather cautious than bold, and conservative rather than adventurous; not inclining at all to operate in doubtful cases. His confidence was great in the constitutional treatment of patients about to be submitted to the knife, and his remarkable success he always attributed more to the care with which he prepared his subjects for operations than to his superior skill in operating.

It was not until Dr. Dudley had been many years a leading teacher that he became known as a writer. It is doubtful in fact whether he would ever have written at all but for the appearance of a journal of medicine under the auspices of Transylvania University. He had no taste for writing, and but little leisure for it.

The Transylvania Journal of Medicine was issued on the 1st of February, 1828, edited by Professors Cooke and Short, and through their influence Dr. Dudley was induced to prepare a paper on injuries of the head. This remarkable paper forms the first article in the first number of that journal. Seldom has an article appeared in modern times setting forth more original views. By a number of cases he showed that epilepsy is frequently caused by pressure on the brain, resulting from fractures of the cranium, and is curable by trephining. Five epileptics were operated upon, and three out of the five were relieved, and the other two were much benefited by the operation. Spicula of bone in some instances were found growing from the seat of the fracture and penetrating far into the brain. The sense of relief experienced by some of the patients was immediate and in some of them there was no recurrence of the convulsions after the bone was removed. Dr. Dudley always and justly referred to his operation of trephining for epilepsy as constituting a new era in surgery.

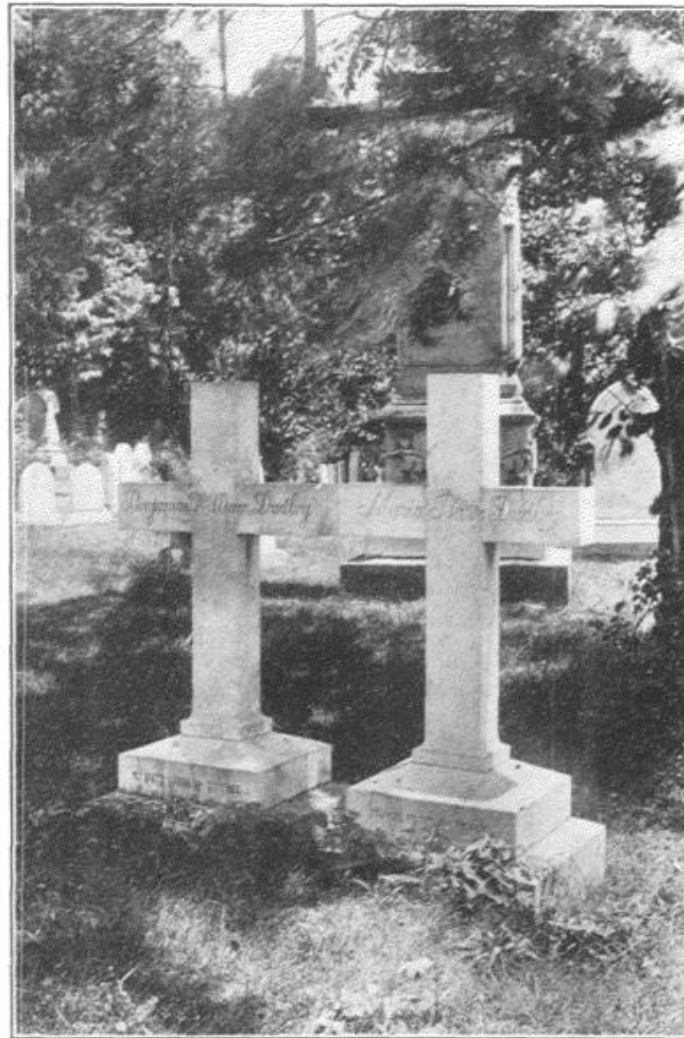
But another lesson of the greatest value was communicated in this paper, in illustration of which other striking cases are reported. They relate to the treatment of *fungus cerebri*. In one of his cases a brick-mason had his head extensively fractured by a piece of falling timber. The depression was so great that the surgeon thought he might have buried his forearm in the cranium. At the conclusion of the third week a fungus of frightful magnitude was detected growing up from the brain. For this formidable growth Dr. Dudley adopted graduated pressure. Dry sponge was placed on the fungus, and bound as close as the feelings of the patient would permit. By imbibing moisture the sponge exerted a gradually increased pressure. On removing the dressings he had satisfactory evidence of the efficacy of the remedy, but it was discovered that the fungus had shot branches into the sponge. To prevent this subsequently a piece of thin muslin was interposed, and the patient recovered fully. And, what was remarkable, he showed on recovery a decided increase of intellect, which continued, however, for only a few years. In the end he became epileptic, and thirteen years after receiving the injury was nearly fatuous. Dr. Dudley, in connection with this case, remarks that he had cured *fungus cerebri* by the use of dry sponge in five days.

His second paper appeared in the following number of the same journal. The subject is hydrocele, in which he proposed a new operation: a free incision into the tunica vaginalis, the introduction of a tent, and excision of the prefaternal sac, if one is found to exist. In the fourth number he commenced an elaborate article on the bandage, which is continu-

ed through three successive numbers. In the fifth volume he reports another case of epilepsy successfully treated by the trephine. His next paper appeared in the ninth volume, and treats of fractures, in the management of which he shows the great utility of the bandage. His last paper was on the nature and treatment of calculous diseases, and was published in the same volume of that journal. It is rich in details most interesting to the surgeon. In his first case he found it necessary to apply a ligature to the transverse perineal

was executed before anyone else present had remarked the difficulty.

This is the sum of Dr. Dudley's contributions to medical literature. He meditated other papers, but never found time to prepare them. It was once said of him by a colleague, who greatly admired him both as a surgeon and as a teacher, that "his Hippocrene soon ran dry." From the turn of his mind and the nature of his studies this was necessarily so. He wrote only on subjects purely practical; and where his experience ceased, there he stop-



THE DUDLEY GRAVES.

artery, on account of its unusual size. Of one hundred and forty-five patients who, up to the time at which he wrote, had applied to him, he operated upon all but ten. In one case, when his patient was on the table before his class and some of his colleagues, he discovered that his accustomed operation was impracticable from deformity of the pelvis, and while his assistants were taking their positions resolved to make the external incision transverse, which

ped. But if the stream which flowed from his pen was not an abounding river, it was a Vaucluse fountain which has arrested the attention of surgeons everywhere, and by the banks of which students of surgery still love to linger.

Dr. Dudley was married on the 9th of June, 1821, to Miss Anna Marie Short, daughter of Major Peyton Short, and sister of the late Prof. Charles W. Short. This estimable lady died young, leaving him two sons and a

daughter: the present Dr. Wilkins Dudley, W. A. Dudley, Esq., and Mrs. Anna Tilford. He never married a second time. In the summer of 1848 he removed to Fairlawn, his beautiful country residence near Lexington, and gradually withdrew from the practice of his profession. He delivered his last lecture in February, 1850, and the last entry on his books bears date April 28, 1853. He was consulted often afterward by his professional brethren, but from that time forward he never treated any patient of his own. His death took place on Thursday, the 20th day of January, 1870, in the eighty-fifth year of his age.

The life of this distinguished and useful man was extended far beyond the term allotted to those who commenced life with him and were his closest friends. Of the surgeons who competed with him in early manhood, and of all those who were associated with him as teachers in the earlier organizations to which he belonged, not one now remains. He was permitted to linger on amid the scenes which had witnessed his triumphs for eighteen years after the last one of those who had officiated with him in the first medical faculty of which he was a member had passed away, and for a quarter of a century after most of his old associates were gone. His beneficent life had surrounded him by hosts of friends. In his prime he had wisely provided for an old age of infirmity, and his declining years were soled by all the comforts that wealth and affection can supply.

DR. DANIEL DRAKE.

By HENRY A. COTTELL, A.M., M.D., Louisville

One of the foremost among the worthies sketched in these biographies is Dr. Daniel Drake, scholar, orator, writer, politician, and promoter; a genius in the initiative, a master in the executive, and "a problem in physical and mental dynamics" Dr. Samuel D. Gross who knew him well as friend and colleague thus pictures him: "No one could approach him or be in his presence without feeling that he was in contact with a man of superior intellect and acquirments. His features, remarkably regular, were indicative of manly beauty, and were lighted up by blue eyes of wonderful power and penetration. His forehead was high, well fashioned, and strongly denotive of intellect. The nose was prominent, but not too large. His voice was remarkably clear and distinct.

"The life of Dr. Drake was eminently eventful. No man that our profession has yet produced has led so diversified a career. He was, probably, connected with more medical schools than any individual that ever lived. It is rare that physicians interest themselves in so many public and professional enter-

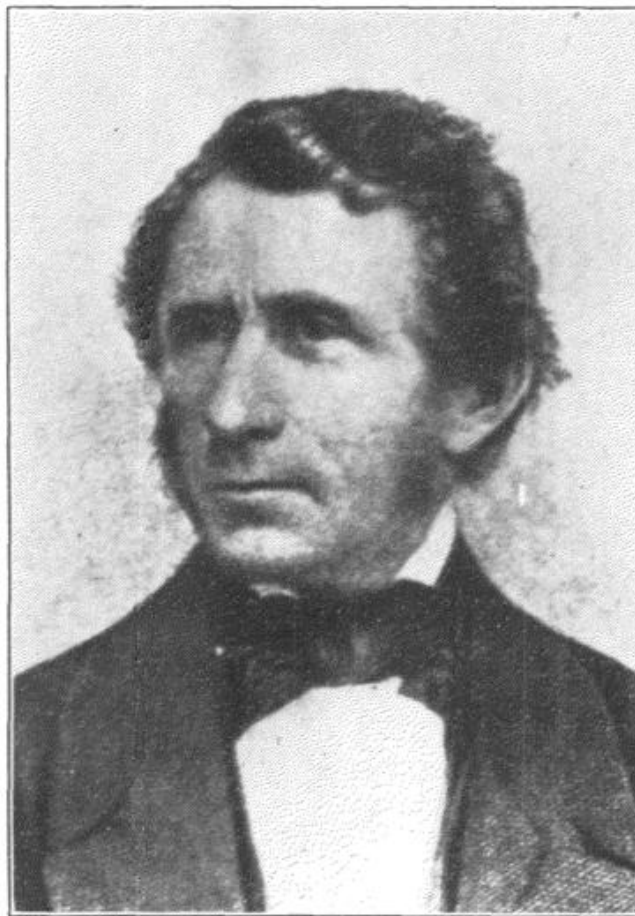
prises as he did. His mind was of unlimited application. His own profession, which he served so well and so faithfully, was incapable of restraining it; every now and then it overlapped these boundaries, and wandered off into other spheres. His career, in this respect, affords a remarkable contrast with that of medical men generally, whose pursuits furnish few incidents of public interest or importance. His mission to his profession and to his age was a bright and happy one. No American physician has performed his part better, or left a richer savor along his life-track.

"But his life was not only eventful; it was also eminently laborious. No medical man ever worked harder, or more diligently and faithfully; his industry was untiring, his perseverance unceasing. It was to this element of his character, blended with the intensity we have described, that he was indebted for the success which so pre-eminently distinguished him from his professional contemporaries. He had genius, it is true, and genius of a high order, but without industry and perseverance it would have availed him little in the accomplishment of the great aims and objects of his life. He seemed to be early impressed with the truth of the remark of Seneca: '*Non est ad astra mollis a terris via.*' He felt that he did not belong to that fortunate class of beings whose peculiar privilege it is to perform great enterprises without labor, and to achieve great ends without means. His habits of industry, formed in early boyhood, before, perhaps, he ever dreamed of the destiny that was awaiting him, forsook him only with his existence. The great defect in his character was restlessness growing apparently, out of his ardent and impulsive temperament, which never permitted him to pursue any subject very long without becoming tired of it, or panting for change. His mind required diversity of food. Hence, while engaged in the composition of his great work, he could not resist the frequent temptations that presented themselves to divert him from his labors. His delight was to appear before the public, to deliver a temperance address, to preside at a public meeting, or to make a speech on the subject of internal improvement, or the Bible or missionary cause. For a similiar reason he stepped out of his way to write his letters on slavery, and his discourses before the Cincinnati Medical Library Association. No man in our land could have done these things better, few, indeed, so well; but, useful as they are, it is to be regretted that he undertook them; because they occupied much of his time that might, and, in the opinion of his friends, ought to have been devoted to the composition and completion of his great work, the ultimate aim and object of his ambition. Like Adam Clarke, he seemed to think that a man

could not have too many irons in the fire, and consequence was that he generally had the tongs, shovel, and poker all in at the same time.

"It was the same restless feeling that caused his frequent resignations from medical institutions. Had his disposition been more calm and patient, he would have been satisfied to identify himself with one medical school, and to labor zealously for its permanency and renown. In moving about so frequently, he induced people to believe that he was a quarrelsome man, who could not agree with his colleagues, and whose ruling passion was to be a kind of autocrat in every medical

Principal Diseases of the Interior Valley of North America," a work which, comprehensive in scope, philosophic in spirit, and abounding in graphic pictures of disease, will remain a storehouse of knowledge and a monument to the originality of its gifted and versatile author. He said to the speaker when he was about to enter on the practice of his profession: 'I have never seen a great and permanent practice the foundations of which were not laid in the hearts of the poor. Therefore, cultivate the poor. If you need another though a sordid reason, the poor of to-day are the rich of to-morrow in this country. The



DOCTOR DANIEL DRAKE

1785--1852

faculty with which he was connected. But, while his own conduct gave color to such an idea, nothing could have been more untrue."

Dr. D. W. Yandell, who sat at his feet in student days, speaks of him thus: "As a lecturer Dr. Drake had few equals. He was never dull. His was an alert and masculine mind. His words were full of vitality. His manner was earnest and impressive. His eloquence was fervid. While connected with the University he composed his work upon "The

poor will be the most grateful of all your patients. Lend an ear to all their calls'."

Dr. Drake was the son of Isaac Drake and Elizabeth Shotwell, and was born in Essex County, New Jersey, October 30th, 1785. When Daniel was two and one-half years old his father moved his family to Mayslick, Mason County, Kentucky. Here a log cabin was built after the manner of pioneers. In this rude hut and another of similar architecture on the Lexington road, the boy lived until he

was 15 years of age, when he went to Cincinnati, then holding only a thousand souls, and began the study of medicine under Dr. William Goforth. Here he read Quincy's Dispensatory, and ground quick-silver for mercurial ointment. Years afterward he facetiously said that "the latter was much the easier task of the two." After studying and working for a term of five years, he was given an autograph diploma by his preceptor. As there was in that day no medical school West of the Alleghanies, and as Ohio was not then a state, this act was doubtless legal and authoritative. On this diploma he practiced for eleven years when, at a Commencement held for the purpose, by the University of Pennsylvania, Drake was honored by having the Doctorate degree of that school conferred upon him. Of this action, Dr. Joseph Ranshoff says, "It was a function thereunto without precedent, and to my knowledge never repeated, but the excellence of his thesis, together with the contributions he had already made to science, justified the faculty in this signal distinction." What a compliment to a young backwoodsman of 31 years.

His first visit to Philadelphia was in 1805. He spent the year 1806 in Kentucky. In 1807, at the age of twenty-two, he married Harriet Sisson, age twenty years, of New Haven, Connecticut, with whom he lived happily till her death a quarter of a century later. Of this, years after, he wrote: "We began the world in love, and hope and poverty." His children numbered five, and his domestic life, save in the death of two infants, was unclouded. From the biographical sketch published by his son, Chas. D. Drake, in 1860, we quote the following beautiful tribute to his wife. It is not only a testimonial to his domestic felicity; but will give the reader a fine example of Drake's literary force and style.

"We lived together, not merely at home, and in the houses and society of our friends, but frequently, as far as possible, in conjunction, all places of rational curiosity, of improvement, and of innocent and attractive amusement. On such occasions, her observations were always just, instructive, and piquant. I relied upon her taste and judgment; I adopted her approval; I submitted my own impressions to her decision; I was gratified in proportion as she approved and enjoyed. A more devoted mother never lived. The love of her offspring was at once a passion and a principle. After her husband, all her solicitude, her ambition, and her vanity were for her children. She loved them tenderly, she loved them practically, but she loved them without discretion, and was jealous of whatever could impair their qualities, manners, or physical constitution. Her tenderness was without folly, her care without sickliness. Her af-

fection begat vigilance, and modified the indulgence which maternal love too often sanctions, to the ruin of its object. She loved her children, but she also respected virtue, intelligence, modesty, industry, accomplishments and honest distinction. She loved them as candidates for excellence. Hence her affections were chastened with severity, and the greater her attachment the more intense her desire to reserve the subject of it from folly, vulgarity, and vice. Her care rose with her love, and her corrections multiplied with her admiration."

In 1817 he was called to the chair of *Materia Medica* in Transylvania University, Lexington, Kentucky. He taught for one session only here; then went to Cincinnati where he made plans for a literary and scientific college, a medical school and a hospital, and obtained from the Legislature, a charter for each of these institutions. Thus was established beside the first-named, the Medical College of Ohio, and the Commercial Hospital, in which Drake took the initiative. The College has been for more than 90 years one of the great medical schools of the West, while the hospital was destined to become one of the first marine hospitals of the United States. In 1823 he returned to Transylvania and resumed his work as professor of *Materia Medica*, being later transferred to the chair of practice, which he held till 1827. Jefferson Medical College Philadelphia, called him to the chair of Practice in 1830. Spending one year only in Philadelphia, he returned to Cincinnati and founded a Medical Department to Miami University, which, before the opening of the first session, united with the Medical College of Ohio. Being dissatisfied with the subordinate position there given him, he retired to private life. His restless ambition could not long brook the obscurity of retirement, and we find him in 1835 establishing the Medical Department of the Cincinnati College. Assuming the deanship he called to his aid an able faculty, of which the great Samuel D. Gross, destined to become his life long friend, became a member. This school was short lived, and Drake, taking Gross with him went to Louisville, the former being assigned to the chair of Clinical Medicine and Pathological Anatomy, and the latter to the chair of Surgery, in the University of Louisville. In 1844, he was transferred to the chair of Practice of Medicine which he held till 1849, when he resigned and returned to Cincinnati; having been reappointed to the chair of Practice in the Medical College of Ohio. In 1850, in consequence of a college broil, he resigned his professorship. He was recalled to Louisville, and resumed the chair of Practice in the University, in the year 1851-52. The Medical College of Ohio being reorganized, Drake went back

to Cincinnati to occupy the chair he had vacated two years before. But the hand of death was upon him, and after seeing the opening of the session he paid the mortal debt on November 5th, 1852. He was literally worn out by prodigious labor; says Prof. Ransohoff: "It would be beyond reason on an occasion like this to touch upon every activity of so versatile a man as Drake, and one can only touch upon the chief of the many radiating ways travelled by the influence of this master mind. And of them, next to that of his written work, was that of the lecture room. Drake loved to teach, and because he loved it, did it well. During thirty-five years, he held nine professorships, in five different schools. A restlessness innate in his make-up and an habitual discontent with his professional environment made him an itinerant in medicine. The longest continuous professorship, ten years, he held at Louisville."

Besides this he was constantly promoting secular and civil schemes, establishing non-medical institutions for the upbuilding of his chosen city, Cincinnati owing more to him than to any dozen others of her pioneers, projecting schemes for a great railroad, the Cincinnati Southern, promoting and establishing philanthropic and religious institutions, editing journals, scientific and medical, and writing a library of books dealing with every phase of thought and enterprise, besides lectures, pamphlets, maps and brochures. His one great work, the huge volume on "The Principal Diseases of the Interior Valley of North America," rivals Gibbon's *Decline and Fall of the Roman Empire*, in the scholarship, study, and research demanded of its author, to say nothing of the mechanical labor of writing it down. Such a record spells genius, and enough of his work lives after him to secure immortality to his name. He had his faults, doubtless, but he was without a vice, chaste, virtuous and clean in body, soul and mind. A character so noble outshines the luster of his genius and will stand forever the highest testimonial to culture, and to the glory of medicine.

JOHN ESTIN COOKE.

By HENRY A. COTTELL, M. D., Louisville.

"The beloved physician," was the decoration worn by St. Luke in the Apostolic College, and countless thousands of doctors since his day have won the title through devotion to the well being of their fellows, in the tender ministrations of their calling, and worn it gracefully, and modestly. But among the eminent teachers of Transylvania and the University of Louisville there was none to whom the decoration could be more appropriately applied than John Estin Cooke. Of him Dr.

Lunsford P. Yandell, Sr., wrote, "Dr. Cooke was one of the few men who might have been safely trusted to write his autobiography. He would have reviewed his career with a truthfulness, a modesty, a candor that would have exalted his character in the eyes of men. His works will be read by the curious for a long time to come, and will always be read with advantage by the earnest student."

John Estin Cooke, son of Stephen Cooke, a Virginia physician who had served as surgeon in the war of the Revolution, was born in Boston, Mass., March 2, 1783. His parents were on a visit to that town at that time. He studied medicine with his father, and acquired the doctorate at the University of Pennsylvania in 1805. He began practice in Warrenton, Fauquier County, Virginia, and after a sojourn in that place of about six years moved to Winchester. While in this place, his ambition showed itself in an effort, with a Dr. McGuire, to organize a medical school. In 1827 he was called to the chair of theory and practice of medicine in Transylvania University, succeeding Dr. Daniel Drake, who strongly opposed his doctrines. He wrote an article on *Autumnal Fever*, published in the *Medical Record* in 1824. This attracted public attention, and led to his call to Transylvania. A "Treatise of Pathology and Therapeutics," published in two octavo volumes of 540 pages each, was the first systematic work issued by a professor of Transylvania. A third volume was promised. It never appeared; but essays subsequently published amounted practically to another volume. In the first year of his professorship he was made co-editor, with Chas. Wilkins Short, of the *Transylvania Journal of Medicine and the Allied Sciences*, a journal issued by the medical faculty of Transylvania University. Through this medium, Cooke and Charles Caldwell were the advocates and defenders of the false doctrines and theories then in vogue, and inventing not a few others, which powerfully influenced medical thought not only throughout the Southwest, but almost the civilized world over.

In 1837 Cooke was called to Louisville and was given the chair of Theory and Practice of Medicine in the Medical Institute there out of which came the University of Louisville. Cooke was by this act one of the founders of that great school. The theory which made him famous was elaborated during his long rides as a country doctor in Virginia. It is thus succinctly stated by his colleagues of old Transylvania, Dr. Robert Peter, "His fame was mainly built on his celebrated theory of the universal origin of disease, which was, that disease was caused by cold or malaria. That especially it commenced in weakened action of the heart, resulting in congestion of the vena cava, its branches and capillary dis-

tribution, and that fever was but the reaction of the vital force to overcome this condition, which unrelieved would result in death. According to him, all autumnal and malarial fevers were but variations of one diseased condition; and even those fearful scourges the plague, cholera, yellow fever, dysentery, etc., were simply varied forms and conditions of congestion of the vena cava."

To destroy this many-headed hydra, while he would use cold water to reduce too great febrile excitement and even sometimes give

repeated *pro re nata*; actually giving one pound in one day to a young patient, without fatal result." *O tempora! O mores!*

Two survivals of Cooke's theory and practice are in the mind of the writer: when he was a student in the University of Louisville Dr. Lunsford P. Yandell, Jr., (1870-71-72) then professor of Materia Medica, Therapeutics, and Dermatology, evolved a theory of the malarial origin of all diseases except syphilis and tuberculosis. He excused the vena cava and brought into play more correctly and sci-



DOCTOR JOHN ESTEN COOKE

1783--1853

antimonial wine, his main reliance was on blood-letting and cholagogue purgatives; as he believed it was by increasing the secretion of the liver and causing it to pour out constant "black bile" that the venous congestion was to be relieved and the patient cured.

Among all these remedies calomel was his chief reliance, and was given by him in doses not measured by the balance but by the effect they produced; so that in the latter days of his practice, notably during the epidemic of cholera in Lexington in 1833, he absolutely resorted to tablespoonful doses of this mercurial.

entifically the portal circulation, and, working out the pathological features of the theory to his own satisfaction, prescribed quinine for every disease, except tuberculosis and syphilis, that he was called upon to treat. The writer recalls a case of acute diffused acne, involving almost the entire cutaneous surface of the patient's body. Yandell looked the patient over carefully and said: "this looks like syphilitic acne, but I believe it is malarial. give her quinine in ten grain doses three times a day." I complied, and had the pleasure of

seeing the patient cured in less than two weeks' time.

The instance of the survival of Cooke's practice, was exhibited by a young doctor who some fifteen years ago, came to Louisville from the heart of the Blue Grass, and was the conservator of Transylvania tradition so far that he horrified his medical friends and fellows of our local medical societies by advocating teaspoonful doses of calomel in the treatment of bilious and other fevers.

But the glory and fame of Cooke is a strangely negative one. Of this Dr. David W. Yandell in his Semi-Centennial Doctorate address at the University of Louisville, tells the story. "Dr. Cooke, reading from his desk in Louisville, saw in bile, yellow bile, and black bile, the hands on the dial-plate of disease which pointed unerringly to the one and only treatment. The three biles constituted his medical trinity, and appealing to this he compressed his means of cure into one drug, and that drug was calomel. This he gave in huge doses, by day and by night, in season and out of season, first, last, and all the time."

But a pathology so narrow could not long survive, and a practice which trusted the awful issues of life and death to a single agent failed to satisfy the growing intelligence of the people. Physicians at large assailed the pathology. The public rejected the practice. And, as extremes do so often meet, there grew up with this such strong opposition, that, out of it came a sect which condemned as poisons all medicines derived from the mineral world, and found in the vegetable kingdom alone their remedial agents. This sect called itself Eclectic. It was founded by Samuel Thompson, a man of much mother-wit, great shrewdness, and but little knowledge, and for a time it held large sway throughout the country. The sovereign metal of Dr. Cooke was driven from the field by steam, lobelia, and number six. But if it were permitted this ingenuous, original man, to look down upon the practice of to-day, he would have the satisfaction of seeing the remedy on which he rested all his hopes come out bravely from the eclipse which temporarily obscured it. His pathology, essentially bad, naturally perished. The remedy he advocated, essentially good, as naturally survived and, under wiser restrictions, a more correct pathology, and enlightened interpretation of its action, is at present in more general use than at any previous time in the history of the world. Eclecticism, too, has perished; another proof that "what is useful will last, what is useless will sink."

In testimony of the above who has not heard and is not to-day hearing people talk of Cooke's pills? The formula of that famous creation is for each pill, calomel gr. 1-2, aloes and rhubarb aa gr. j. soap gr. 1-2. What a letting down from the dosage prescribed by

the master in his prime. To reach anything like Cooke's original dosage of calomel, through these pills, the patient would be compelled to take not less than a peck of them.

The winning features of Cooke's character were, earnestness, sincerity, devotion, love, charity, and piety.

Collins, the historian, tells this story illustrating the depth of his convictions. "One Sunday morning, waiting on some of his family to get ready for church, the Methodist church, of which he and they were members, he picked up a discourse by the Reverend Doctor Chapman, then an Episcopal clergyman of Lexington. The argument for the Old Church of England attracted his attention. He perused and studied it fully, sent for all the available authorities on the subject; studied them with such effect that at once he changed his communion to the Episcopal Church and was ever after a rigid and zealous pillar to that church, and an industrious student of the writings of the theological fathers." The dogma that drove him into this church was the apostolic succession.

Cooke was not a pleasing speaker. According to the elder Yandell, he lacked dramatic talent and thought; always earnest, and enthusiastic at times, he had no turn for wit or ridicule. He was near-sighted, wore glasses, and delivered his lectures with a feeble voice, labored articulation, and awkward gestures. His doctrine though erroneous was easy to understand, sparing the student time, and the trouble of studying the many pathological and therapeutic features not involved in it. Moreover, it was promulgated with such logic, earnestness and sincerity that it was readily accepted, believed, and practiced by the majority of them. As a statement of his doctrine, and a sample of his diction, style, and logic I quote the following from his Essay No. 1 on Autumnal Epidemics. "We have abundant reason to believe that these wasting pestilences are the effects of a dense gas, the product of the decomposition of vegetable matter. The agent in question, commonly distinguished by the name of miasmata, causes the blood of those who are exposed to its influence to be of a darker colour than common. Goodwin's experiments on the connexion of life with respiration show, that when the blood is dark-coloured, it does not stimulate the heart to as vigorous action as when it is of the usual colour; and therefore that under the influence of this dark-coloured blood, the action of the heart is weakened. Weakened action of the heart is actually observed always to occur in the commencement of autumnal diseases. This state of the heart necessarily and inevitably produces accumulation of blood in the vena cava and its great branches. Internal congestion or accumulation is also observed actually to occur in these diseases. Accumula-

tion of blood in the vena cava cannot exist without extending into the large veins of the head, the liver, the stomach and bowels, and the kidneys; and consequently affecting all these parts. Universal experience shows that they are all affected in the diseases in question. From accumulation of blood in the interior and its consequent absence from the exterior, must also result paleness, shrinking and diminution of the temperature of the external surface; while the sudden presentation of an increased action, if it be capable of it at the time. These effects are also observed to occur in connection with the others, above stated, in the diseases produced by the agent in question. It appears therefore that this agent, miasmata, by rendering the blood dark-coloured, weakens the action of the heart; the consequence of which are weakness of the pulse, diminution of the bulk of the external parts of the body, shrinking of the features and of the skin, paleness and coldness of the surface; together with accumulation of blood in the vena cava and its branches whence arises pain in the head, comatose affections, convulsions, delirium, disordered secretion of the liver, nausea and vomiting, want of appetite, disordered bowels and kidneys, the convulsive agitation of ague, and increased action of the heart, which produces increased colour, temperature, and bulk of the external parts. These symptoms, with some others arising from the same cause, constitute the paroxysm, viz.: the cold and the hot stages of a fever: they are moreover the leading features, present in all autumnal diseases."

Such reasoning is strong, simple, and was convincing in his day, the only fault being that it was not true. It prevailed for nearly a half a century, but a reaction had long been brewing, and the opposition to his doctrine became formidable. In fact, his influence had so visibly declined from the day he entered Louisville, "that in 1843 he was, on petition of his students, retired on a three years pension of two thousand dollars per annum." During the ten years following his downfall he lived in seclusion upon a small farm east of Louisville, where, according to Dr. L. P. Yandell, Sr., he died a martyr to his own theory and practice. Says Dr. Yandell: "his practice on himself was of the same heroic character that he pursued with his patients. He bled himself at once copiously, and repeated the operation again and again as symptoms appeared to him to demand it, at the same time keeping up purgation with calomel. Exposed as he was on his farm, these attacks became frequent, and his constitution, naturally enfeebled by increasing years, at length gave way under them." Thus closed the career of a great, and influential physician, and a gentle, noble and sincere soul.

In these days full etiological light, scien-

tifically exact surgery, and medicine rapidly approaching that goal, the young physician is prone to undervalue, if he does not despise, the work of the ante-bacteriological masters in medicine. But it must not be forgotten that they blazed their way through a primeval forest, and out of dense darkness brought much truth to light. Exact science was not theirs, and their only line of procedure was through logic, philosophy and metaphysics. All honor to them, they did all that the knowledge of their time permitted them to do. They were students, scholars, thinkers, and logicians. Not a few of them were graceful, facile and polished writers, and it is to be deeply regretted that their talents were not devoted to living themes, instead of topics which made them the unintentional products of an obsolete literature, voluminous and vast.

PROFESSOR WILLIAM HALL RICHARDSON.

By ROBERT PETER, A. M., M. D., Lexington.

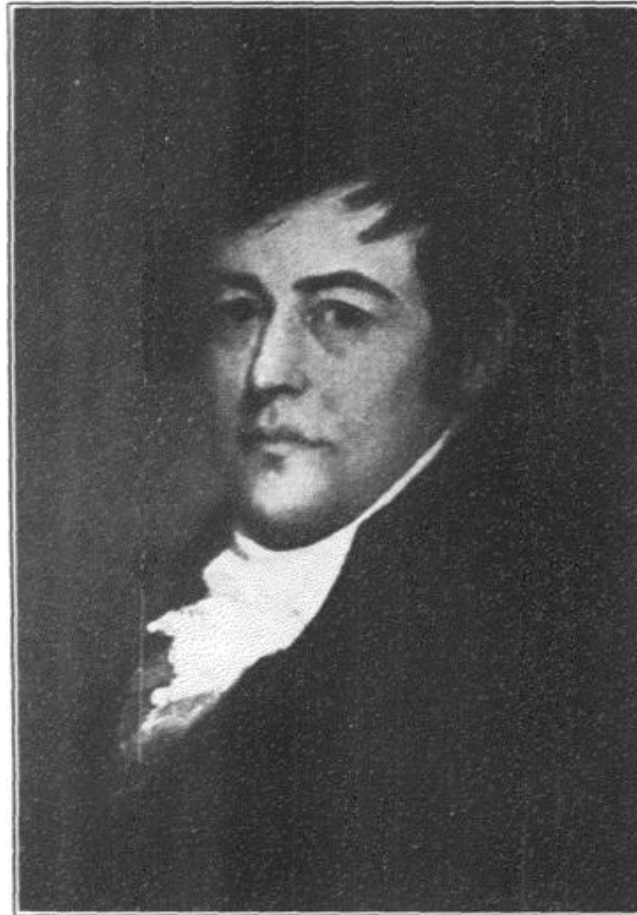
Taught in the Medical Department of Transylvania until the time of his death in 1844, and was highly respected by his pupils as a practical teacher in his especial chair, notwithstanding the fact that he had not had the advantage of a college education. He was a man of great energy and of many admirable traits of character. His pupil, the late Dr. Lewis Rogers, in his address as President of the Kentucky State Medical Society in 1873, thus spoke of his old preceptor and friend:

"Few men ever had nobler traits of character. He was warm-hearted, brave, and a sincere friend. I knew him from my earliest boyhood, and have passed away many happy and instructive hours at his magnificent home in Fayette County. His hospitality was profuse and elegant. I listened to his public teachings as a professor with interest and care, because I knew he taught the truth as far as he possessed it. He was not scholarly or graceful and fluent as a lecturer, but he was ardent and impressive, sufficiently learned in his special branch, and had at his command a large stock of ripe experience. I honor his memory beyond most men I have known."

In 1819, a new and brilliant era for the University, and for the Medical Department of Transylvania, was inaugurated by the appointment of Reverend Horace Holley, LL. D., to the Presidency of the University. Doctor Samuel Brown was recalled to the chair of the Theory and Practice of Medicine, which he retained until 1825. Doctor Charles Caldwell was induced to remove from Philadelphia, where he had an official connection with the University of Pennsylvania, and accept the chair of the Institutes of Medicine

and *Materia Medica* here, thus completing the organization with the existing professors, Benjamin W. Dudley, and William H. Richardson, and the election of Reverend James Blythe to the chair of Chemistry. The celebrated naturalist and author of the first "History of Kentucky," C. S. Rafinesque, was also selected to lecture on Botany and Natural History in this and the following year.

One of his greatest pleasures was in his extensive herbarium with the native plants of Kentucky collected by himself, as well as those from other regions obtained by the exchange of specimens with the various botanists of the world, with whom he corresponded individually and extensively. He, in conjunction with Professors H. H. Eaton, H. A. Griswold, and Robert Peter, contributed to the *Transylvania*



DOCTOR WILLIAM H. RICHARDSON

Died In 1844

DOCTOR CHARLES WILKINS SHORT.

By ROBERT PETER, A. M., M. D., Lexington.

Dr. Charles Wilkins Short was born at "Greenfields," Woodford County, Kentucky, October 6, 1794. He connected himself with the Medical Department of Transylvania University in 1825. He had been called by the Trustees in a previous year to the chair of *Materia Medica* and Medical Botany, but did not at once accept.

Dr. Short was a most upright, conscientious, modest, undemonstrative gentleman of great delicacy of feeling. He was a most zealous and industrious botanist, and was possessed of artistic tastes and ability.

Journal of Medicine several papers on the plants of Kentucky, and wrote for that periodical several papers on this subject and on medical topics, as well as numerous obituary notices of medical men. He was not the author of any large treatise.

In 1845, he wrote "Observations of the Botany of Illinois," published in the *Western Journal of Medicine and Surgery*.

In the early volumes of the *Transylvania Journal* also appeared his notices of two remarkable cases which occurred in Lexington. One, of supposed spontaneous combustion of the human body, and the other of paralysis of the kidneys.

At his death his vast collection of botanical

specimens, in the formation of which he took such delight, and to which he had devoted so great a portion of his life, was bequeathed to the Smithsonian Institute at Washington, but there was no appropriate place there in which to display so large a collection, and it is now in possession of the Academy of Natural Sciences at Philadelphia. During his life no less than five of the distinguished botanists of the age honored his name by attaching it to six new genera and species of plants.

His lectures to the medical students on Ma-

Doctor Short severed his connection with the Transylvania Medical School in 1838 to be allied with Doctors Caldwell, Cooke, and Yandell in the Medical Institute of Louisville, in which he remained until 1849, when his colleagues elected him Emeritus Professor of Materia Medica and Botany. He died at his beautiful country residence, "Hayfield," near Louisville, on March 7, 1863, aged sixty-nine years.

Doctor Short's father was Peyton Short, who came to Kentucky from Surry County,



DOCTOR CHARLES WILKINS SHORT

1794--1863

teria Medica and Medical Botany he always read from his manuscript, which detracted somewhat from his impressiveness. He was too modest to trust himself to oral discourses. Yet his pupils were always closely attentive and respectful, holding him and his teachings in high esteem.

He was Dean of the Medical Faculty of Transylvania for about ten years.

For some years he was co-editor of the *Transylvania Journal of Medicine* with Doctor Cooke. This quarterly they founded in Lexington in 1828.

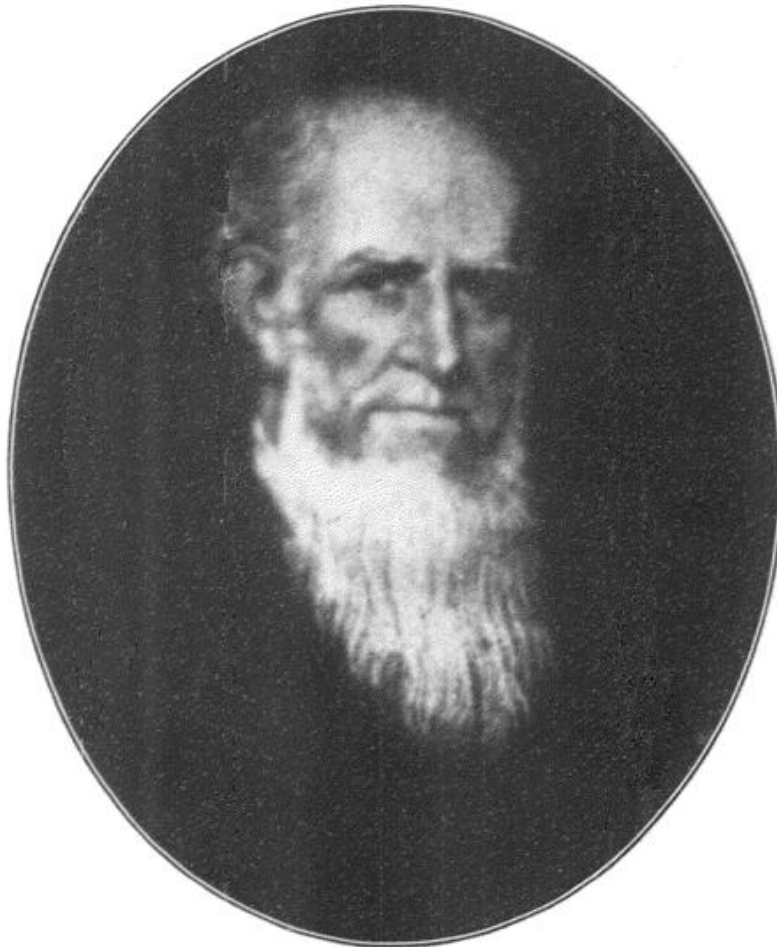
Virginia, and whose mother was Elizabeth, daughter of Sir William Skipwith, Baronet. His mother was Mary, daughter of John Cleves Symmes, formerly of Long Island, who filled various offices of honor and trust in Cincinnati. His sister was the wife of Doctor Benjamin Winslow Dudley. His brother was the late Judge John Cleves Short, of North Bend, Ohio. He married Mary Henry Churchill. Of his six children, one son and five daughters, all were prosperous in life.

The early education of Doctor Short was in the school of the celebrated Joshua Fry, and,

in 1810, he graduated with honor in the Academical Department of Transylvania University, beginning soon afterward the study of medicine with his uncle, Professor Frederick Ridgely. He repaired to Philadelphia in 1813 and became a private pupil of Doctor Casper Wistar, Professor of Anatomy in the University of Pennsylvania, in which university Doctor Short received the degree of Doctor of Medicine in the spring of 1815, returning shortly after to Kentucky. Dr. Short was a consistent member of the Presbyterian church.

versity of Pennsylvania, from which he took the Doctorate degree in due time.

In 1793 yellow fever desolated the old town of Philadelphia, and decimated its inhabitants; but here the young physician, like Saverio in plague stricken Florence, stood firm and faithful to duty, and to science, distinguishing himself alike as a practitioner and philanthropist. Not long after this he appears as a United States Surgeon, and gained fame by his treatment of the wounded in the "Whiskey Insurrection" of Western Pennsyl-



DOCTOR CHARLES CALDWELL

1772--1853

DOCTOR CHARLES CALDWELL.

By HENRY A. COTTELL, A.M., M.D., Louisville

Dr. Charles Caldwell, the son of an Irish officer, and emigrant to America, was born in Caswell County, North Carolina, May 14th, 1772. He died in Louisville, Ky., July 9th, 1853, at the age of 81. He must have been a precocious child, for at 14 he was a scholar in the classics. For the three years following he taught successively in two grammar schools. At the close of this work or soon after, he entered the Medical School of the Uni-

versity of Pennsylvania. His career as a surgeon must have been short, since his voluminous writings contain little or nothing relative to that great branch of the healing art.

His inclination certainly was toward the more scientific and theoretic features of his calling for in 1795 he translated from the Latin, Bluembach's Elements of Physiology. In 1814 he assumed the editorship of the *Port Folio* at Philadelphia, and at this time became Professor of Natural History in the University of Pennsylvania. While in this Chair he edited Cullen's Practice of Physic. He was a

pioneer in the teaching of Clinical Medicine in America and perhaps the Creator of that branch of pedagogy, for in the above named year we find him delivering a course of clinical lectures in the Philadelphia Alms House afterwards and now known as Blockley Hospital. This was doubtless the Alms House in which the yellow fever of 1793 made such fearful havoc, and which became historical in the classic lectures of Prof T. S. Bell.

In 1819 Dr. Caldwell proved himself a historian by writing the "Life and Campaigns of Gen. Green"; the most valuable of his works in biography. A man so learned, versatile, and brilliant, attracted the attention of educators the country over, and a call from the West brought him to Lexington, Kentucky, where he was given the Chair of Medicine and Clinical Practice in the famous old Transylvania Medical School. This was also in the year 1819. He made a tour of Europe in the interest of that School in 1820. His sojourn in Lexington was for 18 years, and there he became famous amongst other accomplishments, as an advocate, student, writer, and teacher of the long ago exploded fad of phrenology. Here he was the friend and physician of Henry Clay who, in his great speech in the United States Senate upon the Poindexter Resolution, thus humorously refers to his friend and physician. "A new philosophy has sprung up within a few years past, called phrenology. There is, I believe, something in it, but not quite as much as its ardent followers proclaim. According to its doctrines, the leading passions propensities and characteristics of every man are developed in his physical conformation, chiefly in the structure of his head. Gall and Spurzheim, its founders, or most eminent propagators, being dead, I regret that neither of them can examine the head of our illustrious Chief Magistrate (Andrew Jackson). But, if it could be surveyed by Dr. Caldwell, of Transylvania University, I am persuaded that he would find the organ of destructiveness prominently developed. Except an enormous fabric of executive power for himself, the President has built up nothing, constructed nothing, and will leave no enduring monument of his administration."

In 1837 Dr. Caldwell came to Louisville. This was because of a break in the medical faculty of Transylvania, Dr. Caldwell coming with Drs. Cooke and Yandell to take chairs in the Louisville Medical Institute. Out of this school grew the Medical Department of the University of Louisville, in the foundation of which Dr. Caldwell was the leading spirit. To him was allotted the same chair he had held in Transylvania, and he continued teaching Medicine and Clinical Practice there for a term of twelve years. Through a misunderstanding with the Trustees he was, in 1849,

deprived of his professorship; but made Louisville his home until his death, July 9th, 1853. These four years he spent in study and work with the pen, contributing profusely to medical journals and periodicals, and in writing his Autobiography. He was a deep student, an omnivorous reader, and untiring writer. His works are almost as voluminous as those of Daniel Drake, and number in the aggregate more than 10,000 pages. The reader will see in selections which I quote from Caldwell's Autobiography the lucidity of his diction, the felicity of his style, the depth of his thought, and the facility with which he drew upon his store of learning for strengthening and ornamenting his thought. Charles Dickens could not have excelled the first, nor Ralph Waldo Emerson the second. The first two paragraphs relate to two preachers. "The appearance of the speaker, unpromising as it was, and nature, in her most frolicsome mood, could hardly have rendered it more so, was exceeded, if possible, by the failure of his performance. His oratory, instead of being, as I had anticipated, the most highly finished and delightful I had ever listened to, was much nearer being the most defective and miserable. Not only was it tasteless and unattractive, it was a rare and high-finished specimen of unsophisticated unpalatableness. From the beginning to the end of his sermon, the gentleman so courtesied, bobbed, and tip-toed from side to side of the pulpit, and so finically gesticulated with his hands and arms, as actually to resemble a conceited dancing-master moving in a minuet. And his utterance was precisely the counterpart of his action. Nor was the substance of his discourse much more commendable"

So much for preacher No. 1; now for No. 2. "No sooner had he formally assumed his attitude as an orator, thrown toward the several divisions of the house a corresponding number of devout and solemn casts of his eyes, and commenced his discourse, than I felt an impulse of disappointment, mingled with feelings dissatisfaction and disgust, that was actually painful to me. Could I have made my way to the door, without being noticed, I should have promptly left the house and returned to my lodgings. But that was impossible. I was therefore compelled to brace myself to the Herculean task of sitting a full hour under the influence of a discourse, marked in its delivery, by a degree of drawling sing-song, and snuffing nasal twang, that would have better suited the time of Oliver Cromwell, than to the close of the eighteenth century; and that would have fallen more aptly from the tongue of a "Praise God-Bare-Bones" of the former period, than from that of a much lauded orator of the latter."

The next two paragraphs discuss a theme of universal application. "What is called a

'universal genius,' is a creation as fabulous as the phoenix or the griffin. It exists only in fiction, not in reality. No man has ever yet possessed it, consisting, as the expression represents it to do, in a fitness for the pursuit and attainment of eminence in every sort of knowledge. Whoever has, therefore, expended his energy in an attempt to distinguish himself in a branch of science, for the study of which he was not well qualified, has, by the measure, detracted more or less from the distinction he might have acquired in some other branch to which his qualifications were better suited."

"To this rule the history of our race does not present us with a single exception. It is as true of the most highly as of the moderately and lowly gifted, of Socrates and Plato, Cicero and the admirable Crichton, as of any other individuals. Had the great Roman orator wasted less of his mental energy in paying court to the Muses, he would have bequeathed to us a reputation marked by one vanity, and one intellectual weakness, the fewer. The same may be said of Paracelsus, Vanhelmont, Cardan, and others; had they thought and written less about occult science, its source and influence; of Cuvier, had he consumed less of his time in the consideration and pursuit of affairs of state; and of Laplace, had he devoted himself more exclusively to mathematics and astronomy, and left to ecclesiastics and casuists the mysteries of theology. Each of those personages, by aiming at too many attainments and performances, expended a portion of his vital strength, as well of his time, in an unprofitable if not an injurious manner."

Of his personnel we have a glimpse. He is thus sketched and characterized by Dr. David W. Vandell in his Doctorate Address, on the occasion of the Semi-Centennial Anniversary of the Medical Department of the University of Louisville, 1887.

"The central figure of that group of noted teachers who founded the University was Charles Caldwell. He was a massive man in body and in mind. He was both tall and broad. His carriage was erect. His head was simply grand, his mouth was large, his eyes were bluish gray. He had studied elocution. His gestures and his speech were studied also. His manners, usually cold, were always stately. He spoke in long, well-rounded periods, and in a great sonorous voice. He was learned in the languages, fond of study, and of abstemious habits. Besides all this he was a man of affairs, and delighted in controversy. He taught the physiology of his day, which was then largely the physiology of the ancients, but he taught it in so impressive a manner that his classes received it as gospel and voted him its greatest expounder."

DOCTOR LUNSFORD P. YANDELL, Sr.

By ROBERT PETER, A. M., M. D., Lexington.

Dr. Vandell was called to the chair of Chemistry and Pharmacy in the Medical Department of Transylvania University, March 16, 1831. He had attended the course of Lectures in that school in 1822-23, having previously acquired a good general and classical education in the Bradley Academy, Murfreesboro, Tennessee, and having studied medicine some time with his father, Dr. Wilson Vandell, a physician of high standing.

While attending the lectures in the Transylvania Medical School he became favorably known as a young man of industry, good attainments and ability, and of popular manners. Especially was he a favorite pupil of Professor Charles Caldwell, who became his ardent friend, and through whose active influence, mainly, he was called in 1831, after he had received the degree of M. D. from the University of Maryland, to occupy the chair of Chemistry in the Transylvania School.

Although he had been an apt scholar in his preliminary education, he had never devoted special attention to chemistry, which at that time, notwithstanding the neglect or opposition of the older medical teachers, notably the ridicule of Professor Caldwell and others, was beginning to be recognized as an essential element of a good medical education.

This want of special training and experience in this branch of science on his part naturally caused opposition to his appointment to this chair, which was allayed by making the late Hezekiah Hulbert Eaton, A. M., an adjunct to the Chemical chair, and giving him one-third of the tuition fees.

Professor Eaton was a young man of fine attainments and thorough practical training in chemistry and natural science generally; a graduate of Rensselaer Institute of Troy, New York, under the administration of his father, the celebrated Amos Eaton.

Professor Eaton died of consumption at the age of twenty-three, before the end of the first year; but during the short term of his service he had, by his industry and practical knowledge, greatly improved the means of instruction in the Chemical Department by a complete reorganization of the laboratory and the procurement of much new apparatus.

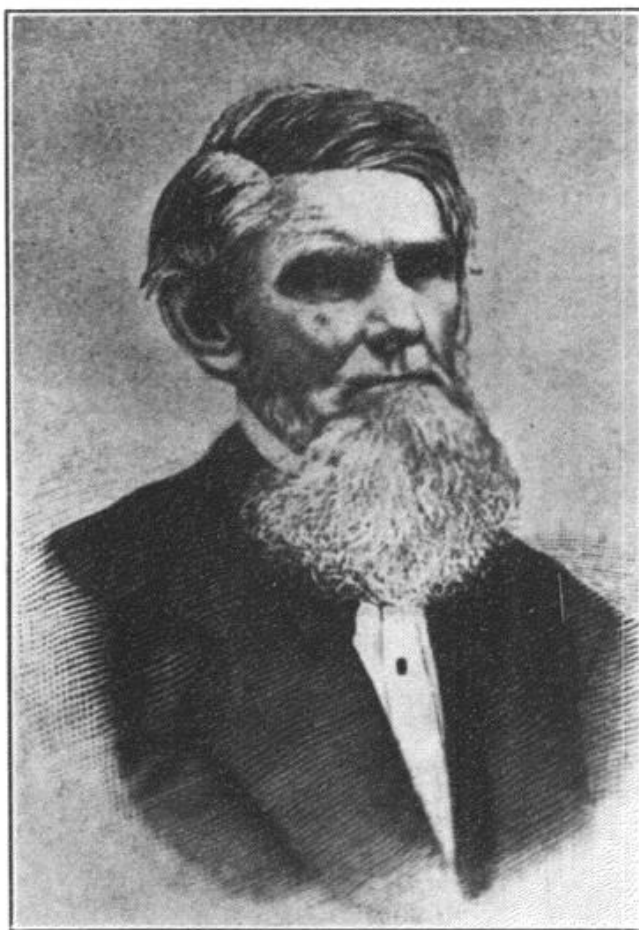
After the death of Professor Eaton, August 16, 1832, the present writer, then residing in Pittsburg, Pennsylvania, who had also been a student in the Rensselaer Institute and consequently known to Professor Eaton, was persuaded by the late Reverend Benjamin Ori Peers to visit Lexington, Kentucky, to deliver a course of chemical lectures in the Eclectic Institute, of which Mr. Peers was principal, and of which young Professor Eaton had been a professor. During this course, in 1832, the

writer was induced by Professor Yandell, by private arrangement, to assist him in his next course of lectures to the regular students of Transylvania and to commence the regular study of medicine with a view to graduation.

Under this arrangement, which continued until the disruption of the Medical Faculty in 1837, Doctor Yandell, in his usual able and brilliant manner, delivered the chemical lectures to the students, while to the writer was committed the preparation and performance of the demonstrative experimental parts.

On the removal to Louisville in 1837, to join in the establishment of the rival school, the Louisville Medical Institute, Doctor Yandell

Trustees of the school, having come to the conclusion that Professor Caldwell had become superannuated, placed Doctor Yandell in the chair of Physiology, for which subject he had a decided taste. This change procured him the animosity of his whilom friend, Doctor Caldwell, who, in his rather unfortunate Autobiography, written in his last declining years, indulged in much bitter denunciation of his late colleague. It is much to the credit of Doctor Yandell that, although when this angry publication was fresh from the press he retaliated by showing in ample quotations from the autobiography some of the weak points in Doctor Caldwell's character, he was



DOCTOR LUNSFORD P. YANDELL, Sr.

1805--1878

taught in the combined chairs of Chemistry and Materia Medica, never failing ably and impressively to perform his arduous duties. Not having any particular taste for so severe a study as practical chemistry, although no one was more impressed with the philosophical beauty and wide practical value of the science, he naturally sought a transfer to a chair more congenial with his tastes and the character of his mind than that of chemistry. This, circumstances prevented until, in 1849, the

disposed in following years, as the writer knows, to extend over these weaknesses the mantle of kindness.

Doctor Yandell occupied this chair of Physiology with great credit until he resigned, in 1859, to accept a chair in the Medical School of Memphis, Tennessee. During the Civil War he devoted himself to hospital service. In 1862, he was licensed to preach by the Presbytery of Memphis, and in 1864 was ordained pastor of the Dancyville Presbyteri-

an church. He resigned his pastorate in 1867, and returned to Louisville to resume the practice of medicine, which he had never entirely abandoned during the whole of his life.

While resident in Lexington he was for some years sole editor of the *Transylvania Journal of Medicine*, to which he contributed several able papers. In Louisville he was editor for some time of the *Western Journal of Medicine and Surgery*, in both cases filling the editorial chair with characteristic activity and ability. He was always a contributor

Louisville, and at the time of his death he was President of the State Medical Society of Kentucky. His decease occurred February 4 1878, in the seventy-third year of his age.

DOCTOR JAMES MILLS BUSH.

By ROBERT PETER, A. M., M. D., Lexington.

A native of Kentucky, born in Frankfort, May, 1808, graduated as A. B. in Centre College, Danville, Kentucky, and began the study of medicine and surgery in the office of the



DOCTOR JAMES M. BUSH

1808--1875

to the medical literature of his day in numerous papers, especially in biographical sketches and obituary memoirs of medical men of Kentucky and Tennessee, a more complete collection of which he was said to be preparing at the time of his last illness. He held a facile pen; few writers of our times have produced more classical and graceful essays. As a public speaker and lecturer he was ever impressive, graceful, and chaste. His social qualities made him always welcome and prominent in all public assemblies of his medical brethren. In 1872, he was elected President of the College of Physicians and Surgeons of

celebrated Alban Goldsmith, Louisville, Kentucky. He removed to Lexington in 1830, to attend medical lectures in Transylvania University, and to become a private pupil of its renowned surgeon, Professor Benjamin W. Dudley. To Doctor Dudley he became personally attached by sentiments of affection and esteem, which were warmly returned by his eminent preceptor; so that, when young Bush received the honor of the degree of Doctor of Medicine in 1833, Doctor Dudley immediately appointed him his demonstrator and prosector in anatomy and surgery, to

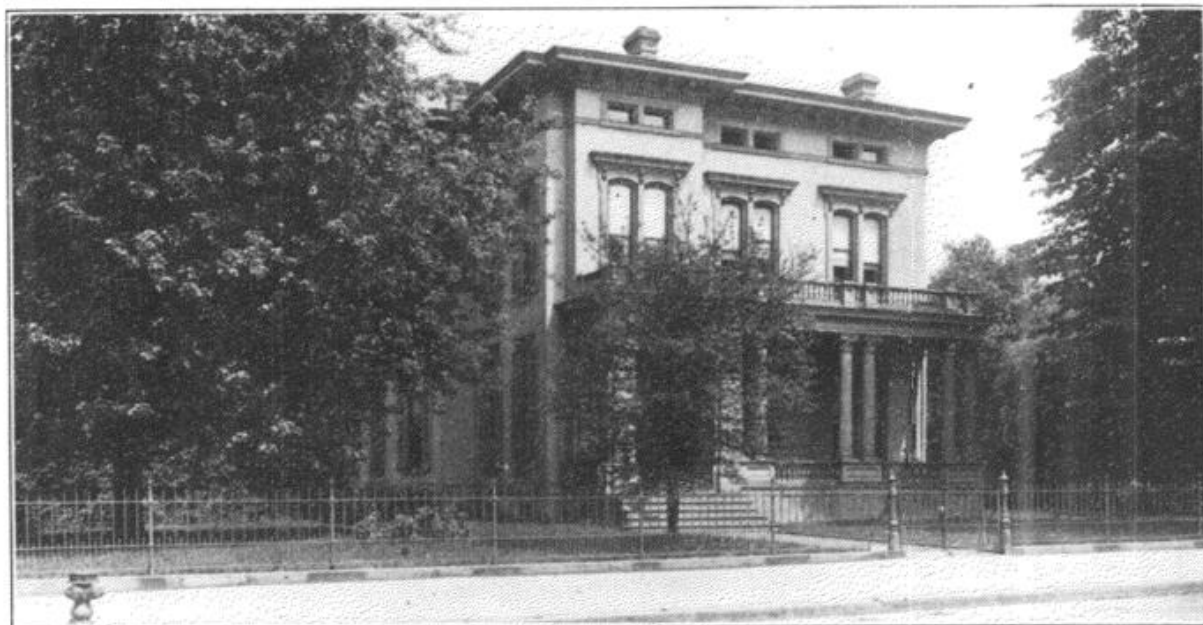
which branches of medical science and art Doctor Bush was ardently devoted.

This responsible office he filled with eminent ability and success until 1837, when he was officially made Adjunct Professor of Anatomy and Surgery to his distinguished colleague and friend, Doctor Dudley. He occupied this honorable position to the great satisfaction of all concerned until the year 1844, when he became the Professor of Anatomy, Doctor Dudley retaining the chair of Surgery. In the chair of Anatomy he continued until the dissolution of the Transylvania Medical School in 1857.

In the meanwhile this school, in 1850, had been changed from a winter to a summer school; Doctor Bush, with some of his col-

Lewis Rogers, in 1873: "When Doctor Dudley retired from teaching, Doctor Bush was appointed to the vacant chair. When Doctor Dudley retired from the field of his brilliant achievements as a surgeon Doctor Bush had the rare courage to take possession of it. No higher tribute can be paid to him than to say that he has since held possession without a successful rival."

Most ably and successfully did he thus maintain himself as one fit to follow in the footsteps of our great surgeon. His sterling qualities as a man, his most kind and endearing manners as a physician, his great skill and experience in anatomy and surgery, which had been as well the pleasure as the devoted labor of his life; his remarkable accuracy of



THE HOME OF DOCTOR BUSH, IN LEXINGTON.

Built on the site of the Transylvania University Medical Hall.

leagues and some physicians of Louisville, having thought proper to establish the Kentucky School of Medicine in Louisville as a winter school. In this latter college Doctor Bush remained for three sessions, giving thus two full courses of lectures per annum, when he and his Lexington colleagues, resigning from the Louisville school, returned to that of Lexington, re-establishing a winter session.

Doctor Bush was ever a most conscientious and ardent laborer in his profession, and, during the lifetime of his preceptor, Doctor Dudley, was his constant associate and assistant as well in the medical school as in his medical and surgical practice. On the retirement of that distinguished surgeon and professor, his mantle fell upon Doctor Bush. In the language of his friend, the late Doctor

eye, the more acute because of congenital myopia, his delicacy of hand and unswerving nerve in the use of instruments in the most difficult operations, endeared him to his patients and won the respect and admiration of his medical brethren.

Doctor Bush was a lucid and impressive teacher of his peculiar branch of medical art and science, and always attached his pupils strongly to him as an honored preceptor and friend.

During his active lifetime, spent chiefly in acquiring and putting in practice the rare professional skill which distinguished him, he gave but little time to the use of his pen. Hence he left no large book as the record of his experience. His principal writings were published, in 1837, in the tenth volume of the

Transylvania Journal of Medicine, and these were written for that journal on the solicitation of the present writer, who edited that volume. They consist of:

1. A short report of a case of epilepsy, produced in a negro girl by blows of the windlass of a well on the parietal bone, which was entirely and speedily cured, after the preliminary treatment of mercurial purgatives and low diet, by the use of the trephine, which, as is well known, had been used with great success by Doctor Dudley in such cases.

2. Report of a case of insidious inflammation of the pia mater, complicated with pleuritis, with the autopsy.

3. A more extended paper, entitled "Remarks on Mechanical Pressure Applied by Means of the Bandage; Illustrated by a Variety of Cases." In which the mode of application and *modus operandi* are most clearly given, and illustrated by many interesting cases, mostly from the surgical practice of Doctor Dudley.

4. "Dissection of an Idiot's Brain." The subject, a female twenty-five years of age, had been born idiotic, deaf, and dumb; the head was very small, and the brain on dissection was found to weigh only twenty ounces, and to have large serous cavities in the corneal portions of the cerebral hemispheres. The anatomy of the eyes was perfect, but there was no nervous connection between the optic nerve and the *thalami nervorum opticorum*.

5. A short notice of three operations of lithotomy, performed on May 31, 1837, by Doctor Dudley, with his assistance.

6. "Interesting Autopsy." On the body of a negro man who had been the subject of sudden falling fits, and was under treatment for diseases of the chest. The autopsy disclosed hypertrophy of the right side of the heart, and a most remarkable lengthening of the colon.

7. "Observations on the Operation of Lithotomy, Illustrated by Cases from the Practice of Professor B. W. Dudley." An extensive and lucid description of the method of operation and the remarkably successful experience of Doctor Dudley in this part of his practice, giving report of one hundred and fifty-two successful cases up to that time.

In addition the Doctor contributed an occasional bibliographical review or notice. And these seem to be the whole of his published professional writings.

Dr. Bush was married, in 1835, to Miss Charlotte James, of Chillicothe, Ohio. Of their three children the eldest, Benjamin Dudley, was a young man of remarkable promise as a surgeon and physician when he was cut off by death, an event which cast a gloom over the remaining days of the life of his father. Few young men of his age had

ever attained such proficiency or developed such sterling qualities.

The death of Doctor Bush, which took place on February 14, 1875, was followed by general and unusual manifestations of respect and regret not only on the part of the members of the profession, but by the people of the city at large. Few citizens were more extensively known, loved, and honored in life, or followed to the grave by a greater concourse of mourning friends.

DOCTOR ROBERT PETER.

By REUBEN T. DURRETT, ESQUIRE Louisville.

(Late President of the Filson Club.)

The late Doctor Robert Peter, one of the most distinguished analytical chemists of his time, was a member of the Medical Faculty of Transylvania University from 1833 to the time of the dissolution of that institution, and afterward occupied chairs in the different colleges with which Transylvania was merged. He was one of the most active of the professors and did as much as any one else to raise the University to the lofty heights it attained as a school of literature, law, and medicine. It occurred to him after the merger of the Transylvania into the Kentucky University that an institution which had led the way and done so much for literature, law, and medicine should not be permitted to vanish and leave nothing but a name and memory behind. He, therefore, went to work, after the weight of years was gathering fast upon him, to write the history of Transylvania University, and had his work almost finished in 1894, when death, which alone could have arrested him in his undertaking, relieved him of the task at the age of eighty-nine. His daughter, Miss Johanna Peter, with filial affection worthy of so excellent a father, and public spirit equal to the occasion, rightly estimated the value of such a work, if it should be published and put into the hands of the public, undertook to prepare his manuscripts for publication. One of these manuscripts prepared by her embraced the Literary Department of Transylvania, and was published by The Filson Club in 1896, as its eleventh volume. When this publication was made, it was intimated, if not promised, that it would be followed in the near future by one of the medical department. Miss Peter, therefore, prepared this second manuscript of her father for publication, and The Filson Club now presents it in the pages which follows, as the twentieth number of its regular annual series.

The Medical Department of the Transylvania University no longer exists. Indeed, nothing of the Transylvania University exists except its name. Its learned professors have gone the way of all flesh. The last one of

them recently went down to his grave. Its buildings have recently been swept away by fire, or have passed to other institutions with its library and apparatus. Yet all of this renowned University has not passed away. Its fame yet lives, and will not perish while the memory of the living holds sacred the good deeds of predecessors. Its distinguished professors made Transylvania University fam-

twentieth publication of The Filson Club, the manuscript will make its way to many and present them with pen and portrait likenesses of those who devoted their lives to instructing the young of our land in the art of administering to the sick and afflicted. The author knew all of his contemporary professors, and the likeness which he has given of some of them will be the ones by which they will be



DOCTOR ROBERT PETERS

1805--1894

ous, and made history at the same time, and they themselves are now entitled to a place in history. It is the purpose of The Filson Club, by this publication, to assist in securing for them the place they deserve in the memory of mankind. Doctor Peter, the author was the fittest of men to sketch these professors and to present life pictures of them. His work, however, if it had remained in manuscript, as he left it, would have been seen but by few, and could have done but little good. In this

known in after years. Pen pictures are sometimes as efficient as likenesses in oil, and the characteristic of Doctor Peter's pictures is fidelity so executed that they seem to be the originals standing in life before us. In a work like this the essence of its history is biographic and Doctor Peter has made his work to consist chiefly of biographical sketches of those who made Transylvania University what it was. He gives the leading facts in the life of each of the professors he sketches, and enum-

erates the other colleges in which they occupied chairs, and gives the titles of the works they published either in book form or magazine articles. He omits nothing in the sketch that is necessary in forming a just idea of the character portrayed.

In the long career of Transylvania University she did not fail to make enemies, but she made more friends than enemies to remember her. A few of the living students and the many descendants of the deceased professors and graduates now scattered broadcast over the land will be glad to read what is here said of old Transylvania, and the work will thus be widely known and read. All who see it will be thankful to Doctor Peter for preparing it for the press, and to The Filson Club for publishing it.

There is in our nature something like the love of the relic which makes us revere the memory of Transylvania University. Early in the year 1799 a medical department was attached to this University, which was the first medical college in the great Mississippi Valley and the second in the whole United States. The medical department of the University of Pennsylvania antedated it, as it antedated all others afterward established in any part of our vast domain. We can not, like our English cousins, go back along the pathway of centuries to the colleges of Oxford and Cambridge and revere them for their age; we have nothing in our new country that partakes of such age. We are a young people in a young country, and our Transylvania Medical College was old enough from our standpoint to be crowned with hoary years. We revere it as the first medical college on this side of the Alleghanies. We revere it for the efforts it made to prepare our young physicians to cope with the diseases that afflicted our people. We revere it for the fame it acquired and for the good name it gave our State. We revere it for the success of Professor Brown in introducing vaccination in advance of its discoverer, for the brilliant and numerous operations in lithotomy by Professor Dudley, and for the noble efforts of others of its professors in prolonging human life and mitigating its pains. What it did in the day of its glory is set forth in the pages which follow, and he who reads them will hardly doubt that the medical department of Transylvania University is worthy of the record here made for it.

DOCTOR HENRY MARTYN SKILLMAN.

By JOHN W. SCOTT, M. D., Lexington.

Doctor Skillman was the youngest child of Thomas T. and Elizabeth Farra Skillman: he was born September 4, 1824 at Lexington, Kentucky. His father came to Lexington from New Jersey in 1809 and founded the largest publishing house in the Mississippi Valley; publishing in 1823 an edition of several thousand copies of the entire bible.

He received his academic education at Transylvania University and after two or three years in the drug business re-entered Transylvania as a student of Medicine and received from it the degree of Doctor of Medicine in 1847. The following year he was made Demonstrator of Anatomy in the College and, in 1851 was appointed Professor of General and Pathological Anatomy and Physiology. Such a chair in a modern school would require the activities of some half dozen full professorships, to say nothing of scores of assistants and laboratory workers. Yet the subject of this sketch is said to have "occupied this position with skill and success until the close of the Medical College in 1857." This is an illuminating commentary upon the progress of Medicine in the last half century.

In 1851 he married Margaret Scott the daughter of Matthew T. Scott, President of the Northern Bank of Kentucky; one child, Henry M. Skillman, survives him. For the succeeding twenty-five years he devoted himself to the practice of both medicine and surgery; in 1877 his nephew, Doctor Matthew T. Scott, entered into practice with him and all of Doctor Skillman's surgical work was transferred to him; from that time until his death on March 21, 1902 he continued the active practice of his profession, having done a day's work on the day upon which he died. In addition to his large practice he found time for outside affairs: he was an active member of the Second Presbyterian Church, a director of the Security Trust Company and occupied other similar positions.

There was a benediction about his face, a power of peace and love in his smile, a charm in his entire personality which defies description: with a great sympathetic heart he combined the most knightly courtesy; this gave him a bearing at the bedside which none who witnessed it can ever forget: there was solicitude without anxiety, cheer without gaiety, dignity without coldness and, withal, a poise which inspired confidence in not only the will but the ability to help. The same character was shown in his relation to other members of the profession. In addition to the most scrupulous observance of its ethics, there was an unfailing kindness and generosity which was shown toward the humblest

of his colleagues in the same measure as to the most distinguished.

To the profession his career was particularly notable in three particulars; first, in that it was given to him, as it has been to few men, to occupy a position of eminence in the practice

thousand to a city of more than thirty thousand; he was the relentless enemy of discord and evil speaking among doctors, and an irresistible peace maker in the profession for over half a century.

To those who revere the memory of the old



DOCTOR HENRY M. SKILLMAN

1824--1902

of medicine for more than half a century, having been made a member of the faculty of the Medical Department of Transylvania in 1851; and at the time of his death, fifty-one years later, still probably the most sought for consultant in Lexington, which during that time he had seen grow from a town of eight

Transylvania and its Medical Department, Doctor Skillman was notable as the last survivor of its medical faculty and, with Doctor John W. Whitney, his intimate friend, the connecting link for many of us to that heroic age, that Twilight of the Gods, the Transylvania Medical Faculty.



OLD MEDICAL DEPARTMENT OF THE UNIVERSITY OF LOUISVILLE

Erected In 1838

Now occupied by the City Public School Department, the Medical School being conducted in the commodious new building at Chestnut and First Streets.

III. LOUISVILLE MEDICAL SCHOOLS' GROUP

FOREWORD

I. THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF LOUISVILLE.

The reader will find a concise account of the movement which transferred the famous medical school of Transylvania University from Lexington to Louisville in Professor L.

ed actively in the changing events of that period. The professors who resigned from Transylvania and accepted chairs in the Louisville Medical Institute soon found themselves surrounded with large classes of young men from all sections of the great and growing south-west. After a few years (1845) the Medical Institute was constituted the Medical Department of the newly chartered University of Louisville. With the prestige of the



DOCTOR JAMES M. BODINE

1831--1915

For more than forty years Dean of the Medical Department of the University of Louisville, and a great teacher of anatomy.

P. Yandell's address which is in great part reproduced herewith. This address, introductory to the course of instruction of 1852-1853, was delivered at a time when all the facts were known and by one who participat-

great men composing the faculty, the school continued upon a career of great prosperity and usefulness. Large classes filled its lecture-rooms, the professors wrote some of the most authoritative and erudite text-books of

that day, and by both the spoken and written word moulded medical thought and practice throughout a great and prosperous section of the country. In 1849 the Faculty was constituted as follows:

Samuel D. Gross, Professor of Surgery;

Rogers, Professor of Materia Medica; Daniel Drake, Professor of Theory and Practice of Medicine; Tobias G. Richardson, Demonstrator of Anatomy. Professor Cobb was Dean of the Faculty.

In 1852 Dr. Daniel Drake and Dr. Jebe-



DOCTOR WILLIAM BAILEY, A. M.

1833-1911

A teacher in the Medical Schools of Louisville from the days of the Civil War until his death; a medical veteran of the war; a member of the State Board of Health for a quarter of a century, and President at the time of his death; President of the State Society and of the American Public Health Association, and one of the most beloved physicians and consultants Louisville ever had.

Henry Miller, Professor of Obstetrics; Jebediah Cobb, Professor of Anatomy; Lunsford P. Yandell, Professor of Physiology; Benjamin Silliman, Professor of Chemistry; Lewis

diah Cobb resigned their chairs and were succeeded by Dr. Austin Flint and Dr. Benjamin R. Palmer. Dr. Austin Flint, a native of Massachusetts, had taught in Buffalo, New

York, and in New Orleans, before coming to Louisville. Later he aided in founding the Bellevue Hospital Medical College, in New York, where for many years he taught and practiced with eminent renown. Dr. Benjamin R. Palmer was a native of Vermont, and won distinction as a teacher of Anatomy.

Great names are these. They were borne by men of profound thought, intense energy and impressive personality. They moulded medical science as taught in America, and educated a generation of practitioners of medicine. While in Louisville Professor Gross wrote his famous treatise on Pathological Anatomy, and the first edition of his monumental work entitled a System of Surgery. While teaching in the University of Louisville, Professor Flint laid the foundation for his great text-book on the Science and Practice of Medicine. Professor Miller wrote his well-known treatise on Obstetrics published in 1849, which became a standard text-book. No two books in the history of American medicine have been so universally accepted by the profession as authoritative as were the works of Gross and Flint. Bound in strong sheep-skin they were to be found in the office of every American physician, in the city, hamlet and country, and were for many years the trusted guides in diagnosis, pathology and treatment.

As time advanced, with increasing population and improved facilities of travel, many changes have taken place, but throughout and until the present day, the University and its many graduates in all parts of the country have maintained its traditions. The history of this school is one of the most brilliant chapters in the medical annals of Kentucky. After more than a half century of prosperous achievement, the University was selected by unanimous vote as the parent school in merging the medical schools of Louisville. In 1907 the Medical Department of Kentucky University, Louisville's youngest medical school, was merged with the University of Louisville. The following year the Kentucky School of Medicine, the Louisville Medical College and the Hospital College of Medicine joined in the merger, and thereby united into one school under the title and charter of the Medical Department of the University of Louisville. It is gratifying to record that in this present time this famous old school, the only medical school in the Commonwealth, maintains a worthy position in the highest grade of American medical colleges.

II. THE KENTUCKY SCHOOL OF MEDICINE.

From time immemorial medical schools have been centres of professional jealousy, intrigue and antagonism. That this should be seems somewhat illogical when we realize that the faculties of the colleges were composed of men selected by reason of their ability, learning and distinguished position. Nevertheless, the lust of power and preeminence, the jealousies born of rivalry at close range, produce their logical results here as elsewhere in the field of human endeavor.

At the period of which we write, the medical schools offered the only direct avenue to prominence and leadership in the profession. Hospitals were few and primitive, medical literature was scant, and medical societies did not offer the opportunities of the present time. The professors in the medical colleges were accepted leaders and authorities of the time, and the colleges offered a sure road to distinction. Hence there were many aspirants for places in the faculties of the schools. Young men of high purpose and lofty ambition sought the subordinate positions in the colleges as a proper and legitimate method of improving their knowledge and advancing to prominence. In this way very naturally there soon became numerous applicants for each probable vacancy, and the most reasonable outlet for the congestion was the establishment of a new medical school.

The origin of such schools will almost invariably be found in factional strife within the faculties of established schools, facilitated by the numerous aspirants for professional positions outside the schools. In the early days such increase in the number of colleges was not without good results both for the colleges themselves and for the advancement of the profession. The competition which necessarily obtained, stimulated the teachers to better work and fostered a spirit of rivalry which was helpful to both teacher and pupil. It was only in later times, when schools were established for which there was really no good reason for their existence, that the multiplication of medical schools became *destructive* instead of *constructive* agencies of professional progress.

These observations are suggested by the fact that in 1850, when the Medical Department of the University of Louisville was firmly established in professional favor, occupying a new and commodious building, with large classes and a renowned faculty, application was made to the Legislature of Kentucky for charter of a new medical college to be known as the Kentucky School of Medicine, and to be located in the city of Louisville. The charter was granted, and at the head of its first faculty appears the name of Benjamin W. Dud-

ley, one of the most brilliant teachers in Transylvania University at Lexington, who had strenuously opposed his colleagues in the removal of that school to Louisville. Indeed Dudley had reorganized the faculty after most of his colleagues had removed to Louisville, and made a futile effort to maintain the old school at Lexington. The establishment of a rival school in Louisville was a continuation doubtless of Dudley's antagonism, aided by the natural desire of his associates in the new school for professional distinction.

will be found many names familiar in Kentucky medicine:

B. W. Dudley, Emeritus Professor of Anatomy and Surgery; John Hardin, Professor of Obstetrics and Diseases of Women and Children; Charles W. Wright, Professor of Chemistry and Toxicology; Henry W. Bullitt, Professor of Physiology and Pathology; Theodore S. Bell, Professor of Theory and Practice of Medicine; T. G. Richardson, Professor of Principles and Practice of Surgery; N. B. Marshall, Professor of Materia Medica and



DOCTOR WILLIAM H. WATHEN

1846--1913

Dean of the Kentucky School of Medicine for thirty years, a leading surgeon and gynecologist, president and active worker in the State Medical Society, and, as Medical Referee in Louisville, an important factor in the suppression of quackery in Kentucky.

While Dudley did not remove his residence to Louisville, he headed the faculty for several years as Emeritus Professor of Surgery, and gave to the new school the valuable aid of his great reputation and influence.

The new school brought together an able faculty of young and enthusiastic men, and attracted excellent classes. The following list of the faculty is copied from the annual announcement of the session of 1856, in which

Therapeutics; John S. Seaton, Professor of Anatomy; James M. Bodine, Demonstrator of Anatomy.

Among others will be observed Theodore S. Bell, afterward a learned Professor in the University; and Dr. James M. Bodine, for forty years the popular Dean and Professor of Anatomy in the University. Dr. T. G. Richardson, the Professor of Surgery, was a pupil of Professor Gross, of the University

faculty, and for several years a teacher of Anatomy at the University. He was the author of a text-book of Anatomy, and later a distinguished teacher of Surgery in New Orleans. He won a national reputation and was elected President of the American Medical Association.

During the great civil war this school was closed, but after the restoration of peace it reopened with a new and reorganized faculty. A few years later the faculty and trustees changed the time of holding the annual sessions from the fall and winter months to the spring and summer months, a change which subserved the convenience of many students of medicine. The school maintained its success and with an able faculty and large classes continued until merged with the other schools in the University of Louisville. At the time of the merger the school occupied a commodious college building of its own, and adjacent thereto a modern well-equipped hospital, also the property of the school.

III. THE LOUISVILLE MEDICAL COLLEGE.

On July 25, 1868 the surviving trustees of the Clay School of Medicine* met at the office of Dr. David Cummings in Louisville. The Board of Trustees was completed by the election of seven new trustees, and Hon. Littleton Cooke was elected President and Dr. B. M. Wible, Secretary. At the session of the Legislature of Kentucky in the winter of 1868-69 the charter was amended so as to change the name of the school to "The Louisville Medical College."

On January 29, 1869 the Board of Trustees elected the following professors: J. D. Burch and R. F. Logan, Anatomy; John Goodman, Obstetrics; Donald Maclean, Surgery; S. P. Breckenridge, *Materia Medica*; H. M. Bullitt, Physiology and Pathology; J. A. Ouchterlony, Theory and Practice of Medicine. The first session of the College was held in 1869-70.

During the following year, several important changes were made in the faculty, Drs. Burch, Logan, Maclean and Breckenridge retired, and Drs. E. S. Gaillard, J. A. Ireland, J. M. Keller, C. W. Kelley and J. W. Maxwell were elected professors. Later Dr. J. M. Holloway was received into the faculty.

The college at once met with favorable recognition from the profession, and the classes increased in number until the attendance quite equaled that of the University. It will

*The writer has not been able to find any record of the Clay School of Medicine beyond the mere mention contained in the minutes of the Board of Trustees of the Louisville Medical College. It is probable that a charter was obtained for such an institution, but no organization was perfected previous to this date.

be observed that this college was founded soon after the close of the great Civil War, during that period of rehabilitation in the southern states known as reconstruction. Many young men who had been in the army sought professional careers. The professors in the Louisville Medical College, with few exceptions, had served in the Medical Corps of the Armies, and their names were familiar to southern soldiers. The Dean, Dr. E. S. Gaillard, a native of South Carolina, owned and edited the *Richmond and Louisville Medical Journal*, a monthly medical magazine with wide circulation throughout the South. He was a cultured physician, an impressive teacher, and wielded a facile and trenchant pen.

Professor Henry Miller, long a prominent member of the Faculty of the University, accepted a professorship in the Louisville Medical College and was actively identified with the new school for a number of years.

This College maintained its prosperity with an able faculty and large classes until merged with the other schools into the University. The magnificent granite building now occupied by the Medical Department of the University was built by the Faculty of the Louisville Medical College.

IV. THE HOSPITAL COLLEGE OF MEDICINE.

In 1873, an additional Medical School was founded in Louisville, under the charter, and by authority of the Board of Curators of the Central University of Kentucky. This University was located at Richmond, and was organized by the Presbyterian Church in Kentucky. The Medical School was established in a building immediately opposite the City Hospital on Chestnut Street, and in its first announcement gave prominence to clinical teaching as its most distinctive feature. The Faculty was organized as follows:

Dr. E. D. Foree, Emeritus Professor of, and Lecturer on Diseases of Women; Dr. John J. Speed, Professor of the Institute of Medicine and Public Hygiene; Dr. James M. Holloway, Professor of General and Clinical Surgery; Dr. William Bailey, M. A., Professor of the Principles and Practice of Medicine and Clinical Medicine; Dr. John T. Williams, Professor of Descriptive and Surgical Anatomy; Dr. Wm. H. Bolling, Professor of Obstetrics and Diseases of Women, and Dean of the Faculty; Dr. John A. Larabee, Professor of *Materia Medica* and Therapeutics and Clinical Lecturer on Diseases of Children; Dr. Frank C. Wilson, Professor of Physiology and Clinical Medicine; Dr. Dudley S. Reynolds, Professor of Ophthalmology and Otology; Dr. J. B. Marvin, B. S., Professor of Medical Chemistry and Toxicology,

Dr. Martin F. Coomes, Demonstrator of Anatomy and Lecturer on Diseases of the Ear, Throat and Nose.

The first session was opened with a small class, but within a few years the Faculty was rewarded by increased patronage and favorable recognition. After a few years the school became well established, and graduated many physicians who attained distinguished positions in the profession. Later the time of holding the annual sessions was changed to the spring and summer months, and this greatly increased the attendance. The school was the first of the Louisville schools to adopt the three years graded course, and by doing so won the commendation of the profession. In later years important additions were made to the Faculty, a new college building was erected and also a commodious modern hospital was built adjacent to the college, thereby providing excellent clinical facilities. At the time of the merger (1908), the college had large classes and a strong faculty.

V. MEDICAL DEPARTMENT OF KENTUCKY UNIVERSITY.

In 1898 differences arose in the Kentucky School of Medicine which proved irreconcilable and terminated in complete disruption of the faculty of that institution. As a result a new school was established, all the professors, with one or two exceptions, having been teachers in the Kentucky School of Medicine. The new school received the approval of the Trustees of the Kentucky University located at Lexington, and the Faculty was empowered to use the title of that University. The Faculty was announced as follows:

Dr. Joseph B. Marvin, President; Dr. Thomas C. Evans, Dean; Dr. James M. Holloway; Dr. C. W. Kelley; Dr. Sam E. Woody; Dr. J. Garland Sherrill; Dr. Louis Frank; Dr. Leon L. Solomon; Dr. Henry Enos Tuley; Dr. Carl Weidner; Dr. W. Ed. Grant.

The first session was held in 1899, beginning in January and terminating in June. The members of this Faculty were experienced and successful teachers, widely known to the profession, and attracted from the beginning excellent classes. They devoted themselves to the work with great enthusiasm, and inspired their students with keen interest in the school. At the opening of the second session a building which had been purchased by the Faculty and remodeled to suit the requirements of medical teaching, was occupied and added materially to the facilities of the institution.

The school maintained a successful career, with growing classes, until 1907, when it was merged into the Medical Department of the University of Louisville.

VI. SUMMARY.

When in 1908 the medical schools were merged into one, transferring their properties and prestige, and joining their alumni into one body, under the title of the Medical Department of the University of Louisville, a new era was born in the history of medical education in Kentucky. The transition from the old order to the new regime was the result of the irresistible forces of evolution, whereby medicine became intimately connected with biological and other allied sciences. Medicine became a science and ceased to be empirical, and medical education conformed to the inevitable change.

The old system was the outgrowth of the apprenticeship which in early days was the established form of medical pupilage. A prospective physician or surgeon became the apprentice of an established physician, usually one connected with an hospital, and often lived in the master's home. He paid a certain sum for board and tuition. Later this relation was known as preceptor and office pupil, which continued until very recent times. Then several physicians and surgeons, usually connected with the same hospital, banded themselves together, teaching different branches, and took pupils in common, the student paying each teacher by taking his ticket for admission to his lectures. Thus was established the so-called proprietary medical schools, which were enlarged from time to time to meet the advancing requirements of the medical curriculum.

Much adverse criticism has been visited upon the medical schools which were the outgrowth of this system of teaching. While many evils undoubtedly existed, and the commercial spirit became dominant in some places, to the shame of the profession, these were more the exception than the rule. Strictly speaking, all the medical schools in America would have to come under the head of proprietary schools in the times of which we are writing. While in many instances the college property was owned by a University or Board of Trustees, the Faculty conducted the business of the college, paid the expenses and divided the students' fees among the professors. This was true of the famous schools in Philadelphia, New York and Boston as well as in other parts of the country. This system of education was the outgrowth of conditions then existing in the United States. The population was scattered over a wide territory, and more doctors were required to serve the people than would obtain in a smaller area with dense population. In the greater part of the country educational facilities were inadequate to justify a high preliminary requirement of the medical student.

In Louisville, while the University of Louisville owned the building, and Central University of Kentucky owned the building of the Hospital College of Medicine, the connection between these Universities and the medical schools was merely nominal and the schools were conducted entirely independent of the university authorities.

In the independent medical colleges, the Boards of Trustees exerted practically no control over the standards and management of the colleges, the faculties being in unrestricted authority. Indeed, as a rule, the members of the Board of Trustees took only a nominal interest in the colleges. Under this system with all its abuse of privilege, hundreds of competent and skilled physicians were educated and the *esprit de corps* of the profession was maintained throughout. The leading medical schools voluntarily, and often at personal pecuniary sacrifice, made extensive and costly improvements in their facilities for teaching. Under the new regime the laboratory and the hospital ward have replaced the amphitheatre and crowded lecture room. Demonstrative teaching and clinical training by professional teachers have taken the place of the teachers who were both teachers and practitioners. The prolonged course of pupilage and the preliminary education necessary for scientific study are making a new generation of doctors, wherein scholarship and scientific attainments are the rule instead of the exception.

The medical schools are now integral parts of universities, and conform to the university system of teaching. Laboratories and hospitals afford the student unlimited facilities for study and training. A college education with special instruction in biology, chemistry and the Latin language are requisite conditions for admission to the study of medicine, and the college diploma is no longer a license for practice.

The old system had its day, and the man who instructed with lecture and quiz prepared the way for the greater achievements of the present age. The science of medicine has made wonderful strides in these latter years, but there were great men and master minds in the olden time.

LEWIS S. McMURTRY

HOW LOUISVILLE SUCCEEDED LEXINGTON AS A CENTER OF MEDICAL EDUCATION.*

By LUNSFORD P. YANDELL, Sr., M.D.

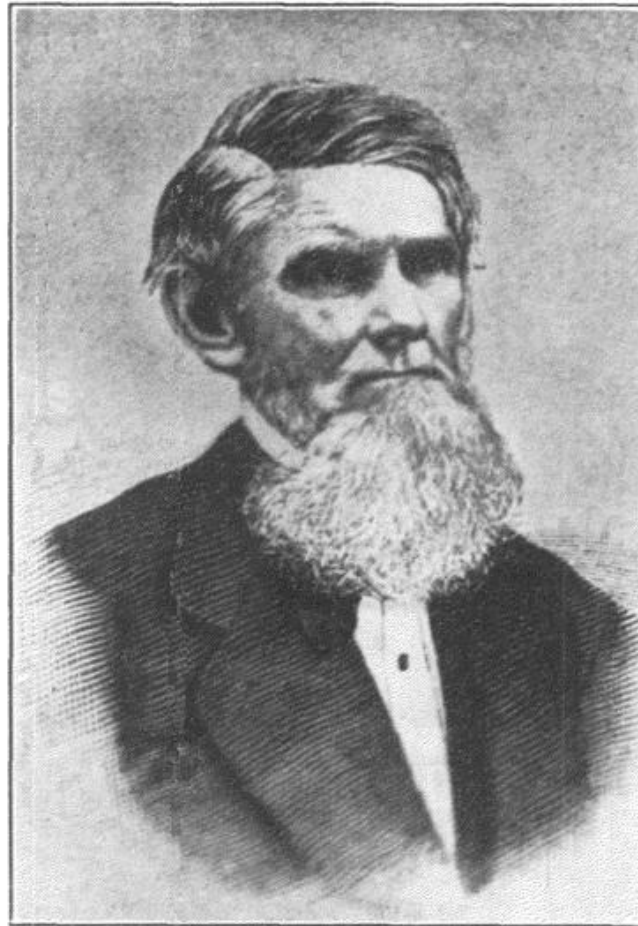
Our country was slow to embark in the medical instruction of her own sons. A century and a half after the colonies were settled the medical students of America were still obliged to repair to the colleges of Europe for the completion of their studies. It was not until the University of Edinburgh had been attracting scores of young American physicians across the sea for forty years, that any serious effort was made to establish a medical school on our continent. This honor belongs to Dr. John Morgan, who, by an address remarkable for its earnest and sound argument, prevailed upon the trustees of the college of Philadelphia to found the institution now represented by the Medical Department of the University of Pennsylvania. This first American school of medicine was organized in 1765, while Dr. Franklin presided over the College. Three years afterwards a similar institution was founded in New York, but failed to command the success which has attended the Philadelphia school. A medical faculty was appointed in 1782 to give lectures on the different branches of medicine in Harvard University; and in 1804 Dr. John B. Davidge laid the foundation of the medical school at Baltimore. He had returned a few years previously from the University of Edinburgh, where he formed the resolution, in common with his fellow-students, Dr. Hosack, and Dr. Samuel Brown, of establishing a medical school in his native country. I have heard him relate, that the project appeared to the student of the old country extremely absurd, and they made great sport of the embryo professors of America. The opening of his enterprise was anything but auspicious; his first class numbered only six, and his second had but one addition to it. The rise of the other early American schools, though not quite so gradual as that of my old preceptor and friend, was by no means rapid when compared with those of our day. It remained for the West fully to develop the activity of such institutions.

The tide of immigration had been pouring into the Valley of the Mississippi for more than thirty years, and the then Western states were still without a medical school. Such students as could afford the necessary means resorted to the Atlantic colleges; those who were unable to incur the expense entered

*Extracts from the Introductory Lecture of Dr. Yandell, Delivered November 1, 1852.

upon the practice of their profession without the advantage of public instruction. Kentucky, the pioneer of the new states, took the lead in medical education. With whom the thought of founding a medical college in Lexington first originated,* it is perhaps impossible now to ascertain, but as early as 1816 some steps had been taken in that direction.

in the Faculty of the Medical Department of Transylvania University. These gentlemen delivered a course of lectures to a class of twenty students, of whom Dr. W. L. Sutton, the First President of the Kentucky Medical Society, is one of the surviving members. The result of this enterprise does not appear to have been satisfactory; troubles originated in



DOCTOR LUNSFORD P. VANDELL, Sr.

1805--1878

A teacher and writer of great industry and ability, and President of the State Medical Society at the time of his death.

In that year lectures were delivered by Dr. Wm. H. Richardson while yet an under-graduate in medicine. In 1817 he was associated with Dr. Benjamin W. Dudley, Dr. Daniel Drake, Dr. James Blythe, and James Overton,

*It would appear that Dr. Vandell was not advised of the fact that "Early in 1809 at the first meeting of the Trustees of the new Transylvania University, they instituted 'The Medical Department' of College of Transylvania, which subsequently became so prosperous and celebrated, by the appointment of Doctor Samuel Brown as Professor of Chemistry, Anatomy and Surgery, and Doctor Frederick Ridgely, as Professor of Materia Medica, Midwifery and Practice of Physic"; that both these gentlemen accepted the duties, lectures and instructions being actually given by them and their successors in the intervening years up to 1815, when the school was reorganized and put on a more permanent basis.

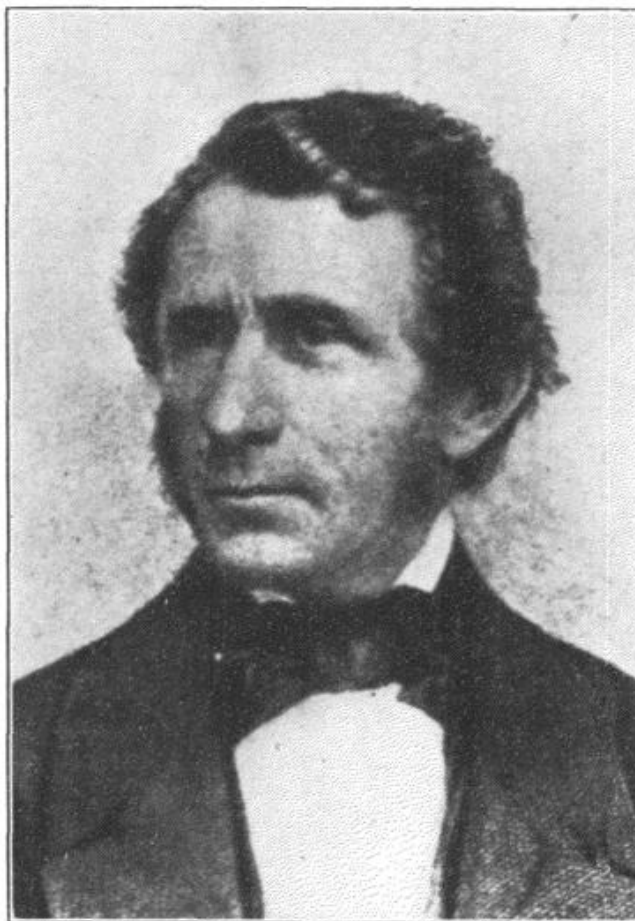
the Faculty, and the school was suspended after a single session.

In the summer of 1819 the Faculty was reorganized, Dr. Chas. Caldwell and Dr. Samuel Brown taking the place of Dr. Drake and Dr. Overton, the first of whom had in the meantime returned to Cincinnati, and the latter had removed to Nashville. Dr. Caldwell brought with him from Philadelphia a high reputation both as a writer and a lecturer. Dr. Brown was a man of showy parts, of varied learning, of fine person, and elegant address. Dr. Dudley had already given promise of that rare surgical skill which has since rendered him so distinguished. Dr. Richardson had

the reputation of being a successful practitioner of obstetrics, and was recommended by cordial and popular manners. Dr. Blythe, the professor of Chemistry, was a learned Presbyterian clergyman, and his connection with the school was calculated to conciliate that large and influential body of Christians.

Under the direction of a Faculty thus constituted it became at once manifest that the Medical Department of Transylvania University was soon to exhibit an example of

new enterprise and had in it all the excitement of novelty and hope. Its Faculty was ardent, zealous and gifted. It was situated in the midst of a wide country rapidly increasing in population. The first session of the school opened with a class of 37 pupils; its second class numbered 93; its third 138; its fourth, 171. Before the commencement of the fifth session, Dr. Drake, who had made an abortive effort to found a similar institution in Cincinnati, was united to the Faculty, as



DOCTOR DANIEL DRAKE

1785--1852

Easily one of the ablest and most versatile medical men of his age. A great teacher and writer, and author of "A Systematic Treatise on the Principal Diseases of the Interior Valley of North America," and other works of great value.

prosperity at that time unparalleled in the history of medical schools. Its location had great advantages at the time. Lexington, from its literary eminence, had acquired the title of "The Athens of the West." It was the commercial as well as the literary emporium of the Western States. The late Dr. Horace Holley, at that time President of the University, with powers of display seldom equalled, conferred upon the institution a remarkable lustre. The medical school was a

Professor of Materia Medica. The number of the succeeding class was 200; and that of the sixth, 234. At the end of this session, Dr. Brown resigned the chair of Theory and Practice of Medicine, to which Dr. Drake was transferred, and Dr. Chas. W. Short was elected Professor of Materia Medica and Medical Botany. The ensuing class, in the autumn of 1825, numbered 282 students. The one which followed was not so large, and the next declined to 190. At the termination of this ses-

sion, Dr. Drake resigned his professorship. In the summer of 1827, Dr. John Esten Cooke, who had attracted the attention of the profession by some able papers in the *Medical Recorder*, and by his "Pathology and Therapeutics," the first volume of which had just been published, was invited from Winchester, Virginia, to the chair of Theory and Practice. The number of students the following winter was only 150; but the next session exhibited an increase, and for several years the classes continued steadily to grow. In the spring of

the minds of the Faculty, that the school had filled up the measure of its usefulness. Lexington, the most eligible site for a medical school when this was organized, was now admitted to be deficient in some of the elements essential to the establishment of a great and enduring institution. With the advancement of medical science in our country it had ceased to be able to satisfy the demands of the profession. It had no hospital, and furnished very precarious and inadequate means for anatomical study. In the winter of 1835-36 it



DOCTOR JOHN ESTEN COOKE

1783--1853

1831, Dr. Blythe resigned the chair of Chemistry, and the writer of this narrative was appointed his successor, with the late Mr. H. Hulbert Eaton as assistant. Unfortunately for science, this promising young man was cut off after participating in a single course of lectures, dying of pulmonary consumption in the 23rd year of his age.

The institution in 1835 was again in a highly flourishing condition. Its classes had risen above 260. To the eye of the common observer all about it gave promise of stability; but appearances were deceptive, and in the midst of such success the conviction was forced upon

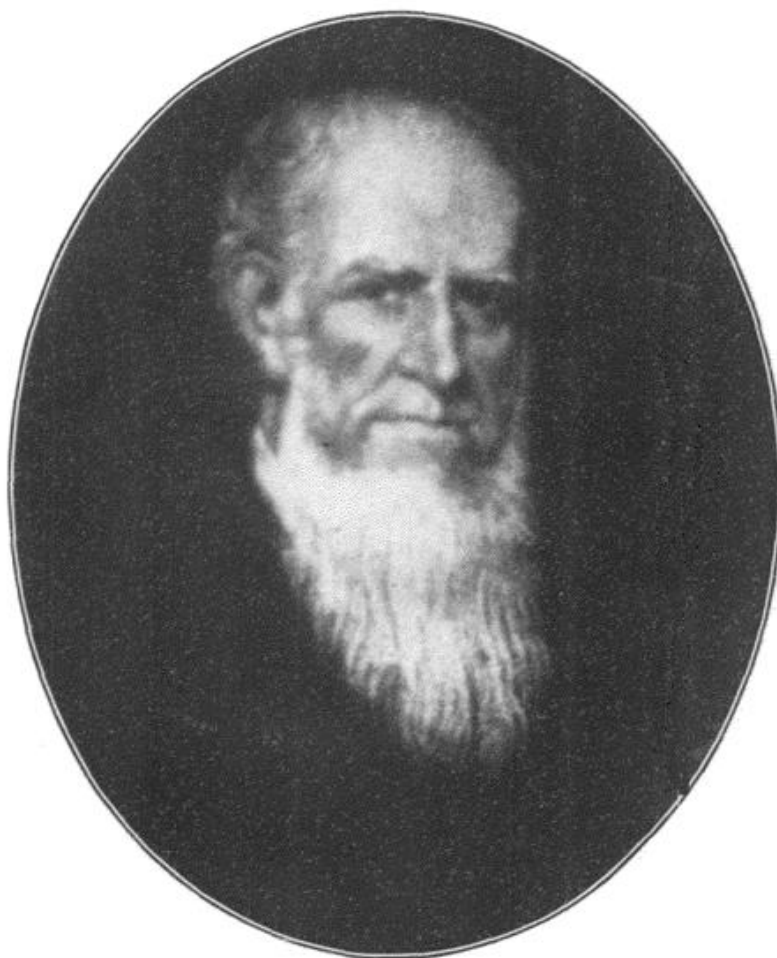
came to be felt and acknowledged by the Faculty that the department, if it was to be maintained in the position of ascendancy which it had enjoyed from the beginning, must be transferred to a situation possessing more advantages than were then afforded by that beautiful city. Louisville suggested itself to the mind of every member as a point combining all the facilities for a medical school, and accordingly in the spring of 1836 it was resolved, with entire unanimity, to attempt to remove it to this place.

When the period for carrying out this resolution arrived, it was ascertained that the

measure was impracticable; the professors might remove to Louisville, but the citizens of Lexington and the Trustees of the University would not entertain the proposition to transfer the Medical Department. The agitation of the question led to dissensions among the professors, and finally to a dissolution of the Faculty; three of the members, Dr. Dudley, Dr. Richardson, and Dr. Short remaining in Lexington, Dr. Caldwell, Dr. Cooke and myself accepting places in the Louisville Medical Institute.

The Medical Institute of Louisville was

ed by these resolutions of the citizens to grant the square bounded by Eighth and Ninth, and Chestnut and Magazine Streets, to the Managers of the Medical Institute; and they further resolved to erect necessary buildings for a Medical school at a cost not to exceed \$30,000, and to advance in cash for the purchase of a library, anatomical museum, and the requisite apparatus, an additional sum of \$20,000. On the 11th of April the Board met, and accepted the donation of the city. During the summer six professorships were filled, Dr. Miller, who resigned his chair



DOCTOR CHARLES CALDWELL

1772--1853

chartered by the Legislature of Kentucky on the 2nd of February, 1833, and various attempts were made without success to put it in operation; at length the citizens becoming interested in the project, a town meeting was held, at which on the 30th of March, 1837, it was resolved that there ought to be a college in the city of Louisville, with Medical and Law Departments, and that it was expedient that the Mayor and Council should proceed at once to endow the first of these.

The Mayor and the Council were prompt-

in order that the Board might be entirely unembarrassed in making their new arrangements, being appointed to the chair of Obstetrics, Dr. Cobb to that of Anatomy, and Dr. Joshua B. Flint to that of Surgery. To Dr. Caldwell, Dr. Cooke and myself were assigned the chairs which we had respectively held in Transylvania University, namely, Institutes of Medicine, Theory and Practice, and Chemistry. Subsequently I was transferred to the chair of Materia Medica, and for one

season delivered lectures on that branch as well as chemistry.

The first course of lectures in the Medical Institute was delivered in the upper rooms of the City Work-House, which stood upon the site of our present edifice, to a class of 80 students. The appearance and appointments of the old structure in which we were to commence our labors were unattractive, straitened, and comfortless enough; and now as I look back upon the new enterprise I can see

nati and accept the chair of Theory and Practice of Medicine there. One-half of the Faculty which had reared the school and conferred upon it a full share of its reputation, still remained identified with it. It had a widely extended, influential, and devoted corps of alumni upon which it could rely, and it had a name among the medical institutions of the country which the success of nineteen winters had been constantly strengthening and extending.



PROFESSOR SAMUEL D. GROSS

1805--1884

From a photograph made in 1860

One of the famous surgeons of the world, and a great teacher and author. One of the organizers and early Presidents of the State Medical Society of Kentucky, and the American Medical Association.

that there were discouragements attending it which might justify the misgivings of many of its friends. The Lexington school was again fully organized. The citizens were roused by the attempt to transfer to a rival city an institution which had been so long a cherished object of their pride, and were resolved to sustain it. Dr. Eberle, at that day one of the most popular authors and teachers in the country, had been induced to leave Cincin-

Such was the School in the face of which the Medical Institute of Louisville was to rise, nor was Transylvania the only powerful rival in its neighborhood. The Ohio Medical College, though crippled by the withdrawal of Dr. Eberle and Dr. Cobb, was again organized, and with many other advantages could boast of a reputation as ancient as that of the sister institution at Lexington. The Cincinnati Medical College was also contending vigorous-

ly for the first rank among Western Medical Schools, and when I tell you that Dr. Drake, Dr. Parker, of New York, Dr. McDowell, of St. Louis, the late Dr. Harrison, of Cincinnati, and Dr. James B. Rogers, of Philadelphia, Dr. Rives, now of the Ohio Medical College, and my colleague, Dr. Gross, composed its Faculty, you can judge with what chances there were of success. Not a few of our friends were dependent. It was doubted whether we should have any students at the time we proposed to commence our first course, and some of us were kindly advised to give up the project as hopeless.

But not so thought the Faculty. To their minds it was evident that the enterprise must prosper. It could not be doubted that Louisville, from its geographical position and many other natural advantages, must become the seat of a great medical school, and the citizens had wisely decreed the means necessary to its establishment.

Our first class, I have mentioned, numbered 80 students, of whom 27 received the degree of M. D. in the spring. The class at Lexington numbered 230, which was only about twelve short of the preceding class.

It was a notable effort to found the first medical school in the West. It placed a liberal medical education within the reach of hundreds of meritorious young men who must otherwise have grown old in their profession without its advantages. The Transylvania medical school was a source of substantial blessings to the country. They who founded it and by their labors gave to it its brilliant reputation, were pioneers in medical education, benefactors of their profession and their race, and as such their names will live in the memories of men.

Those who came to establish the medical school at Louisville were also pioneers. They were still bearing forward the light of our beneficent science in the direction in which the "Star of Empire" has so long held its way. When the steeple which surmounts this edifice was erected, it was the last reared in honor of medicine upon which the sun shone in his journey down the evening sky, the first to greet the traveler coming from the "far west." Now it is one of the old schools; so rapidly do such institutions grow up in our progressive country.

On the 22nd of February, 1838, the corner stone of this building was laid with Masonic honors, in the presence of a great concourse of citizens, and the second course of lectures was delivered in these rooms. At the close of the first session, it appearing desirable to fill the vacancy in the Faculty by the introduction of Dr. Short, who had again, after the dissolution of our faculty, accepted a chair in the Lexington school, I resigned the professorship of *Materia Medica* and was ap-

pointed by the Board of Trustees to the chair of Chemistry. The election of Dr. Short completed the organization of the Institute. A member of the Faculty was commissioned by the Trustees to visit Europe for the purpose of increasing the library, chemical apparatus, anatomical models and preparations, and other materials of illustration for the school. The second session opened under favorable circumstances. The new and splendid edifice presented a strong contrast to the old rooms in which the incipient exercises of the institution were conducted; and the fine library and suites of apparatus arrived from Europe in good season to render the preparation for teaching the several branches complete. The second class numbered 120.

In the summer of 1839, the Cincinnati Medical College suspended operations, and Dr. Drake, its founder, was elected Professor of Clinical Medicine and Pathological Anatomy in the Medical Institute, a chair created by the Board of Trustees, on the recommendation of the Faculty, for the purpose of securing the services of that experienced and able teacher. It is worthy of remark that although the effect of this innovation was to raise the tuition fees of the Institute above those of all the neighboring schools, it caused no abatement, but rather an increase in the ratio of its growth. The number of its third class was 205. At the end of this session Dr. Joshua B. Flint retired from the school, and was succeeded in the chair of Surgery by its present incumbent, Dr. Samuel D. Gross.

The class had now grown to be so large that the usual mode of giving clinical instruction, the students following the professors through the wards of the hospital, and catching, as they could, the remarks made at the bedsides of the patients, was found to be ineffectual; and in order that this most important branch of medical teaching might be rendered efficient and useful, the Faculty determined, with the consent of the City Council, to erect a clinical theatre adjoining the Marine Hospital. The following course of lectures was delivered to 209 students, and no portion of it was more satisfactory than that which was given in the clinical amphitheatre. The effect of the improvement was felt to be most salutary. The succeeding class numbered 268.

In consequence of the embarrassed state of the country, the number of students declined the ensuing session, and was only 190; but the institution soon recovered from the temporary depression and the following years exhibited a rapid increase. Its sixth class reached 246; its seventh 290; and its eighth, 347. It was now confessedly ahead of all the neighboring schools, and probably behind none in the country except the two principal schools of Philadelphia.

During the winter of 1843-44, Dr. Cooke,

who had retired to a farm in the neighborhood of Louisville, gave notice to the Board of Managers that he would vacate his chair in the spring, a step which his declining health shortly afterwards would have rendered necessary. He was the first of those who had taken part in the organization of the school to resign his seat in it. The peculiar medical theories and practice of this original man have been extensively commented upon, and are known to every one who has read much of American medicine. Whatever may be the judgment of medical men concerning these,

the Legislature of Kentucky granted a charter for the University of Louisville, of which the Medical Institute was constituted the Medical Department. By the provisions of the charter, the Board of Trustees were to be elected by the City Council, and to hold office for a limited period, instead of filling their own vacancies, and continuing in office for life, as under the original charter. The first class that assembled in the Medical Department of the University of Louisville numbered 353 students, and the second rose to 406. This was in 1847, ten years from the com-



DOCTOR AUSTIN FLINT, Sr.

1812--1886

there can be among those who have known him intimately but one opinion as to the purity and excellence of his character. However mistaken he may have been in any of his views, no one ever doubted his sincerity. No one ever associated long with him without the conviction that he was a just, upright, and thoroughly honest man. The feeble state of his health has compelled him entirely to abandon his profession, and for several years past he has lived on his farm, in Trimble county, on the banks of the Ohio.

In February, 1845, during its eighth ses-

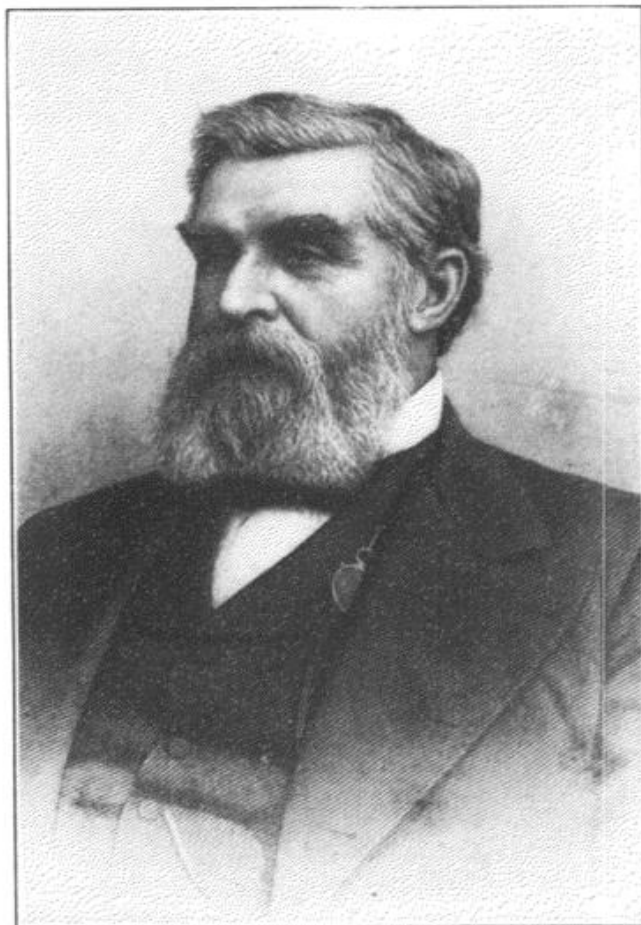
mencement of the enterprise, and I suppose I am safe in saying, that no medical school ever attracted so many students in so short a time. The number, the ensuing session, was 333.

Extensive changes in the Faculty took place after the close of this session. In February, 1849, Dr. Drake signified to the Board of Trustees that he would resign his professorship at the end of the term. Later in the season the chair held by Dr. Caldwell was vacated; and in June, Dr. Short carried into effect a wish which he had long indulged, of

retiring from the turmoil which seems to be inseparable from medical schools. These professors were all men experienced, learned, and widely known. Dr. Caldwell was for many years one of the chief ornaments of Transylvania University, and by his energy and industry, his great learning, and his eloquence, had contributed a full share to its rapid rise and wide popularity. He was far more actively concerned than any of his colleagues in procuring from the city of Louisville the noble

would have taken a high rank in any medical school. Dr. Short differed in the character of his mind from both of his distinguished colleagues, but possessed qualities which rendered him a most valuable officer. His high scientific attainments, the soundness of his judgment, his dignity and urbanity of manners, his amiable temper, and blameless life, added character and weight to the institution.

These eminent teachers were succeeded by Dr. Elisha Bartlett, Dr. Lewis Rogers, and Dr.



DOCTOR SAMUEL M. BEMISS.

1821-1884

A teacher in the University of Louisville in early life, and second State Registrar of Vital Statistics in Kentucky. Was a leader in the profession of New Orleans, both as a teacher and practitioner, and a member of the National Board of Health after leaving Louisville.

endowment of the Medical Institute, and his reputation for learning and originality had been of the greatest service to the institution in its earlier years. Dr. Drake was at the height of his popularity, and in the full maturity of his intellect. As a lecturer or writer, he had made himself known to every educated American physician. With an unflinching zeal in his profession, untiring industry, a mind singularly active, vigorous, and comprehensive, and an elegance which never failed to excite and gratify the interest of his pupils, he

Benjamin Silliman, Jr., the latter in the chair of Chemistry, the Board of Trustees having done me the honor to assign to me the department of Physiology and Pathological Anatomy. The influence of so extensive a revolution was feared by some, but the sequel proved that the institution had become sufficiently established in the confidence of the public to bear the change without loss. The number of the succeeding class was 376, a gain of more than forty upon the one of the

previous year, and the largest but one ever attracted to the University.

The prospects of the school were never brighter than they appeared to be at the close of that session. There was not a speck to be descried upon its horizon in any direction. Its Faculty was united and harmonious; its pupils had retired to their homes in the most favorable temper: it had been now for several

years in New York. Dr. Drake was recalled by the Board to the professorship which he had formerly held, and Dr. Gross was succeeded by Dr. Paul F. Eve, of the Georgia Medical College, at Augusta. The number of students the session ensuing was 282.

At the close of his first course of lectures in New York, Dr. Gross returned to Louisville, and Dr. Eve resigned the chair of Surgery



DOCTOR TOBIAS GIBSON RICHARDSON.

1827-1892

Teacher, Author, Surgeon. One of the Founders of the Kentucky State Medical Society. One time President of the American Medical Association. The later years of his life spent in New Orleans.

years far in advance of all the western schools; all the omens were auspicious. But before the opening of another collegiate year, the Trustees were called upon to fill two vacancies in the faculty. Dr. Bartlett and Dr. Gross, late in the summer of 1850, resigned their places, and accepted chairs in the Uni-

versity of New York. Dr. Drake was recalled in 1851, and Dr. Eve, who had generously relinquished a place to which he felt that his friend had stronger claims, was invited to a chair in the medical school about to be organized at Nashville. The number of the class, as you are aware, was 262.

HENRY MILLER, M. D.

By H. M. GOODMAN, M. D., Louisville.

Henry Miller was born in Glasgow, Kentucky, November 1, 1800. His father, who was one of the first three settlers of Glasgow, was a native of Maryland. After having received a good common school education, at the age of seventeen, he entered upon the study of medicine, in the office of Drs. Bainbridge and Gist, in his native town, where he remained two years. He then entered the Medical School of Transylvania University, in Lex

tute, the first school of Medicine founded in that city. The faculty with which the institution started was one of distinction, comprising Drs. Charles Caldwell, John Esten Cooke, Lunsford P. Vandell, who had been members of the Transylvania Medical School, and Drs. Cobb and Flint. The list was completed by the appointment of Dr. Henry Miller to the chair of Obstetrics. The school was, in 1846, merged into the University of Louisville, Dr. Miller retaining his professorship until 1858. Having served continuously for twenty-three years and feeling the need of a change, he,



DOCTOR HENRY MILLER

1800--1874

ington, where he graduated in 1821. Such was his proficiency that he was at once appointed demonstrator of anatomy, in which position he laid the foundation of the high reputation he achieved later. Subsequently, he attended a course of lectures in Philadelphia and, upon his return to Kentucky, began the practice of medicine in Glasgow. In 1827, he moved to Harrodsburg, Kentucky, and practiced his profession with success until 1835, when he was called to Louisville to aid in the organization of the Medical Insti-

in that year, resigned his chair and devoted himself to his private practice. In this, his great skill and thorough knowledge of his profession gave him a large patronage and he soon became a favorite family physician. In 1867, he was recalled to the institution, and was for two years, professor of medical and surgical diseases of women, when he again resigned. Subsequently, he accepted a similar chair in the Louisville Medical College, holding it at the time of his death, which occurred February 18, 1874.

Dr. Miller was an extensive writer upon medical topics and, in addition to many monographs on various subjects, was the author of two standard medical works. The first, entitled, "Theoretical and Practical Treatise on Human Parturition," was published in 1849, and the second, "Principles and Practice of Obstetrics," several years later. The latter became the text book in most of the schools of the day, and still ranks among the very first in this day medical literature, as a standard authority, especially the chapters relating to the Mechanism of Labor, which have been but slightly changed since he first published his views. He enjoyed to an unusual degree the satisfaction of being recognized and appreciated in his lifetime, instead of looking forward to posthumous fame. By both the medical fraternity and the laity, he was esteemed, honored and beloved. In addition to his membership in many local and state societies, he was a member of the American Medical Association, and its president in 1859. In religious association, he was a Presbyterian. His style was particularly terse and lucid, his judgment admirable, his success eminent. It is not too much to say that there is not a living pupil, of the thousands who listened to his lectures on uterine hemorrhage, who can not vividly recall the picture, when he said with characteristic earnestness, "the Hand,—the Hand,—Gentlemen."

His wife, to whom he was married June 24, 1824, was Miss Clarrissa Robinson, daughter of William and Clarrissa Robinson, of an old Virginia family. Of the children born to them six attained maturity. Dr. Wm. E. Miller, George Miller, Dr. Edward Miller, Mary Miller, Henrietta Miller, and Caroline D. Miller, wife of Dr. John Goodman of Louisville.

DR. THEODORE S. BELL.

By HENRY A. COTTELL, A.M., M.D. Louisville.

Theodore Stout Bell, philanthropist, physician, teacher, writer and philosopher, was born in Lexington, Kentucky, in 1807. He was of humble parentage and, losing his father in childhood, was put to work for the support of his widowed mother. He began life as a newsboy and later learned the tailoring trade. His love of learning soon asserted itself, and in spite of unfavorable surroundings he made real advancement in the acquisition of knowledge. The words of Edward Holmes, spoken of a famous old-world musical genius, appropriately apply to Bell: "Such a career is hardly to be conceived unsupported by the consciousness of a great destiny, and its secret sustainings from within." Indeed, the only evidence of vanity he ever displayed was in the exhibition of the needle with which

he supported himself and mother while he was acquiring the rudiments of his education.

He was ably assisted in his studies by Mr. James Logue, a learned teacher of Lexington, who without pay devoted his after school hours to teaching this boy, whose talents gave promise of a brilliant future. Later Bell studied with the great surgeon, Dudley, who found for him a way to enter the Transylvania School of Medicine, from which he graduated in the year 1832, and soon thereafter came to Louisville, where for 52 years he lived and labored for the fame of medicine and the glory of humanity. Though no politician there was no public measure for good that did not enlist his sympathy and support. Notably in this line was his effort to bring the Transylvania University to Louisville. This failing, he was largely instrumental in the creation of the Louisville Medical Institute, which called Caldwell, Yandell and Cooke to Louisville, and out of which grew the University of Louisville. He wrote voluminously in behalf of the development of his City, and in favor of public improvements.

He was editorially connected with the *Louisville Journal* and was the family physician of its great editor, George D. Prentice. In 1838, with Dr. L. P. Yandell, Sr., he founded the *Louisville Medical Journal* and later, in 1840-41, with Yandell and Dr. Henry Miller, established the *Western Journal of Medicine and Surgery*.

In 1857 he was made professor of the Science and Art of Medicine and Public Hygiene in the University of Louisville, a position which he held until his death. In 1833 he married Susanne Hewitt, a sister of one of Louisville's most famous physicians Dr. R. C. Hewitt. To this union was born one child, a son, Carson Hewitt Bell. In 1861 he was made president of the Kentucky branch of the United States Sanitary Commission. The Kentucky Institute for the Blind, for whose promotion he labored with fond solicitude, under his influence and wise counsel as president of its board of visitors, became one of the foremost institutions of its kind in America.

Dr. Bell was a man of vast and varied learning, and a writer of peculiar grace and force. His medical writings embrace a wide range of topics but his favorite themes were hygiene and the epidemic diseases. His career antedated the bacteriological era. It is true that the *Bacillus Anthracis* had been seen in the blood of infected animals by Pollender in 1849 and by Davaine in 1850, who, in 1863, demonstrated its causal relation to Charbon, and that Pasteur in 1879 established its identity by pure culture, and that Koch had discovered the bacillus tuberculosis in 1882, but Bell did not live to see the era of bacteriological medicine, nor did he ever come to a

clear understanding of the causal relation of microbes to anthrax and tuberculosis; while he scorned the doctrine that epidemic diseases like cholera, yellow fever, the bubonic plague, and malaria, could be caused by anything but his three etiological factors, heat, moisture, and vegetable decomposition, and the statement that malaria is caused by a plasmodium carried by the mosquito, would have shocked his nerves beyond recovery. So powerfully, and so plausibly did Dr. Bell urge and seemingly demonstrate his erroneous theories that

Louisville. His memorable "isothermic line" so far as it defined the limits of the great epidemics, like Mason and Dixon's Line and its supposed limitation of the area of slavery, went into the limbo of the unproved and impracticable. Dr. Bell was a savage controversialist and in his many word battles generally downed his opponent with the scorn of invective sarcasm, yet he was gentle and affectionate in disposition, loving his friends and not hating his enemies.

He was an almost incessant reader, having



DOCTOR THEODORE S. BELL

1807--1884

they attracted the attention of medical magnates abroad and caused some of his students to go to their death in certain yellow fever, and cholera, epidemics of the South, vainly trusting in his sovereign prophylactics, to-wit: high sleeping apartments, and quinine; while many of our citizens lost their lives in the epidemic of 1878, because of his unequivocal contention that yellow fever could not develop a single indigenous case, in a place of the latitude, and daily mean temperature, of

his tables and even his bed piled with books which he read and studied far into the night, allowing himself only four hours of the twenty-four for sleep.

Dr. Bell was, in the true sense of the word, a Christian man. No life more fully than his illustrated the teachings of Jesus Christ. He sold all that he had and gave to the poor, and literally took no thought for the morrow, knowing that He who marks the fall of the sparrow and heeds the young raven's cry for

food, would keep his covenant with his aged, faithful servant.

He died alone and unattended, but this was as he wished to die. At least it was his oft expressed desire that he might fall with the harness on. On the day before his death he was, though in very feeble health, attending to his practice, and on the morning when his dead body was found, it was evident from the condition of the room that he had passed much of the night at his desk with his books, as was his wont. This seeming austerity of manner argues none in heart. No man had more friends than Dr. Bell; no man loved his friends better than he, or was better loved in return by his friends. His death, although his span of life had measured almost the full limit of the Psalmist, carried sorrow to very many hearts, and seem to awaken in the whole community the sense of an irreparable loss. Thousands thronged to view his body as it lay in state, and his obsequies were those of a patriarch.

It is fitting that we close with the eloquent tribute written by Dr. E. S. Gaillard, who, during his sojourn in Louisville, was editor of the *Richmond and Louisville Medical Journal*, and a professor in a rival school. He had more than one tilt with Bell, who had scorned him most unmercifully. Dr. Gaillard's feet were on the brink of the dark river when he wrote this noble, just and forgiving tribute: *De mortuis nil nisi bonum*:

"He deserved well of his generation, and whatever may be the encomiums it shall render, the just will say that he was worthy of them all. Even those who were not permitted to be the intimates of Dr. Bell must feel sad over the end of such a life; over the lonely termination of a life so strong, so useful, so worthy, so admirable; this sad, almost mysterious passing away of a rugged, lonely, strong and genuine man. How like his last days to those of Thomas Carlyle: secluded, sad, yet laborious, independent, useful. The last day, the last hours, spent in work; and when the golden bowl was broken it was, as ever, beside the fountain where it had so often been filled to overflowing. Where else should the mental laborer wish to die, if not amid the silent companions of his life-work? A lonely, solitary death; but an eloquent one, for it declares the choice and the character of a well-spent life!"

DAVID W. YANDELL, M. D., L.L. D.

A Loving Tribute by His Daughter,
MRS. MARIA YANDELL ROBERTS.

David Wendel Yandell was born on the 4th day of September, 1826, at Craggy Bluff, his father's country home, six miles from Murfreesboro, Tennessee, a spot whereon was fought one of the bloodiest battles of the Civil War.

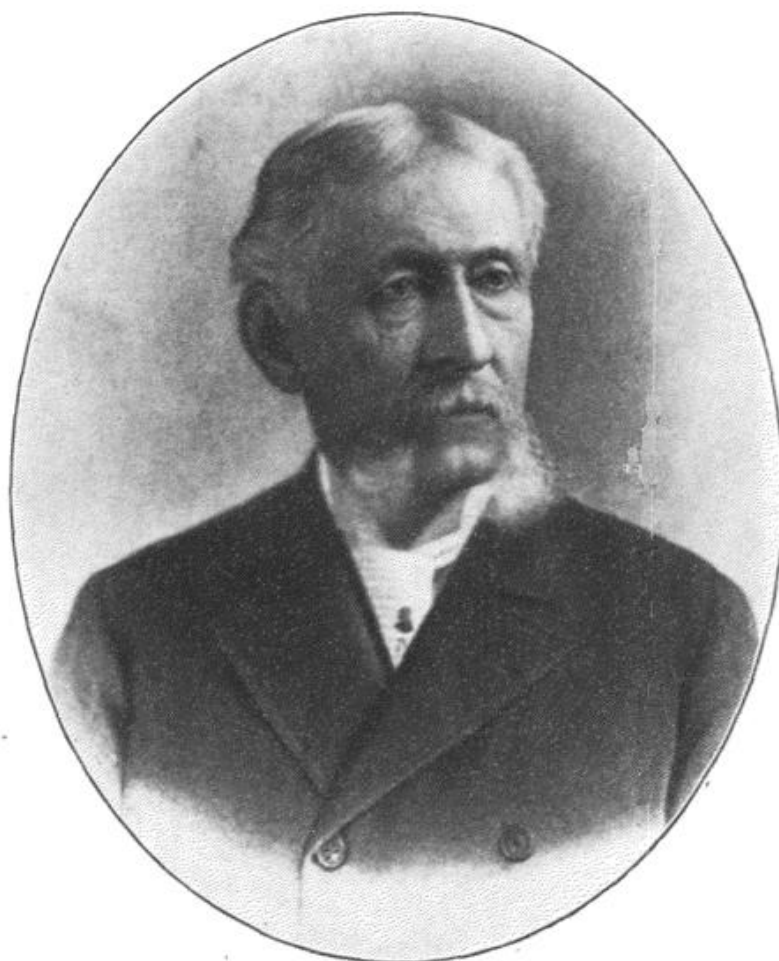
The ancestors of the Yandell's came from England and settled in South Carolina. Whether they were of Captain Christopher Newport's importation or not, we do not know; but that they were chivalry of the chivalrous is well attested by the fine intellect, manly beauty, personal courage, and gentlemanly bearing of all who have held this honored name. For two generations, in this country, his family had been distinguished in medicine. His grandfather, Dr. Wilson Yandell, was one of the most noted physicians of his locality. His father was the eminent Dr. Lunsford Pitts Yandell, of blessed memory, a pioneer of medical education in the West, a professor in Old Transylvania and one of the founders of the Medical Department of the University of Louisville. His mother was Susan Juliet Wendel, whose father David Wendel was a substantial Merchant of Murfreesboro, a man of high standing and probity. In her were combined all nature's choicest gifts. With uncommon beauty of form and features were united rare intellectual endowments. To David descended the ancestral gifts in measure full and overflowing. In him was the culmination of the genius of the Yandell family.

When five years of age, his family moved to the heart of the bluegrass region, "Classic Lexington." Doubtless it was here that Yandell laid the foundation for that fondness for horses, dogs, the hunt and the chase which were to be the chief sources of his recreation during his long and laborious professional career. At the age of eleven, the family moved to Louisville, where David was placed under the care of the famous educator, Noble Butler. Later he attended several sessions at Centre College, Danville, where he seems not to have been a methodical student, for he left the school without a diploma and entered upon the study of medicine, under his father's direction, in the University of Louisville. He graduated from this school in 1846. Like Goldsmith, Beethoven, Scott and other great men, he is said not to have been a brilliant student. It was even hinted, by enemies, of course, that he graduated in medicine only by "the grace of God and the good will of the faculty," and upon the further condition that he should go at once to Europe and make up for lost time. Be this as it may, the young

fledgling in medicine loved science and thirsted for knowledge; and these qualities, reinforced by keen powers of observation, a marvelously retentive memory, a philosophic faculty for digesting and assimilating what he saw, heard and read, enabled him to acquire a finished culture and an erudition in things medical and non-medical of imposing breadth and depth. His sojourn in Europe lasted about two years. During this time, which was spent chiefly in London, Dublin and Paris, he studied medicine, learned the

this series, Dr. Yandell showed that a saying he was wont to quote in after years was not the maxim of a flippant tongue, but a real working formula, "I am a man, and think nothing foreign to me which pertains to humanity."

The letters show not only a knowledge of men, their arts and institutions, remarkable in a young man of twenty, but a command of language and a finished style seldom seen in one so young. The letters pertaining to his profession were written in 1847, during the



DOCTOR DAVID W. YANDELL

1826--1898

A leading surgeon of Louisville, a great teacher, editor and orator, and President of the American Medical Association.

French language, and acquired much of that knowledge of men, manners and customs which made him the wonder of all who knew him in subsequent years. This period is marked by two series of letters. One was on the people and their institutions. It was contributed to the *Louisville Journal*, which was edited by George D. Prentice. The other was on Medicine, and was published in the *Western Medical Journal*, edited by Drs. Drake, L. P. Yandell and Colescott. In the first of

second year of his pilgrimage. They are in the style of a master, full of facts, common sense and philosophic comment. They are classics in medical literature. But the power and perspicacity of his style "grew with his growth and strengthened with his strength," until in later life his forceful diction and power of condensation, clearness and brilliancy rivaled the classic periods of Sir Thomas Watson, or the glowing sentences of Macauley.

His European sojourn ended, Yandell returned to Louisville and began in earnest the practice of his profession. Young, brilliant, incisive, with a charming presence and address and fine professional equipment, he was soon well upon the way to success. He was appointed demonstrator of anatomy in his Alma Mater, and in this office acquired that intimate knowledge of the human body and that deftness of hand which in time made him *facile princeps* in surgery. In 1851, his health gave way and compelled him to relinquish, for a time, professional work. Buying a farm near Nashville, Tennessee, he devoted two years to the pursuit of agriculture.

Retrieving health in his country retreat, Yandell came back to Louisville and entered upon his professional work with renewed vigor and a most phenomenal success. It was at this time that he established "The Stokes Dispensary," and thus became the founder of a clinical teaching in the West. His practice grew to imposing proportions and he soon made for himself a great name as a teacher of medicine. He was soon made professor of Clinical Medicine in the University. His work here was destined to be brief. The Civil War was upon the country, and the young doctor became a soldier, casting his lot with the Southern cause. He enlisted at Bowling Green under General Buckner, but was soon transferred to General Hardee's command, from which he was taken by General Albert Sidney Johnston, who made him medical director of the department of the West. Dr. Yandell continued to fill the high office of medical director till the close of the war, serving successively on the staffs of Generals Beauregard, Hardee, Joseph E. Johnston and Kirby Smith. He was in the battles of Shiloh, Murfreesboro and Chickamauga. He was always a soldier of soldiers, calm and brave in the face of danger, and unflinching to duty. His department was admitted to be one of the best ordered in the service.

At the close of the war, Dr. Yandell returned to Louisville, where he was welcomed alike by Unionists and Confederates. A meeting of the American Medical Association was appointed to take place in Cincinnati in 1865. Between the victorious Unionists and the conquered Confederates, the feeling was intense and bitter, and the gap in friendship, already wide, was widening. Dr. Yandell took the initiative in "shaking hands over the bloody chasm," with his northern brethren. In a noble, peace-making speech, wherein he nominated his great master, Dr. Gross, for the presidency, he carried the day for harmony, hatred was deposed, and brotherly love enthroned. Thus the medical profession was the first to substitute the white banner of peace for the blood-stained ensign of war. At

this meeting, Dr. Yandell was elected one of the four vice-presidents of the Association.

In 1867, Dr. Yandell was elected to the chair of the Science and Practice of Medicine in the University. In 1869, he was made professor of Clinical Surgery, a chair which he held till the close of his earthly career. As a teacher of clinical surgery, he probably had no superior in the world. Tall, Apollo-like in form, graceful, handsome, not self-conscious, with flowing chestnut locks, deep brown, penetrating eyes, a face lined by thought, and so muscled as to express every gamut of emotion from smiles and tears to tempestuous passion, with a rich, sonorous, baritone voice modulated to every mood, and with gesture, pose and action suited to the word, he was an orator of overwhelming power.

As a surgeon, Dr. Yandell was pre-eminent. In operating, he cut to the line and to the required depth with geometrical precision. His dressings were beautiful, while his treatment of wounds, surgical and accidental, was characterized by a scrupulous cleanliness which seemed nothing less than a prophecy of the since splendid triumphs of aseptic surgery. His gentleness, tenderness and sympathy in dealing with the sick were proverbial all over the wide field of his great practice. He was a wit and had he been so minded might have entered this field of literature in successful rivalry with Douglas Jerrold, Artemus Ward, Josh Billings, Mark Twain and their like. He was a royal host. Whenever a dignitary was to be entertained by the City, Yandell always headed the committee of entertainment. His fame as a conversationalist was co-extensive with the English-speaking profession.

In 1870, Dr. Yandell, in conjunction with Dr. Theophilus Parvin, established the *American Practitioner*, which at once took a commanding position in medical literature and continued to influence medical opinion for sixteen years, when it was combined with the *Medical News*. As an editor he was conscientious and painstaking. He was a pungent and witty paragraphist. One of his own scientific papers, published in the second volume of the *Practitioner*, has become classic in medical literature. It is an analysis of 415 cases of tetanus. The work was done with the assistance of the late Dr. R. O. Cowling. The conclusions to which this analysis led have been quoted in nearly every great work in general surgery that has appeared since 1870. In 1871, Dr. Yandell was elected president of the American Medical Association, the highest honor that can be conferred upon a physician. He presided at the subsequent meeting with so much grace, dignity and ability that the celebrated Dr. Bowditch, of Boston, publicly expressed the wish that he might be made president of the Association for life.

In 1870, Dr. Yandell again visited Europe,

where he wrote another series of sprightly and instructive letters, which were published in his own journal of that year. His last visit to Europe was in 1880. In 1886, he was made Surgeon-General of the State Guard. In 1889, he was elected President of the American Surgical Association. His address as retiring president of that body, at its meeting in Washington, in 1890, was on Pioneer Surgery in Kentucky. It is exquisitely written, and recites the great deeds of Brashear, McDowell and Dudley. Just about this time he was made a representative of the American Medical Association to the medical societies of Europe. He was also a fellow of the Medical Society of London, a member of the Medico-Chirurgical Society, showing how the European profession recognized his position in the medical world.

Hunting was his favorite pastime. He had hunted from Maine to Georgia, from the Yellowstone to the Rio Grande, from the Beargrass to the Sacramento. Among the fellows of his field sports were found celebrities, home and foreign, of every calling and rank, from common life to royalty.

Dr. Yandell was a good fighter and a fair hater. He could give and take hard blows, but he loved with a great heart and with a constancy that knew no change. His reverent regard for his great master, Dr. Gross, attests this truth. This love began when Gross was a Professor in the University, young, inexperienced, unknown to fame, and when Yandell was his student and assistant. The love was returned by the master in good measure, and when the master died, Dr. Yandell crystallized his memory in an epitaph, engraved on the tomb of Dr. Gross, which will live among epitaphs so long as our language shall last.

Dr. Gross and Dr. Yandell, master and pupil, "were lovely and pleasant in their lives," and let us hope that in death they are not divided; for of them it may be said with equal truth as of Saul and Jonathan, "they were swifter than eagles; they were stronger than lions."

It was now the beginning of the last decade of the century, and Dr. Yandell was an old man. Though erect in body and sage and eloquent in conversation, he felt, and those who loved him could see, that the fiery splendor of his wonderful soul must ere long "fall into abatement and low price."

He seldom went out after night, was less attentive to practice, had less confidence in operating, and wrote but little. He continued, however, to find solace in his books, bower, or fireside, and leaned more upon the bosom of his trusted household, where loving hearts and willing hands were ever ready to anticipate his every behest, to lighten the burden of accumulating years, and make smooth and

beautiful the sunset of his devoted life. He died on the second of May, 1898, at his home, which had been his own and his father's, since 1848.

EARLY HISTORY OF OVARIOTOMY IN LOUISVILLE.*

By DAVID W. YANDELL, M. D.

It may be remembered by some members now present that in a paper entitled an "Abstract of Six Cases of Ovariectomy," which I had the honor of reading at the last annual meeting of the Society, I included a case where the operation was incomplete, by reason of the adhesions making it impossible to remove the cyst. I will not repeat here what I said then, but will take up the case where I left it at that time.

The tumor continued to refill, and discharged great quantities of purulent fluid. Almost every known antiseptic and astringent injection was employed, but without avail. A large drainage-tube constantly worn became indispensable; frequent cleansing of the cyst was equally so. The patient, however, regained her health, and went to her home, in Illinois, in the summer. She has continued in good general health since, though unable to give up the drainage-tube until a few months ago, when it came out; and being unable to re-introduce it, she has since gone without it, while the cyst had not appreciably refilled. I hardly dare hope, however, that the cure will be permanent.

I have performed ovariectomy but three times since I had the honor to be appointed a special committee on that subject. One of these, performed on a lady aged sixty from Lexington, Ky, and kindly sent to me by the late lamented Prof. Bush and Dr. Skillman, was successful, the patient returning home in six weeks after having a tumor removed which with its contents weighed one hundred and fourteen pounds.

The second and third cases terminated very differently. The second case was placed in my care by Dr. Durrett, a medical friend living near Louisville. The patient was an unmarried lady, aged nineteen, of excellent constitution and health, from Anderson County, Kentucky. The tumor had been first noticed about two years before, had grown very slowly until a few months prior to its removal, and had been unattended by any severe attacks of abdominal pain, or until recently by appreciable constitutional disturbance. The abdomen was opened by the long incision; the contents of the tumor, which consisted of a straw-colored albuminous fluid, were drawn off, and the cysts removed with greater ease

*Read before the State Medical Society at Henderson in 1875.

than I had ever met with in any previous operation. There were no adhesions. It was not necessary to carry even a finger into the abdominal cavity. The tumor was composed of one large and several smaller cysts, and weighed along with its contents about twenty pounds. On the second day after the operation peritonitis set in, and in two more days proved fatal.

The third case was sent to me from Mississippi, and was in the person of a married woman, aged fifty, a mother, who had noticed an abdominal growth for some years before applying to me. It had been tapped many times, and large quantities of fluid had been removed. For many months before I saw her the tapplings were required to be made in the epigastric region; for, if made below that locality, the amount of fluid which flowed away was too small to give any relief to the abdominal tension and dyspnoea, both of which at times were extreme. The lady was full of courage and of hope, with first-rate appetite and very fair general health. An incision through the abdominal walls revealed a multilocular tumor, which was so generally and firmly adherent that no amount of such skill as I possessed enabled me to detach it sufficiently to allow of the introduction of even the half of my hand. The tumor was tapped, but only a small amount of jelly-like fluid escaped. The gentlemen present all concurring that the operation could not be completed, the wound was carefully closed in the usual way. The patient experienced but little shock; but when made aware of the failure to remove the tumor she expressed extreme disappointment, soon became greatly depressed, and abandoned all hope, if not also all desire, of recovery. She died of peritonitis on the fourth day. Prof. Cowling, Dr. Roberts and myself were occupied for more than an hour after her death in removing the tumor, which, originating in the left ovary, was attached literally to everything in the abdominal cavity except the stomach. On examination it proved to be a mixed tumor—partly colloid, partly almost solid.

These three cases, with the six previously reported, give me a total of nine cases, with five recoveries.

In order to add to the interest of a report which, if it embraced an account only of my own work in this field within a twelvemonth, would be but a poor return for the honor done me by the society, I have endeavored to gather a brief history of the operation of ovariectomy as it has been done in the city of Louisville and the county of Jefferson. If I accomplish no other result by this undertaking, I shall at least lighten the labors of my successors in this field, by furnishing them in an accessible form with the statistics of the operation in this locality up to this date.

The first ovariectomy performed in the city of Louisville was in 1848, and was done by the late Prof. Henry Miller; the second was in 1840, by Prof. Gross; the third was in the same year, by Prof. Bayless. Dr. Miller did his second operation in 1859, his third in 1860, and all these were successful. Between the latter period and 1868, he operated on three other cases, all of which terminated fatally. Prof. Middleton Goldsmith did ovariectomy once in this city while residing here, but in what year I have been unable to ascertain. The result I learn, however, was unfortunate. The late Prof. Bayless operated five times in this city with a fatal result in every case. Dr. McLean, then professor of surgery in the Kentucky School of Medicine, and an operator of undoubted skill, operated in 1869. The patient, who was a young unmarried woman, resided in Louisville. Prof. McLean made the short incision, and removed a unilocular tumor, which was without adhesions. Death occurred in a few hours from shock.

Dr. Garvin has given me the following account of his first and only case. Patient unmarried, aged thirty years, healthy; tumor first observed two years before operation, which was done in 1869; long incision; extensive adhesions; tumor multilocular; pedicle long, secured by ligature. Death in nine hours from shock.

Through the kindness of Dr. Thos. J. Griffiths I have the following brief outlines of a case occurring in his practice, and operated on in 1872 by Dr. W. H. Newman, formerly of this city. Patient aged forty-four years, married; observed tumor four years before; had been tapped three times; long incision; no adhesions; tumor unilocular; pedicle secured by ligature; extra-peritoneal. Dr. N., being of the opinion that the fatality which had attended ovariectomy in Louisville might perhaps be due in some degree to the nausea which so often follows chloroform narcosis, operated without an anesthetic. His patient died two days after of exhaustion.

My friend Dr. E. O. Brown has had one case of ovariectomy in his practice, the operation, at his request, having been performed by Professor J. M. Keller in November, 1873. The patient was married and aged thirty-five years. The tumor was multilocular; long incision; ligature: extra-peritoneal. The patient died in about thirty hours.

Prof. Cowling has operated twice, both cases proving fatal. Prof. Ireland has operated once. The subject was forty-three years old, married; had noticed the tumor for several years. On one occasion, one or more of the cysts had burst, the fluid escaping into the peritoneal cavity with evident diminution in the size of the tumor. She had at this time rigors, sinking, extreme abdominal pain, and other symptoms of peritonitis. Some

months after this she was tapped and the fluid in the peritoneum withdrawn. Ninety days subsequent to the tapping the tumor was removed through the long incision and the pedicle tied externally. There were extensive adhesions. The patient recovered well from the chloroform, and for four hours was comfortable. She then vomited and experienced a gush of fluid from the wound. This she mistook for blood, and was seized with the apprehension of sudden dissolution. Although assured that no hemorrhage had taken place, she grew cold, the pulse sank, and in spite of well-directed treatment she expired within twenty hours. The cyst contained a bunch of hair as large as the fist, and several well-formed teeth, the roots of which were imbedded in the cyst walls.

Prof. A. B. Cook operated on the following case in 1871: Mrs. —, age thirty years, the mother of three children, the youngest eighteen months old, had observed an abdominal tumor six months before. One of the cysts was emptied by the aspirator of six quarts of purulent fluid. A month later a multilocular tumor was removed by the long incision. There were very firm adhesions, embracing a large portion of the parietal peritoneum, the

ascending and descending colon, and portions of the small intestines. The pedicle was short, was secured by ligature and dropped back into the abdomen, the ends of the ligature being brought out at lower angle of wound. Death ensued in seventy-two hours from shock. The autopsy revealed that the abdominal wound had united by first intention. Those portions of the peritoneum and intestines which had been adherent to the tumor were glued together by plastic fibrin; the pedicle was well glazed. There were no evidences anywhere of undue inflammatory action, and but a few spoonfuls of serum in the pelvic cavity.

Dr. W. L. Atlee operated in 1872 in this city on a middle-aged unmarried lady, removing a unilocular unadherent tumor by the small incision. The patient died in about seventy hours from exhaustion.

Dr. Dunlap, of Ohio, removed some time during the war an ovarian tumor in this city with a successful result.

It will thus be seen that ovariectomy has been done in Louisville and Jefferson County thirty-six times, resulting in nine recoveries and twenty-seven deaths.



IV. THE GENERAL KENTUCKY GROUP

FOREWORD

The arrangement adopted for this group, as is true to an extent of all of the others, involves an unavoidable anachronism. In fact, but for the convenience of the reader, and a natural tendency of writers and speakers to complicate the simplest subjects by attempts at division and classification, all of the biographies and papers contained in this volume might well have been placed in this one general group.

Besides, broadly considered, there was much in common in both the origin and accomplishments of these remarkable men. Nearly all of them sprang from what is distinctly known in this part of the Union as the cavalier class. The office of the preceptor, rather than the medical school, as it is to-day, was then the portal to the profession, and only those were admitted to the study of medicine who either came of good families and had ability, or who themselves had exceptional ability and character; which always presupposed a far higher education than was required for entrance to the medical schools during and for a long period after the civil war. Admitted to the study of medicine after such tests, the training was far more thorough and practical than that of the commercial medical schools of the after the war regime. Such a student handled, compounded, often gathered, the drugs, and, incidentally, was something of a botanist and nature student, and he was mercilessly drilled in anatomy, physiology and the other fundamental branches, and difficult obstetrical operations and other practice, and scarcely less important, was a constant observer, often took a modest part in the simple and natural, but highly affable, social methods which obtained in the conduct of practice in that day, both in the office of the physician and in the homes of his patrons. After an extended apprenticeship of this practical kind, all who could do so attended one or more sessions at one of the two or three high grade medical schools of this country, while a fortunate few, like Brashear, McDowell, Dudley and Brown availed themselves of the best foreign schools and travel before considering their education complete.

With such an origin, advantages and attainments, the physician then was a self-respecting and highly respected man, somewhat

opinionated and dogmatic it may be, but, none the less on that account, recognized as one of the leaders of thought and of public affairs in his community. In the days of slavery in Kentucky there was little or no charity practice for him to do, except for a few worthy widows and clergymen, upon whom he considered it a privilege to attend. In striking contrast with the present day experience with the colored race, it was a common saying then "that a negro riding up to a doctor's office on a mule to call him to visit a patient, white or black, on any plantation, was the equivalent to him of two guarantecs, the darky and his mount, that he would be paid for his services;" and, all things considered, he was paid far better fees than his successor of this day. As a result of these conditions a few years of practice usually sufficed to make him financially independent; he rode the finest and best caparisoned horses, had the choicest man-servant to care for his clothes and person, and his home, one of the best of the community, was usually a centre of culture and refinement. And this financial independence, as it is to-day, was as important to the community as to himself, because it made it possible for him to have the kind of library and instrumental equipment which fitted him to meet any emergency with which he was confronted in his life-saving work, as these biographies show that he did with great intelligence and courage.

And, using this much abused term in its broadest and best sense, these were highly educated men. Herbert Spencer argues with indisputable power and logic that, "To prepare us for complete living—how to use all our faculties to the greatest advantage of ourselves and others—is the function which education has to discharge; and the only rational mode of judging of any educational course is, to judge in what degree it discharges such function." That is, to use the words of the Master, the last and best of all authorities, "By their fruits shall ye know them."

Measured by these standards, fixed by the highest authorities on education and its uses, or by any other, as relates to our profession, which has regard for utility and humanity how do these Kentucky pioneers compare with the erudite medical savants of all the ages which preceded them. "Look on this picture and then on that." From the founding of the first European medical school at the

University of Salerno in the twelfth century, not only to the day McDowell saw Mrs. Crawford in what was then the wilds of Green County, in 1790, but until almost a generation afterwards when scholarly incredulity as to the work of this master mind in this western wilderness was overcome, countless thousands of women with ovarian tumors must have come under the observation of the university-bred scholars of Rome, Vienna, Paris, London, Edinburgh, and the other great medical centres, and gone on to their miserable deaths without so much as an effective suggestion, even for the mitigation of these conditions, and, with a proper modification of expression, the same may be said in a degree of the work of Dudley, Brashear, Bradford and others.

How did these forbears of ours, these pioneers, succeed where through countless ages, all others had failed? Why did they, like Columbus, embark o'er a trackless ocean to discover new worlds in medicine and surgery, and why, like him, did they scorn derision and incredulity until they had not only discovered these worlds, but had established the verity and value of their discoveries? What was the real basis of their courage and success? In a word, what was there in them not found in other members of our profession of all the ages who had preceded them? Was there something superior in the fiber of their more remote ancestors, mothers as well as fathers,

who courageously emigrated to this new world; or still more, was such fiber or qualities developed and intensified in their parents who faced the denizens of the untrodden forests, savage and beast, on their way to, and about their settlements in Kentucky, or by their birth and growth amidst such surroundings and dangers? Did they gain such mental momentum and grasp in overcoming difficulties encountered in laborious self-education that it carried them over or through the obstacles which stood in the way of their discoveries? Or was there something in the Silurian or Devonian rocks and measures they trod, or in the water or food impregnated by them, which built upon the ancestry referred to and developed a still higher human product, as seems to be shown in the lives of Clay, Crittenden, Breckinridge and other of our great leaders in public affairs, and in horses and other high bred animals in Kentucky. Or, as seems more probable, was it a fortunate combination of all these ancestries, surroundings and influences, which brought such boons to suffering humanity, and such an inheritance to us? Humanity is receiving its full measure of the benefits, and it behooves us to so order our lives, and professional accomplishments that we shall prove worthy to build and improve upon this inheritance.

J. N. McCORMACK



THE BIRTH OF THE KENTUCKY
STATE MEDICAL SOCIETY.*

MINUTES OF ORGANIZATION CONVENTION PRE-
CEDING FIRST ANNUAL MEETING.

At a convention of the Physicians of Kentucky, held in the Senate Chamber at Frankfort, on the 1st day of October, 1851, 10 o'clock A. M., Dr. W. L. Sutton, of Georgetown, was called to the chair, and Drs. E. H. Watson and J. M. Mills, of Frankfort, appointed Secretaries.

On motion, a committee, consisting of Drs.

D. Thompson, R. J. Breckinridge, Jr., N. B. Anderson and J. B. Flint, of Louisville; E. D. Foree, Jefferson County; J. Dudley and J. P. Letcher, Nicholasville; W. L. Sutton, Heary Craig, and John D. Winston, Georgetown; C. H. Spillman, Harrodsburg; W. R. Evans, Mercer County; A. Evans, Covington; W. R. Chew, Midway; George B. Harrison, Fayette County; W. S. Chipley and D. J. Ayers, Lexington; W. C. Sneed, H. Rodman, C. C. Phythian, E. H. Watson, Ben Monroe, Jr., J. M. Mills, Joseph G. Roberts and Ben Hensley, Frankfort; L. Y. Hodges, Franklin County; E. H. Black and James R. Adams,



DOCTOR WILLIAM L. SUTTON

1797--1861

One of the leading spirits in organizing the State Medical Society, and its first President. It was due to his influence mainly that the first law was passed requiring the registration of births and deaths, and he was the first State Registrar of Vital Statistics and published valuable reports for a number of years.

Chipley, Evans, and Breckinridge, was appointed to ascertain the names and localities of the physicians present, who reported the following:

Drs. S. D. Gross, Henry Miller, W. H. Miller, David W. Yandell, T. G. Richardson, D.

Scott County; Joshua Gore, Nelson County; D. L. Slaughter and R. W. Glass, Shelbyville; L. G. Ray and Edward Ingles, Paris, and E. C. Drane, Henry County.

Dr. Flint offered the following resolution: Resolved, That _____ be a committee to report to this Convention a suitable address to the profession of the State, calling upon

*Reprint from the *Medical News and Library*, January 1853.

them to assemble at such time and place as this meeting may advise, for the purpose of organizing a permanent State Medical Society; and that, in the meantime, we take steps at once to connect the profession of our State with the national organization, by appointing delegates to attend the next annual meeting of the American Medical Association.

Dr. Breckinridge offered the following as a substitute for the resolution of Dr. Flint. Strike out all after the word resolved, and insert the following:

That a committee be appointed to report the order of business for the convention now assembled.

The original resolution and substitute were both laid on the table, and a committee consisting of Drs. Chipley, Spillman and A. Evans. Dudley and Sneed, was appointed to draft a constitution for the formation of a State Medical Society. The Convention adjourned until half past 2 o'clock.

Half Past 2 O'Clock P. M.

The Convention was called to order by the President. Dr. Chipley, from the committee appointed to draft a constitution, presented the following report, which, on motion of Dr. Gross, was received.*

The reported constitution was taken up, each article separately considered, and after slight amendments, was adopted as a whole.

On motion of Dr. Gross, a committee, consisting of one from each city and county now represented, and entitled to a representative in the State Legislature, was appointed to nominate officers of the Society for the present year.

The following gentlemen were appointed: Dr. Breckinridge, of Louisville; Dr. Foree, of Jefferson; Dr. Letcher, of Jessamine; Dr. Spillman, of Mercer; Dr. Harrison, of Fayette; Dr. Roberts of Franklin; Dr. Gore of Nelson; Dr. Slaughter, of Shelby; Dr. Evans, of Kenton; Dr. Chew, of Woodford, and Dr. Black, of Scott; who after a short interval, reported the names of the following persons as suitable to fill the various offices:

For President—Dr. W. L. Sutton, of Georgetown.

For Senior Vice-President—Dr. W. S. Chipley, of Lexington.

For Junior Vice President—Dr. J. Dudley, of Nicholasville.

For Recording Secretary—Dr. W. C. Sneed, Frankfort.

For Corresponding Secretary—Dr. R. J. Breckinridge, Jr., of Louisville.

For Librarian—Dr. Ben Moore, of Frankfort.

The report was received, and the ballot being taken on each officer separately, the nomi-

nees of the committee were declared duly elected.

Drs. J. M. Mills, E. H. Watson, and W. C. Sneed, of Frankfort, were elected a committee of publication.

The Convention then adjourned *sine die*, and the first annual meeting of the State Medical Society of Kentucky was held, and proceeded to business.

W. L. SUTTON, President.

E. H. WATSON,

J. M. MILLS,

Secretaries.

PROCEEDINGS OF THE FIRST ANNUAL MEETING OF THE STATE MEDICAL SOCIETY OF KENTUCKY.

At the first annual meeting of the State Medical Society of Kentucky, held in the Senate Chamber at Frankfort, on the 1st day of October, 1851, at 5 o'clock, P. M., the President, Dr. W. L. Sutton, took the chair, and called the Society to order.

On motion of Dr. Ayres, a committee, consisting of Drs. Dudley, Yandell, Garrison, Roberts, and Wilson, was appointed to apply to the next meeting of the Legislature for a charter for the Society.

On motion of Dr. Chipley, the next annual meeting of the Society as ordered to be held in the city of Louisville, on the third Wednesday in October, 1852.

On motion of Dr. Richardson, it was

Resolved, That the Code of Medical Ethics of the American Medical Association be adopted as the Code of this Society.

Dr. Chipley presented a form of charter for the Society, which, after some discussion, was withdrawn.

On motion of Dr. Breckinridge, a committee, consisting of Drs. Rodman, Anderson, Thomson, Ayres, and Spillman, was appointed to draft a set of by-laws.

The application of Dr. J. C. Darby, of Lexington, was received for membership, and then the Society adjourned until half past 7 o'clock.

Half Past 7 O'Clock.

The Society was called to order by the President.

The application of Dr. Darby was taken up, and he was duly elected a member of the Society.

The president announced the appointment of the following gentlemen as Chairmen of the various standing committees, each Chairman having the liberty to select two others as associates:†

†Up to the time of the proceedings going to press, the Chairmen of several of the committees had not handed in the names of their associates.

*See Constitution, Page 112.

Chairman of Committee of Arrangements—Dr. Anderson; Drs. Breckinridge and W. H. Miller, Associates.

Chairman of Committee on Improvements in Practical Medicine—Dr. Foree; Drs. Rodman and Richardson, Associates.

Chairman of Committee on Improvements in Pharmacy—Dr. Mills; Drs. Gore and Ray, Associates.

Chairman of Committee on Vital Statistics—Dr. Chipley; Drs. Yandell and Dudley, Associates.

Chairman of Committee on Obstetrics—Dr. H. Miller; Drs. Sneed and Letcher, Associates.

Chairman of Committee on Medical Ethics—Dr. A. Evans.

Chairman of Committee on Public Hygiene—Dr. E. C. Drane.

Chairman of Committee on Epidemics—Dr. Darby.

Chairman of Committee on Improvement in Surgery—Dr. Gross.

Chairman of Committee on Indigenous Botany—Dr. Spillman.

Chairman of Committee on Finances—Dr. Thompson.

On motion of Dr. Breckinridge, the President was appointed Chairman of a committee to memorialize the Legislature upon the subject of registration of marriages, births, and deaths.

The Committee on By-Laws was granted until next regular meeting of the Society to report.

On motion of Dr. Breckinridge, the Society determined to go into the election of honorary members. The vote was reconsidered, and the subject for the present postponed.

The Society elected the following persons as delegates to the next annual meeting of the American Medical Association, viz: Drs. E. G. Ray, E. D. Foree, T. G. Richardson, D. J. Ayers, D. S. Slaughter, E. C. Drane, W. H. Miller, W. R. Evans and Joshua Gore.

A series of resolutions were offered by the President, Dr. Sutton, which were laid over until the next regular meeting.

The Secretary and Treasurer were required to give bonds in the sum of two hundred dollars each, for the faithful performance of their respective duties.

On motion of Dr. Gross, the President was requested to deliver an opening address at the next annual meeting of the Society.

The Society recommended the formation of County Medical Societies.

The record of proceedings was read, and after slight amendments was adopted, and ordered to be published in connection with the Constitution and Code of Medical Ethics.

A vote of thanks was tendered the officers of the Society for the prompt and efficient

manner in which they discharged their respective duties, and

The Society adjourned.

W. L. SUTTON, President.

W. C. SNEED, Secretary.

NOTE—Owing to the limited time in which the notice for the call of the Convention was issued the attendance was comparatively small; but, as will be observed from the proceedings, the Society may now be regarded as constituted upon such a permanent basis as will tend to the elevation of the profession, and a more zealous and harmonious co-operation in accomplishing its legitimate objects.

All regular surgeons and physicians in the State are requested to unite with the Society, on the terms prescribed by the Constitution, and forward their applications, prepaid, to Dr. W. C. Sneed, Recording Secretary, Frankfort.

Several applications have already been received since the adjournment.

Particular attention is requested to the Code of Ethics.

CONSTITUTION OF THE KENTUCKY STATE MEDICAL SOCIETY ADOPTED AT FIRST MEETING, HELD AT FRANKFORT IN 1851.

ARTICLE I.

TITLE OF THE ASSOCIATION.

This association shall be known as the Kentucky State Medical Society, and shall be composed of permanent, temporary, and honorary members.

ARTICLE II.

OBJECTS OF THE ASSOCIATION.

The objects contemplated by the Kentucky State Medical Society are,

1. The establishment and maintenance of union, harmony, and good government among its members, thereby promoting the character, interest, honor, and usefulness of the profession.
1. The cultivation and advancement of Medical science and literature, by the collection, diffusion, interchange, preservation, and general circulation of medical knowledge throughout the State.

ARTICLE III.

MEMBERSHIP.

Section 1. The Kentucky State Medical Society shall be composed of all the Physicians and Surgeons now members of this Convention, and such other persons as may be admitted according to the provisions of the following sections of this article.

Sec. 2. Every candidate for PERMANENT MEMBERSHIP, must make application to the society in writing, bearing his own signature. Such application is to be presented and seconded by members having a competent knowledge of the character and standing of the applicant. The application shall lie over at least one adjournment of the society, after which the candidate shall be balloted for, and the approving votes of three-fourths

of the members present shall be necessary to his admission.

Sec. 3. The TEMPORARY MEMBERS, shall be those who may be selected by any regularly organized City, Town, or County Medical Society, to represent said society in the state association. Their membership shall terminate with the session for which they may have been elected.

Sec. 4. HONORARY MEMBERSHIP, shall be conferred only on distinguished medical gentlemen residing beyond the limits of the Commonwealth of Kentucky.

Sec. 5. The election of Honorary Members can take place only at the annual meeting of the Society, and not more than three shall be elected in any one year.

Sec. 6. The election of Honorary Members shall be by ballot, and the concurring votes of four-fifths of the members present shall be necessary to their election.

Sec. 7. Honorary Members shall be exempt from all pecuniary contributions to the society, and shall have all the privileges of permanent and temporary members, except the right of voting and holding office.

Sec. 8. Every member shall be entitled to a certificate of his membership after he shall have complied with the requisition of Article 3, and on payment of one dollar to the Recording Secretary. The form of such certificate shall be prescribed by the by-laws.

ARTICLE IV.

FEES.

All members of this society not exempted by the provisions of this Constitution, shall, at the time of their admission pay to the society a fee of two dollars, and shall also pay once a year, to fall due on the first day of each annual meeting, such contributions as the by-laws may, from time to time, prescribe.

ARTICLE V.

RESIGNATION OF MEMBERSHIP.

Any member wishing to withdraw from the society, may do so when he shall have presented the Secretary's receipt for all moneys due.

ARTICLE VI.

FORFEITURE OF MEMBERSHIP AND OTHER CENSURE.

Section 1. Any member who shall be guilty of gross misconduct either as a member or a citizen of the community, or shall be palpably derelict in duty either as a member or officer, shall be liable to expulsion, or such other censure as the society may direct.

Sec. 2. No judgment of expulsion, suspension, or other censure, shall be passed against a member until after due notice and fair trial; but the society may proceed in the absence of the delinquent if such due notice has been

given and the member fails to attend. No member shall be expelled unless by the votes of three-fourths of the members present. And should such member come forward at the next annual meeting succeeding his expulsion, and offer a satisfactory explanation, he may be reinstated without delay or expense, provided three-fourths of the members present agree thereto. In this case the vote shall be taken by ballot.

ARTICLE VII.

MEETINGS.

Section 1. This society shall hold its session for the present year, commencing on the first day of October, and shall hereafter convene annually on the third Wednesday of October, at such places as the society may, from time to time, direct.

Sec. 2. Special meetings may be held by resolution of the society at its stated meetings, and at such other times as the President shall appoint.

Sec. 3. None but professional or literary subjects shall be considered at special meetings.

ARTICLE VIII.

ELECTIVE OFFICERS.

Section 1. The elective officers of this society shall consist of a President, Senior and Junior Vice President, Recording and Corresponding Secretary, Treasurer, Librarian, and a Committee of Publication, of three members; all of whom shall be chosen by ballot at each annual meeting, and shall continue in office for twelve months, or until another election. The election shall be held on the second day of the session, after reading the records of proceedings of the preceding day.

Sec. 2. In conducting the annual election, should more than two members be balloted for for any officer, the member having the smallest number of votes on the second or any subsequent ballot, shall not again be voted for for the same office.

Sec. 3. A majority of the suffrage of the members present shall be necessary to an election.

ARTICLE IX.

DUTIES OF OFFICERS.

Section 1. It shall be the duty of the PRESIDENT to preside at all meetings of the society, to preserve order, and to regulate the debate according to the most approved rules of parliamentary proceedings, provided, any member may appeal to the society from the President's decision on points of order. The presiding officer shall appoint the chairman of all committees (except the committee of publication), unless otherwise ordered by the society—each chairman having the right to select two members to assist him in the discharge of the duties assigned the committee.

Sec. 2. In the absence of the President, the Vice Presidents, according to seniority, shall perform all duties appertaining to the chair; but if neither be present, the society shall elect a President *pro tem*.

Sec. 3. The RECORDING SECRETARY shall keep a correct list of all the members of the Society, arranging the names of those now present alphabetically, and hereafter according to their admission. He shall keep accurate minutes of all the proceedings of the society, including the names of members present, and, from time to time, transcribe them into the record book in a fair and legible hand. He shall keep regular accounts with each member of the society, receive all moneys due to it, and pay them to the Treasurer, taking his receipt for the same upon his record book. Such papers of the society as are not necessarily recorded he shall preserve in distinct and regular files, holding them always accessible to the inspection of members. Whenever any chairman of a committee is appointed, the Recording Secretary shall furnish him with a copy of the minute of appointment, together with any document that may be essentially connected with the duties of the Recording Secretary shall enter into a bond for the transfer to the Treasurer of all moneys that may come into his hands. The society shall fix the amount of the bond, which shall be made payable to the society, and deposited in the hands of the Librarian.

Sec. 4. The CORRESPONDING SECRETARY shall notify all members and officers of their election; he shall write and answer letters in behalf of the society, and in general manage their distant correspondence as particular exigencies or the resolutions of the society may require. He shall read to the society all communications and answers which he may have made or received during each recess, and then deliver them to the Recording Secretary or the Librarian, according to their several characters.

Sec. 5. The TREASURER shall receive all moneys from the Recording Secretary, agreeably to Section 3rd. of this Article, and shall pay the same to the order of the society, certified by the President and attested by the Recording Secretary. On the first day of each annual meeting, and oftener if required by the society, he shall render a detailed statement of the business of his department, and shall deliver up to his successor the books, papers, money, or other property of the society, remaining in his hands. For the faithful performance of his duties, the Treasurer, before entering thereon, shall execute and deposit in the hands of the Librarian a bond made payable to the society, in such amount as the society may direct.

Sec. 6. The LIBRARIAN shall have under his custody the bonds of the Secretary and

Treasurer, and it shall be his duty to take special charge of all the books, essays, and whatever may constitute any part of the scientific or literary stock of the society. No manuscript shall be moved from his possession without an order from the society, except by the members of the Committee of Publication.

Sec. 7. It shall be the duty of the COMMITTEE OF PUBLICATION, to select from the essays of the members, and other communications made to the society, such as they may think worthy of being published. Such selections as may be made by the committee, shall, when ordered by the society, be published with the minutes of the annual meeting, under the title of TRANSACTIONS OF THE KENTUCKY STATE MEDICAL SOCIETY. After the publication of each number or volume of the Transactions, the committee shall return to the Librarian all papers belonging to the society.

ARTICLE X.

STANDING COMMITTEES.

The following standing committees shall be appointed annually, viz: A Committee of Arrangements; on Medical Ethics; on Public Hygiene; on Vital Statistics; on Epidemics; on Obstetrics; on Improvements in Practical Medicine; on Improvements in Surgery; on Improvements in Pharmacy; on Indigenous Botany; on Finance; on Publication.

ARTICLE XI.

AMENDING THE CONSTITUTION.

Every proposition to amend this Constitution shall be made in writing, and shall be audibly read by the Recording Secretary on two different days; when, if there be no dissenting voice, it shall be declared adopted; but if there be one or more negatives, or if the amendment be offered on the last day of the session, it shall be placed on file to be read at the next annual meeting; when, if there be a concurrence of three-fourths of the members present, it shall be incorporated as a part of the Constitution.

PROCEEDINGS OF THE SECOND ANNUAL MEETING OF THE STATE MEDICAL SOCIETY OF KENTUCKY.*

The second annual meeting of this Society was held in Louisville, on the 20th day of October, 1852, the President, Dr. W. L. Sutton, in the chair.

The roll having been called, a number of candidates for membership were proposed.

After transacting some unimportant business, the Society took a recess until 3 o'clock.

* Reprint from the *Medical News and Library*, Philadelphia.

2:00 o'clock P. M.—The Society met pursuant to adjournment, the President in the chair.

Forty-five members were elected.

Dr. Breckinridge, on the mode of proceedings, reported.

On motion of Dr. L. P. Yandell, Drs. Clapp, Leonard, and Steele of New Albany, Ind., were invited to take part in the proceedings.

On motion of Dr. Raphael, a Committee was named to draft a set of by-laws for the Society, to report to-morrow.

Drs. Raphael, Dudley, and Drane were appointed.

Dr. Bell presented to the Society a form for a Case-Book, drawn up by the President, which he wished to refer to a committee to report upon.

Drs. Bell, Foree and Chipley were appointed.

Upon motion of Dr. Bell, the order of proceedings was so far modified as to permit Dr. Chipley, Chairman of the Committee on Vital Statistics, to read his report.

On motion of Dr. Evans, it was received, and referred to the Committee on Publication.

On motion of Dr. Gross, the Society adjourned to 7 1-2 o'clock.

NIGHT SESSION.

The Society met according to adjournment. Several new members were elected.

Dr. Chipley nominated Dr. Elisha Bartlett of New York, Dr. Gross nominated Dr. Drake of Cincinnati, and Dr. Yandell nominated Dr. Deadrick of Tennessee, as honorary members of this Society, which nominations were concurred in.

Dr. Miller offered the following resolutions, which were ordered to be laid over until to-morrow:

Resolved, That the members of this Society will faithfully comply with the regulations of the registration law passed at the last session of the Kentucky Legislature, and do what they can to have it complied with throughout the State.

On motion of Dr. Bell, an invitation was extended to Dr. Charles Caldwell, to visit the Society during its sittings, and participate in its deliberations.

The President, Dr. Sutton, read his annual address, which was received and referred to the Committee on Publication.

The Society then adjourned until 10 o'clock to-morrow.

SECOND DAY'S PROCEEDINGS.

The Society met and was called to order by the President, the minutes of yesterday were read and adopted.

Dr. Gross moved the appointment of the following committees, to report at the next annual meeting of the Society, or as soon thereafter as practicable:

(1) On Medical Biography, or the lives of meritorious or distinguished Physicians and Surgeons of Kentucky.

(2) On Medical Literature, or the History of the Medical Authorship of Kentucky.

(3) On the Relations between Diseases and peculiar Geological Formations.

(4) On the Statistics of Hernia.

(5) On the Statistics of Lithotomy and Calculous Diseases.

(6) On the History and Mode of Management of Hospitals, Asylums, Infirmaries, Penitentiaries and Prisons.

(7) On Suits for Malpractice.

(8) On the Results of Surgical Operations in Malignant Diseases.

(9) On Epidemic Erysipelas.

(10) On Epidemic Dysentery.

(11) On Typhoid Fever.

(12) On Placenta Previa.

(13) On the Statistics of Remedies in Diseases.

On motion of Dr. Gross, Dr. Drake, of Cincinnati, was invited to take part in the deliberations of the Society.

Dr. Thompson, on behalf of the Physicians of Louisville, invited the Society to partake of a festal supper at the Louisville Hotel, on to-morrow night.

The Society, on motion, proceeded to ballot for officers. A number of gentlemen were put in nomination, and after several ballotings, Dr. Chipley, of Lexington, was elected President.

Dr. Peter moved that a Committee consisting of one member from each county represented, and one from the City of Louisville, be appointed to nominate the candidates to fill the remaining offices, which was adopted.

Dr. Gross moved that the reports of Standing Committees be made in the order in which they are reported in the proceedings of the first annual meeting.

The following committees failed to make their annual reports, viz:

The Committee on Arrangements, the Committee on Practical Medicine, the Committee on Improvements in Pharmacy, and the Committee on Public Hygiene.

Dr. Evans, Chairman of the Committee on Ethics, read his report, which was received and referred to the Committee on Publication.

The Society then adjourned to 3 o'clock P. M.

EVENING SESSION.

The Society met according to adjournment and was called to order by the President.

The Nominating Committee made the following report:

They nominate the following gentlemen to fill the offices attached to their names. For Senior Vice-President, Dr. E. C. Drane, of New Castle; for Junior-Vice-President, Dr.

A. Evans, of Covington; for Recording Secretary, Dr. Sneed, of Frankfort; for Corresponding Secretary, Dr. Breckinridge, of Louisville; for Librarian, Dr. B. Monroe, of Frankfort; on Publications, Drs. Bell, Ronald and Foree of Louisville; the report was received and Committee discharged.

The Society then proceeded to ballot for Senior-Vice-President. Dr. Drane having received a majority of all the votes cast, was declared duly elected: Dr. Knight, was elected Junior-Vice-President: Dr. Sneed, Recording Secretary: Dr. Breckinridge, Corresponding Secretary; B. Monroe, Librarian; and Drs. Bell, Foree and Ronald, the Publication Committee.

Dr. Miller, the Chairman of the Committee on Obstetrics, then read his annual report, which was received and referred to the Committee on Publication.

Dr. Sutton, Chairman of the Committee on Registration, read his annual report, which was received and referred to the Committee on Publication.

The Society then adjourned to half-past seven, P. M.

7½ o'clock P. M.

The Society met according to adjournment, after being called to order by the President, proceeded to the election of members.

Dr. Wible offered the following preamble and resolution which was adopted:

Whereas, Physicians are frequently called on to give evidence in Courts of justice, to make post-mortem examinations, and institute investigations in cases of poisoning, services of a strictly professional character, requiring expense, time and labour on the part of the physician: and, whereas, these services are often of great importance to the welfare of society, and as physicians ought not to be expected to perform these without remuneration, it is the opinion of the Kentucky State Medical Society, that the interests of humanity demand that laws be enacted which will properly secure these services when required by coroners, and other officers of the law.

Therefore, it is resolved that a committee of three be appointed to prepare a report to be read at the next annual meeting of this Society, on the subject presented in the foregoing preamble.

Dr. Darby, Chairman of the Committee on Epidemics, read the annual report, which was received and properly referred.

This Society, by a vote, decided upon Lexington as the place for holding the next annual meeting. The Society then adjourned til to-morrow morning at 10 o'clock.

THIRD DAY'S PROCEEDINGS.

The Society met at 10 o'clock A. M., and was called to order by the President.

Dr. Gross's resolutions, offered yesterday, were brought up and adopted.

A set of by-laws was adopted.

Dr. Gross, Chairman on Improvements in Surgery, made his annual report, which was received and referred to the Committee on Publication.

Dr. Spillman, Chairman of the Committee on Improvements in Pharmacy, also reported which report was referred to the same Committee.

Dr. Spillman, in connection with the above report, offered the following resolutions, which were adopted:

Resolved, That this Society regard the cultivation of our own botany as essential to a full development of our professional resources, and to a more successful practice of our art.

Resolved, That the profession throughout the State, and the members of this Society particularly, be requested to give special attention to this subject, and, by cultivating the field of observation and research, in connection with the unexplored regions of vegetable nature within our own limits, ascertain to what extent the demand of the healing art can be supplied at home.

Resolved, That any physician discovering a new remedy, or a new property in one already known, or any information touching the medical botany of our State, that can be rendered practically available, be requested to communicate such information to the Chairman of the Committee on Indigenous Botany.

Resolved, That the Committee on Publication, at as early a date as practicable, by a brief circular or otherwise, communicate the objects embraced in these resolutions to the profession throughout the State, giving the name and location of the Chairman of the Committee on Indigenous Botany, and earnestly requesting contributions.

The President announced the following Standing Committees:

Committee on Arrangements, Dr. Darby, of Lexington.

Committee on Practical Medicine, Dr. Force, of Louisville.

Committee on Pharmacy, Dr. Silliman, of Louisville.

Committee on Vital Statistics, Dr. Sutton, of Georgetown.

Committee on Obstetrics, Dr. Powell, of Louisville.

Committee on Medical Ethics, Dr. Hewett, of Louisville.

Committee on Public Hygiene, Dr. Bell, of Louisville.

Committee on Epidemics, Dr. Bullitt, of Louisville.

Committee on Surgery, Dr. Flint, of Louisville.

Committee on Indigenous Botany, Dr. Emmett, of Pike County.

Committee on Finance, Dr. Letcher, of Jessamine county, and also the following special committees:

1. On Medical Biography, or the lives of meritorious or distinguished physicians and surgeons of Kentucky, Dr. Breckinridge, of Louisville.

2. On Medical Literature, or the History of the Medical Authorship of Kentucky, Prof. L. P. Yandell, of Louisville.

3. On the relation between diseases and particular Geological Formations, Dr. Peter, of Lexington.

4. On the Statistics of Hernia, Dr. S. B. Richardson, of Louisville.

5. On the Statistics of Lithotomy and Calculous Diseases, Dr. Gross, of Louisville.

6. On the History and Mode of Management of Hospitals, Dr. Raphael, of Louisville; of Penitentiaries and Prisons, Dr. W. C. Sneed, of Frankfort.

7. On Suits for Mal-Practice, Dr. Spillman, of Harrodsburg.

8. On the Results of Surgical Operations in Malignant Diseases, Dr. Colecott, of Louisville.

9. On Epidemic Erysipelas, Dr. Owens, of Henry County.

10. On Epidemic Dysentery, Dr. Fry, of Louisville.

12. On Placenta Previa, Dr. Miller, of Louisville.

13. On the Statistics of Remedies in Disease, Dr. Lewis Rogers, of Louisville.

Dr. Sutton offered the following resolution, which was adopted, and the same, with Dr. Wibel's resolution of yesterday, were referred to a special committee, Dr. Wibel, Chairman, with the privilege of adding such other members as he may wish:

Resolved, That a committee be appointed to consider whether any, and if any, what measures can be brought into requisition to lessen the heavy burden of pauper practice, and report at the next annual meeting of this Society.

Dr. Thompson, Chairman of Committee on Finance, presented a report.

Dr. Bell, Chairman of Committee on Case-Book, made a report, which was received and referred to the Committee on Publication.

The Society elected the following gentlemen as delegates to the National Medical Society.

Dr. W. S. Chipley, of Lexington; Dr. Freeman, of Oldham County; Dr. W. C. Sneed, of Frankfort; Dr. B. J. Raphael, of Louisville; Dr. T. J. Moore, of Harrodsburg; Dr. Wibel, of Louisville; Dr. John Hardin, of Louisville, and Dr. Hewett, of Louisville.

The Society then went into the election of Honorary Members, when the following gentlemen were unanimously elected: Dr. D.

Drake, of Cincinnati; Dr. Deadrick, of Tennessee, and Dr. Elisha Bartlett, of New York.

On motion of Dr. Jacobs, the following resolution was unanimously adopted:

Resolved, That the thanks of this Society be tendered the officers for the faithful, able and impartial manner in which they have discharged their respective duties.

And then the Society adjourned.

W. S. CHIPLEY, President.

W. C. SNEED, Rec. Secretary.

The above is a true copy of an article published in the number of "The Medical News and Library," January, 1853. S. G. FULTON.

ROSTER OF THE MEMBERS OF THE
KENTUCKY STATE MEDICAL
SOCIETY IN 1856.*

Anderson, N. B. Louisville.
Abell, S. R., Hardinsburg.
Allen, A. S., Winchester.
Ayres, D. J., Lexington.
Allen, John R., Lexington.
Annan, S., Lexington.
Black, E. H., Scott County.
Breckenridge, R. J., Louisville.
Bruce, C. D., Lexington.
Bell, T. S., Louisville.
Bullitt, H. M., Louisville.
Bartlett, John, Louisville.
Brown, E. O., Brandenburg.
Bright, J. W., Louisville.
Broadwell, S. E., Cynthiana.
Bradford, J. T., Augusta.
Bush, J. M., Lexington.
Bemiss, Samuel M., Louisville.
Bryson, C. D., Kenton County.
Blackburn, C. J., Covington.
Barbour, J. H., Pendleton County.
Craig, Henry, Georgetown.
Chipley, W. S., Lexington.
Chambers, W. M., Covington.
Caldwell, W. B., Louisville.
Chenoworth, H., Louisville.
Cromwell, W. B., Lexington.
Conway, G. W., Yelvington.
Cummins, David, Louisville.
Colecott, W. H., Louisville.
Cochran, P. H., Louisville.
Chinn, J. G., Lexington.
Craig, J., Stanford.
Curran, — —, Kenton County.
Dudley, J., Nicholasville.
Darby, John C., Lexington.
Durritt, R., Louisville.
Drane, J. S., New Castle.
Dunhoff, John, Louisville.
Dudley, E. L., Lexington.
Darnaby, B. M., Fayette County.
Duke, J. M., Maysville.
Drake, B. P., Lexington.

*No one of these men living.

- Dulaney, J. J., Covington.
 Downard, L., Kenton County.
 Evans, Asbury, Covington.
 Evans, W. R., Mercer County.
 Ewing, U. E., Louisville.
 Emmert, J. W., Pikeville.
 Flint, Joshua B., Louisville.
 Foree, E. D., Jefferson County.
 Freeman, D. L., Ballardsville.
 Fry, C. H., United States Army.
 Forsyth, H., Louisville.
 Foster, J. O. A., Newport.
 Foss, S. A., Jefferson County.
 Gross, Samuel D., Louisville.
 Gore, Joshua, Bullitt County.
 Grant, E. L., Pendleton County.
 Gazley, L. E., Henry County.
 Givens, H. L., Oldham County.
 Harrison, George B., Fayette County.
 Hodges, L. Y., Franklin County.
 Hewitt, P. C., Louisville.
 Hopson, H., Jefferson County.
 Hunter, S. V., Hawesville.
 Hundley, W. A., Louisville.
 Hardin, John, Louisville.
 Hall, S. N., Louisville.
 Hynes, B., Bardstown.
 Hawkins, J. H., Harrison County.
 Hunt, R. H., Covington.
 Holt, W. D., Covington.
 Hughes, J. N., Louisville.
 Ingles, Edward, Paris.
 Jacobs, W. R., Louisville.
 Jones, R. M., Lexington.
 Johns, A. H., Kenton.
 Jenkins, H. D., Lexington.
 Knapp, Jas., Louisville.
 Knight, J. W., Louisville.
 Kirkpatrick, John, Cynthiana.
 Keller, David, Jefferson County.
 Letcher, J. P., Nicholasville.
 Lyle, C. L., Louisville.
 Lewis, — —, Jefferson County.
 Lee, E. Y., Covington.
 Long, E. T., Henry County.
 Letcher, Samuel, Lexington.
 Miller, Henry, Louisville.
 Miller, W. H., Louisville.
 Mills, J. M., Frankfort.
 Monroe, Ben., Frankfort.
 Moore, T. J., Harrodsburg.
 Metcalfe, J. C., Louisville.
 Meriwether, H. C., Louisville.
 Miller, John T.
 Morris, W. P., Daviess County.
 Mattingly, C. P., Bardstown.
 Martin, H. D., Paris.
 Major, Fr., Covington.
 McCreary, J. C., Simpson County.
 Montgomery, W. C., Lincoln County.
 McCauley, W. D., Louisville.
 Owen, W. T., Louisville.
 Owen, L. F., New Castle.
 Owen, S. R., Somerset.
 O'Riley, Dennis, Louisville.
 Phythian, C. G., Frankfort.
 Powell, L., Louisville.
 Pyles, N., Louisville.
 Pirtle, C., Louisville.
 Peter, Robert, Lexington.
 Price, J. G., Franklin County.
 Pattersen, A. A., Fayette County.
 Pilkinton, S. C., Lexington.
 Pritlow, R., Covington.
 Perrine, H., Lexington.
 Polin, Francis E., Springfield.
 Powell, W. J., Mercer County.
 Richardson, T. G., Louisville.
 Rogers, Lewis, Louisville.
 Ronald, G. W., Louisville.
 Ross, John O., Louisville.
 Rudd, R. H., Louisville.
 Richardson, S. B., Louisville.
 Rodman, H., Frankfort.
 Roberts, J. G., Frankfort.
 Ray, L. G., Paris.
 Raphiel, B. J., Louisville.
 Riffe, J. M., Winchester.
 Rankin, Paul, Georgetown.
 Ray, J. D., Paris.
 Richardson, Edw'd., Kenton County.
 Reddick, P. L., Newport.
 Ridley, J. O., Louisville.
 Sutton, W. L., Georgetown.
 Sneed, W. C., Frankfort.
 Swain, John, Ballardsville.
 Spillman, C. H., Harrodsburg.
 Slaughter, D. L., Shelbyville.
 Sale, T. J., Louisville.
 Speed, John J., Louisville.
 Silliman, B., Jr., Louisville.
 Smith, Joseph, Danville.
 Smith, C., Richmond.
 Smith, W. O., Colemansville.
 Saunders, Th., Shelbyville.
 Singleton, — —, Jessamine County.
 Sloan, W. J., Newport.
 Singleton, J. W., Paducah.
 Shaler, N. B., Newport.
 Sentenay, W. W., Jefferson County.
 Southgate, B. W., Kenton County.
 Smith, W. C., Harrison County.
 Schue, A., Shelbyville.
 Smith, J. L., Louisville.
 Smith, J. F., Covington.
 Scott, S. S., Kenton County.
 Tyler, G. B., Owensboro.
 Thornbury, P., Louisville.
 Thum, Mandeville.
 Thum, G. W., Louisville.
 Tinsley, J. J., Louisville.
 Thomson, D. D., Louisville.
 Trabue, B. F., Glasgow.
 Tingle, J.
 Thornton, G. W., Newport.
 Tibbetts, W., Covington.

Winston, J. D., Georgetown.
 Watson, E. H., Frankfort.
 Whitley, J. J., Lexington.
 White, E. P., Mount Sterling.
 Wible, B. M., Louisville.
 Wetherford, E. D., Louisville.
 Way, J. C., Louisville.
 Wise, T. J., Covington.
 Wise, T. N., Covington.
 Walton, C. J., Hart County.
 Yandell, L. P. Sr., Louisville.
 Yandell, D. W., Louisville.

No one of these men living.

A SELF-EXPLANATORY COMMUNICATION FROM THE PRESIDENT OF THE STATE SOCIETY*.

Frankfort, Ky., December, 1856.

To the Members of the Kentucky State Medical Society:

While acting in the capacity of Secretary for three years, and since my promotion to the office of President of your society, I have received numerous communications from members and from physicians not members, who feel some interest in the permanent success of the enterprise, making inquiries as to when the transactions of the several meetings, not published, would be given to the public. To all these inquiries, I have been compelled to give an indefinite and unsatisfactory answer. It is well known to most of you, that valuable and interesting reports were made at the annual sessions held in 1853-54, which have not been published for want of funds to pay the expense of printing them. This has resulted mainly from a want of promptness on the part of the members in sending up their annual assessments, which, had they been forwarded, would have been amply sufficient to enable the committee on publications, to have had the transactions promptly printed and distributed. The last annual meeting was held during the inclement weather of February, and the number present, though respectable, was not as large as at the former meetings. No definite arrangements were made for publishing the transactions of that meeting, and the reports were left in my hands to be disposed of in such way as might seem best. I have, with the advice of some of the members, ventured to have the transactions of that meeting published, mainly upon my own responsibility. There being a balance in the Treasury belonging to the Society, I have appropriated it in part payment, for printing these transactions.

The transactions herein published, are creditable to the Society, and too valuable to be lost. Those of former meetings to the promotion of so laudable a cause. By reference to the list of members appended, it will be seen that an annual contribution of \$3 each, would be amply sufficient to publish the transactions of each annual meeting, and would furnish each member with a volume, worth more than his assessment. The transactions not published are,

For the Session of 1853:

Annual address by the President, Dr. Chipley.

Report on Surgery—Prof J. B. Flint.

Medical Biography—Dr. L. P. Yandell.

Statistics of Hernia—Dr. S. B. Richardson.

Epidemic Erysipelas—Dr. L. F. Owens.

On the relation between Diseases and Particular Geological Formations—Dr. Peter.

Vital Statistics—Dr. W. L. Sutton.

History of Prisons and Penitentiaries—Dr. W. C. Sneed.

On Public Hygiene—Dr. T. S. Bell.

Medical Ethics—Dr. W. S. Chipley.

On Medical Grievances in Courts of Justice—Dr. B. M. Wible.

Those of the Session of 1854, are:

The Address of the President—Dr. Gross.
 On Suits for Malpractice—Dr. C. H. Spillman.

On the Use of Cold Water as a Therapeutic Agent—Dr. J. C. Darby.

On the Treatment of Typhoid Fever—Dr. Joseph Smith.

These reports would make a large and valuable volume, filled with matter not to be had in any other way. To publish them, will require only a small sum from each member of the Society, and if each one will respond promptly, these valuable reports may be in their hands long before the next annual meeting.

Hoping that what I have done will meet with your cordial approbation, and that you will respond promptly to my suggestions, and aid me to have all the transactions of the Society published at an early day.

I remain yours, &c.,

W. C. SNEED.

President Kentucky State Medical Society.

* Circular.

NAMES AND RESIDENCES OF THE PRESIDENTS AND SECRETARIES, WITH
THE PLACES AND DATES OF MEETINGS OF THE STATE MEDICAL
SOCIETY OF KENTUCKY, FROM 1851 TO 1917¹.

YEAR	NAME	ADDRESS	PLACE OF MEETING
1851	President—William L. Sutron* Secretary—W. C. Sneed,*	Georgetown Frankfort	Frankfort
1852	President—William L. Sutton,* Secretary—W. C. Sneed,*	Georgetown Frankfort	Louisville
1853	President—William S. Chipley,* Secretary—W. C. Sneed,*	Lexington Frankfort	Lexington
1854	President—Samuel D. Gross, ² Secretary—W. C. Sneed.*	Louisville Frankfort	Covington
1856	President—C. H. Spillman ² ,* Secretary—W. C. Sneed,*	Harrodsburg Frankfort	Frankfort
1857	President—W. C. Sneed,* Secretary—Tobias G. Richardson,*	Frankfort Louisville	Louisville
1858	President—W.T. Owen,* Secretary—Tobias G. Richardson,*	Louisville Louisville.	Louisville
1859	President—Joshua B. Flint,* Secretary—Samuel M. Bemiss.*	Louisville Louisville.	Lebanon
1868	President—D. N. Porter,* Secretary—Preston B. Scott,*	Eminence Louisville.	Danville
1869	President—William Pawling,* Secretary—Stanhope P. Breckenridge,*	Danville, Danville	Lexington
1870	President—Henry M. Skillman ³ ,* Secretary—M. E. Poynter,*	Lexington Midway	Bowling Green
1871	President—William A. Atchison,* Secretary—John D. Jackson,*	Bowling Green Danville	Covington
1872	President—T. N. Wise,* Secretary—William B. Rodman,* C. F. Ulrich ⁴ ,*	Covington Frankfort Louisville	Louisville
1873	President—Lewis Rogers,* Secretary—J. A. Larrabee,*	Louisville Louisville	Paducah
1874	President—J. W. Thompson,* Secretary—J. A. Larrabee,*	Paducah Louisville	Shelbyville
1875	President—Jerman Baker,* Secretary—J. A. Larrabee,*	Shelbyville Louisville	Henderson
1876	President—J. A. Hodge,* Secretary—J. W. Singleton,*	Henderson Paducah	Hopkinsville
1877	President—R. W. Gaines,* Secretary—James H. Letcher,	Hopkinsville Henderson	Louisville

¹ Dead.

1. This title was changed to "The Kentucky State Medical Association" in 1903.

2. The minutes of the meeting in 1855 were not published or preserved, and, while the tradition is that regular meetings were held from 1853 to 1867, except for two or three years during the Civil War, a diligent search of over a year has failed to find a trace of the minutes or about the officers or places and dates of meeting.

3. On account of serious illness, Dr. Skillman could not attend the meeting and the Senior Vice-President, Dr. Atchison, presided and was elected President for the succeeding term.

4. Dr. Rodman did not attend the meeting and Dr. Ulrich was elected Secretary pro tempore and served for the entire meeting.

YEAR	NAME	ADDRESS	PLACE OF MEETING
1878	President—Lunsford P. Yandell, Sr.,* John L. Dismukes ⁵ ,* Secretary—James H. Letcher,	Louisville Mayfield Henderson	Frankfort
1879	President—Charles H. Todd,* Secretary—James H. Letcher,	Owensboro Henderson	Danville
1880	President—R. W. Dunlap,* Secretary—Arch Dixon,	Danville Henderson	Lexington
1881	President—Lyman Beecher Todd,* Secretary—Lewis S. McMurtry,	Lexington Danville	Covington
1882	President—James W. Holland, Secretary—Lewis S. McMurtry,	Louisville Danville	Louisville
1883	President—Ancil D. Price,* Secretary—Lewis S. McMurtry,	Harrodsburg Danville	Louisville
1884	President—J. N. McCormack, Secretary—Samuel M. Letcher,*	Bowling Green Richmond	Bowling Green
1884	President—Pinckney Thompson,* Secretary—Samuel M. Letcher,*	Henderson Richmond	Crab Orchard
1886	President—Joseph P. Thomas,* Secretary—Steele Bailey,	Pembroke Stanford	Winchester
1887	President—William H. Wathen,* Secretary—Steele Bailey,	Louisville Stanford	Paducah
1888	President—John G. Brooks,* Secretary—Steele Bailey,	Paducah Stanford	Crab Orchard
1889	President—Lewis S. McMurtry, Secretary—Steele Bailey,	Louisville Stanford	Richmond
1890	President—John A. Ouchterlony,* Secretary—Steele Bailey,	Louisville Stanford	Henderson
1891	President—George Beeler,* Secretary—Steele Bailey,	Clinton Stanford	Lexington
1892	President—Hawkins Brown,* Secretary—Steele Bailey,	Houstonville Stanford	Louisville
1893	President—Arch Dixon, Secretary—Steele Bailey,	Henderson Stanford	Frankfort
1894	President—J. Q. A. Stewart,* Secretary—Steele Bailey,	Frankfort Stanford	Shelbyville
1895	President—Joseph B. Marvin,* Secretary—Steele Bailey,	Louisville Stanford	Harrodsburg
1896	President—John A. Lewis, Secretary—Steele Bailey,	Georgetown Stanford	Lebanon
1897	President—Robert C. McChord, Secretary—Steele Bailey,	Lebanon Stanford	Owensboro
1898	President—Joseph M. Mathews, Secretary—Steele Bailey,	Louisville Stanford	Maysville
1899	President—David Barrow, Secretary—Steele Bailey,	Lexington Stanford	Louisville
1900	President—William Bailey,* Secretary—Steele Bailey,	Louisville Stanford	Georgetown

* Dead.

5. On account of the death of Dr. Yandell, the Senior Vice-President, Dr. Dismukes, succeeded to the Presidency.

YEAR	NAME	ADDRESS	PLACE OF MEETING
1901	President—James H. Letcher, Secretary—Steele Bailey,	Henderson Stanford	Louisville
1902	President—T. B. Greenley, ^o Secretary—Steele Bailey,	Meadow Lawn Stanford	Paducah
1903	President—William W. Richmond, Secretary—Steele Bailey,	Clinton Stanford	Louisville
1904	President—Steele Bailey, Secretary—James B. Bullitt,	Stanford Louisville	Lexington
1905	President—Frank H. Clarke, Secretary—James B. Bullitt,	Lexington Louisville	Louisville
1906	President—Charles Z. Aud, Secretary—James B. Bullitt,	Cecilian Louisville	Owensboro
1907	President—Daniel M. Griffith, Secretary—Arthur T. McCormack,	Owensboro Bowling Green	Louisville
1908	President—John G. Cecil,* Secretary—Arthur T. McCormack,	Louisville Bowling Green	Winchester
1909	President—Isaac A. Shirley, Secretary—Arthur T. McCormack,	Winchester Bowling Green	Louisville
1910	President—Joseph E. Wells, Secretary—Arthur T. McCormack,	Cynthiana Bowling Green	Lexington
1911	President—James G. Carpenter, Secretary—Arthur T. McCormack,	Stanford Bowling Green	Paducah
1912	President—David O. Hancock,* Secretary—Arthur T. McCormack,	Henderson Bowling Green	Louisville
1913	President—William O. Roberts, Secretary—Arthur T. McCormack,	Louisville Bowling Green	Bowling Green
1914	President—James W. Ellis, ¹ John J. Moren, Secretary—Arthur T. McCormack,	Masonville Louisville Bowling Green	Newport
1915	President—James W. Kincaid, Secretary—Arthur T. McCormack,	Catlettsburg Bowling Green	Louisville
1916	President—Ap. Morgan Vance, ²² Milton Board, Secretary—Arthur T. McCormack.	Louisville Louisville Bowling Green	Hopkinsville
1917	President—Phillip H. Stewart, Secretary—Arthur T. McCormack,	Paducah Bowling Green	Louisville

^o Dead.

1. Dr. Ellis was unable to attend the meeting; and, upon recommendation of the Council, Dr. Moren was unanimously elected President.

2. Dr. Vance died December 9, 1915, and upon recommendation of the Council Dr. Board was unanimously elected President.

FACTS AND REMINISCENCES OF THE
MEDICAL HISTORY OF KEN-
TUCKY.*

By LEWIS ROGERS, M. D., Louisville.

Gentlemen of the Society:

I esteem it a very great honor to be the presiding officer of the Kentucky State Medical Society, an association composed of members, past and present, many of whose names are among the most distinguished of this country. I deem myself specially fortunate in being

varied observations and study to the common stock. I am sure that I shall not be mistaken in the expectation that this meeting in Paducah will add greatly to the future usefulness of the Society by enlisting new and zealous workers who have not heretofore been associated with us.

As the time for our annual reunion approached, my mind became somewhat solicitious as to the subject of this address. What shall I or what can I write about that had not been presented to you in a more attractive form than I felt that it was possible for me



DOCTOR LEWIS ROGERS

1812--1875

For many years one of the leading teachers and practitioners of Louisville,
and President of the State Society.

permitted to enjoy this honor in the prosperous and hospitable metropolis of Western Kentucky. I am pleased with the centrifugal movement which this meeting inaugurates. Heretofore we have met in the more central parts of the state; hereafter we may indulge the hope that the members from the remote parts will more fully participate in our proceedings, and contribute the result of their

to present it was naturally a question of much anxiety to me. The subject of medical education was "a thrice-told tale." In all of its many important phases as connected with medical schools and office instruction, it had been discussed over and over again much more ably than I could discuss it. This would not do. And so in regard to the amount and the kind of education which should be required as preliminary to the study of medicine. This had formed the vexed topic of many an

*President's Address delivered before the State Medical Society, at Paducah, April, 1873.

interesting debate before this body and elsewhere. Sanitary science, in all of its wide range, had often been pressed upon your attention and disposed of as it should be. I could add nothing to it. And so again with the Anatomy Bill, with the law for the government of apothecaries, and many other matters of equal and even greater moment. They all have reference to the present or future interests of the public and the profession, and I have felt so sure that they would continue to command the public and professional mind until their beneficent purposes were accomplished that I could but deem it unprofitable to raise my voice in their behalf.

The history of medicine in Kentucky, the remarkable record which the profession has made since the very infancy of the state, are topics which may be recalled with just pride and very great pleasure. I propose to speak of some of these by-gone things as "Facts and Reminiscences of the Medical History of Kentucky." Many of the facts are already familiar to you in a fragmentary form; it may not be unprofitable or uninteresting to view them in a group. My own reminiscences may be received for what they are worth.

Whatever may be the present status of Kentucky medicine, and I hold that it is high, the past at least is secure. When Kentucky was to a large extent a wilderness, and not yet wholly free from hostile incursions of the Indians, when the population was so sparse as scarcely to give encouragement to any educational enterprises except such as were necessary for the simplest branches of learning, the interests of medicine were not only not neglected but received conspicuous regard.

In 1798 "Transylvania University" and the "Kentucky Academy" were united under one board of trustees, with the name of "Transylvania University," and in 1799 law and medical departments were added to the academical. Dr. Samuel Brown was appointed the first professor of medicine in Transylvania, and the first in the West. Dr. Francis Ridgeley was appointed a professor in the University shortly after Dr. Brown, and was the first to deliver a course of medical lectures in the West. From 1799 to 1817 various appointments were made in the medical department, and partial courses of lectures were delivered. During this interval, among the locally-distinguished men who were appointed to professorships, none were more remarkable than Dr. Joseph Buchanan. He died in Louisville in 1829; and I call up from the memories of my boyhood, with great distinctness, his slender, flexible form, massive head, and thoughtful, intellectual face. He was a man of great and varied powers of mind. He was a mechanical, medical, and political philosopher. His "spiral" steam boiler, the prototype of the exploding and exploded tubular

boiler, and his steam land-carriage, were among the wonders of the day. As a physician, his papers attracted distinguished notice from the medical savants of Philadelphia, then the great center of medical science. As a political writer, he was deemed worthy to discuss, and did discuss with power and effect, the momentous problems of special and general political economy agitating the country at the stirring period when Clay, Webster, John Quincy Adams, John C. Calhoun, and Andrew Jackson were the ruling spirits. Dr. Buchanan was the editor of the *Louisville Focus*, a post for which he was selected by the discerning mind of William W. Worsley, the founder of the *Louisville Focus* and of the great publishing house of John P. Morton & Co. If Dr. Buchanan had concentrated his wonderful mind upon some one of the great branches of medicine, he would have added much to the luster of Kentucky medicine. "His full nature, like that river of which Alexander broke the strength, spent itself in channels which had no great name on the earth."

In 1817 a full course was given in Transylvania to a class of twenty pupils, and in the spring of 1818 the degree of M. D., was conferred for first time in the West. John Lawson McCullough, of Lexington, was the first graduate in medicine in the valley of the Mississippi. History thus assigns to Kentucky the honor of inaugurating the teaching of scientific medicine in the West. The first to begin, she has occupied the most prominent position in this field of education to the present time. Her schools have been the most popular, her classes the largest, her professors the most learned, her graduates the leading practitioners of the South and West, and her influence upon practical medicine and surgery greater than that of all other schools.

Ranck's History of Lexington states "that vaccination had been introduced for several years in Lexington by Dr. Samuel Brown, of Transylvania, when the first attempts at it were being made in New York and Philadelphia. Up to 1802 he had vaccinated upward of five hundred persons in Kentucky." This invaluable discovery was announced by Jenner in 1798, and we find it successfully introduced into the backwoods of the West, by Kentucky enterprise, before 1802. The Kine-pock Institution of New York was established in 1802.

The Eastern Lunatic Asylum has long enjoyed a distinguished place among institutions of the kind in this country. Dr. W. S. Chipley, for so many years the eminent superintendent of this asylum, has made it known at home and abroad by his valuable reports and other papers upon mental alienation. This asylum was founded in 1816, under the name of the "Fayette Asylum." It

was the first ever established in the western country, and the second state asylum opened in the United States.

In connection with the history of medicine pertaining to Lexington, Dr. B. W. Dudley must ever occupy a conspicuous place. Distinguished in every branch of surgery, he was particularly eminent, as we all know, as a lithotomist. If not the first surgeon to perform this operation in Kentucky and the West, he was the first lithotomist in the number and successful results of his cases of the period in which he lived. His fame was co-existent with surgical literature.

If Kentucky had conferred no other benefaction upon mankind, the operation of ovariectomy performed for the first time by Dr. Ephraim McDowell, of Danville, in 1809, would entitle her to immortal honor. I believe that no one now denies to Dr. McDowell the originality of this heroic surgical achievement. Every surgeon in this country concedes it. In a conversation which I had, in 1865, with a number of eminent surgeons of Great Britain, among whom may be mentioned Mr. Spencer Wells, Mr. Baker Brown, and Sir James Syme, no one had any reserve on the subject except Mr. Syme. While he did not deny the claim of Dr. McDowell, he did not admit it. It is not a little amusing sometimes to note with what reluctance European writers recognize the great works of American surgeons and physicians. In a recent article in the *Edinburgh Review* upon the progress of medicine and surgery, the operation of ovariectomy is fully discussed without the mention of Dr. McDowell. Mr. Spencer Wells is made the hero of the operation!

The value of this operation can be better estimated by the statistics of eminent specialists. It is to be viewed as a remedy for a disease of utter hopelessness, if permitted to pursue an undisturbed career. Medicines have no influence over it. Though a few may live many dreary years, the average duration of ovarian tumors is from two to three years. Dr. McDowell operated thirteen times, as far as can be ascertained. He preserved the lives of six out of seven of his first patients. How many of the other cases were successful is not known, though it is certain that several were saved. Up to June last Mr. Wells's ovariectomies numbered 500, with 128 deaths. From March, 1870, to April, 1871, he had a succession of 32 cases in private practice without one death. Dr. Keith, of Edinburgh, up to July last had operated 146 times with only 26 deaths. Dr. W. L. Atlee, of Philadelphia, has operated about 300 times. Mr. Clay, of Manchester, up to December, 1871, had operated 250 times, with 182 successes. The results

may be tabulated, so as to be seen more clearly:

Spencer Wells	73.25%
Clay	72.80%
W. L. Atlee	71.00%
Bradford	90.00%
Kimball	66.11%
Dunlap	80.00%
Peaslee	67.85%
Thomas,	66.66%

Keith has attained the highest success yet achieved in Europe, having saved 81 of his first 100 cases, and 30 of his next 36 cases. In the United States the general average is 65 per cent., in Great Britain 60, in France 50, in Germany 41.66. Spencer Wells thinks the average yet will be 90 per cent. of cases in private practice, without excluding those extreme cases in which the operation is performed as a forlorn hope.

My purpose in presenting these details is to call attention to the fact that Dr. Taylor Bradford, of Augusta, Kentucky, has already attained the 90 per cent. success which Wells thinks may be ultimately attained. In Kentucky, where the operation was first performed the highest success has been reached.

Peaslee presents the great benefits conferred by ovariectomy in the following words: "It may be shown that in the United States and Great Britain alone ovariectomy 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 ovariectomy never been performed."

The Institute for Deaf-mutes, in Danville, Kentucky, was founded in 1823. It was the first institution of the kind established in the West. It followed closely upon those of Hartford, New York, and Philadelphia. From a small beginning it has become a noble and most beneficent school. Mr. Jacobs, so long its superintendent, has made it known throughout the civilized world. The results attained in the education of deaf-mutes are astonishing. They no longer speak by a manual alphabet or manual signs only, but are trained to utter their thoughts in articulate sounds wonderfully perfect.

Dr. McDowell and Mr. Jacobs have given the name of Danville an illustrious perpetuity and bequeathed to their successors in that beautiful town a reputation which their pride should be emulous to sustain. It is not an undeserved eulogium to say that Dr. John D. Jackson and his associates of the Boyle County Medical Society uphold very ably the prestige already acquired.

Dr. Alban Goldsmith was an assistant to Dr. McDowell in several of his ovariectomies, and operated himself one or more times. He visited Europe at the time that Civiale was attracting great attention to his original op-

eration of lithotripsy. Dr. Goldsmith, under the teachings of this master, perfected himself in this specialty; and returning to his home in Kentucky operated on a gentleman in Lincoln County in 1829, the first operation of lithotripsy ever performed in Kentucky or in the United States. Dr. Goldsmith, desiring a wider field for his labors, removed to Louisville in a short while. In that city I had the pleasure of seeing him operate in this special way and in other branches of surgery. While residing in Louisville he conceived the project of another medical school, recognizing the importance of a large hospital and its clinical facilities in the teaching of medicine and surgery. To carry out this admirable design he procured from the legislature, in 1833, the charter of the "Medical Institute" of Louisville. A faculty was organized, but did not lecture. When a portion of the faculty of the Medical Department of Transylvania University seceded from that school, in 1837, they organized under the charter of the Institute, and continued to act under it until the University of Louisville was chartered, in 1845. Dr. Goldsmith may thus be considered the legal founder of a school so long sheltered by his charter.

From Louisville Dr. Goldsmith removed to Cincinnati, and for a time was professor of surgery in one of the schools of that city; but finally settled permanently in the city of New York, pursuing to the close of his life the special branch of surgery in which he was so skilled. His son Professor Middleton Goldsmith, is well known to the profession of this state as an able teacher and practitioner of surgery.

Dr. Gross, in his report on Kentucky Surgery, made to this Society in 1852, remarks: "In the treatment of hernia Kentucky may justly claim the credit of having effected one of the most valuable improvements. The truss invented by Mr. Stagner, and afterward modified by Dr. Hood, has acquired a world-wide celebrity. The value of the invention of Stagner and Hood can be fully appreciated by those only who are familiar with the nature and treatment of hernia, and with the state of our knowledge thereof prior to their time."

In the same report Dr. Gross records "that some years ago Dr. Bowman of Harrodsburg, showed me an instrument for injecting the parts immediately around the abdominal canal and apertures with a weak solution of iodine and other articles. It was constructed upon the principles of an ordinary syringe, with an extremely delicate nozzle, intended to be introduced through a small opening in the skin. We here find the hypodermic syringe foreshadowed, if not actually invented. When Wood published his first papers on the subject of hypodermic medication, I carried out the practice, with the syringe having a deli-

cately-curved nozzle used by dentists, in the treatment of an obstinate case of lumbago. Dr. S. Brandies, of Louisville, imported the first hypodermic syringe ever used in Kentucky, as he also did, through me, in 1862, the first laryngoscope.

The Louisville Marine Hospital was founded in 1817, and was among the first of the great public charities in the valley for sick and disabled marines. It was sustained partly by taxes upon sales at auction, and partly by a fund created, under the law of the United States, from weekly or monthly sums paid by all sailors navigating the Ohio and other western rivers. This institution was admirably managed. Its trustees were selected from the best citizens of Louisville, and its physicians and surgeons were the elite of the profession, mature men engaged in a large and busy private practice. Among them I recall the names of Drs. Richard Ferguson, George W. Smith, Coleman Rogers, Sr., Joseph Middleton, John P. Harrison, R. P. Gist, and Llewellyn Powell. Conspicuous in this medical staff, for personal virtues, for the qualities of the Christian gentleman and for all of the attributes of the accomplished physician, it gives me pleasure to single out for special notice Dr. Harrison.

My earliest recollections of medicine are associated with this remarkable man. I knew him well, and his history has always been a favorite theme with me. In this hospital he labored very faithfully, and laid the foundation of a medical career of great usefulness and distinction. Kentucky never produced a more worthy son. He was an assiduous worker at the bedside and in the dissecting room. He spent many of the long winter nights in the study of all forms of anatomy by minute and careful dissection. Not content with the modicum of anatomical knowledge acquired while attending his several courses of lectures, it was his custom to revise this important branch of study every winter. As a boy, I was often his companion in the fourth story of the hospital. Dr. Harrison was a general as well as a medical scholar. He delighted in all kinds of polite literature. He was peculiar in his habits of reading. The lighter works of general literature occupied his leisure hours in the warm summer months, while the long winter evenings were devoted to the severer studies of the sciences. He was never idle. Of an ardent and active temperament, he could not be idle. He was a man of the purest personal and professional honor. Toward his professional brethren he bore himself with fastidious care. In medical ethics he was a martinet. There were subordinate qualities about Dr. Harrison which should and can pertain to every physician. Every one can not be tall and graceful in form as Dr. Harrison was, with dark hair and com-

plexion and keen gray eyes; but every one can have agreeable manners, a dignified bearing and be neat in dress and person. Dr. Harrison was always so. He dressed simply but elegantly, and everything about him looked the refined gentleman. His office was attractive, the furniture good and in order, the books in his large library systematically arranged. When his patients called upon him they were impressed by these things. His horse was always well groomed, his harness bright, and his gig perfectly clean. In all regards he sustained the respectability of his calling. These personal details may seem unworthy of notice in an address like this, but they have an important moral. I am sure that the influence and usefulness of medical men in cities, villages, and country places, are materially lessened by inattention to such matters as were striking qualities of Dr. Harrison. Personal qualities are often tokens of professional character. Slovenly dress, unkempt hair, a dirty office, with a few broken chairs and a rickety table with a dusty slate on it, are not likely to inspire the sick with pleasant ideas of their medical adviser. Such conditions spring from and react upon the character of the physician.

Dr. Harrison kept himself fully up with the advances of medicine. The first stethoscope I ever saw, and the first one brought to Kentucky, was imported by him. It was of the pattern originally devised and made by Laennec himself, and was in my possession for many years. Dr. Harrison talked of going to Europe to study this new physical diagnosis of diseases of the chest, but was for a time skeptical as to the reality of Laennec's great revelations.

In this connection my memory calls up the interesting fact that Prof. Henry M. Bullitt, of the Louisville Medical College, was the first physician in Kentucky, as far as I am informed, to carry the stethoscope into the daily study of his cases. He returned from Philadelphia in 1838, having become an expert in this method of diagnosis, under the teachings of Gerhard and Pennock. I was then pursuing the same study in the wards of the Marine Hospital, and owe my first advances to the instruction of Dr. Bullitt. Dr. Bullitt brought with him, besides this practical knowledge, a mind thoroughly and ardently imbued with Louis's inductive method of studying diseases. This method, substituting carefully-ascertained acts and the results inductively evolved from them for mere closet theories, was then bringing about a thorough revolution in the science of medicine. In this Dr. Bullitt played an efficient part by his pen and his teaching.

Dr. Harrison appreciated at an early day the importance of clinical medicine, and was among the first in the West to give clinical

lectures, in the wards of the Marine Hospital, to a class of students. The clinical advantages of Louisville caused him to look to that city as the future seat of a great medical school.

In 1834 Dr. Harrison removed to Philadelphia to find a more suitable theatre for the realization of his ambitious purposes. He was called very soon, however, to fill an important chair in one of the schools of Cincinnati. While teaching here, and for many years before, his pen was prolific in the production of valuable papers on various medical subjects. As a teacher of materia medica he was distinguished for his sound and practical therapeutics. He was an able practitioner, and brought before his class the ripe fruits of an extensive experience. He published a "Treatise on Materia Medica and Therapeutics," the first and only systematic work on this subject by a western physician. The practical portions of this work are excellent, and worthy of all respect even at the present day. The book is remarkable as being probably the last ever published in this country in which the doctrines of pure solidism are asserted and those of humoralism opposed. The idea of the absorption of medicines by the blood-vessels is vehemently rebuked.

In 1838 Dr. Charles Caldwell delivered the first clinical lectures of the University of Louisville in the wards of the Marine Hospital. I was his clinical assistant. In 1839 the first clinical amphitheater ever founded in the West was attached to this Hospital. From that room, for more than thirty years, the practical lessons of Drake, Gross, Eve, J. B. Flint, Bartlett, Ethelbert Dudley, Annan, Austin Flint, Palmer, Hardin, Middleton Goldsmith, D. W. Yandell, and their associates and successors, have been diffused throughout the length and breadth of this country.

Dr. Samuel L. Metcalfe, who died in Philadelphia in 1856, had a scientific character of which Kentucky may well be proud. Though known to many of the older physicians, he is possibly unknown to some of the junior members of the profession. In 1833 Dr. Metcalfe published at New York, a treatise, entitled "A New Theory of Terrestrial Magnetism," containing speculations of a remarkable character, and contending for the identity, in certain relations, of heat, electricity, and magnetism. In it were the germs of the great philosophical theory called "the correlation of forces," now accepted by the scientific world. This book was reviewed by Dr. T. S. Bell, in the *Louisville Journal*, shortly after it was published, and pronounced the first work of its kind on the subject.

In 1838 this work was expanded into a noble treatise, entitled "Caloric: its Mechanical, Chemical, and Vital Agencies in the Phenomena of Nature." Dr. Metcalfe took

the manuscript to London and endeavored to find a publisher. One was at last found, who agreed to publish it provided the author would permit him to submit the manuscript to the inspection and approval of a scientific reader employed for such purposes. The manuscript was kept for some weeks, and after many calls Dr. Metcalfe succeeded in recovering it, with the information that the judgment of the reader was unfavorable. Prof. J. B. Flint was in London at the time, purchasing the library for the Medical Department of the University of Louisville, and to him Dr. Metcalfe communicated these facts with the additional statement that he had ascertained, beyond a doubt, that Michael Faraday was the reader to whom his manuscript had been submitted. The doctrine of "The Correlation of Forces" which forms a conspicuous element of the fame of Faraday, was clearly and cogently taught in this new work of the Kentucky philosopher; and prior to the time that Dr. Metcalfe's manuscript was perused by Faraday he had never taught any thing of the kind. In 1843 Dr. Metcalfe published his treatise in two large volumes. It was received in Europe with an unusual amount of favor. In 1853 a second edition was published, a copy of which is owned by my distinguished friend, Dr. T. S. Bell.

Dr. Metcalfe resided near Simpsonville, Shelby County, while in Kentucky. The state, and especially the medical men, have abundant reason to cherish his well-earned fame. His reputation was so firmly established in Europe that he was importuned to become a candidate for the Gregorian Chair in the University of Edinburgh, which he declined.

In January, 1843, Dr. Wm. A. McDowell, a cousin of the great ovariotomist, and one of his aids in the performance of his operations, published an octavo volume, of two hundred and sixty-nine pages, entitled "A Demonstration of the Curability of Pulmonary Consumption in all of its Stages." Dr. McDowell removed to Louisville some years anterior to this date, with a name and prestige which soon won for him an excellent practice in all of the branches of medicine. Pulmonary consumption was one of his favorite subjects, and he soon put forth the claim of unusual success in the treatment of this disease. Such unusual results were announced as to excite in the minds of his professional friends an unjust suspicion of charlatry. When his book appeared it was received not only with incredulity but with severe and sneering criticisms. Time, however, has done justice to Dr. McDowell's character and claims. The work, though defective in literary merit, crude in many of its ideas, and asserting powers for many medicines which they do not possess, contained not only the germ but the substance

fully developed of the therapeutics of consumption now considered orthodox. He states that he first derived the views which he inculcates, modified by what he denominates the antipodal plan, from Dr. Joseph Parrish, of Philadelphia. To quote the language of his preface: "We concluded upon combining his theory with an antipodal plan which we ourselves had determined to adopt, consisting of a course of dietetics and regimen calculated to produce acquired gout; for we regarded gout as the extreme athletic or tonic morbid condition, consumption as the extreme atonic." Though this mode of presenting the subject be crude and coarse when compared with our more refined and seemingly more recondite rationale of treatment, the same great analeptic truth underlies both. I have no doubt that Dr. McDowell cured many cases of genuine phthisis pulmonaris, and prolonged the lives of many more, as the tonic and restorative plan, now universally adopted, is well known to do. His book was in advance of the times in this country certainly, and I do not know that a formal presentation of the subject had been made in Europe. Dr. J. Hughes Bennett, of Edinburgh, and other distinguished co-workers, were beginning to inculcate very strongly the same method of treatment, but had not given a published form to their views. This book of Dr. McDowell's has not secured the place in the literature of pulmonary consumption to which its intrinsic merit entitles it.

The Kentucky Institute for the Blind was incorporated in 1842. The movement for such a school in our state was inaugurated by Dr. S. G. Howe, of Massachusetts, who had so successfully begun the beneficent work in the latter state. Kentucky was among the first to follow the example of the "Old Bay State." From its foundation to the present time, this institution has been an object of just pride. Much of its progressive success has been due to an eminent member of our profession. "To inaugurate a great charity is a noble work; but to watch over it, to foster it, to stand by it from the beginning, to be its firm friend through every disaster and its counselor in every emergency; to give it unwearied attention for over thirty years, and sacrifice to its good an incalculable amount of anxious thought and valuable time, is surely equally noble. Such services the state of Kentucky has received from Dr. Theodore S. Bell." This is the testimony of one who is familiar with the devotion of this remarkable man to this institution. I can add my own testimony to the same effect. In my many professional drives in the direction of the Blind Asylum I rarely fail to meet Dr. Bell making his daily visit to his pet institution. By his efforts the Bible was stereotyped, and a copy given to every worthy pupil of the

school. Kentucky enjoys the honor of being the first state in the world to make a provision by law of this kind.

The history of the Blind Asylum has a bright page for this constant friend. The history of Kentucky medicine for the last forty years will also devote to him a large and varied space. Ever busy, working more hours every day and sleeping fewer than any one I ever knew, there is scarcely a department of medicine upon which he has not left his impress. As a public hygienist, as a medical philosopher and journalist, as a controversial writer, as a practitioner and teacher, he has long occupied and now occupies a conspicuous position. Seemingly untouched by time, he is to day as fresh and strong in physical and mental power as he ever was.

Kentucky was one of the first states of the West, probably the very first, to comprehend the incalculable value of a careful registration of the marriages, births, and deaths of her citizens. The importance of such registration, fully appreciated by many of the states of Europe and by a few of this country, was ably set forth in Kentucky, and impressed upon the public and legislative attention, with great force and effect by the first regular president of this Society, Dr. W. L. Sutton, of Georgetown. In effecting the passage of a very perfect law, by the legislature of 1851-2, he was ably re-enforced by Dr. W. S. Chipley of Lexington, and Dr. T. S. Bell, of Louisville. It will not be deemed immodest in me to say that a "Lecture on Sanitary Reform," delivered by me to the medical class of the University of Louisville at the opening session of 1851-2, and published by the class, had some influence, by the logic of its statistics, in determining the passage of the act. Dr. Sutton was the first registrar, and most successfully carried the law into execution. Before, however, even a partial realization of the great results anticipated by him, Dr. Sutton was removed by death from this sphere of public usefulness, and was succeeded by Dr. S. M. Bemiss, now of New Orleans. Dr. Bemiss proved to be a worthy follower of Dr. Sutton. He carried the work forward with zeal and ability, and his reports attracted much attention both at home and in foreign countries. The war of 1861 put an end to this as to all other civil pursuits, and since its close the law has not been revived. It is a reproach to the intelligence of the state, and most deeply damaging to her interests, that it has not been restored.

Dr. Sutton was one of the ablest men of the profession in Kentucky. Plain, modest, practical, an excellent observer, a good writer and a sound practitioner, the state has produced few superior to him. In sanitary science he was the foremost man among us. His brochure on Typhoid Fever, and a few other pa-

pers on medical subjects, gave him high rank in medicine proper.

In October, 1846, ether as first used by inhalation as an anesthetic. In the winter or spring of 1847 Dr. Joshua B. Flint administered it for the first time in Kentucky, and possibly in the west, in an amputation of a lower limb performed by him in the presence of a number of professional friends. I was present. The ether as then called "letheon," and administered by the aid of a complicated inhaler.

Chloroform as first brought forward by Sir James Y. Simpson, as a substitute for ether, in November 1847. It was used for the first time in midwifery in the city of Louisville, and as far as is known in the state of Kentucky, by Prof. Henry Miller, on the 20th of February, 1848.

Prof. S. D. Gross, was the first surgeon in Louisville to use chloroform as an anesthetic in surgery. He operated upon a servant under its influence in the family of Thos. F. Smith, removing a large tumor.

Professor Miller was a pioneer in several other important branches of his specialty. In an able and very candid paper denominated "Retrospect of Uterine Pathology and Therapeutics in the United States, especially in regard to intrauterine medication in chronic internal metritis," published by Dr. Miller, in 1871, it is certainly established that he was the first in the West to use the speculum uteri systematically in the treatment of diseases of the os and cervix uteri. This was as early as 1835, a period when the speculum was almost unknown practically to the profession in any part of the United States. The first speculum was brought to Louisville by Dr. Allan P. Elston, a distinguished young physician, who after a residence in Europe for several years returned to Louisville and resumed his professional labors. Failing health compelled him to retire after a short but honorable career. Dr. Miller was present when Dr. Elston examined one of his patients in the Workhouse Hospital, and becoming enamored of the speculum forthwith devoted himself to this interesting branch of surgery. It is needless for me to tell this audience with what distinguished results. For a time the treatment by the aid of the speculum was limited to the os and cervix uteri. In 1843 Dr. Miller extended his local treatment still deeper, and made applications to the cavity of the organ. In the paper above mentioned he proves conclusively that he was in advance of every one else in the United States in intrauterine medication. Kentucky justly claims priority in both forms of uterine therapeutics.

Dr. Miller is the author of the first systematic work upon midwifery ever published in the West, a work which ranks in original

thought and practical value among the best ever published.

Kentucky has been ever prompt to obey the requirements of philanthropy. Under the wise counsels and benevolent influences of Robert W. Scott, the legislature, in 1860, founded the Kentucky Institution for the Education of Feeble-Minded Children and Idiots. This is the only institution of the kind south of the Ohio River. There are several in the North, which have undoubtedly achieved surprising results in elevating the mental status of these unfortunate beings. They who have not observed the amount of mental improvement which may be effected by systematic training, in subjects who seem to be hopelessly feeble, would scarcely credit the real results. Our own institution promises to be a benefaction worthy of generous encouragement.

The Louisville College of Pharmacy was established in August, 1870. It has organized a school of pharmacy, with efficient professors, to teach the theory and practice of pharmacy, materia medica, chemistry, and the collateral sciences. Such an institution has long been needed in Kentucky, and there now exists no reason why every apothecary should not be a graduate of this or some other equally worthy college, and his qualifications fully ascertained, before he is permitted to dispense medicine. The interests of the public, no less than of the profession demand the enactment of such a law.

On the 28th of March, 1872, the legislature of Kentucky passed an act incorporating the "Central Kentucky Inebriate Asylum." This asylum is intended for the medical treatment, control, and restoration of the inebriate. It is invested with the power to receive and retain all inebriates who enter it, either voluntarily or by the order of the committee of any habitual drunkard. The committee of the person may keep him in the asylum at discretion. This act does not indicate by what power this committee is created. Some previous law must exist and I presume that an act, approved March 18, 1872, to provide for the preservation of the estates and security of persons of unsound mind, who by habitual or excessive use of poisonous drugs have become incompetent to manage themselves or estates with prudence and discretion, supplies the defect or provides for it. This act empowers the circuit or chancery court of the county to appoint a committee of one or more persons to take charge of any person who by the habitual or excessive use of opium or hasheesh, or any other drug, has become incompetent to manage himself or estate. The fact of such incompetency must be brought before the court by affidavit of two or more respectable persons, and an inquest must be held by jury in open court to inquire into the fact. The committee of custody and

control is invested with the power to confine such person in any private asylum or in one of the lunatic asylums of this commonwealth. It will be observed that this act specifies opium, hasheesh, or any poisonous drug, but does not mention by name alcohol and its preparations. A fair and scientific construction would include these; yet a doubt is left, and difficulty might spring up if any one chose to contest the point and insist upon a literal interpretation of the law. Habitual and inveterate drunkenness is certainly one of the forms of insanity. It is a condition in which the will is under the mastery of the passion. It is recognized by the best authorities as insanity, and has received the names of dipsomania and inomania. The interests of the individual and of the entire community would be advantageously consulted if this view of drunkenness were carried into practical effect, and the drunkard made amenable to the law which is applied to the ordinary lunatic. Whether the asylum just incorporated be one merely for voluntary confinement or one to which a jury may send any proper subject, Kentucky has led the advance, as far as I am informed, in this direction, in the valley of the Mississippi.

It is a creditable fact, reflecting the estimate in which Kentucky medicine is held by the profession of the United States, that our state has directly furnished two presidents of the American Medical Association, in the person of Drs. Henry Miller and David W. Vandell, and indirectly a third in the person of Dr. S. D. Gross, all members of this Society. No member of the profession in this country has received more honors at home and more foreign decorations than Dr. J. Lawrence Smith, another member of this Society.

The establishment of a new school in 1837, and of several others at later dates, led to important results in the history of Kentucky medicine. These schools have been the means of developing and bringing into more conspicuous position many of our own most gifted physicians, and have invited from other places some of the most eminent physicians of the United States. Among the former may be mentioned Bush, Peter, Ethelbert Dudley, Miller, Powell, Hardin, Richardson, Bullitt, the Vandells, Foree, Breckinridge, Cummins, Bell, Bemiss, Bayless and Bodine. Among the latter, Bartlett, Silliman, J. B. Flint, Drake, Cobb, Colescott, Austin Flint, Sr., Eve, Gross, Palmer, J. Lawrence Smith and Middleton Goldsmith. Some of the best contributors to American medicine and surgery were made by several of these gentlemen while they were connected with the schools of Kentucky, and these may be fairly considered as belonging to the medical literature of our state. If all of the works were not written here, much of the matter which gives them in-

terest was obtained while their authors were connected with the schools and hospitals of Louisville. This is particularly true of the works of Gross, Drake and Austin Flint.

Connected with the schools of medicine which have existed in Kentucky many reminiscences of men and things arise in my mind. Among the most pleasant of these is my recollection of Dr. Wm H. Richardson, so long the professor of obstetrics in Transylvania. Few men ever had nobler traits of character. He was warm-hearted, brave, and a sincere friend. I knew him from my earliest boyhood, and have passed many happy and instructive hours at his magnificent home in Fayette county. His hospitality was profuse and elegant. I listened to his public teachings as a professor with interest and care, because I knew that he taught the truth as far as he possessed it. He was not scholarly nor graceful and fluent as a lecturer; but he was ardent and impressive, sufficiently learned in his special branch, and had at his ready command a large stock of ripe personal experience. I honor his memory beyond that of most men whom I have known.

I have often recalled with wonder the supreme satisfaction with which I looked upon the whole science and art of medicine, after listening to one course of lectures by Dr. John Esten Cooke, for so many years the venerable incumbent of the Chair of Practice in Transylvania, and in the University of Louisville. Few teachers ever held such sway over the minds of intelligent professional men as Dr. Cooke, over the entire medical mind of the valley of the Mississippi. Every one entertained profound respect for his great intellect and general learning, and for his purity of character and honesty of purpose. His theory of medicine was peculiar to himself, and elaborated with great care. It seemed to be built upon an impregnable logic. It was dogmatically taught, and carried captive the minds of the hundreds of young men who listened to his positive enunciations. There were no graces of oratory about him, yet he had a subtle way of infusing the poison of his false doctrines which were of singular simplicity and universal adaptedness. The practice growing out of them, so long dominant in the South and West, was equally simple and adaptable. Three familiar medicines constituted the trinity of his practical creed. Quinine and opium were not known in his *materia medica*. With the retirement of Dr. Cooke, in 1844, a new medical era commenced in the wide region over which his teachings so long prevailed; and now not a vestige of either his theory or practice remains except in the pages of his book and in the minds of a few of the ancient members of the profession.

Who that ever saw Dr. Charles Caldwell

can fail to have a living remembrance of him? Who that ever listened to him as a teacher can fail to recall with admiration the great intellect, the varied scholarship, the beauty and power of pen and the polished eloquence of the grand old man? He impressed every one by the stateliness of his personal appearance. He looked a very monarch, as, with scepter waving in his hand, he moved majestically along.

Dr. Caldwell was largely instrumental in carrying the Medical Department of Transylvania to its high point of prosperity. He was one of the great levers by which the School of Louisville was elevated to a still loftier position. By reason of certain attractive qualities, and peculiar powers foreign to pure medical teaching, he was eminently successful as an architect of medical schools. Despite these facts, the truth of history compels the avowal that he was never a teacher of true practical medicine, nor of that kind of medical philosophy which forms the useful medical mind. In these regards he has not left an enduring record in the annals of Kentucky medicine.

While Dr. Caldwell was yet holding a conspicuous place as a medical teacher a revolution was going on in the whole science of medicine. Old medicine was expiring and new medicine taking its place. Before the pressure of professional opinion created by this revolution, Dr. Caldwell, like his old colleague, Dr. Cooke, retired from professional life in 1849.

When the trustees of the Louisville Medical Institute were organizing the first faculty, in 1837, Dr. Caldwell, the chief artificer of the enterprise, was furnished with *carte blanche*, and sent on a mission to find a professor of surgery. A careful search eventuated in the selection of Dr. Joshua B. Flint, of Boston, Mass. Dr. Flint was a graduate of the Academic and Medical Department of Harvard. He was indorsed to Dr. Caldwell, by the best men of Boston, as a mature and thorough general and medical scholar, as a conservative, skillful surgeon, and as an acceptable teacher. He was tendered the chair of surgery in the institute, accepted it, and surrendering his many ties in Boston came to Louisville and united his fortunes with our school and our people. The impression which he made upon the profession in Louisville was favorable in the highest degree. He disclosed qualities which at once commanded confidence and respect. He was quiet and modest, avoiding rather than courting conspicuous notice. His fine scholarship, literary and professional, made itself evident to all appreciative observers. He was not ostentatious in this regard. His sound judgment as a practitioner of surgery, and his rare dex-

terity and coolness as an operator, were readily recognized. In the field of operative surgery he was distinguished, beyond all other men of his time, for his conservatism. Many limbs and parts were saved by him which would have been lost by less considerate surgeons. He did not desire the eclat which great surgical feats elicit.

As a teacher, Dr. Flint came forward at a time when medicine and medical teaching were in a transition stage; when mere theories were giving place to facts, and things were taught and not mere speculations. His style was quiet, eminently and purely didactic. He was not a declaimer, had no *ad captandum* arts, said nothing for effect merely or to elicit applause. His lectures derived their ornament from correct rhetoric and classical illustrations. They were never soiled by coarse anecdote or indelicate allusions. He was a dignified teacher of the facts and truths of a serious science. He did not seek popularity with his classes. He hoped to win their confidence and approval by giving them sound instruction. Possibly he made the distance too great between the master and the pupil. This had not been the usage in this wild western country. It was so in the place of his education, and in the foreign schools. He was known to favor the use of the professorial cap and gown.

As a candidate for business before the public, he stood, coldly, upon his demeanor as a gentleman and his real merits as a practitioner. He had no arts about him to win popularity. He rather repelled than attracted people. He was punctiliously careful in his intercourse with the patients of other physicians. In this relation he was, as Charles Lamb said of his Father, "a man of losing honesty." Socially no man was more charming. Though dry and not much of a talker generally, on festive occasions his conversation was brilliant and his wit sparkling. At a dinner or evening party, among cultivated people, he was delightful.

I must mention one other quality in Dr. Flint. To his sick brethren he was constant in his attentions, aiding them by his wise counsel and cheering them by his hopeful words. Dr. Flint retired from the institute at the close of his third course of lectures, but was reinstated in his same chair after the lapse of a few years.

Dr. Daniel Drake, though claiming Cincinnati as his home, was really a Kentucky physician, having passed the most active years of his life in our state, and achieved his great fame as a teacher and writer while connected with our schools. It is unnecessary to detail his brilliant medical history. It is known to every one. I wish to mention the single honorable fact that he was the first physician of the West ever called to fill an important chair

in an eastern medical school. In 1830 he was appointed professor of theory and practice of medicine in the Jefferson Medical College of Philadelphia. Dr. S. D. Gross was appointed to the chair of surgery in the same school at a later day and, as far as I now remember, was the second western man thus distinguished.

As the intimate personal friend and fellow-student of Dr. Jas. M. Bush, I had the opportunity to learn, at an early day, the genius as an artist, the quick perceptive faculties and the logical qualities of mind which form the basis of his high professional reputation. He was a student first in the office of Dr. Alban Goldsmith, and then in that of Dr. B. W. Dudley. He won the high regard of both of these eminent men. As soon as he graduated in medicine he became prosector for Dr. Dudley, and then his associate in the practice of surgery. When Dr. Dudley retired from teaching, Dr. Bush was appointed to the vacant chair, and discharged its duties with eminent ability. When Dr. Dudley retired from the field of his brilliant achievements as a surgeon, Dr. Bush had the rare courage to take possession of it. No higher tribute can be paid to him than to say that he has since held possession without a successful rival.

In the sciences collateral to medicine Kentucky has played a distinguished part. In the interesting departments of botany, geology, and chemistry, Dr. Charles Wilkins Short and Dr. Robert Peter are known throughout the scientific world. As teachers and modest, almost shrinking manner, the seemingly superb dignity, and the Addisonian style of the one, and the lucid expositions and brilliant illustrations of the other, must be remembered by all who ever listened to them.

I can not close these hasty and imperfect reminiscences, so unworthy of their subjects without the mention of one with whom I had the honor to be upon terms of personal and professional intimacy for more than thirty years. I refer to Dr. Llewellyn Powell. Dr. Powell held the chair of obstetrics, first in the Kentucky School of Medicine, for some years, and afterward in the University of Louisville. In both he was recognized as an able, eloquent and instructive teacher. He gave unqualified satisfaction to colleagues and pupils.

There are two classes of medical teachers: the one professional, trained in the arts of elocution and happy illustration, studiously skilled in the many ways of putting things; not subordinating matter to manner wholly, but relying largely upon felicitous modes of presenting their subjects. The other class includes physicians of mature study and observation, who have accumulated a large stock of practical knowledge from which to draw the matter of their teaching. Out of the fullness of their knowledge they are teachers. The graces of rhetoric and the tricks of elo-

education are not conspicuous elements of their style. Dr. Powell happily blended the best qualities of both of these classes. By nature he was wonderfully endowed with the gift of language. Words the most appropriate were uttered promptly and gracefully at the bidding of every thought. Though he was not trained to the special work of teaching, he seemed to possess the happy facility of the professional teacher. With such a manner he was prepared to impress upon his pupils with singular effect the practical knowledge derived from many years of clinical observation.

Dr. Robert J. Breckinridge was reared and educated in Louisville. Of a distinguished family and singularly pleasing address, graceful and easy as a speaker, as a writer forcible, pointed, and scholarly, he would but for his untimely death have plucked the highest honors in the profession.

Dr. Carey H. Fry, an original member of this Society, died, on the 5th of March, in the city of San Francisco. He was present and took an active part in our memorial meeting of 1852. He was with us, in Louisville, in 1872, with undiminished interest in our proceedings. Truth warrants and personal affection impels me to say that he was the peer of the highest in all noble qualities of character. He was a refined gentleman, an accomplished physician, and a gallant soldier.

Whatever of renown the University of Louisville may have acquired, a portion of it is due to two distinguished members of another profession. Hon. John Rowan and Hon. James Guthrie. Judge Rowan was the first president of the board of trustees, and gave the influence of his national name to the foundation and early fortunes of the school. Mr. Guthrie became the president upon the death of Judge Rowan, and continued so until the close of his long and useful life. No institution ever had a more devoted friend. His fealty to it never faltered. Amid the cares of state and a large professional business, he always found time to work for the interests of the University. Whatever seemed likely to promote these interests met with his warm approval; whatever opposed them was sure to meet his stern and inflexible hostility. His name is indissolubly linked with an interesting part of the history of Kentucky medicine.

The medical journalism of Kentucky has always been of a high order. Though commenced at a later date than that of her sister state of Ohio, Kentucky was in advance of all other states of the valley. The *Transylvania Journal of Medicine and the Associate Sciences* as the first journal published in Kentucky. It dates from 1828, and continued to be the leading journal until its close, in 1838. Its successive editors were Professors John Esten Cooke, Charles Wilkins Short, Lunsford P. Yandell, and Robert Peter. The next was the

Louisville Journal of Medicine, in 1853, edited by Professor Henry Miller, J. P. Yandell, and Dr. T. S. Bell. This had a brief existence. Then came the *Western Journal of Medicine and Surgery*, edited at first by Profs. Drake and Yandell, and then by Professors Yandell and T. S. Bell. It lived from 1840 to 1855. The *Western and Southern Medical Recorder* was published by Dr. James Conquest Cross, in Lexington, in 1841-2. The *Kentucky Medical Recorder*, a continuation of the *Transylvania Journal*, was edited by Profs. Henry M. Bullitt and Robert J. Breckinridge, in 1851-2, in Louisville. Dr. L. J. Frazee edited a semi-monthly journal called the *Louisville Medical Gazette*, in 1859. Drs. Bemiss and Benson published the *Louisville Medical News*, in 1859-60. The *Louisville Review*, edited by Gross and Richardson, in 1856, and the *Louisville Medical Journal*, by Dr. Coleseott, in 1860, were short-lived. The *Sanitary Reporter* was published, semi-monthly, by the United States Sanitary Commission, in Louisville, in 1863-4.

A distinguished editor of the first journal of Kentucky still survives, in the full vigor of his intellectual powers, and is yet a large contributor of his mature learning and experience to the journalistic literature of the State. A brilliant and instructive teacher, first in Transylvania and then in the University of Louisville, no member of the profession in the West has written more gracefully and powerfully than Dr. Lunsford P. Yandell. No Kentucky author has written more or upon a greater variety of important topics. His scientific reviews, elaborate monographs upon various subjects of medicine, papers upon geology and other branches of natural history, his introductory and valedictory addresses, and contributions to general and popular literature exceed one hundred in number. Besides these, I can not omit to mention a most valuable unpublished report made to this Society, in 1853, upon the Medical Literature of Kentucky. It is a work of exhaustive research, and an accurate index to the papers of all the writers of Kentucky. It should be continued to the present time, and published by this Society.

The two journals which now represent this branch of medicine in Kentucky, the *American Practitioner* and the *Richmond and Louisville Medical Journal*, rank among the ablest of this country.

In a community which has founded and fostered so many great medical institutions, true science would necessarily always command respect and confidence. In no part of this country have the many forms of quackery met with so little encouragement. Everywhere, of course, will be found ignorance, credulity, and the other weak elements upon which medical fungi grow; but Kentucky

may be justly proud of her remarkable exemption from them.

Time and your exhausted patience admonish me that I must bring this historical *olla podrida* to a close. I trust that what I have said may serve to add something to the good name of our beloved state, and stimulate us to contribute yet more to the renown which our illustrious fathers have achieved for it.

I wish to say a few words as to the work of our present meeting. We have come, many of us, a long distance to do this work. Let us do it thoroughly and well. Let our sessions be devoted to scientific business, undisturbed, as far as possible, by matters which can not advance the interests of our beneficent calling, and may mar the usefulness and happiness of our annual reunion. I have a hope that this meeting may be signalized by the dignity of its conduct and the number and value of its contributions to medical science.

THE MEDICAL LITERATURE OF KENTUCKY.*

By LUNSFORD P. YANDELL, SR., M. D.,
Louisville.

I have undertaken, in compliance with the wishes of the Medical Society of Kentucky, to write a history of the Medical Literature of the State, and have the honor to submit the following report as the result of my labors. The report embraces a period of seventy-five years, and refers to the productions of more than two hundred Kentucky physicians who have written on medicine. It is consequently long, and, if deemed by the society worthy of publication, must extend through at least two volumes of its Transactions. In preparing it two plans occurred to my mind: one to present a continuous history of the various publications as they appeared; the other to take up the several authors in the order of their appearance, and then, having introduced them, to follow each down to the present time or to the close of his career. The latter has been adopted as having upon the whole most advantages, and this notably among others, that with every author named in the report will be seen at a single view a list of all his writings.

The report, besides notices of the medical literature of Kentucky, embraces some account of the origin of her medical schools, with biographical sketches of a number of her more distinguished medical men. In collecting the materials for it my chief reliance has been upon the medical journals of our country, and all these have been examined in which it was thought anything was likely to be found from the pens of Kentucky physicians.

The transactions of our society from the beginning and those of the American Medical Association have also been consulted. I have sought in addition to gather up all the introductory lectures delivered in our medical schools, and all the more ephemeral publications not contained in the journals of medicine. The reports of our hospitals, lunatic asylums, institutions for the blind and for deaf-mutes have also been referred to. The larger and more elaborate works on medicine have received due attention, and in addition to all I have had recourse to other than medical books for some facts that bear upon the history of Kentucky medicine. But with all my efforts to make the report complete I can hardly hope that many omissions will not be found in it which more time and greater care might have prevented; and still less reason have I to expect that my readers, however, courteous, will concur in all the judgments expressed concerning our medical writers and their works. On the latter point I claim only to have formed these judgments candidly, and without any feeling of which I am conscious that would tempt me to do injustice to any one. Almost all that relates to the medical schools of Kentucky I have written from my own recollection, and venture to hope that my account of them will be found free from prejudice. Whatever were the controversies in which I bore a part while connected with those institutions, the time since has been sufficient to allay all the animosities they engendered.

On an impartial review of the labors of Kentucky physicians and surgeons, and a candid comparison of her medical literature with that of her sister states, I believe it will be admitted that a work has been performed by her medical profession of which she may well feel proud. Her great physicians and surgeons lose nothing by comparison with the statesmen, orators and soldiers who have conferred luster upon her name. A near neighbor to the Sage of Ashland, his medical counselor and intimate friend, lived the most successful lithotomist of his times. With the hero of Buena Vista grew up to manhood in the backwoods of Kentucky another surgeon, to whose boldness and skill the world is indebted for ovariectomy, an operation which has already added years to the average duration of life in women. The most original and elaborate treatise on medicine by an American physician is from the pen of a writer who was reared in Kentucky, and while engaged in its preparation was a teacher in one of her medical schools. One of the most comprehensive systems of surgery in our language was written by a former teacher in the same school; and the work on practice which stands at the head of American medical books is made up

*Read at a meeting of the State Medical Society at Henderson, April, 1875.

in part of materials collected by the author while a teacher of medicine in Kentucky.

Among those who were first attracted by curiosity or by a spirit of adventure to the wilds of Kentucky were two physicians whose names have come down to us. Dr. Walker visited the eastern borders of the state as early as 1747, a good many years in advance of Daniel Boone, and Dr. Connolly came out in 1770, only a year after the great pioneer. Connolly was one of the company which laid out the plan of the city of Louisville in 1773, a year before the first log cabin was reared by a white man in the state. These hardy adventurers came and saw the glories of our primeval forests and our fertile lands, but left behind them no history of their observations or adventures; and but little further is known of them than that Connolly became a tory on the breaking out of the Revolutionary War; after having shared in the confidence of Washington was captured with dispatches on his person hostile to the colonies, and confined many years in prison.

The medical literature of Kentucky dates back a few months beyond the beginning of the present century. It is an interesting fact that the idea of originating a medical school in Kentucky is as old as her literature. As early as 1799 the Medical Department of Transylvania University was partially organized, and Dr. Samuel Brown was elected to the chair of Theory and Practice of Medicine and Chemistry. About the same time Dr. Frederick Ridgely, who had distinguished himself as a surgeon in the Revolutionary army, delivered a course of lectures in the University to a small class of medical students. To this dignified and worthy pioneer of the profession therefore belongs the honor of having inaugurated the public teaching of medicine in Kentucky. Dr. Ridgely was a pupil and afterward a correspondent of Dr. Rush, and in all the moral elements that go to form a good physician, as well as in general scholarship and medical learning, he was a worthy pupil of his illustrious teacher.

No one who only for a moment turns his mind to the medical literature of Kentucky can fail to remark how great an influence has been exerted over it from the beginning by her medical schools. It originated with Dr. Samuel Brown, who was also first to receive an appointment in the earliest organized school. The medical journals, which have done so much to stimulate professional writing, have been chiefly sustained by our schools of medicine.

About the time that Dr. Brown was made a professor in Transylvania University he became a writer for the medical press. The first medical paper from the pen of a Kentucky physician that I have been able to trace is one written by him for the *American Medical Re-*

pository, at that time, I believe, the only journal of medicine published in the United States. It bears date of June, 1799, and is contained in the fourth volume of that journal. In the same volume is the report of a case by Dr. Brown, dated November, 1800, together with a second one of a later date; and these are followed, in subsequent numbers, by other medical histories, which, as possessing an inherent interest, as well as being matters of curiosity at this day, I shall notice in detail.

Dr. Brown, the father of our medical literature, was in every respect a remarkable man. In person he was much above the ordinary size of men, as well as pleasing and commanding. He was of a noble aspect, and his manners were in keeping with his presence. Highly gifted by nature, his fine parts were set off by all the advantages of education. A scholar, with a quick, observant mind, enlarged and polished by intercourse with the world; witty, fluent in speech, full of general knowledge and anecdote gathered from extensive travel, he was fitted to shine as a lecturer; and if necessity or taste had turned his attention seriously to the practice of medicine, as a physician he might have attained to the highest rank. But with all his powers and varied accomplishments he was not a successful teacher, nor for many years did he take any serious part in the practice of medicine. His mind was a discursive one, and he could not brook the drudgery of his profession. He was a desultory rather than a severe student, and was always captivated by novelty, at the same time his strong common-sense saved him from the wild philosophy which pervaded some of the schools of medicine in his day.

Dr. Brown was a native of Virginia, and on his mother's side was descended from John Preston, of the Blue Ridge, to whom so many gifted men of the South trace their lineage. He was sent to Edinburgh to complete his medical education, and heard the lectures of Monroe, Bell and Black, where sat beside him fellow-students from America; Hosack of New York, Davidge of Baltimore, and McDowell of Kentucky. He was wont to relate to his classes in Lexington that three of the young Americans resolved among themselves to become teachers of medicine on their return home. The idea, he told us, seemed preposterous to the students of the old country, and the Americans were not a little ridiculed for their lofty designs. "But," he continued, "we were not to be laughed out of our projects, and in a little while after his return Hosack was announced a professor in his native city, and Davidge was at work laying the foundation of the University of Maryland. I was appointed a professor in this young University, but the chair proved to be a barren scepter in my hand. After many years a new

organization was effected, in which my name did not appear. But the enterprise failed; The professors disagreed, got into controversies, aspersed one another in acrimonious pamphlets, and the faculty was broken up. A new attempt was made, and my long-cherished vision was at last realized. I found myself, after so long a time, in a flourishing medical school."

But as he adhered long to no system of medicine, so he soon grew tired of the business of teaching, and in five years relinquished the place in the school for which he had waited so long. Dr. Caldwell, the most scholarly of his colleagues, on account of this readiness to embrace new theories and systems, pursue them eagerly for a little while and then abandon them for something newer, was in the habit of comparing him to a 'cur-dog hunting rabbits.' He certainly was wedded to no doctrine in medicine. Of none could be ever have said, with the great Hunter, that "he would never give them up till he gave up the ghost." His anecdotes, which he told in the happiest manner, formed the most attractive feature of his lectures, or at least the parts which I find clinging most tenaciously to my memory. One in particular I remember related in his valedictory address to his class in 1824. "I knew a professor in Edinburgh," he said, "who from repeated dislocations of his lower jaw was liable to that accident every time he yawned. On account of his infirmity it became necessary to take with him constantly a servant who had learned the art of reducing the dislocation. His students soon came to undertsand the case, and when at any time the professor grew tedious, they had only to set up a general yawning to excite the same movement in him, whereupon, before he thought of it, his jaw would fly out of place, and while his servant was at work setting it they would hurry out of his room, pretending to think the lecture was over. No doubt, gentlemen, he continued, with a pathos that affected the most thoughtless of his pupils, you would have been glad many a time this winter if you could have exerted the same control over my jaw."

Like nearly all great men, Dr. Brown was natural in manner and simple in his tastes, as far as possible removed from that pedantry and pomposity that all at one time seemed characteristic of medical men. The following incident is illustrative of this pleasing trait in his character. He had been called to see a sick child in consultation with a leading practitioner of Lexington, and among the measures agreed upon was a warm foot-bath. returning to the chamber of the little patient the physician in attendance proceeded to give directions to the mother in terms somewhat like these: "You will immerse the lower extremities of your infant in tepid water,

madam, and subsequently use friction freely with a napkin." The mother was lost in the succession of long words and raised her eyes in bewilderment. Dr. Brown saw her embarrassment, and hastened to relieve her by saying, "Bathe your child's feet and legs in warm water, my good woman, and wipe them dry with a towel."

The crowning labor of Dr. Brown's life, from which he expected the happiest results, was the formation of a society designed to promote harmony among the members of the profession. He styles it the Kappa Lambda Association. It included among its members many of the most eminent physicians in our country. Dr. Brown was its president, and it was his purpose to devote the evening of his days to visiting the branch societies in the towns and cities of the Union, thus cultivating the social relations of physicians. He resigned his chair in 1825, and died near Huntsville, Alabama, on the 12th of January, 1830.

Dr. Daniel Drake succeeded to the chair of Theory and Practice in the University. He had been connected with the efforts, in 1817, to form a medical school in Lexington. His associates were Drs. Dudley, Richardson, Overton, and Blythe. The enterprise failed, and the faculty was disorganized at the close of the first session; Overton returning to Nashville a good deal disgusted with medical schools, and Drake returning to Cincinnati to establish one in that city. The feuds that led to the disruption resulted in a bitter personal controversy which was carried on for a time in pamphlets, and ended in a duel between Dudley and Richardson. Drake was already an author before his first connection with the University, and as such was known beyond the bounds of his own country. His "Picture of Cincinnati" had given him a reputation among scientific men in Europe. With the circular letter announcing the reorganization of the Lexington school came from him to us in Tennessee a prospectus of the Ohio Medical College, setting forth its claim to public patronage. With his indomitable will and perseverance he had procured a charter for a school of medicine in Cincinnati. The gifted anatomist, Godman, was associated with him; but he was doomed to a second disappointment, for Godman, after a year or two, became discouraged and resigned his professorship. Two other colleagues became refractory and conspired against him. In his charter he had unwisely placed the governing power of the college in the hands of the professors, and when dissensions arose in the faculty there was no umpire to settle them. Having the appointing power, they claimed also the right to expel an obnoxious member. Dr. Drake was president of the faculty, and would at any time after the first year or two

have cheerfully accepted the resignation of his colleagues, but being in the minority he could not force them to resign. After Godman gave up his place but three professors remained, Jesse Smith, Elijah Slack and Drake. Things went on from bad to worse, until the majority made up their minds to get rid of the difficulties by expelling the president. A meeting of the faculty was accordingly called. The president had no right to decline taking part in it, and at the appointed hour appeared in his seat. A motion was made by Prof. Smith that Prof. Drake be expelled from his chair in the Ohio Medical College. It was duly seconded by Prof. Slack, and the president put it to vote. There were two votes in the affirmative, and the chair having no right to vote except in case of a tie, the president gravely announced that "Professor Drake was unanimously expelled from the Ohio Medical College;" and Dr. Slack taking up the only candle in the room where this scene was being enacted conducted the extruded professor down stairs.

In October, the same year, I met Dr. Drake in Lexington, whither I had repaired to attend my first course of lectures. He had returned to Transylvania again, chastened by defeat and with powers enlarged by experience. I saw him take the oath of office administered to the professors in the University, and heard his Latin oration when inducted into office. For colleagues he had Caldwell, Brown, Dudley, Richardson and Blythe. I know that large deductions must be made for first impressions on an ardent youthful mind. Much of the enthusiasm excited by new men and strange scenes, I am aware, is to be set down to the charm of novelty; but my conviction is still strong, after the lapse of these fifty years, that I have never seen in any medical school a more splendid combination of talent than adorned Transylvania University at that day. Caldwell, in all the personal and intellectual qualities that strike the eye and the ear in a lecturer, has rarely been equaled by a teacher of medicine. Though already advanced in years, he retained all the fire and vigor of early manhood. His spirits were buoyant and his temper sanguine, and whether on the rostrum or in his study, his air was that of a man who was doing his best. During the winter Drake engaged him in a debate on the question of spontaneous generation. He affirmed the truth of the doctrine, and adduced many facts to prove that acorns might be developed in the earth and fish in millponds. Drake overwhelmed him by authorities to the contrary, and out of a class numbering two hundred carried nearly every student with him.

Dr. Drake was in the habit of saying that "he" had resigned more professorships and been oftener expelled than any medical

teacher in the United States." His appointments amounted to not less than ten, and he was connected with five schools, two of which were his own projecting. It is significant that from his first effort in Lexington down to his last winter in the University of Louisville, as often as he came to Kentucky he found relief from pecuniary pressure, and with this also comparative peace and tranquility of mind; and that as often as he returned to his loved Cincinnati it was only to encounter jealousy and failure.

DOCTOR WALTER BRASHEAR.*

By M. F. COOMES, A. M., M. D., Louisville.

"So fleet the works of men back to their earth
again,
That ancient and holy things fade like a
dream."

In telling this story of Dr. Brashear's great work, and being able by accident to produce a likeness of him with it, forcibly recalled to my mind the fact so beautifully expressed in the lines at the head of this page. It is true that the works of men live long after their mortal bodies have "given up the ghost," but in these modern times it is a pleasure to resurrect from the ruins of the past, as it were, the likeness of some great man that had been lost to the world, and restore him to the place where he properly belongs. I always had a great desire to see the face of Dr. Brashear, and never let an opportunity pass if I thought there was a chance to find a picture of him. Persistence in this instance proved valuable. Mrs. Guthrie, a niece of Dr. Brashear's called on me for advice concerning her eyes, and while discussing the operation that was to be done, not knowing while we were talking that she was Dr. Brashear's niece, she remarked that her uncle was a great surgeon. I at once wanted to know who the uncle was, and of course was delighted to have the niece of so distinguished a man for my client. I expressed regret that some likeness of Dr. Brashear had not been left, as I had always wanted to see what kind of a looking man he was; and was sure that a large proportion of the medical profession shared this desire with me. When Mrs. Guthrie told me she had a likeness of her uncle, my cup was full to overflowing, and I did not rest until I had it in my possession, and in truth, in the hands of the photographer, and finally in the hands of the finishing artist; and now that I have succeeded in reclaiming the image of this illustrious man, and in giving the profession some additional facts about him that have heretofore been unknown to the public, I feel that I have been

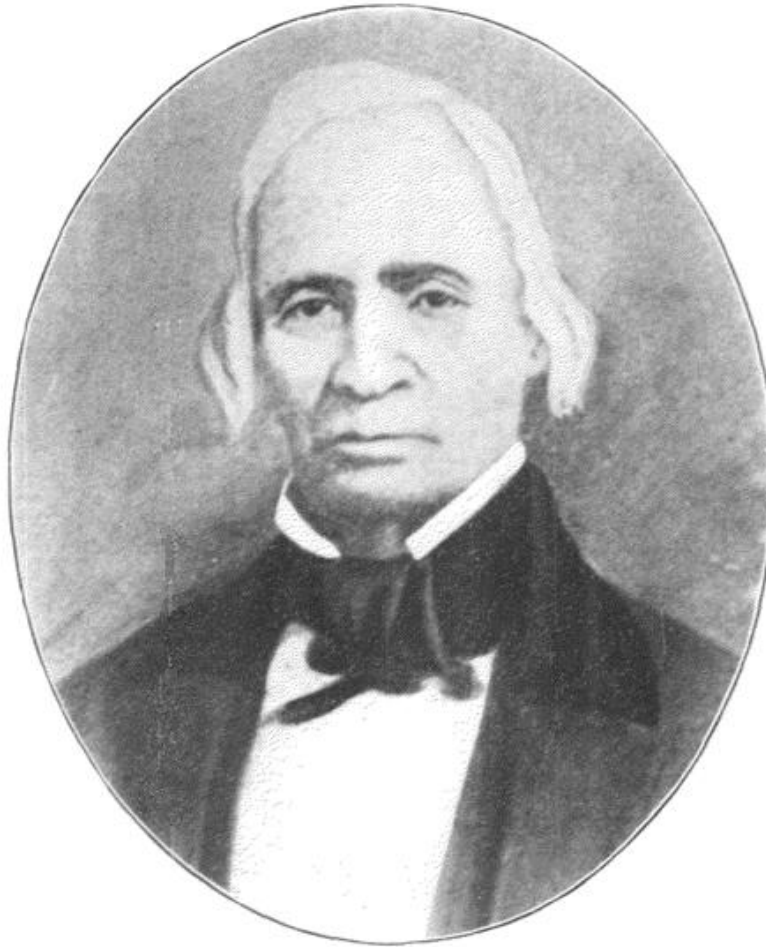
*Reprint from the *Louisville Medical Monthly*, March, 1894.

fully repaid for my long and diligent search, because I know that the profession all over the world will rejoice at having an opportunity to critically view the face of this distinguished surgeon, and read in its outlines the truth of what has been said of him.

Dr. Walter Brashear, the subject of this sketch, was born in Maryland in 1776, and his father moved to Kentucky in 1784 and engaged in farming in Bullitt County, near Shepherdsville. Walter was the seventh son, and according to tradition, was intended for a doctor. His father seems to have been mindful of this fact, and sent him to Transylvania

delphia and attended upon a course of lectures at the University of Pennsylvania." At that time, Barton, Physick and Rush illuminated the medical horizon of the East and were connected with the University of Pennsylvania, and no doubt but young Brashear was deeply impressed with the greatness of this trio of medical savants, for in these three was found all that go to make up a great surgeon and doctor; and Brashear was certainly the personification of physician and surgeon, as his modest but remarkable career will show.

Dr. Brashear was of a restless disposition, and after a year spent in Philadelphia, he



DOCTOR WALTER BRASHEAR.

1776-1860

United States Senator from Louisiana.

University at Lexington, then the great literary institution of the Southwest

Young Walter was eager for knowledge, and, we are told, held a high rank as a Latin scholar. After finishing his literary education, which was at the age of twenty, he began to read medicine under the tutelage of Dr. Frederick Ridgely, of Lexington, and remained under his care for two years, and at the end of that time, "he rode on horseback to Phila-

shipped to China as surgeon of a vessel. While there he was consulted by one of the dignitaries of the Flowery Kingdom, concerning his wife who had a cancerous breast. He assured his celestial friend that he could remove the breast and that it would result in giving the woman relief. The operation having been finished, Dr. Brashear started to leave the palace, but was halted at the door and told that he could not leave for three

days. The American did not comprehend this, but was given to understand that if the woman died inside of three days, that he would be beheaded. This was evidently a part of the programme that had been kept back, but as there was no other alternative, he remained the three days, and at the end of that time his patient was doing well and he was permitted to go.

Probably no man living was better prepared to hear this ultimatum than Dr. Brashear, for the man who had the courage to undertake the amputation at the hip-joint in the month of August, in Kentucky, without any precedent to guide him, no anesthetic and with untrained assistants, certainly had courage to do anything. In the first part of this paper, I have quoted liberally from an address delivered by Prof. David W. Yandell in 1890, before the American Medical Association, and I can not do better than to use his language in reporting the work of Dr. Brashear. He says: "In 1806, the earliest original and successful surgical work of any magnitude done in Kentucky, by one of her own sons, was an amputation at the hip-joint. It proved to be the first of the kind not only in the United States but in the world. The undertaking was made necessary because of extensive fracture of the thigh with great laceration of the soft parts. The subject was a mulatto boy, seventeen years of age, a slave at St. Joseph's College. The time was August, 1806; the place Bardstown; the surgeon, Dr. Walter Brashear; the assistants, Dr. Burr Harrison and Dr. John Goodtell; the result, a complete success. The operator divided his work into stages. The first consisted in amputating the thigh through its middlethird in the usual way, and in tying all bleeding vessels. The second consisted of a long incision of the outside of the limb, exposing the remainder of the bone, which being freed from its muscular attachments, was then disarticulated at its socket." Thus briefly detailed, is an account of one of the greatest surgical operations performed in the civilized world, and Dr. Yandell, in his report, says: "But whether or not Brashear had ever heard or read a description of what had been accomplished in this direction by surgeons elsewhere, the young Kentuckian was the first to amputate at the hip joint in America, and the first to do the real thing successfully in the world. Dr. Brashear seems to have set no high estimate of his achievement, and never published an account of the case."

Ex-Governor Robert Wickliffe, of Louisiana, who is a near relative of Dr. Brashear's, is my authority for the facts concerning his imprisonment in China at the time that the amputation of the breast was performed and Governor Wickliffe also told me that Dr. Brashear was offered the "Chair of Surgery" in the Academy of Science at Paris, France.

His wife, who was exceedingly anxious to have him accept the position, was much surprised to hear him say that he would not think of accepting it, as it was bad enough to live in Paris under any circumstances, much less to occupy the position of a poor doctor.

Dr. Brashear was not without political aspirations, and it would appear that he was much above the average politician, as he succeeded in being elected to the United States Senate from Louisiana.

Dr. Brashear's boyhood was probably not without some very exciting experience, for at that time this country was full of Indians, and his father was a noted Indian fighter.

Dr. T. B. Greenly, of West Point, Ky., told me a few days since that he attended Dr. Brashear's brother, Robert, in his last illness, some years since, and, while speaking of the matter, recalled an incident that happened at the Salt Works, which were owned and operated by Dr. Brashear's father, Ignacius Brashear. The Doctor and his brother were boys that were not to be run over by every fellow that chanced to pass, and, in fact, were noted as fighters. In those good old times, the weapons that God gave men were about all that were used to settle personal difficulties, and it seems that Walter and Robert Brashear knew how to use them. On a certain occasion a "bully" happened to be in the Brashear neighborhood, and concluded he would go up and whip the two Brashear boys, and when he arrived he found Walter at the Salt Works by himself, and it did not take long for him to pick a quarrel with young Brashear. Brashear, however, felt that the stranger had the best of him in size, and probably in the "fistic-art" he would have little chance, but he determined to get the best of his antagonist and get the first lick, and other advantages also if they were to be had. There was a pond near by, and at a favorable moment when the stranger stepped near the pond, Robert sent out a right-hander and landed it under his ear, which sent him sprawling into the pond, and quicker than thought Brashear was on top of him, and in a short time the fellow was crying for mercy.

Dr. Brashear was married at Lexington, in 1802, to Miss Margaret Barr, by whom he had seven children: three sons, Robert, Walter and Darwin, and four daughters, Mary, Rebecca, Caroline and Frances. I have no history of any of his daughters, save one, who is living in New Jersey. None of his sons ever became doctors. Darwin died young, and Robert was a successful sugar planter in Louisiana, and died during the late war. His son, Walter, a grandson of the doctor, is now in Louisiana.

The Brashear home in which he was reared is still standing in Bullitt County, in a fair

state of preservation. Dr. Walter Brashear died October the 23rd, 1860, aged eighty-four years, and is resting in the soil of his adopted State, Louisiana.

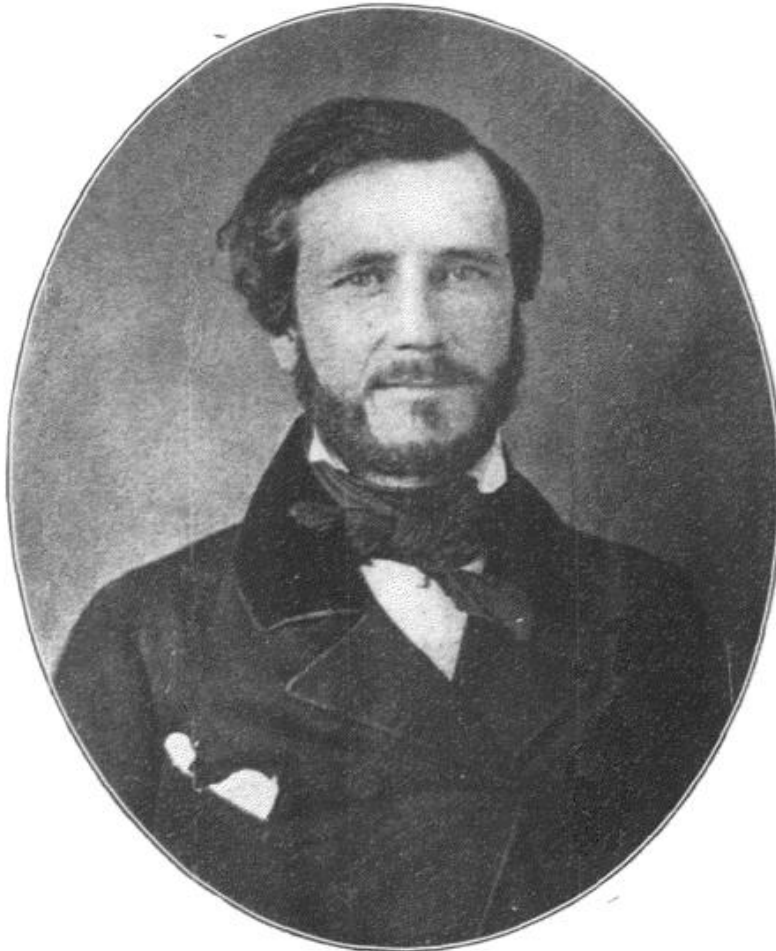
DOCTOR JOSHUA TAYLOR BRADFORD.

By W. W. ANDERSON, M. D., Newport.

In writing the biography of a modest man many years after his death one is beset with serious difficulty because of the scarcity of data. The modest man however great his worth and however important his work, does not thrust himself into the limelight of pub-

that its meager offering may call forth from the memory of those still living a richer and more intimate history of this remarkable man.

McDowell's great work had not succeeded in establishing ovariectomy as a proper surgical procedure. It had barely blazed the way and few had dared to walk therein and most of these few had trodden upon disaster. The great schools of London, Edinburgh and Paris to which the American profession looked for inspiration and authority condemned the operation. Surgeons turned deaf ears to the distressed cry of the unhappy sufferers with ovarian tumor and disease and abandon-



DOCTOR JOSHUA TAYLOR BRADFORD

1817--1870

Who revived ovariectomy after it had fallen into disuse in the middle of the last century, and was a distinguished medical officer in the Civil War.

licity. Much of what he was and what he did are likely to be lost in the lapse of the years.

Were the character and labors of the late Dr. Joshua Taylor Bradford of Augusta, so to fade into oblivion an irreparable loss will have been sustained. That the honor of Kentucky medicine and the glory of its great achievements be not dimmed by forgetfulness this biographical sketch is indited in the hope

ed them to their fate. It required a man of both sympathetic and courageous heart to undertake their relief, and a man of rare learning and consummate skill to succeed in the undertaking. Such a man was Joshua Taylor Bradford.

He was born in Bracken County, Kentucky, in 1817, the son of a minister, a descendant of William Bradford of the Mayflower Pilgrims,

second governor of Plymouth Colony, and also of William S. Bradford, second U. S. Attorney General under Washington. He was educated at Augusta College, Transylvania University and the Jefferson Medical College, Philadelphia.

He was an ardent admirer of Ephraim McDowell both as a great surgeon and as a Christian gentleman. That he was an earnest Christian himself is attested by the fact that his medical writings abound in apt quotations of scripture, and that his life even more than his language portrayed a generous good will toward his critics and an unselfish service to all, which are the best possible evidences of discipleship to the Great Physician who went about doing good.

Lizars of Edinburgh had attempted to follow McDowell's lead but losing 75 per cent of his cases gave it up. No serious attempt to revive the operation anywhere in the world appears to have followed for a score of years. Then it was taken up by Clay of Manchester, England, with a mortality gradually diminishing between the years 1842 and 1856 from 40 per cent to 25 per cent. By this time Dr. Bradford had revived the operation on its native soil of Kentucky in a series of seven consecutive cases without a death. On hearing of this Mr. Clay wrote him, "I am delighted to hear of your great success, far exceeding my own." Dr. Samuel A. Cartwright of New Orleans, himself a noted surgeon, wrote in 1857, "The writers and teachers of London and Paris will find difficulty in believing that a physician in the little town of Augusta, in far distant Kentucky, has been engaged in seven successive operations for ovarian dropsy, all proving successful, when their most successful surgeons have failed in five out of seven."

Dr. Bradford's complete series of ovariectomies numbered thirty, with a mortality of only ten per cent. When it is remembered that he died in 1871 at the age of 54, that all his work was done before the use of antiseptics, and some of it before anesthesia, it stands as a wonderful record of achievement, unequalled in all the world before the days of modern surgery. And yet there was no magic or flight of genius about it. Like intelligence and training, equal courage and care, the same thoughtful devotion and painstaking diligence, have always brought forth extraordinary results and will still do so.

Dr. Bradford's life and work well illustrate the thought that the man who undertakes responsibility for the life of his fellows should be truly religious, not in the dogmatic or doctrinaire sense but in the practical outworking of his everyday existence. A lover of his kind he could not rest easy in the presence of suffering unrelieved. It was not sufficient for him that the surgery of his day offered no re-

lief. He must seek a better surgery. Deeply conscious of the sacredness of human life he could not operate recklessly, or repeat the mortality of Lizars and others. He must find a safer way. Keenly sensitive to criticism and sternly faithful to duty he could consent neither to deserve the one nor to desert the other. In the midst of an operation at Paris, Kentucky, the patient collapsed. His assistants, appalled by the serious situation and the fear of criticism deserted him, refusing to have anything more to do with the case. Applying restoratives, he answered their implied condemnation by saying, "Gentlemen, this operation has been conducted according to the best surgical knowledge of the day," completed the work unaided and saved the patient.

He studied his cases with uncommon care, taking a very complete history, eliciting all signs and symptoms with practical skill, and coordinating the whole with fine diagnostic reasoning. He attributed his success to a careful selection of cases. This better selection was due in turn to more efficient diagnosis. He never mistook a solid tumor for a cyst, or one widely adherent for one comparatively free, and thus avoided the dangers of what in his day would have been reckless surgery.

In spite of his brilliant results, so far ahead of his time, he was not satisfied. His faithful report of his unsuccessful cases portrays a keen sense of failure in such instances. He read everything available in his line and corresponded with the leading surgeons at home and abroad, eagerly seeking betterment of his work. His very full report on ovariectomy to the Kentucky State Medical Association in 1857 represented two years of arduous labor in collecting and tabulating cases and working out the conclusions to be drawn from them. He seems to have been the first to solve the problem and demonstrate secondary hemorrhage was due to retraction of the stump. He insisted on the most careful preparatory and after treatment, and followed up his cases to restored health or to the post mortem table when fatal. To him each patient was a real personality to be served, not merely a specimen of scientific interest.

This holding himself sternly to the doing of his best, this "New England conscience" of the man, was the outgrowth of a sincere Christianity and a deep devotion to his profession, expressing itself not in creeds but in deeds. His was the heritage of a godly race and his a worthy progeny. A son and daughter, the offspring of his marriage with Sarah Armstrong, still survive; Rev. W. G. Bradford of Augusta and Mrs. H. D. Yoder of Topeka, Kansas, both persons of note in the clerical and literary world.

Dr. Bradford's achievement in other lines of medicine and surgery were only second to those in ovariectomy and would, of themselves,

have given him high rank in the profession.

He served in the Federal army in the Civil War as surgeon of Nelson's brigade. At Pittsburg Landing he led back to the firing line a body of troops that had lost its officers and was retreating in disorder, and was then found treating a wounded and captive Confederate. While home on sick leave he commanded the Home Guards in the defense of Augusta against the superior force of Gen. John H. Morgan and after the surrender he was embraced by Gen. Morgan who exclaimed, "I love a brave man wherever I find him."

A man of his worth could not escape fame. Gross's surgery, shortly before his death, accorded him the lowest mortality in ovariectomy on either side of the Atlantic. He was offered the chair of surgery in the Medical College of Ohio as successor to his friend, the famous Dr. Geo. C. Blackman, and was often urged to seek larger fields for his talents but always declined, having no ambition that centered in himself.

It seems part of the irony of fate that his man who did so much for the advancement of abdominal surgery should have lost his own life by an abdominal tumor in 1871 at the early age of fifty-four. But even in this he proved the courage of his convictions by submitting himself to an operation which, however, proved unavailing. Perhaps it may in some measure be said of every savior of men, "He saved others. Himself he can not save."

SELECTION FROM A REPORT ON OVIARTOTOMY.*

By JOSHUA TAYLOR BRADFORD, M.D., Augusta.

"Go to the Parthenon and find out, not what bunglers, but what great men have left undone."—Sculptor to his Pupil.

A WORD OF EXPLANATION.—To you, members of the "Kentucky State Medical Society," who had confided to my humble ability a "Statistical Report on Ovariectomy" a word of explanation is justly due, as well as to myself.

For two years my leisure moments have been employed in the collection of statistics on ovariectomy, and few of you, who have not been pioneers in a newly settled territory, but have traveled upon a beaten track, where the finger board has pointed out the way, are aware of the labor it has cost me. The writing of a report is a small matter, but the collection of material upon a subject, about which so little is known, is by no means, an easy task.

But to the explanation, I adopted Dr. Atlee's tables of 222 cases as a basis for my report, and up to January had registered, including his table, 289 cases. About that time,

Dr. Lyman, of Boston, very kindly sent me his "prize essay, just published by the Massachusetts State Medical Society," and to my unexpected surprise, it contained three hundred well-reported cases of ovariectomy. I can not express to you my feelings at that moment; it was but too evident, at a moment's glance, that both he and myself, for many a weary hour, had been laboriously at work for the same purpose, and collecting materials from the same source. And perhaps I, better than any one of you, appreciate the immense labor, the collecting and classification of his cases, cost him. I examined the report carefully, and found that he had collected 11 cases which I had not, and I had collected 20, including Mr. Clay's unpublished cases, which he did not have, my 20 being principally unpublished cases. After a short correspondence with Dr. Lyman, and no little reflection, as to what would be the better course to pursue, I have concluded as a supplement to this report to adopt the analysis of Dr. Lyman's 300 cases.

This singular coincidence, so far as I am personally concerned, is not without its regrets. But to this society, among the first, if not the very first, in this country, to call for a report of statistics, I felt anxious, so far as my ability could be exerted, to present a report, which would not only be worthy of the society, but creditable to myself. And whilst I, as your servant, regret yielding precedence to Dr. Lyman, after so much labor on my part, I confess sincerely, and with all due credit that up to this period, no writer has performed the task so well as he.

With the exception of the chapter on the diagnosis, I have, therefore, in this short time, had to write a new report, or reverse a principle in that school, of which I am a pupil, "that true magnanimity does not consist so much in never falling, but in always rising when we fall."

The interest of the present report will consist principally of:

1st. A short history of Ovariectomy and the principal operators.

2nd. Diagnosis, and its errors.

3rd. Letters from Professors Gibson and Atlee, of Philadelphia; Clay, of Manchester, England; Mussey and Blackman, of Cincinnati; Miller, of Louisville, Ky.; Saml. Cartwright, of New Orleans, La.; and Dr. B. W. Dudley, of Lexington, Ky.

4th. Statistics of all the operations performed in Kentucky, with a short notice of each case.

5th. Operations with which I have been connected, with here and there, throughout the report, some practical allusions.

Perhaps no branch of surgery, for a period of time, so completely divided the members of the profession, both in Europe and in this country, or created a more vehement and bit-

*Read before the Kentucky State Medical Society, at the Seventh Annual Meeting, in Louisville, April, 1857.

ter opposition, than did the operation of ovariectomy.

It has been regarded as a monstrous innovation upon the legitimate principles of surgery; and the defects and errors of diagnosis have been seized upon by its opposers with a "leopard-like spring of energy," which is seldom met with in the "healing art."

And here (as I do not expect to write an essay on ovariectomy,) I trust you will pardon me for alluding to a report on surgery, read before this society in 1854. It may be remembered that the reporter, in his allusion to the operation of ovariectomy, denounced the operation and operators with a fierceness which would seem to interdict that well-established principle of philosophers on all subjects, that an honest difference of opinion may exist; and that until the light of reason has clearly demonstrated the folly and preposterousness of such opinions, there is due that amount of courtesy which becomes the liberal investigation of truth.

The tone of medical journals the past few years, and the march of public opinion in favor of ovariectomy, may have taught you that the operation has outlived the scrutiny of that report.

There are but few improvements in science, which, in their struggle for legitimacy, have not their opposition.

Even the immortal Jenner, whose discovery of vaccination links with his name the brightest remembrance of the past, met with opposition; and it was written in books, and by the wayside, that they who were vaccinated must of necessity be "converted into brutes; that children sprouted horns, others had the hair of calves" and that it infused into the system the constitutional diseases of those from whom the virus was taken.

Dr. Simpson's discovery of chloroform, that Messiah-like unction which hushes into repose the most severe pain, also had its opposition, and the physician who would use it, was considered as "breaking alike the laws of nature and of God."

There still exists in the minds of some of the profession a contrariety of opinion, as to whom the credit of the first operation is justly due. So far back as 1782, Dr. L'Aumoner, of Rouen, has the credit, according to Mason Good and Mr. Brown, of Europe, and Dr. Atlee and Dr. Lyman, of this country, of performing the first operation for ovariectomy.

Dr. McDowell's operation as you well know, was performed in 1809. Now, let us examine and see which is ovariectomy, and whether, as Professor Gross says, the case of L'Aumoner is any thing more than an "abscess of the ovary, consequent upon parturition.

I quote the case of L'Aumoner as reported by Dr. Lyman: "The disease," he says, "ap-

parently followed delivery; had obstinate diarrhoea, and a purulent discharge from the vagina, increased by pressure on the tumor. Incision four inches, along lower edge of *colique externus*, and scirrhus ovarian cyst, the size of an egg, was found in connection with an abscess, which was tapped, and a pint of dark fetid pus issued from the Fallopian tube, with which the ovarian abscess communicated. The adhesions were torn away between the tube and the ovary, and the latter removed. No ligature used. The cavity of the abscess was filled with lint, dipped in the yolk of an egg and in honey. Suppuration of the abscess ceased the 20th day, and she left the hospital well.

The well-known case of Dr. McDowell was Mrs. Crawford. Incision nine inches long, and made on the left side of the median line, some distance from the outer edge of the straight muscle. As soon as the incision was made the intestines gushed out on the table, and so completely was the abdomen filled by the tumor that they could not be replaced during the operation. A ligature was applied around the pedicle, tumor opened, and 15 pounds of gelatinous fluid removed; pedicle divided, and sac, etc., extirpated. The whole tumor weighed twenty-two pounds and a half. In five days Dr. McDowell found her making her bed, and in twenty-five days she went home well.

You will recollect, that in the case of L'Aumoner, no ligature was applied, simply an incision made in the abdomen, and the the abscess tapped. It is not fair to presume, that when a purulent discharge was issuing from the vagina, and the discharge increased by pressure, with a tumor so small, that the incision in the bowels was for any other purpose than the simple operation of paracentesis, or to ascertain the real cause of the disease.

In Prof. Gross' Report on "Kentucky Surgery" to the State Medical Society in 1852, I beg leave to refer you for such information as relates to the early history of ovariectomy in Kentucky, and for an interesting biographical sketch of Dr. Ephraim McDowell. I have alluded to the cases of Dr. McDowell and L'Aumoner, from the fact that from one or the other, we are to date the memorable epoch of ovariectomy.

It is difficult to ascertain how often our renowned Kentuckian (Dr. McDowell) operated; some of his relatives say thirteen times—of eight operations there is an authentic record, and of these seven were successful; in two, the tumor was not removed, and in one there was no tumor found; this last, however, was a case of his and Dr. Smith's, which, if included among his cases, would make nine operations.

Such success in a difficult and dangerous capital operation, just springing into exist-

ence, without precedent or a foot-print where the son of man had trod, is without its equal, and shows the operator to have possessed a happy union of courage and prudence.

Dr. McDowell's success in other departments of surgery was equally signal. He is said to have operated thirty-two times for stone, without losing a case. One of his patients was President Polk, whose operation took place prior to his election to Congress. Dr. McDowell was remarkably cautious in the selection and preparation of his cases; and, to this fact, together with his steady hand and accurate anatomical knowledge, may be ascribed much of his success. It is a singular fact, that Dr. McDowell always operated on Sunday morning, giving as a reason, that he always "liked to have the prayers of the church."

He was a liberal and charitable man, and his fees were generally regulated by the ability of his patients. On one occasion he agreed to operate upon a lady near the Hermitage, in Tennessee, for five hundred dollars. After the operation was completed and he was about to return home, he was presented with a check for fifteen hundred dollars.

This is, perhaps, the most princely fee which any surgeon has obtained, either in Europe or this country, if we accept the thousand guineas paid Sir Astley Cooper for an operation performed in the West Indies. I have read, some where, that the learned Apono, of Pabrea, refused to visit Pope Honorius IV. without receiving four hundred ducats for each day's visit.

In an operation for stone, I once had the honor of holding the staff for Professor S. D. Gross, of Philadelphia, for which operation he received one thousand dollars.

Dr. Gross, from whose report I have taken most of the above incidents, thus sums up Dr. McDowell's character: "He was a deep and original thinker, a bold, fearless, intrepid, and original operator; a faithful and adroit physician, an honest, upright, conscientious and benevolent man, whose career, in whatever aspect it may be contemplated, affords an example worthy alike of our admiration and imitation."

The remains of Kentucky's "first great surgeon" sleep in the burial ground of Gov. Shelby, five miles from Danville. Some time since, while on a visit to the interior of Kentucky, my curiosity led me to visit this memorable spot, and while looking upon the modest and plain marble slab which bears the simple inscription "Ephraim McDowell," I felt as if at the grave of one whose sacred labors were worthy of my pilgrimage thither; and as memory wandered back to the period of his first ovarian operation, when the incredulous scoffs of the first English surgeons, and the caustic derision of the *London Medico-Chirurgical*

Review, together with the refusal of Dr. Physic, the "father of surgery," in our own country, to publish or read to his class a copy of Dr. McDowell's operation; I could but feel a becoming pride, that the "backwoods Kentuckian," as Dr. James Johnson styled him, had triumphed.

The success of our distinguished Kentuckian in private practice, as in surgery, had few if any equals; and while I listened in his own town to those who knew him well, I was never so forcibly reminded of the skill of Him who "cleansed the leper, opened the eyes of the blind, and unstopped the ears of the deaf."

MR. LIZARS.

Next to our renowned Kentuckian appears Mr. Lizars, of Edinburgh, who, in 1823, first attempted the operation in Edinburgh. He operated by the long incision, after the manner of McDowell. One out of his four cases, recovered. His first case was examined by the most learned men of Edinburgh, and, after agreeing that it was an ovarian tumor, Mr. Lizars proceeded to operate, whereupon obesity and flatulence revealed themselves instead of ovarian tumor. His second case recovered; the third died; and in the fourth, which I shall notice elsewhere; the operation was abandoned, he having encountered a fibrous tumor strongly adherent.

The cases of Mr. Lizars, from their marked errors of diagnosis, set the whole surgical world in commotion, and while McDowell's operations were eagerly looked too, upon the other side, the failure of Mr. Lizars's operations gave the English surgeons, already willing to doubt the success of Dr. McDowell's cases, room to waver, and for several years the operation slumbered.

It was the slumber, however, of a vigorous child, whose features seemed as if some "happy thought" of coming triumph played at its "heart-strings," when, in its strength, it would go forth, "giving beauty for ashes, the oil of joy for mourning, and the garment of praise for the spirit of heaviness."

MR. CHARLES CLAY.

In 1842, Mr. Charles Clay, of Manchester, England, now, perhaps, the most distinguished operator in the world, commenced his series of operations. He informs me, by letter, to which I refer you as a part of this report, that he has now operated seventy-six times, and may be read thus:

"Of first 20, 8 died, 12 recovered;
Of second 20, 6 died, 14 recovered;
Of last 36, 9 died, 27 recovered.
First cases, 1 death in $2\frac{1}{2}$;
Second cases, 1 death in $3\frac{1}{2}$;
Last cases, 1 death in 4."

"This," says Mr. Clay, is "I believe, the legitimate mode of viewing the question pro-

gressively, by which the mortality is shown to be gradually lessened by practical experience."

Charles Clay was the first English surgeon to perform the operation of ovariectomy by the long incision, and it is said by Dr. Blundell, that "perhaps no operator in any branch of surgery ever had such a weight of professional odds against him, as had Mr. Clay in the operation of ovariectomy."

He had triumphed, however, and his record is before you, over his own signature.

Mr. Clay is now fifty-six years old. He is reputed to be a "bold, prudent, graceful, and elegant operator in any department of surgery." At the time of his fifty-fifth operation, not less than "eleven hundred pounds of diseased structure has been removed from the human body in this special operation alone." It would now, perhaps, make an average of twenty-five pounds to the patient, amounting to near two thousand pounds.

Mr. Clay is now in possession of the largest obstetric library in the world, being able to quote from 2,500 authors on that subject alone; and whilst yet a student, he is said to have taken notes from 500 volumes.

In the *London Medical Circular and General Advertiser*, to which I am indebted for much of the information relative to Mr. Clay, I find letters from James Blundell, congratulating Mr. Clay upon his success. I will quote briefly a part of each.

Dear Sir: My cordial congratulations on your success; not the hap of lucky incident, but the well-earned result of a just mixture of enterprise, science, and exact care. A few years and I trust it will appear, abdominal surgery is at present only in its infancy; but then, what an infancy! how full of bloom and promise!

JAS. BLUNDELL, M. D.

Again, in another letter dated October, 1845:

"Forbe's review I have just read. It ought not to disturb you for a moment. These men are butting their heads against a stone wall; and the grimaces they make on feeling the solidity of the materials, are as amusing as they are pitiable. Applauded by all who have honesty and intelligence enough to appreciate your efforts, you may well persevere, for to use the reviewer's own citation, it is indeed a 'high and holy undertaking.' Yours, etc.,

JAS. BLUNDELL, M. D.

Professor Simpson, of Edinburgh, among many others, encouraged Mr. Clay, sent him patients for his opinion, and was the first to suggest the term ovariectomy, which Mr. Clay at once adopted.

DOCTOR WASHINGTON ATLEE

Next in the arena of operators, in 1844, our own countryman, Dr. Washington Atlee, of Philadelphia, commenced his series of opera-

tions. He informs me by letter, which is made a part of this report, that his operations now, March, 1854, amount to twenty-three cases.

Of first 10, 6 died, 4 recovered;

Of second 13, 4 died, 9 recovered.

The profession, in this county, owe Dr. Atlee a lasting debt of gratitude for his vigorous and energetic exertions in behalf of the operation of ovariectomy. His table of cases bearing date as far back as 1701, and coming up to 1851, comprising 222 operations then the most numerous collected in the world, must have cost him an incredible amount of labor. And this arduous task has been no less signal, than the brilliancy and success of his operations.

Dr. Atlee's "Prize Essay on the surgical treatment of certain fibrous tumors of the uterus," together with his numerous contributions to the *American Journal of Medical Science*, on ovarian disease, is full of interest and instruction; and to these articles, together with the publication of his own operations in ovariectomy, we may attribute, in a great degree, the spread of the operation throughout this country.

It would be both difficult and tedious further to particularize operations in this country, however earnestly I may be induced to do so. I may say, however, and I trust with as much truth as pride, that, in the West, the operation of ovariectomy has attained as great, if not a greater degree of success, than in any part of the United States; and in Kentucky, as renowned for her surgery as for her chivalry, we have gone as far "as he who goes farthest."

Those of you who have read the report of Professor Gross on "Kentucky Surgery," must feel proud of the surgery of your State. It has kept pace with the intelligence, the agriculture, and the chivalry of her sons. And whilst the reputation of the intellect and patriotism of her statesmen is world-wide; whilst even along the classic shores of Greece,

"They mingle with their grateful lay,
Bozzaris with the name of Clay,"

you have produced the first and greatest ovariectomist, Dr. Ephraim McDowell; and you have produced the most renowned lithotomist known in any clime, Dr. Benjamin W. Dudley.

DIAGNOSIS. "Ah! there's the rub." And when I approach the examination of a case in which a proper diagnosis is sought, I am frequently reminded of that remarkable passage in the Book of Books, "He that thinketh he standeth, take heed lest he fall."

It is said by the historian, Macauley, that a "history of the errors and follies of a nation is essential to the generation which follows." So it is with ovariectomy. Its past history pre-

sents an array of errors and grave deceptions which is, perhaps, without a parallel, in mind or memory. It is said by Mr. Phillips, that the most learned men of Edinburgh examined a case with Mr. Lizars, and after agreeing that it was ovarian tumor, Lizars proceeded to operate, whereupon obesity and flatulence revealed themselves, instead of ovarian tumor.

In a second case of Mr. Lizars, the memorable case of Magdalene Bussy, a case often appealed to by opposers of ovariectomy, to show how long ovarian disease may remain harmless, Mr. Lizars attempted the operation for ovarian tumor, but failed; the wound was closed up and the patient recovered. Twenty-five years after, this patient died of apoplexy. Dr. Simpson was present at the post mortem examination, and in a note to Dr. Tilt, says: "The tumor was pediculated, but fibrinous and uterine, not ovarian." In a letter to Dr. Robert Lee, after the post mortem examination, Mr. Lizars says: "Then, alluding to the time of the operation, every one who examined her, considered the tumor ovarian and free from adhesions."*

In the case of Smith and McDowell, where the patient had tapped herself ninety times, both considered the diagnosis as certain, but on opening the abdomen, no ovarian tumor was found, but a mass of intestines matted together by adhesions.†

Dr. Lyman relates the case of Boinet, where the best surgeons were unable to decide upon a tumor. A consultation was held; among those present were, Roux, Blandin, Robert Montaine, of Lyons, Reamier, Joxbert, Martin, Lolin, and others. Opinions were divided between pregnancy, extra uterine pregnancy, fecal accumulations, encysted ovary, collection of blood in the uterus, etc. She was under observation many months, the tumor eventually disappearing after an attack of diarrhoea.

Henry Smith relates a case where an incision eight inches in length was made for the removal of ovarian tumor. Both ovaries were found to be sound, and indurated omentum found to be the cause.‡

Prince relates a case which was pronounced to be ovarian tumor. He operated; tapped the patient; but a few drops of blood escaped; he cut and tore the part with the finger; tent introduced. In a few days the patient died. A post mortem examination was held, whereupon a large pedunculated tumor of the spleen was found, loosely adherent to peritoneum.††

Dr. Philip Buckner, formerly of Kentucky, to whom I am indebted for much of my early information, with reference to the operation of ovariectomy, diagnosed a case as ovarian tumor; "operated by an incision of nine inches;

no ovarian tumor found: but a tumor situated in the mesentery, between the lamina of the peritoneum, and surrounded by small intestines. The operation was proceeded with, the tumors dissected out, and the superior mesenteric artery and other small arteries tied. The patient recovered, and in spite of the great separation of the mesentery from the intestines, no apparent bad consequences of any kind ensued." "This," says Mr. Brown, of Edinburgh, "is the most hazardous feat of operative proceeding I am acquainted with, in which our transatlantic brother has gone ahead."

Mr. Harvey presented a case of much interest to the London Medical Society of supposed ovarian dropsy. Ovariectomy was determined upon, but not performed; and when the patient died, the disease was found to be an hydated cyst, connected with the liver, no ovarian disease whatever existing.‡‡

I have collected many other cases of equal interest bearing upon this point, but those already quoted are "proof strong as holy writ," that the diagnosis in ovarian disease has been, and still is, most woefully defective. But while I freely acknowledge the enormity of these errors, I am fully convinced that the diagnosis is yet in its infancy, and that many of these errors have and will yield to the increasing energy which is being brought to bear by many of the first men of the profession on this subject.**

It is not alone in ovarian disease that very grave and flagrant errors have been committed by distinguished surgeons. It is said that Sir Astley Cooper and Dr. Highton, of London, in a case of pregnancy, where the quantity of liquor amnii was so enormous as to render fluctuation distinct, appointed a day for the operation of paracentesis. In the mean time, the lady was taken in labor and delivered of a child.†*

Mr. S. G. Goodrich, whose literary labors exceed those of perhaps any one in this country, being the author and editor of one hundred and seventy volumes and the father of the Peter Parley literature, was attacked with what seemed to be disease of the heart. At that period, he was obliged to be carried up stairs, and never ventured alone, being subject to nervous spasms, which threatened sudden suffocation; he went to Europe, and at Paris consulted Baron Larroque and L'Henninger, both eminent specialists in diseases of the heart. They interdicted wine, and required him to live on light vegetable diet. Afterwards, despairing of relief, he returned to London, where he consulted Sir B. C. Brodie.

*London Lancet, vol. 1, 1841.

†Appendix to Cooper's Surgical Dictionary.

‡Philadelphia Medical Examiner, January, 1855.

††American Journal of Medical Science, 1852.

‡‡American Journal of Medical Science, October, 1852.

**Brown, p. 96.

**Brown on Surgery, Diseases of Women, p. 196.

who decided that no organic disease existed, and that the difficulty was nervous irritability, and required him "to feed well on good roast beef," and "to take two generous glasses of wine" with his dinner.

Mr. Abercrombie, of Edinburgh, afterwards confirmed the opinion of Sir Benjamin Brodie.

It is now twenty-five years since this consultation occurred and Mr. Goodrich is still living, having already sold his own writings seven million copies.†*

"How often," says Dr. Buchanan, "has the operation of lithotomy been performed without finding a stone in the bladder, or, if found, the stone being encysted and not removed, and the operation remaining incomplete." Yet in surgery this is legitimate. In all departments of surgery, as well as of ordinary practice, and in diseases, too, about which the profession have been writing and investigating for hundreds of years, grave and serious errors have been committed. Why not in a disease that is as yet in its infancy as to science?

I might cite you to numerous instances in pregnancy, from the medical jurisprudence of the country, and from obstetricians, where serious and acknowledged errors have been committed. Indeed, I know, in my own history, of a case where two respectable practitioners deliberately examined a lady supposed to be pregnant, and who was then in the sixth month, but who declared that she was not pregnant, and that it was a foul slander upon her character. However, "murder will out," and in the course of time, a son was the result of their grave diagnosis. This same patient was under the treatment of a practitioner for several months, but, with all the poultices and hot fomentations his genius and skill could bring to bear upon the swelling, it would not go down until nine calendar months had duly elapsed.

I might enumerate many instances in the common practice of our profession, where errors in "high places" are daily committed. I will mention one from the memorabilia of my own case book.

Not long since, I was called to see Judge Morris, of Chicago, who was at that time in Kentucky. I found him jaundiced and much emaciated. He had been unwell for many months, had been treated, he said, by the faculty of Chicago, by some for a neuralgic affection of the stomach and liver, and by others for a spasmodic action of the "duct leading from the liver." He was finally advised to travel, but before reaching Cincinnati, on his way to Kentucky, was attacked in the cars. At Cincinnati he was treated by Dr. Taliaferro, who advised him to go to the

Blue Lick Springs. He went there with the hope of clearing up his skin, and was there attacked again. From thence he went to Brookville, at which place I saw him, in consultation with Dr. Corlis. He was then suffering with a severe paroxysm of pain, commencing in the right hypochondriac region, branching off to the shoulder. The pain was increased by motion, and often after a meal, pulse nearly regular: and when these irregular attacks of pain would cease, it was all of a sudden. It goes off like no other pain, with or without inflammation. After I had finished the examination and had a conference with Dr. Corlis, he requested me to give an opinion. I told him he was suffering from gall stones, passing from the liver. "What," said the patient, "a quarry in the liver?" He reminded me that each medical man whom he had consulted had a different opinion, and that he did not know whom or what to believe. I directed the nurse, when the bowels were acted upon again, to thin their contents by pouring on water, and then to pour out the contents of the vessel on a white cloth. On the next morning the nurse handed to the patient two small pebbles or gall stones, one as large as a pea, and the other the size of a grain of wheat. On my next visit I found him cheerful and "ready to render unto Cæsar the things which are Cæsar's." In a few weeks he went home. Soon after he was confined to the bench for three or four weeks, trying the well known case of Green for the murder of his wife, and was again attacked. I was telegraphed to go and see him, and in connection with his attending physician, advised him to leave the bench. He did so, and since then married near Lexington, Ky., and is, I learn in good health.

A correct diagnosis is the keystone of success in ovariectomy, and the care with which we trace its parts should be the landmarks—the corner trees by which we take distance and move with our compass.

Much of the illiberal opprobrium heaped upon the operation, and on operators in general, has been the result of "itching palms" for professional renown, of unmatured and hasty diagnosis, and of the difficulty inexperienced operators have had to get what information is legitimately in the hands of experienced operators. There is perhaps no disease incident to human flesh which requires so deliberate, close, and patient investigation, as that which relates to ovarian disease. A drop of water falling into a bucket is small in itself, and scarce worthy of note, but in this way the bucket may become full. So it is in the diagnosis of ovarian disease each symptom, however minute and seemingly of little consequence in itself, if carefully noted and properly weighed as a whole, will generally enable us to arrive at proper conclusions. And

†*Goodrich's Recollection of a Lifetime, p. 282.

in this rule of action lies one of the secrets of success in ovariectomy. Show me a surgeon who in other operations may have his share of success, but who has a summary way of examining his patients, and of dispatching his operations, and I will show you one who is unsuccessful in ovariectomy.

I am fully sensible of the importance, and the difficulties we encounter in obtaining such information as will guide us in the examination of ovarian diseases. Less has been written about it, in proportion to its importance, than any class of diseases known to the "healing art." I shall therefore attempt, from my own humble experience, and that of others, so to classify the symptoms and means of examination, that "he who runs may read." I may say, however, that you may meet with cases which for the time being may baffle your strongest apprehensions and your most scrutinizing examination. I believe with Dr. Armstrong, "that when we find ourselves in the dark, it is better to stand still until the light returns," than to run the risk of going over a precipice. In other words, it is better prudently to wait for further difficulties by daring to oppose them," and in this age of wonders there is scarcely anything insuperable. I remember to have read of, or seen at some time, a picture representing a party of men, their hats and coats lying by their side, and, with pick-axe in hand, attacking the base of a mountain, whose summit towers far above their heads. We look again, and the steam-horse, as though "the speed of thought were in his limbs," follows their footsteps through the bowels of the earth.

Before commencing the examination of a patient supposed to have ovarian tumor, or dropsy of the ovaries, it is important to have the bowels and bladder emptied. If there is much tenderness or soreness in handling the tumor, it is better to give the patient chloroform, as it will enable you, without pain on her part, to conduct a more complete examination. Prior to this, however, sit quietly down, as if the day was devoted to this particular purpose, and obtain from the patient a complete history of the case. How and when the disease commenced, of how long duration, whether painful or not, in what state the general health, whether the menstrual discharge is regular, does the tumor move from one side to the other in turning, is it, as far as you have observed, movable at all, has it by any course of treatment diminished in size, has it any time been accompanied with swelling of one or both of the lower extremities, etc., etc.

The patient should be placed upon the back, with the extremities flexed, so as to relax the abdominal muscles. Our aim must be, in the examination, to ascertain whether the tumor is ovarian or not, and then its pathological character. In two-thirds of the cases which I

have examined, I have found the tumor to commence in the right or left iliac fossa; and the patient to describe it, when first noticed, to have been as big as a hen's or goose egg. In other instances, it attains to considerable size before it is noticed. I operated on a case last summer, where the tumor attained the weight of twenty-four pounds in thirteen months. The patient did not know upon which side the tumor commenced, and was under the impression that she was merely becoming fleshy, so little was she complaining. In ovarian tumor there is generally but little disturbance of the general health. The stomach, liver, and kidneys generally maintain their usual action. So even with the menstrual discharge, except where both ovaries are diseased.

Dr. Frederick Bird has published a case, where the disease was of sixteen years' standing, and during seven years of that time the menses disappeared, operation, patient recovered.

If fibrous or scirrhus tumors of the ovaria, the menses are oftener irregular than in encysted tumors. Occasionally you will meet with a case, where, in the early part of the disease, the patient suffers with what she supposes to be colic. At such time, if the tumor, or bowels, is firmly pressed upon, the pain may be traced deep down in the right or left iliac fossa. At other times, from active exercise, or exposure to a sudden change of air while exercising, a diffused soreness will be felt over the bowels. A lady, Mrs. Burns, from near Marietta, Ohio, came to Augusta to consult me for the treatment of "dropsy of the bowels." Soon after her arrival, she was attacked with violent pain and great tenderness of the abdomen, so much so, that no pressure could be borne upon the bowels. She was confined to her bed for ten days. I learned from her that such attacks were frequent, and she attributed the present one to the travel in the cars, or from the walk from the boat to the hotel. When the pain and soreness of the bowels had subsided, I made a careful examination of the case, which convinced me that it was ovarian tumor. With the exception of these occasional attacks, her general health is good, and in consequence of this fact, I have not yet operated upon her.

May these attacks not originate from the friction of the tumor against the peritoneum, causing some degree of inflammation to set in? I merely mention this case, and may, by the way mention others, where it will illustrate a fact or corroborate a principle.

As the tumor increases in size, it maintains a rounded outline, and is uniformly dull over the region by percussion, in whatever position the patient may be placed. As it ascends from the pelvic cavity to the abdominal, it

rises in front of the bowels, and in proportion as it extends to the opposite side from which it made its appearance, and spreads out over the bowels, will the dullness be observed by percussion in the same ratio. The intestines lie under or behind the tumor, whilst in ascites they float on top of the liquid, containing, as they always do, more or less gas. In the former we have the dull sound peculiar to ovarian tumor, while in the latter the sound on percussion will be resonant.

The more advanced the disease, and the larger the accumulation of liquid, the thinner and tighter are the walls within which it is confined, and the more distinct the fluctuations. "Even when the quantity is small," says Dr. Watson, "not exceeding a few ounces, a little practice and management will enable you to detect it. Percuss with one finger the most dependent part of the cavity, and apply at the same time a finger of the other hand very near the part struck; and if liquid be there, you will perceive a limited, yet a distinct, fluctuation. In the same way, the presence of liquid in a small cyst may sometimes be ascertained."

The veins of the abdomen are increased in size and number; this, however, is not so marked until the tumor has attained considerable size.

The uni-ocular cysts present a uniform surface, whilst the multi-ocular have an uneven and irregular surface. In the uni-ocular cyst fluctuation is distinct from one side of the abdomen to the other, and generally per vaginam also; whilst in the multi-ocular it is distinct only over a particular part of the abdomen, in the immediate part of that particular cyst. I remember to have examined a case where fluctuation could not be felt from one side of the abdomen to the other, but was distinct in a certain space on both sides. It was not perceptible per vaginam, from the fact, as it proved afterwards, that the tumor consisted of three cysts, one occupying the pelvis, and one on either side of the abdomen. In this case, the womb was thrown back upon the rectum, as it often is, and the uterine sound could not be easily introduced until an assistant, standing by the side of the patient, placed his hand in front of the tumor and lifted it up with considerable force.

By this maneuver of an assistant if we retain our finger in the vagina, and there are any considerable adhesions to the womb, or the tumor is a part of the womb itself, the womb will sometimes be lifted nearly or quite out of reach of the finger.

When the vagina is elongated and drawn up under the arch of the pelvis, or the uterus thrown back on the rectum, with an assistant stationed as above, we will be better enabled to use the uterine sound, and push the womb from side to side, if there be no adhesions.

When it is remembered that the most fatal adhesions are generally found at the base of the tumors, we can not exercise too much caution in this part of our examination. In the diagnosis of uterine, and non-uterine tumors, I have found the uterine sound, at times, indispensable. And here allow me to describe its use in its inventor, Prof. Simpson's, own language.

"It may be used in one of three ways:

"1st. The uterus may be retained in its situation, with the bougie, and then, by the assistance of the hand above the pubis, or by some fingers in the vagina, the tumor, if unattached to the uterine tissue, may be moved away from the fixed uterus.

"2nd. The tumor being left in its situation, it may be possible to move away the uterus from it to such a degree as to show them to be unconnected.

"Or, 3rd. Instead of keeping the uterus, both may be moved simultaneously; the uterus by the sound, and the tumor by the hand or fingers, to opposite sides of the pelvis, to such an extent as to give still more conclusive evidence of the same fact."

When the tumor is small, by introducing the middle finger into the vagina and the thumb into the rectum, we will be enabled to feel an elastic, egg-like tumor between the rectum and vagina. It is sometimes slightly painful and tender, but again there is no uneasiness manifested to the touch.

Dr. Churchill, in his *Diseases of Women*, says: "If the finger be introduced into the rectum past the tumor, we will find the fundus uteri, and be able to distinguish it from the enlarged ovary. This is very necessary, or we might conclude the case to be retroversion of the womb. In addition, it may perhaps enable us to decide whether one or both ovaries are diseased."

"It should be remembered," says Dr. Brown, "that hernia may descend between the vagina and rectum, and feel like a tumor in that region; but in the absence of symptoms of strangulation, we must distinguish it from ovarian cyst by the effort of coughing and change of posture, and by being unable to pass the finger beyond the tumor."

The pressure of the tumor in the pelvic cavity sometimes gives rise to difficulty in voiding urine, torpidness of the bowels, etc. There are sometimes occasional symptoms of pregnancy, morning sickness, enlargement of the breasts, and sometimes violent pains set in, resembling labor pains. Here the stethoscope is our guide, together with the time which has elapsed since the commencement of the disease. A young lady, upon whom Dr. Dunlap and myself operated, presented some of the above symptoms, and it produced no little commotion in the community among whom she lived.

There is another means of diagnosis and examination to which I invite your careful attention and cultivation. It is the sense of touch, or pressure upon the abdomen, with the ends of the fingers. If we percuss or press firmly, and in quick succession, with the ends of the fingers over an ovarian cyst, there is, at the cessation of percussion, or pressure, an elastic sensation—a rebound to the sentient extremities of the fingers—a resisting or reflecting back of the fingers, in the distended cyst; whilst in ascites there is not the same elastic response to the finger. In fibrous tumors and enlargement of the spleen, there is a doughy, fleshy sensation to the fingers, which is more easily felt by the practiced finger than described. This means of diagnosis requires practice of the fingers, as it does to distinguish the different shades of the pulse. Of this diagnostic sign, Dr. Watson says:

"If you press suddenly with the tips of the fingers in a direction perpendicular to the surface, a sensation which it is difficult to describe in words, yet which is quite decisive, and not to be mistaken, a sensation of the displacement of liquid and of the impinging of your fingers upon some solid substance below."

The same writer further states, in reference to the senses:

"You will find what previous to positive trial you might not suspect, that the senses, the eye, the ear, the touch, however sharp or delicate they may naturally be, require a special course of training and education, before their evidence can be trusted in the investigation of disease."

Dr. Latham says, (I quote from Bennett,) with equal truth, that the "knowledge of the senses is the best knowledge, but the delusions of the senses are the worst delusions."

Swelling of the lower extremities we sometimes meet with, both in early and later stages of the disease. This originates from the pressure of the tumor upon the vessels which return the blood to the heart. See case of Mrs. Williams, of Indiana, and Mrs. Martin, of Maysville, Ky. In the latter case, ascites, swelling of the limbs, and ovarian tumor co-exist.

When we have diagnosed the disease as ovarian tumor, next in importance is the extent of adhesions and the prospect of its removal. Perhaps the guide of no author is better, or the experience of any individual more to be relied upon, than that of Mr. Brown, of Edinburgh, in his tests for adhesions. After placing the patient on the back, with the extremities flexed, so as to relax the abdominal parietes, he directs the cyst to be moved from side to side. If this were readily done, he knew that there were no adhesions. He then pressed firmly over the relaxed parietes, and moved them over the cyst; if they were read-

ily moved, he knew there were no adhesions on the upper and lateral surfaces of the cyst. He then grasps and puckers up the parietes, and moves them over the cyst, and saw if they were gathered up readily, without raising the cyst itself. He then requires the patient to take a full inspiration, and if there be no adhesions to the extent of an inch, the place previously occupied by the tumor being taken up by the intestines, a dull sound over that region is elicited by percussion during ordinary respiration; but when the patient takes a deep inspiration, an intestinal resonance is there perceptible.

"Freedom of motion in the tumor," says Dr. Lyman "though not altogether decisive, is indicative of the absence of adhesions." It is now one of the fixed facts, that the most dangerous and insuperable adhesions are generally found at the base of the tumor, and found, too, when the tumor is easily moved from side to side. The case of Dieffenbach, Berlin, is in point. Here the tumor was movable in every direction, and partly on its own axis even; the operation was commenced, but abandoned, on account of the difficult adhesions to the vertebral column. The patient, after much difficulty, recovered.

We might, also, refer to the case of Page, where the tumor was movable, operation commenced, cyst evacuated and drawn partly out, when it was found adherent to the "surrounding parts about the pedicle, and to several inches of intestines." The operation was abandoned, and the patient died.

If I can satisfy myself, and I generally can by the uterine sound and by other means, that the adhesions at the base of the tumor are not insuperable, the immovability of the upper portion would not always deter me from operating. See the case of Dr. Dunlap and myself, Mrs. Lastley, Portsmouth, Ohio. Twelve months before Dr. Dunlap and I performed the operation, Dr. Kimbro, of Lowell, Massachusetts, attempted the operation and opened the abdomen; but finding, as he did, a mass of adhesions at the superior part of the tumor, abandoned the operation and closed up the wound. In this case, the upper part of the tumor was immovable, but, after a careful and diligent examination by both of us, we decided that the adhesions at the base of the tumor, if any at all, were very slight. The case was successful, but required the application of twelve ligatures to the superior adhesions, which were principally peritoneal. It gives me much pleasure to state that this accomplished lady is now, nearly a year after the operation, in good health.

In another case of Dr. Dunlap's and mine, Mrs. Kamsey, of Winchester, Ohio, operation performed November 15, 1855, a large multilocular tumor, weighing sixty pounds after its

removal, so completely filled up the abdomen and packed itself into the pelvis, that it was impossible to ascertain the extent of the adhesions. Fluctuation, however, was distinct in each cyst, and after discharging their contents, we came upon one of several adhesions near the pedicle, which was attached to the peritoneum with a tapering neck, as it neared the tumor, so much so, that a shoulder, or button-like piece, was dissected out of the tumor to prevent the ligature from slipping off. The case did well, and the patient is now in good health.

A further test of Dr. Frederic Bird for superior adhesions, I have found to be a valuable one, namely, by putting the abdominal muscles in action, and noticing whether they rise much from the surface of the tumor. Thus if the patient, while lying on her back, be told to raise herself up in bed without using her arms, the recti-muscles will start up into a prominent band, if their sheath is not tied down by adhesions on its peritoneal surface, but not if it is tied down.

Dr. Washington Atlee, in an article published in the *American Medical Journal*, places considerable reliance on the pulsation of the tumor itself, or the "aortic impulse as being more manifest in solid or encysted growths than in cases of ascites.

Before I leave this part of our diagnosis, I wish to say an additional word in reference to percussion. Among those who are expert in their perception of ovarian tumors, and they are few and far between, perhaps as much, if not more importance is attached to the use of percussion than to any other symptom or set of symptoms. We have, over the umbilical region, in ovarian tumor, in whatsoever position you place the patient, a dull sound on percussion; whilst in one or both of the flanks we have the resonance peculiar to the intestines. This diagnostic evidence is, perhaps, ninety-nine times in a hundred, correct in reference to tumors. Dr. Watson, however, gives us an anomalous case, which is a rare illustration as an exception. "The history of the case was the history of ovarian tumor," yet, continues he, "the umbilical region, when percussed, always rendered a hollow sound." Upon the death of the patient the mystery was solved: air hissed forth from the opening made by the scalpel through the abdominal parietes, and an ovarian cyst of considerable magnitude was found adhering to the peritoneum in front of the belly, and containing no liquid, but some yellowish shreds only. This ovarian bag had been filled with air, which had given rise to the equivocal sounds. The air, it is supposed by the author, was formed from the decomposition of a degenerate cyst within.

I have alluded to the examination *per vaginam et per rectum* but perhaps not so

specifically as its merits demands. You will often be enabled by the finger to detect fluctuation in a cyst, and as frequently to detect a fibrous tumor of the ovaria from a uterine one.

Allow me to cite a case: Miss Strader, formerly of Mason, Ohio, but then of Cincinnati, came to Augusta to consult me about the propriety of an operation for what her physicians pronounced ovarian tumor. On examination I found the tumor occupying the central and right side of the abdomen. It was easily moved in any direction without any apparent pain. There was no fluctuation, and the ease with which the tumor could be lifted out and turned from side to side, made, for the moment, an impression on my mind that although perhaps fibrous, with a narrow pedicle, it would justify an operation. But remembering my motto, which heads this article on diagnosis, "He that thinketh he standeth, take heed lest he fall," I proceeded to other tests. On introducing the finger into the vagina, I found it completely filled up with an obtuse lobe of the tumor, dipping deep down into the pelvis. At first I thought it might be retroversion of the womb, but by a rectal examination, I found a smaller lobe pressing upon the rectum, which seemed to sprout off from the lobe in the vagina in a perpendicular direction. I came to the conclusion that it was an *intra-mural* tumor of the uterus, forming in the walls, and extending both upward and inward. The patient returned home, but came back a second time, insisting still upon an operation. I wrote a note to Dr. Dunlap, who came and examined the case with me. He formed a similar conclusion to the one I have just expressed. Miss Strader was subsequently examined by Profs. Marshall and Bayless, of Cincinnati, and since then by Dr. Washington Atlee, of Philadelphia, as will be seen from the following note:

Philadelphia, Nov. 9, 1854.

"Dear Sir:

Your patient, Miss Strader, presented herself to me to-day, and, upon examination, I have arrived at the same conclusion you did—that is, a fibrous tumor of the uterus. The uterus, however, can not be clearly diagnosed, and consequently as the relation of the tumor with it can not be defined, no operation ought to be recommended.

Yours, truly,

WASHINGTON ATLEE,
418 Arch Street.

J. Taylor Bradford, M. D.

ASCITES AND OVARIAN TUMOR.

The distinguishing characteristics of ascites as compared with ovarian tumor are important. It is not always an easy matter to distin-

guish between the two, and it has once occurred to me to encounter more difficulty in deciding between ascites and ovarian tumor, than it was to establish a correct diagnosis between uterine and ovarian disease.

In the maturity of both diseases, when the abdomen is distended to its utmost, many of the symptoms which assist and guide us in the early stages, are lost. The ovarian cyst then loses its circumscribed and lateral preponderance, and accommodates its growth to the inequalities and recesses of the abdominal cavity.

In the earlier stages of ascites, we generally find an equable enlargement of the abdomen on both sides, whilst in ovarian tumor the swelling is circumscribed, and confined mostly to one or the other side. In ascites there is more constant and uninterrupted tenderness of the peritoneum, by pressing firmly and quickly with the ends of the fingers, whilst in ovarian tumor it is only occasionally the case. In ascites the general health is sooner and more seriously disturbed, whereas in ovarian tumor it often remains good for months, or even years. In ascites the secretion from the kidneys is usually scant and defective, whereas in ovarian tumor, except in the rapidly enlarging cases, there is but little change. In ascites we find the patient oftener with a dry skin, thirst, and a more frequent and irregular pulse, whereas in ovarian tumor they are only occasionally, if at all, present. In ascites we can generally trace the cause of the distension to some cardiac, renal, hepatic, or other organic affection, whereas in ovarian tumor, if of long duration, the mystery is how the patient carries twenty, thirty, forty, or even sixty pounds, without constant complaining. In ascites the bowels, always containing more or less gas, float to the surface of the fluid, whilst in ovarian tumor they lie behind or underneath the tumor. We have, then, on percussion, in ascites, whatever position the patient assumes, the resonant or hollow sound peculiar to the intestines, which remain uppermost, with corresponding dullness below. In ovarian tumor we have the dull sound over the region of the umbilical or latero-umbilical and latero-pubic, in whatever position the patient may take; or, as Mr. Brown more strikingly describes it, "want of resonance in the lowest part, in all positions, with tympanitic sound in the highest, in all positions, indicates ascites."

To these characteristics, usually considered so important, Dr. Watson has given us some anomalous and interesting exceptions. In one case the distension in ascites was so great that the mesentery was not broad enough to allow the buoyant intestines to reach the surface, when the patient was supine. In this case,

then, instead of the resonance peculiar to the intestines, it gave a muffled or dull sound.

The second case was found, upon post mortem examination, to be ascites, where the "omentum had formed into a thick cake," and was "strapped tightly over the subjacent intestines." Here, of course, we would have a dull sound, although ascites existed.

He alludes to another possible contingency, in which the sounds by percussion would be equally deceptive. This may occur in consequence of the "adhesion of the various coils of intestine to each other, and the parts behind them." Such cases, however, fortunately for the diagnosis of ascites, are very rare, and I do not know a single author, save that rare teacher and profound thinker, Dr. Watson, who has met with them.

I have now a patient, Mrs. Kenyon, opposite Vanceburg, Kentucky, whose abdomen is very much distended, and the history of whose disease is purely ovarian. It has been of nearly three years' standing. The general habit it but very little disturbed, and the sound elicited by percussion over the entire abdomen is resonant, except occasionally, when, just below the umbilicus, a thickening of the parietes, or what feels more like the "omentum cake," takes place, over which a dull sound will be elicited until it subsides, which it generally does in two or three weeks. The usual and general approved remedies for ascites have not decreased the size of the abdomen. It is clearly, in my mind, not ovarian, but ascites; but to what may it be attributed?*

When, in either ascites or ovarian tumor, the quantity of liquid is small, fluctuation by the usual mode is not always distinct. In such cases, we will find the mode of Mr. Tarral, as detailed by Professor Wood, worthy of use. It consists in applying the thumb and middle finger of the same hand upon the surface, and percussing with the index finger between them.

The test, already alluded to, of Dr. Bird, of London, with reference to adhesions in ovarian tumor, I have found to be one among the most convincing tests in ascites; and I do not now recollect any writer who has alluded to it as one of the tests in that disease. That is, if the patient, whilst lying upon her bed, be directed to raise herself up in bed without using her arms, the fluid will bulge up prominently between, and laterally to, the recti muscles, whilst in ovarian tumor, on account of the circumscribed sac, it will not admit of such a degree of prominence. The parietes of the abdomen will admit of considerable extension, whereas the sac and the recti muscles

*I have tapped this lady twice, and with the application of a light bandage after the second tapping, she has entirely recovered.

will not admit of the same marked protuberance and inequality.

It sometimes happens that ovarian tumor and ascites exist together. I have met with one remarkable case of this kind, Mrs. Martin, of Maysville, Kentucky. By pressing firmly with the ends of the fingers, the ascitic fluid was readily displaced, and a tumor of the left ovary found floating in the surrounding liquid. The patient was sixty years old, and the disease had progressed so far, and the general health so much declined, that I did not advise or solicit an operation. She lived but a few weeks after I saw her, and no post mortem examination was obtained. In response to a circular addressed to the physicians of Kentucky by myself, I received from Dr. Dimmit, of Lewisburg, an intelligent and promising physician of that place, and whose patient she had been up to the time of her removal to Maysville, the following history of the case:

"I saw her for the first time three years ago, at which time the tumor, occupying the left side, was firm, movable, and dropsical. The disease appeared subsequent to the cessation of the catamenia. Her general health at that time was moderately good. She suffered at times extreme pain in the region of the tumor, at which time a nervous train of symptoms, resembling hysteria, set in."

I saw Mrs. Martin in one of the nervous attacks alluded to by Dr. Dimmit. She would lie for a time motionless and apparently lifeless, but would retain her consciousness throughout the paroxysm. The attacks were superinduced by pain, fright, or excitement of any kind. I merely quote this case to illustrate how unlike different persons may be affected by the same disease, and that ovarian tumor is not without its collaterals and concomitants in the nervous system.

It may appear to you that I have dwelt unreasonably long upon the diagnosis of this "hydra of calamities," and the cases cited by way of illustration may, for the time being, appear irrelevant, but these cases and these symptoms and tests, may one day meet you at the bedside.

DISEASES LIABLE TO BE MISTAKEN FOR OVARIAN DROPSY.

Dr. Brown, in his excellent work on "Surgical Diseases of Women," classes these diseases as follows:

1. Retroversion and retroflexion of the uterus;
2. Tumors of the uterus—*a.* solid, *b.* fibrocystic;
3. Ascites;
4. Pregnancy;
5. Pregnancy, complicated with ovarian dropsy;

6. Cystic tumors of the abdomen;
7. Distended bladder;
8. Accumulation of gas in the intestines;
9. Accumulation of feces in the intestines;
10. Enlargement of the liver, spleen, or kidneys, or tumor connected with these viscera;
11. Recto-vaginal hernia, and displacement of the ovary;
12. Pelvic abscess;
13. Retention of the menstrual fluid from imperforate hymen;
14. Hydrometra.

A description of these different diseases, under their particular class in the different medical works, will generally enable you, if not possessed of the "tumor mania," to distinguish them from ovarian dropsy. I shall only allude to a few of them in which I may have had some personal experience.

From what I have read and observed, I am inclined to the belief that malignant disease of the ovary is very rare. I have met with but one case. This was a patient of Dr. Duke's, of Maysville, the wife of the Rev. M. Upon examination I found a large, uneven, but solid tumor, occupying the left side, and extending up to the umbilicus. It was particularly firm, with numerous obtuse lobes projecting upward; rather tender to the touch, and so completely adherent to the surrounding parts, particularly to the womb, that but little if any movement could be effected. An examination per vaginam revealed the same hardened and uneven surface. The pain and suffering were very great, general health bad, and that peculiar cast of countenance which indicates a system worn down by malignant disease. Soon after I saw her, I learned from Dr. Duke that the tumor had grown so rapidly, and infringed so seriously upon the bladder, that it was almost impossible to pass the catheter, which for some time, had been the only means of passing urine. No post mortem examination was obtained.

When we add to the above symptoms that in cancerous growths, the tumor is uneven in its growth, the pain and soreness much greater than in other forms of disease, the general cachectic, and sallow complexion, the peculiar hardness and rapidity of its growth, the general health and strength soon wasted, we will have but little difficulty in determining its nature.

I have already directed your attention to the case of Prince, where a patient was operated on for ovarian dropsy, which proved, upon post mortem examination, to be a tumor of the spleen.

I was once consulted in a case, Mrs. —, of Boone County, Kentucky, which a number of physicians had pronounced ovarian. She

came to Augusta. I found, upon examination, the abdomen enormously distended, the tumor reaching from the pubis to the ensiform cartilage, and occupying almost the entire side. Upon pressure, a hard or doughy feel was imparted to the finger. There was no fluctuation manifest, and a dull sound was elicited upon percussion throughout the abdomen, except the right hypogastric region. The tumor was movable, and upon dipping the finger deep down between the pubis and the tumor, a "cactus-like" lobe of the tumor was felt, which could be slightly raised without an apparent pain. The symptoms generally were obscure. She complained but little except from the weight, which could not be less than twenty pounds. Examination per vaginam revealed no sign of a tumor in the pelvic cavity. But little was known about the history of the case with the exception of patient's avowal that it commenced on the "left side, immediately under the ribs," and was of two years' standing. The "cactus" or notched-like feel of the tumor, together with the condition of the pelvic organs, and the history of the case, led me to the conclusion that it was not ovarian disease, but enlargement of the spleen, hypertrophy. I have since understood that the family have moved West, and have lost the history of the case.

I saw another well-marked case of diseased spleen in the daughter of Mr. —, of Nicholas County, which had been diagnosed as ovarian tumor.

OVARIAN TUMOR—PREGNANCY CO-EXISTING.

In the Transactions of the American Medical Association, 1851, Atlee's tables, is a case of Dr. Atlee's, where the patient was two months pregnant at the time of operation. No miscarriage. Tumor weighed eighty-one pounds. Died of starvation.

In the Medico-Chirurgical Transactions, vol. 30, is a case of Dr. Bird, where there was no sign of pregnancy; operation performed; weight of tumor fifty pounds; abortion second day; recovered, and had a child subsequently.

ACCUMULATION OF FECES IN THE BOWELS.

In Prof. Gross' Pathological Anatomy, a remarkable case is related, as occurring in the practice of Dr. Lean, of Columbia, South Carolina. It occurred in a young lady aged twenty-five years. No alvine evacuation had been had for nine weeks. Upon a post mortem examination the intestines were found enormously distended; colon, duodenum and ileum measuring thirteen and one-half inches in circumference the quantity of fecal matter amounted to nearly seven gallons.

Mr. Brandle relates a case where the fecal

accumulation impacted in the colon amounted to thirty-three pounds.

Mr. Brown says: "I once saw a case of simple encysted ovarian dropsy, which, in its earliest stage, was considered by a very distinguished surgeon, in London, to be accumulation of feces."

I mention these cases that you may be on your guard and not mistake, as some prominent English surgeons have done, fecal accumulation for ovarian tumor.

In 1854, whilst attending the State Medical Society in Covington, Ky., I visited, with Dr. Chambers, a patient of his laboring under disease of the omentum. The abdomen was considerably enlarged, with some degree of ascites, but by displacing the liquid by percussing firmly with the ends of his fingers, that peculiar knotted or rigid feel which characterizes enlargement of the omentum was manifest. The history of the case, the point at which it first made its appearance, together with that ridged or serrated feel of transverse lines, with more pain and tenderness than is usually the case with ovarian tumor, enabled me to decide in my own mind that the disease was omental and malignant.

I have seen one case of this since, a patient of Dr. Adamson, of Maysville, Kentucky. The disease in this case presented the above characteristics, except that it was more uneven in surface, lumpy and knotty, with all the leading indications of true malignancy. No post mortem examination was obtained.

LETTERS FROM SURGEONS AND OPERATORS.

The following letters, which I trust will prove of much interest on this subject, have fallen into my hands in answer to inquiries in search of statistics on ovariectomy.

Philadelphia, Jan. 24, 1854.

MY DEAR SIR:

Your interesting letter came to hand last month, but has not been replied to, in consequence of my numerous and various engagements, and depression of spirits from domestic affliction. I regret that I shall not be able to render you much assistance in the investigation you are engaged in.

Some years ago I took a lively interest in the subject, from having carefully examined Dr. Bird's preparations in London, and from having read Clay's and other's works sent me by their authors. Being, however, rather out of the line of my studies and practice, I have not recently turned my attention to the subject—not enough, certainly, to justify my offering any decided sentiments in relation to it, especially as I have never performed or witnessed the operation. The books, more-

over, referred to, I forwarded some years since to Dr. John L. Atlee, of Lancaster.

In conversing a few days since with that distinguished gentleman, I took the liberty to show him your letter and to ask him for statistics. He referred me at once to his brother's, Dr. Washington Atlee, writings, which embodied everything known, he remarked, upon the subject, including Dr. Lee's statistics. These I will get and send you with out delay.

I will only add that I have no prejudice to contend with in the matter. My feelings, I confess, are in favor of the operation in proper cases; and I would not hesitate to perform it if called upon, after due study and preparation, for I have a strong conviction, derived from my two successful cases of Cæsarean section, saving both mother and child, that little danger is to be apprehended from opening the abdomen, provided the peritoneum be carefully handled, and ordinary skill and prudence be exercised in the operation.

The views thus given I do not consider worth making known. I have no objection, nevertheless, if you think my authority in collateral matters of any weight, that my name be used in accordance with the remarks above stated.

The case you are about to publish is certainly a very interesting one, and I shall take great pleasure in reading it.

With great respect, I am yours,

W. GIBSON.

Philadelphia, March 27, 1859.

MY DEAR SIR:

Your letter was received last month, and would have had an earlier reply, but it came to hand in the midst of building and moving. My papers even yet have not been arranged so as to enable me to give you a satisfactory answer, although I have a large mass of materials, which would go a great way toward establishing gastrotomy in the minds of the profession; I mean those members of the profession who are influenced more by facts and truths in surgery than by opinions and prejudices.

My professional engagements are so pressing at present that I can not pretend to analyze the matter in my possession for your use. I will, however, send you several pamphlets, among them my table of cases, which will give you all the facts on record up to date of publication. I may say, in reference to the operations occurring since the publication of my table, that the success of the operation is certainly not less than there represented. This ought to make it as justifiable and legitimate as any other capital operation in the catalogue of surgery. Indeed, I consider the

arguments employed against it by the opposers of gastrotomy equally as applicable to many other operations long since established.

My own cases now amount to twenty-three. These may be divided into two classes:

First. Those where death was impending, and daily looked for; and.

Second. Those in a more favorable condition.

In the first class were ten cases, and four lives were saved by the operation. The death of the other six was supposed not to have been hastened by it, while the comfort of all the patients was improved, and in some of the cases life was thought to have been prolonged. In none of these could death be attributed so much to the operation as to the disease. Among the recoveries, one patient was sixty nine years old, tumor twenty-eight pounds; another was fifty-six years of age, tumor fifty pounds; another was pregnant and the tumor was heavier than the patient; while the fourth was bloodless from flooding after miscarriage, with a small, thread-like pulse, 130 per minute. These cases, I believe, were snatched from the grave by the operations.

In the second class are thirteen cases, nine recoveries, four deaths, very nearly the same proportion as in Clay's operations.

I congratulate you and Dr. Dunlap on the success of your operations, and would be pleased to have a report of each case, as well as all other information which you can furnish me on this and similar subjects.

Please accept a copy of my prize essay, which I also forward to your address. I have operated on six cases since its publication.

Very respectfully yours,

WASHINGTON ATLEE.

Manchester, England, Dec. 15, 1856.

MY DEAR SIR:

I have just received your kind note, dated November 23, 1856, and have to thank you for the many kindnesses therein expressed. When I wrote last to you I was busy preparing a small volume entitled "Hand-Book of Obstetric Operative Surgery" for the press, intending to follow it up by a larger work on ovariotomy, stating my experience in full. With great difficulty I found time to complete my Hand-Book, which I hope by this time you have seen, in which you will find a long chapter devoted to ovariotomy. But I need scarcely tell you, my increasing professional engagements interfere so seriously with my time, that I can scarcely attend to any thing that I am not really compelled to; otherwise, I have abundant material to communicate to the world, which I imagine would be desirable.

I am delighted to hear of your great suc-

cess, far exceeding even my own; indeed, I almost envy you and Dr. Dunlap, and earnestly hope for its continuance. I have not yet given up my intention of publishing my ovarian work. It is only waiting time, not inclination, to complete. In the meantime, I can only add a few particulars to my last statement of cases, which now amount to seventy-six, and may be read thus:

Of first 20, 8 died—13 recovered;

Of second 20, 6 died—14 recovered;

Of the last 36, 9 died—27 recovered.

I believe this is the legitimate mode of viewing the question, progressively, by which the mortality is shown to be gradually lessened by practical experience, thus:

First cases, 1 death in $2\frac{1}{2}$;

Second cases, 1 death in $3\frac{1}{2}$;

Last cases, 1 death in 4.

I should like you to refer to my new Hand-Book for such practical hints as I have, from time to time, elicited by practice, and I will write to my publisher to forward you a copy.

I am entirely of your opinion, that the cases require great care in selecting, and should not be operated upon merely because they are ovarian.

I have little to say as to the want of credence in those who take ground against the operation. I can, however, with pride and pleasure refer them to many men of the highest standing in my own country, amongst them Prof. Simpson, Dr. Bennett, of Edinburgh, Dr. R. Lee, Safford Lee, and a list of hundreds who have communicated with me on the subject, as to my veracity, not forgetting Professors Lee, Z. Channing, with Dr. Atlee, in your own land.

The opposition in England to the operation is fast giving way, and I trust it may be said, that in legitimate cases there are few surgeons here who oppose it. I can not at present do more than give you this short resume.

I have some few cases under my care on which I expect very shortly to operate, and I trust I shall be as successful as I have been, if not more so.

With kind regards and best wishes for your continued success, I am, my dear sir,

Yours, most sincerely,

CHARLES CLAY, M. D.

Dr. J. Taylor Bradford, Surgeon, Augusta, Ky., U. S.

I regret to say that I have not received the "Hand-Book" alluded to in the above letter of Mr. Clay.

DEAR SIR:

In reply to your letter of the 24th ult., I have to say that I regard ovariectomy as fairly within the precincts of regular surgery.

Ohio, it should seem, holds a prominent rank in the operation.

Very respectfully,

R. D. MUSSEY.

Cincinnati, Jan. 1, 1857.

Extract from a letter to me by Dr. Blackman, Cincinnati, Jan. 2, 1857:

"If you see the *Western Lancet*, you are probably already aware that I regard ovariectomy as a justifiable operation in suitable cases. I would not operate in a case of encephaloid disease of the ovary; and I would not persevere in an operation already commenced, should I find very extensive adhesions, for I have seen a patient, from the breaking up or rather dividing with the knife such adhesions, die on the table. I saw such a case occur to Dr. ——. I was one of his assistants."

Truly yours,

GEORGE C. BLACKMAN.

DR. BRADFORD:

I have received yours asking for the results of my observation upon the operation for ovarian tumors. Upon this subject it is not in my power to say anything from my own experience in favor of the operation.

Many cases in the early stages of enlargement have been under my care, within medical treatment removed the enlargement, and restored the health of the patients, while others of protracted existence, of malignant growth, or of complex organization, attended by great enlargement, have offered me no evidence in favor of an operation. It is proper, however, to observe that in reference to these, my observations have been limited, as you will infer on being advised, that in a practice of five and forty years, embodying every variety of surgical practice, I have operated upon one case only. The tumor appeared to occupy the entire abdominal cavity, and was organized throughout. The patient died on the fourth or fifth day after the operation, and possibly might have recovered under the advantages of good nursing, directed by professional skill, neither of which were at command.

With great regard, very truly your friend,

BENJAMIN W. DUDLEY.

Dr. J. T. Bradford, Augusta, Ky.

Lexington, Jan. 4, 1857.

Louisville, January 17, 1857.

I feel that I owe you an apology for so long delaying to answer your letter of the 24th of December last. The fact is, that I have been reluctant to write on the subject to which your letter relates, because I have scarcely formed any very decided opinion on many points connected with it.

Of the propriety and necessity of ovariectomy

omy in certain cases, I have no doubt; but to confine the cases with precision, for the guidance of those who may be debating the matter in their minds, and need to be helped to a proper decision, is, I apprehend, a difficult task. It is, I think, perfectly clear that no patient with a diseased ovary, who does not suffer much inconvenience from her malady, and is yet capable of enjoying life and contributing to the happiness of others, ought to be advised to the risk of so dangerous an operation. But, on the other hand, if the operation be deferred until life itself is a burden, the chances of its successful performance are greatly diminished, and to decide exactly how heavily this burden must press before we shall be justified in resorting to the knife, is a very nice point, and one the decision of which involves, of course, much responsibility.

Probably future and more extended experience may clear up the obscurity that now perplexes this view, and dissipate or at least diminish other difficulties that embarrass the whole subject. At present, while I entertain the opinion that under certain circumstances the extirpation of diseased ovaria is a justifiable operation, I should feel at some loss were I called upon to decide the conditions, though I might be able to apprehend them in practice.

My own personal experience in ovariectomy is very limited, being confined to three cases. In one of these, operated upon by Dr. Dudley, many years ago, the patient survived the removal of the tumor only a few days. The second occurred in the practice of Dr. Gross, and was likewise followed by fatal termination. The third was my own case, which had a more fortunate result, the patient entirely recovering. I say fortunate, for I do not ascribe the issue to my superior skill, but purely to luck.

I might have performed the operation several times since, but I confess I have not any decided wish to repeat it, but have rather been disposed to evade it, or, as we sometimes say, dodge it.

Do not, I pray you, think me a surgical poltroon on account of this confession, but attribute my hesitation rather to the want of clear and satisfactory perception of the line of surgical duty.

Hoping that your report may enlighten me, and be alike creditable to yourself and the society,

I remain, my dear sir, your friend,

HENRY MILLER.

New Orleans, March 30, 1857.

MY DEAR SIR:

Excuse me for not replying to yours of the 7th of February sooner, asking my views on the propriety of ovariectomy. Pressing business at the time it was received compelled me to lay it by, and the subject passed from my

mind until now. You are perhaps aware that I am the advocate of a new method of curing ovarian dropsy, which obviates the pain and danger of ovariectomy fully as much as Civiale's method of removing stone from the bladder obviates the pain and danger of lithotomy.

But as Civiale's invention is not applicable to all cases, neither is my method, practiced with success in one case, of treating ovarian encysted tumors, by reaching them through the Fallopian tubes, practical in all cases. Perhaps it is applicable in only a very few. You might naturally expect me to be among those who are disposed to magnify the dangers attending excision, to attract the greater attention to the discovery of a method of cure void of either pain or danger. But I am not among them. I am in favor of the McDowell operation when it offers the only chance of saving the life of the patient. I call it the McDowell operation, because he was the first surgeon to perform it with success for encysted abdominal tumors, requiring for their extirpation the whole abdominal parietes to be laid open from the sternum to the pubis. The tumor removed by Dr. McDowell, of Danville, Ky., from Mrs. Crawford, weighed fifteen pounds, and the cure was complete in about a month. The operation was performed in the year 1809, yet in 1826, the fact that such an operation had been performed with success by a physician in an obscure village in Kentucky, was not fully believed either in New York or London, although McDowell, as also the two Smiths, Nathan and Alban, had, in the meantime, performed a number of operations of the kind with success. The London medical journals sneeringly noticed McDowell's cases, which Mr. Lizars had appended to his work on ovarian disease, published in 1825. A New York physician in a monograph on the same subject, published in the *Medical Recorder* of Philadelphia, vol. x. p. 262-269, 1826, noticed these sneers of the London editors, and expressed a "hope," italicizing the word, "to see Dr. McDowell come out well in the affair, and make good his claims." —267. The editor of the *Medical Recorder*, Dr. Calhoun, at the conclusion of the article, assured his readers that there was no doubt in regard to the cases reported by McDowell, as he had been assured of their truth by communications of the most respectable character from Kentucky. But because some cockney editors of London chose to sneer at McDowell's cases of successful ovariectomy fifteen or sixteen years after they had been reported and duly authenticated, the New York physician seemed to think it was incumbent on McDowell to make good his claims, which he had already made good so far back as 1809, when he cured Mrs. Crawford, by an operation requiring an incision from stern-

um to pubis through the walls of the abdomen.

So long did it take truth to travel from Kentucky to New York, and so strong were London sneers against it when it got there, that Mrs. Hunt, a patient of three New York physicians, was permitted to die a miserable death without getting the benefit of that truth, her physicians looking on and giving their assent for her to suffer and die without surgical aid, with a disease which McDowell had proved to be a remediable ailment by his success with Mrs. Crawford and others. The London editor's sneers were too strong for the Kentucky editor's facts with the New York physicians, and they let her die without attempting ovariectomy to save her. On examination after death, they found no adhesions of any consequence, and "posteriorly," to use their own words, "the attachments easily yielded to the fingers, and we rolled out a huge mass almost without the aid of the knife." "Its attachment to the body was by two pedicles, not larger than a finger, on the original sight of the ovarium." See *Medical Recorder*, vol. x, p. 265.

At a later period in the year 1828, Dr. Foreman, of New Jersey, reported a case, in the *Medical Recorder*, vol. xiv, pp. 366 and 377, of ovarian dropsy, which he tapped a number of times, drawing off, at different times, upwards of twenty gallons of dark colored, viscid humor, and which, after five months suffering, terminated fatally. On examination after death, "the position of the tumor in the abdomen was found to be anterior to all the viscera, and its adhesions to them was so slight as to require the scissors in one place only to free it, when it rolled out a huge fluctuating mass upon the table." p. 369.

In reporting the case, Dr. Foreman, seeing how slight the adhesions were, very correctly concludes, "that in encysted dropsies, unless the containing sack can be entirely removed from the body, or destroyed by suppuration, there is very little ground to hope that they ever can be cured by art. Therefore, when the ovarium is the seat of the disease, we are warranted by the successful results of the few operations of the kind that have been performed, in laying open the cavity of the abdomen and removing the diseased organ from it at once. If this course had been pursued toward my patient she might at this time have been living. These organs have been removed sufficiently often, without dangerous symptoms intervening, to fully justify the operation in all cases where the general health of the patient is good, and the diagnosis clear. The appalling exposure of the viscera in this operation, should, I admit, deter from its performance, were death not inevitably ninety-nine times in a hundred without it." "Un-

fortunately the dread of attempting to do good for fear that evil may grow out of it, paralyzes the hands of surgeons, and satisfies them to sanction inevitable death rather than incur the possible dangers of a timely operation. The time, however, has come when these degrading apprehensions are giving way," etc., p. 361.

I could not express my views on this interesting subject more clearly than Dr. Foreman has expressed them for me in the above quotation, and I beg you to receive the same as my answer to the important question, in regard to the propriety of the operation of ovariectomy, that you propounded to me. Those who are disposed to blame the New York physicians for letting the sneers of London editors paralyze their hands, so far as to sanction the inevitable death of Mrs. Hunt, rather than give her a chance for her life by resorting to ovariectomy in her case, should not hold the physicians of the present day blameless, who condemn the operation under all circumstances, for no better reason than that some flippant European writers and lecturers have condemned it without making themselves acquainted with the facts contributed by American surgeons.

Fifteen or twenty years after ovariectomy had been successfully performed in a number of cases in Kentucky and other parts of the United States, doubt and suspicion were cast upon them by European writers, and now, after the facts called in question have been proved beyond cavil or dispute, they are very much inclined to ignore them entirely, and to treat the subject as if no such operation had ever been successfully performed in America. Thus Watson, in his fourth lecture, speaking of ovariectomy, says: "The results of experience have been so discouraging, as well nigh, in most minds, to prohibit such attempts in future." Watson had evidently not informed himself in regard to the facts, or designedly ignored Dr. McDowell's and other American surgeons successful operations. It does not follow that because the operation has been unsuccessful among the pauper and lazzaroni classes in the European hospitals, that well fed Americans, surrounded with all the comforts of life, and who stand operations much better than European hospital patients, should be deprived of the chance it gives them for their lives. Both in surgery and in the practice of medicine, it is high time for America to set up for herself, and to be governed by her own experience and observation, and not by the experience and observation of Europe, drawn mostly from hospital practice. It is true that the operation of ovariectomy would be apt to kill a half starved pauper in a crowded European hospital, and so would a hasty plate of soup,

a full meal, a dose of calomel and jalap, or a free blood-letting.

In the *Boston Medical Journal*, vol. v, p. 378, 380, Dr. Thos. Fereday, of Dudley, reported a case of ovarian tumor, spontaneously subsiding by a discharge of fluid from the vagina, estimated at from two to three gallons, in one night. In this instance the water no doubt made its way through the Fallopian tube into the uterus, and passed out of that organ through the vagina.

A similar case is reported in the *Transylvania Journal* of 1829, vol. ii, p. 97, 98. The patient had taken a dose of senna, and reported to the attending physician that it had not only operated on the bowels, but that she "had urinated during the night to an amount that not only astonished but alarmed her." The next morning the ovarian tumor, a very large one, had entirely disappeared. It had evidently broken into the uterus, through the Fallopian tube, and passing out, *per vias naturales*, was mistaken for urine. The Fallopian canal, when enlarged by hydroma or other causes, affords an open way to the cavities of the serous membranes, through which fluids, extravasated in the abdomen, may find their way out. It would also give a ready outlet to the water contained in ovarian cysts. Cysts are lined with a distinct secreting membrane, sometimes single, but generally composed of smaller cysts contained within a parent, attached by narrow pedicles, and communicating between themselves. When cysts are opened from without, no matter how small they may be, a dangerous inflammation is sure to follow, which nothing can cure but an entire destruction of the secreting surface by suppuration or by total excision.

Hence no cases of ovarian dropsy, which have been treated by puncture from without, have recovered, so far as my observation extends. I have seen the operation tried under the most favorable circumstances, and always without success.

No inflammation followed in the case in which I drew off a large quantity of gelatinous fluid by probing the Fallopian tube. The woman entirely recovered, and has since had a number of children.

The other two cases above mentioned, where the ovarian tumor spontaneously disappeared in one night under the excessive discharge of water from the natural passages, also entirely recovered. This new operation of reaching the cyst through the Fallopian ducts, is decidedly preferable to any other in cases which will admit of the fluid being reached in that manner. The operation is neither difficult nor painful, when the tube is sufficiently open to admit a small sized probe.

In a lady who was subject to a profuse discharge occasionally from the vagina, supposed to be leucorrhœa, I have several times pass-

ed a small sized catheter into the Fallopian tube. After gaining the cavity of the uterus, the catheter was passed very readily and without pain to so great a distance as to demonstrate, beyond a doubt, that it was far up in the Fallopian tube. It was only during the period of those aqueous discharges that I succeeded in passing it with facility to a distance that proved it to have passed beyond the cavity of the uterus. I am aware that ovarian tumors, besides the aqueous, semi-gelatinous, melicerous, and atheromatous matter, contain, in many instances, hair, teeth, fleshy substances and bones. Evacuating the liquid contents through the Fallopian tubes, it is very probable would cause the more solid, scirrhus, or sarcomatous materials to liquify, and to escape in the same way. In the case that I reported, a mass of hard matter, as large as the fist could be felt in the ovarian region, which continued for a year or more before it finally disappeared. When I first operated she was fully as large as a pregnant woman at her full time.

Ovarian pathology mocks at all the learning of the schools. Who can account for a *dens sapientia* in the ovarium? Yet Dr. Archer, of Maryland, found a tooth of that character in the ovarium of a patient of his. *Sec Medical Repository*, vol. xii, p. 365. New York, 1859.

A great many other cases are recorded in various works on good authority, not only of hair, bones, and teeth being found in the ovaria, but, in some instances, of teeth set in an alveolar process, and in one case of bones in the ovarium of a child ten years old.

Too little attention is paid to the facts derived from American fields of experience, and too much importance is attached to the dogmas and opinions of book-makers and teachers in the large cities of Europe. They are mostly opposed to ovariectomy, because of the ill success which has attended it in Europe, and are slow to believe that inexperienced country physicians, in the backwoods of America, have been more successful than their most experienced and dexterous surgeons of their large hospitals. The error lies in their not taking into consideration the vast difference between the unfortunate people of Europe, living in an abnormal condition, scarcely one in a thousand occupying the position in society that nature intended him or her to fill—the sickly, infirm, and half-famished masses being compelled to overtask themselves to pamper to the luxuries of a few, whom luxury is enervating; and the more fortunate American people, living in a normal condition, all classes of society men, women, and children, and negroes, occupying the position that nature intended for them, each having as much liberty as comports with the happiness, morality, prosperity, and com-

fort of the whole. Until due allowance is made for the difference of circumstances between the people of despotic Europe and those of the model Republic of the New World, the writers and teachers in London and Paris will find difficulty in believing that a physician in the little town of Augusta, in far distant Kentucky, Dr. Bradford, had been engaged in seven successive operations for ovarian dropsy, all proving successful, when their most successful surgeons have failed in five cases out of seven.

Many good meaning men, who have tried to probe the Fallopian tubes, both in the dead subject and the living, without success, would sooner believe that I had made a mistake and got no farther than the cavity of the uterus, than concede that a surgical operation had been performed, which Prof. Jackson and others of less note have regarded as impracticable, forgetting that the practicability or impracticability of the operation depends upon the circumstances of the case and not upon any remarkable skill of the operator—forgetting, also, that disease can work such changes in the Fallopian tubes as to give sufficient capacity to admit the hand, much less a probe. When the medical men of Europe take a lesson in politics and learn the important truth, what a normal government, by diffusing the blessings and comforts of life among all classes of society, can do in enabling the citizens thereof to bear surgical operations, that nine out of ten of the half-starved, over-worked subjects of abnormal governments would die under, they will be prepared to give due weight to the facts that American operators have contributed to surgery, and not before.

Respectfully, your obedient servant,

SAM'L A. CARTWRIGHT, M. D.

Dr. J. Taylor Bradford, Augusta, Ky.

I have other letters of much interest in favor of the operation, the authors of which are unwilling that they should go to the society in their present shape. They are mostly, however, confirmatory of the propriety of the operation, not statistical.

It is a singular fact, that in this country the operation of ovariectomy belongs almost exclusively to "Young America." So, too, in England and France, few of the older surgeons are found operating, but rather seem to have reversed that lucky maxim which Dean Swift practiced and taught, "That because he had spent a part of his life in leaving undone the things which he might have done, he would not throw away the remainder in despair."

No one thing, perhaps, has done more to prejudice the older surgeons against the operation than the blunders and errors of Mr. Lizars. And where errors and injudicious operations are committed by great men, we

are too apt to regard the thing, as in itself, hopeless under the same or similar circumstances. Is it not a fact, then, with the diminishing fatality of the operation, that many, very many, of the elder surgeons, without due investigation and reflection that the ovary is neither essential to the life or the health of the patient, declined to operate or countenance the legitimacy of the operation, because men equally or more renowned than they had failed, not, perhaps, from the manner in which the operation was performed, but selection of cases, from the undeveloped means of a proper diagnosis.

No one skilled in the selection of cases would have taken more than one out of the four cases operated on by Mr. Lizars; and their failure, because of his high position, for a time, rendered the operation palsied in all Europe.

You will observe in the letter of our distinguished countryman, Prof. Mott, of New York, addressed to me in 1854, and I hope it will not be considered uncourteous in alluding to it by way of illustration, that his prejudice to the operation is the result of the loss of two cases of his own, and of four which came under his observation. "In no one of these cases," says he, "was the tumor over fifteen pounds," whilst in his own cases one weighed six pounds, and the other ten.

Now let us examine for a moment these cases. It is a well settled principle, that rarely, if ever, in the early stages of ovarian tumor, is the constitution or the general health much disturbed. Why operate, then, where the tumor had only attained to six or ten pounds? The danger is greater, whilst the necessity of the operation is less.

My reading and study of the cases of the most successful operators, as well as my own experience, have taught me that there are two extremes in the time at which we should operate, both of which should be avoided. The one is where the tumor is small; the other where the operation has been delayed so long that the size of the tumor and the decline of the general health render it hazardous to operate. In the first place, I hold that in proportion to the increased size of the tumor, all other things being equal, will its pressure upon the adipose substance about the parietes of the abdomen produce its absorption, and the friction of the tumor against the peritoneum accustom it to that usage which renders it less sensitive: and less liable to take on inflammation.

The same principle holds good in pregnancy—in the earlier stages of it, before the womb has filled the abdomen, abortion, miscarriage, or premature labor, accidentally or superinduced, is known to be more dangerous than at the full period of utero gestation.

I have now been engaged, directly or indi-

rectly, in nine operations, all but one of which have been successful, and yet the smallest tumor weighed twenty-four pounds, the largest sixty. There is, then, in this operation, as in most other things, a "happy medium," which, if arrived at, will insure the greatest degree of success.

I might cite an instance in the West similar to that of Prof. Mott, where the failure and errors of leading surgeons hover yet, like an incubus, over the operation, but it might seem like the child reproving the parent from whom he had received valued lessons too sacred to be cancelled.

There are other operations which have been much more fatal than ovariectomy, yet they are regarded as legitimate.

When the ligature was tied around the *innominata* the ninth time, with a fatal effect in every case, Dupuytren attempted it the tenth time with the same result. And after it had been performed the thirteenth time, all ending in death, the celebrated surgeon, Mr. Liston, whose dictum characterized ovariectomy as "belly ripping," attempted the ligature of the *arteria innominata* with the same fatal result. And yet the same surgeon, with many others, legalize this operation up to the sixteenth failure, without one case of success. Yet ovariectomy, with her increasing triumphs, is condemned.

In Mr. Merriman's list of twenty-three cases of Cæsarian operations. *London Lancet*, vol. i, 1851, p. 319, comprising all the operations in the British Isles, from 1738 to 1820, in but one case did the mother survive the operation, and we find among the operators the names of John Hunter and John Bell.

Mr. Radford, in a subsequent report, says: "But two out of fifty cases of Cæsarian operation, which occurred in Great Britain and Ireland, have recovered from the operation." And what is strange, one of these two, the first case ever operated on successfully to the mother, was operated on with a razor by an Irish midwife, Mary Donnelly.

Mr. Solly says that death from ovariectomy up to 1846 were only one in $3\frac{1}{2}$. Dr. Atlee makes the mortality only $26\frac{1}{2}$ per cent.; Dr. Robert Lee, over 37 per cent.; Mr. Phillips, over 39 per cent.; Dr. Cormack, over 38 per cent.; Dr. Ashwall's table, over 36 per cent.; Dr. Lyman, in his table, says three-fifths of the operations are unsuccessful. Mr. Churchill says, "undoubtedly the mortality is very great, but a mortality nearly, if not quite as great, is not considered a fatal objection to other operations." "If," says he, "we take the major amputations of the limbs (primary and secondary,) it appears that in Paris, according to Malgagne, the mortality is upwards of one in two; in Glasgow, it is one in $2\frac{1}{2}$; in the British hospitals it is one in $3\frac{1}{2}$." As to amputation of the thigh, Mr. Syme ob-

erves, "the stern evidence of hospital statistics shows that the average frequency of deaths is not less than from sixty to seventy per cent.; of 987 cases collected by Mr. Phillips, 435 proved fatal, or 44 per cent.

Mr. Curling states, on referring to a table of amputations performed in the hospitals of London from 1837 to 1843, "I find 134 cases of amputation of the thigh and leg, of which 55 were fatal, giving a mortality of 41 per cent." Of 201 amputations of the thigh, performed in Parisian hospitals, and reported by Malgagne, 126 ended fatally. In the Edinburgh hospital 21 died out of 53. Even if we take much larger numbers we find the mortality very high. Dr. Inman has collected 3586 cases of amputation generally, primary and secondary, from accident or disease, and the deaths are one in 3 1-10. In 4937 cases published by Mr. Tennick, the mortality is one in 3 1-15.

The result of the amputation at the hip-joint is still more unfavorable, Mr. James Cox has shown that, out of 84 cases, 26 were successful, and 58 unsuccessful.

Again: take operations for hernia, Sir A. Cooper records 36 deaths in 77 operations, and Dr. Inman 260 in 545.

Or, the ligature of large arteries, of which Mr. Phillips has collected 171 cases, of which 57 died; Dr. Inman 199 cases, of which 66 died. Of 40 cases of ligature of the subclavian artery, 18 proved fatal; the ligature of the *innominata* has been fatal in every case.

So that, taking the mortality of Dr. Lee's estimate, it is not higher in ovariectomy than in that of other operations, which are admitted to be justifiable notwithstanding.

I might, with equal propriety, refer you to the comparative statistics of Prof. Simpson, Dr. Atlee, and Dr. Buchanan, together with many others, but I trust the present are sufficient to convince you that the operation is not such a monstrous innovation on the dignity and legitimacy of surgical practice as some are wont to teach.

OPERATIONS IN KENTUCKY.

The following is, I believe, a complete collection of all the cases which have been operated on in Kentucky up to the present date. Some of them, you will see, are without any detail, notwithstanding I have addressed circulars, as well as private letters, to the operators. Those of them contained in Dr. Lyman's report, I shall, for the sake of convenience, copy as condensed by him, the object being merely to give the leading characteristics of each particular case:

1. Buckner—Mrs. W.—Two solid tumors felt through the abdominal parietes; the upper very movable; the other wedged in the pelvis, and felt through rectum and vagina; opera-

tion June, 1848; incision from umbilicus to within an inch of symphysis; pedicle of the upper tumor attached to the lower, ligated, and removed; pedicle of lower tumor originating in the left Fallopian tube; ligature around the diseased left ovary; pedicle of tumor ligated in four equal parts; no adhesions; died sixth day of peritonitis.

2. Buckner—Aged thirty-nine; several children; operation January 31st, 1850; incision eight inches; numerous adhesions; ligature around the pedicle; tumor of the right ovary removed; ligature fell thirty-ninth day; alarming symptoms, but the patient eventually recovered.

3. Blackman.—Tapped several times; operation December 22, 1855; adhesions slight; ovarian tumor of twenty-two pounds removed; no bad symptoms after; recovery.

4. Bush.—Not published; no report; died.

5. Bayless.—Mrs. Dredden, age 31; operation September, 1849; disease of seven years' standing; tapped seventeen times; incision ten inches; numerous adhesions, particularly around the tapping point. There was no distinct pedicle on either side, to guide the application of a ligature. It was all a confused mass. Tumor multi-ocular; weight eighteen pounds besides the tappings; ligature fell at the end of the eleventh month; recovered.

6. Bradford, J. J.—Not published; no report; died.

7. Bradford, J. Taylor.—Miss H., Mayslick, Ky., single, age 21; twelve years' growth, having commenced at nine years of age, after scarlatina; menses appeared at twelve and continued regular; variety of treatment; health failing; operation June 14, 1853; incision eighteen to twenty inches, between ensiform and pubis; adhesions to omentum; cyst tapped, extracted, and double ligatures passed through the pedicle left ovary; forty-one pounds, containing, attached to inner wall, bony plate, varying in size from a pin's head to a saucer, with one large piece of bone embedded in the wall of the sac; up to sixteenth day; ligature fell sixth week; recovered.

8. Bradford, J. Taylor.—Miss M., Milford, Ky., age 20; menses regular; thirteen months' standing; progress rapid; never tapped; operation June 4, 1856; incision ten inches; tumor very vascular; cyst originated on broad ligament half inch from left ovary; ovary healthy and of normal size; ovary removed with cyst; no adhesions; tumor weighed twenty-four pounds, double ligature passed through pedicle; ligature fell fourth week; recovered.

9. Craig.—Mrs. H., age 26; one child; menses at 15; at 16 had suppression from cold, and never regular after; complicated with ascites, which disappeared several times under treatment; operation April 22, 1854;

tentative incision three inches, extended to scrobiculus; adhesions previously diagnosed; tapped cyst; found contents too thick to pass through canula; adhesions to omentum and mesentery; double ligature through pedicle; left ovary; recovered in seven weeks; solid parts eleven and three-quarter pounds.

10. Dunlap.—Mrs. B., age 37; five children; one year's growth; tapped four times in last six months; operation March 24, 1853; incision from umbilicus to pubis, twelve inches; adhesions slight; cyst evacuated; solid portion size of child's head; evacuated; double ligature to pedicle; thirteenth day walked across room; ligature fell in three weeks; left ovary; thirty-seven pounds; recovered.

11. Prof. B. W. Dudley.—Not published; no report; died.

12. Dudley, E. L.—Not published; no report; died.

13. Dudley, E. L.—Not published; no report from operator; operation abandoned; patient recovered.

N. B.—Received report from Dr. Dudley, April 7., too late for report.

14. Evans, A.—Not published; no report from operator; patient died.

15. Evans, A.—Not published; no report; recovered.

16. Gross.—Miss D., age 22; menses regular; eighteen months' growth; tapped three gallons three weeks before operation, June 19, 1849; incision three inches above umbilicus to pubis, one foot; right ovary; adherent, red, and vascular; ligature around the pedicle, which was narrow, and though tied with "great firmness," it came off after removal of the tumor; a large artery was secured, and another ligature applied around the pedicle, and one of the divided bands of adhesions, which showed a disposition to bleed, was ligatured also. The menses appeared for two days, the thirteenth day, and though the case looked promising, she died in four weeks of peritonitis; encysted tumor nine pounds.

17.—Miller.—Age 37; four months' growth; tapped previous week; operation April 6, 1848; incision, umbilicus to pubis; adhesions; two of the cysts tapped to reduce the size; tumor drawn out, and single ligature passed through pedicle; tumor removed, and remaining vessels of broad ligament secured separately; weight nine pounds and a quarter; last ligature came away thirty-first day; recovered.

18. McMillen.—Not published; no report; died.

N. B. Promised report, but did not receive it.

19. McDowell.—Mrs. Crawford; operation December, 1809; incision on left side, three inches from and parallel to rectus; nine inches long; ligature around pedicle; tumor

opened, and fifteen pounds of gelatinous substance removed pedicle divided and sac extirpated; whole weight twenty-two pounds and a half; in five days, the report says, she was able to make her own bed, and in twenty-five days she went home.

20. McDowell.—Negress; after three or four years of mercurial treatment incision was made as in previous case; adhesions to bladder and uterus preventing its removal; the tumor was incised and gelatinous matter, and a quart of blood escaped; recovered from the operation; in two years the tumor was as large as ever.

21. McDowell.—Incision in linea alba, an inch below umbilicus to within an inch of pubis; ligature around pedicle; incision extended two inches above umbilicus, and a "scirrhous ovarium," weighing six pounds removed. She was well in two weeks, with exception of the ligature, which fell in five; recovered.

22. McDowell.—April 1, 1837; incision as in last case; ligature slipped, followed by profuse hemorrhage; vessels tied separately; some of them were cut through by the ligature finally passed a ligature around the pedicle again, and stitched it down; recovered from the operation, but was not in good health afterwards.

23. McDowell.—Operation May 11, 1829; had been under the treatment for others for eighteen months, with supposed ascites; treatment continued awhile; she was then tapped, and thirteen quarts of gelatinous fluid removed; in two months tapped again; and then discovered the tumor; in a few months was tapped the third time, when the incision was enlarged sufficiently to introduce a finger, to settle the diagnosis; tapped a fourth time, shortly before the operation; length of incision not mentioned; tied the pedicle, also a band of uterine adhesions, and removed the tumor; left ovary; died in three days of peritonitis.

24. McDowell.—Fifty-three years of age; operation 1822; incision six inches in linea alba; bloody serum gushed out and continued to flow until the sac was emptied; edges of wound approximated by interrupted sutures; the adhesions to the peritoneum being of such a character as to induce an abandonment of the operation; wound healed at the end of five weeks; patient lived twenty years after the operation; enjoyed good health. President Jackson was present at this operation, and the details were furnished Dr. Gross by Dr. James Overton, who was present at the operation.

25. McDowell.—Miss Plasters; operation May 12, 1823; incision whole length of linea alba; finding the tumor so large that it could not be removed entire, the sac was punctured.

The morbid mass was then lifted from its bed, a ligature having been previously cast around its footstalk, or uterine attachment; the edges of the wound were carefully closed in the usual manner, and the woman put to bed: for fifteen days after the operation there was a bloody, putrid discharge from the wounds, supposed by Dr. McDowell to be sloughing of the omentum. Patient entirely recovered. Dr. Gross is indebted to Dr. W. C. Galt, for many years a distinguished practitioner of Louisville, for the details of this case.

26. Smith.—Age 30; two children: menses regular; operation May 24, 1823; incision, umbilicus to within an inch of pubis; no adhesions; sac emptied of several pints of "watery matter," and with some difficulty extracted; ligature around the pedicle; right ovary of "scirrhous appearance;" menses returned profusely in five days; ligature fell twenty-fifth day; has been well since, except for pain in loins and abdomen during menstrual periods.

28. Smith.—Case successful. (Cooper's Surgical Dictionary.)

29. Smith.—Patient died of secondary hemorrhage from relaxation of the ligature some days after operation. (Cooper's Surgical Dictionary.)

30. Smith & McDowell.—Patient had ascites, for which she had tapped herself ninety times. Both considered the diagnosis as certain, but, on opening the abdomen, no ovarian tumor was found; a mass of intestines, only, conglomerated by adhesions. She died.

ANALYSIS OF KENTUCKY CASES.

It will be observed in the details of the Kentucky cases, that many of them are incomplete in prominent points of statistical interest. In the eighth case of Dr. McDowell, five of which were published by himself, in but one is it stated whether the right or left ovary was the seat of disease, whether any were fibrous, etc.

Others again have failed to give the duration of the disease, whether married or single, whether they had borne children or not, age, etc.

In consequence of this omission on the part of those who have reported the cases, and the failure of others to report the unpublished cases as solicited by me, it will be impossible for me to give you anything like a complete analysis of them. I have stated the result of some of the unpublished cases on reliable authority, and if, in any instance, it is incorrect, it will be no less a regret to me than to the operator. I will note some of the leading points of interest so far as I have been able to get them.

Out of thirty operations performed in Ken-

tucky, nineteen recovered and eleven died, nearly two-thirds being successful.

Of the thirty operations for the removal of the tumor, it was completed in twenty-five; in five it was not completed.

Of the five cases in which the tumor was not removed, two recovered and three died.

In the five cases where the operation was abandoned, the cause of the failure is reported in but two, one from adhesions to the bladder and uterus, and one from peritoneal adhesions.

In one case, No. 30, no tumor was found: "a mass of intestines conglomerated by adhesions," accompanied by ascites.

In one case, No. 30, the patient tapped herself ninety times.

In but four cases is the cause of death given: three were from peritonitis, and one from hemorrhage.

In twelve cases, so far as stated, there were adhesions, or one in every two and a half.

In but two cases was the short incision practiced.

In one case, No. 8, the cyst formed on the broad ligament, and not in the ovary, weighed twenty-four pounds.

In one case, No. 9, accompanied by ascites.

In case No. 5, the ligature did not fall until the eleventh month.

No. 5, disease of seven years' standing.

No. 7, disease of twelve years' standing.

No. 7, disease commenced three years before the menstrual discharge occurred.

No. 7, contained a large piece of bone embedded in the sac with numerous particles of bony excrescences on the anterior superior part of the sac.

No. 7, the disease commenced at nine years of age.

It seems in the three hundred cases reported by Dr. Lyman, that this case of mine, No. 83 of his table and No. 7 of Kentucky cases, was the earliest period at which the disease commenced; and, on page 127 of his report, he alludes to it doubtfully, and says, if the "account may be relied on." I have no idea that Dr. Lyman made this allusion with any uncharitable intention, and I have no rebuke to offer, further than to reassert its correctness, and that the family physician, Dr. B. C. Duke, of Mayslick, Ky., and the mother of the young lady will bear testimony to the fact. But further: two years ago I saw a little girl in Utopia, O., four years old, whose abdomen was wonderfully distended. She walked about, but tottered as she went. She complained but little, except from over-exertion or the influence of cold when there would be some tenderness or soreness of the bowels. The general health was good, and in strange contrast with the enormity and extent of the disease, for I believe then the contents of the abdo-

men would have weighed twenty pounds. On examination of the tumor, I found it filling up every part of the abdomen, fluctuation was distinct, percussion was dull at every point, except on the opposite side to which she was lying, near the spine.

I learned from the mother that one year before, she observed a swelling as large as a goose-egg in the right groin. She complained more then than since; continued to enlarge, inclining for some months to the right side, until one day, in her own language, the "swelling was all over her bowels." To me it was a clear case of ovarian tumor. I have never met with one of which I was surer. I advised tapping and intended to follow it with iodine injections, bandage of Mr. Brown, etc.; but, for a time, the family postponed it. In the meantime they removed to Cincinnati, since which time, with all my curious interest in the case, I have not been able to hear one word.

In the *New York Journal of Medicine*, 1854, may be found a case of Mr. Cox, where a "healthy nursing infant" died of convulsions; the ovaries were found dropsical.

Mayor*—a case of a child seventeen days old, when the ovaries were dropsical.

London Lancet, vol. 2, 1845, p. 120, report of Royal Society of London, 1805, Mr. Charles Pedro reports a case where the ovaria were found wanting. Patient died at twenty-nine years of age.

Since circumstances noticed in preface induced me to change the character and material of this report, I had intended to report the cases of Dr. Dunlap and myself in detail, but as this report has already gone beyond my calculation, and as three of our operations are noticed in the Kentucky cases, and others of ours and my own, casually alluded to by way of illustration in the chapter on diagnosis and elsewhere, it were now seemingly useless.

It might seem that these cases were picked or selected, as peculiarly adapted to the operation. This may be true to some extent. Let us examine:

In one Miss Harrison, No. 7, of Kentucky cases, one of Kentucky's most distinguished surgeons a name that was "mightier" than "Elam, the chief of our mite," sent this interesting young lady, in the bloom of youth, to her friends, there to "shuffle off this mortal coil," as a hopeless case.

After the operation she returned home from Augusta to her parents. Not long after I chanced to meet her on board a steamboat on the Ohio river. I never shall forget that bounding step and weeping face, which moved my heart by the testimonies of her gratitude: and if there be anything which invites the love and ambition of the generous heart, or

*Lyman.

inspires an emotion worthy of our glorious triumphs in science, it is that of bearing "healing on our own wings," of giving "beauty for ashes, the oil of joy for mourning, and the garment of praise for the spirit of heaviness."

In another case, Mrs. Lastly, of Portsmouth, Ohio, Dr. Kimball, of Lowell, Massachusetts, a surgeon of considerable notoriety, opened the abdomen, and finding the adhesions, as he thought, insuperable, closed up the wound, and abandoned the operation. Dr. Dunlap and I, one year after, examined the case patiently, deliberately, and carefully, and operated successfully. See page —. In the one of these two cases the disease was of twelve years' standing, and the tumors weighed forty-one pounds. In the other the tumor weighed fifty odd pounds, and required twelve ligatures to the adhesions.

It may save reflection here to state, that contrary to the positive agreement made by Dr. Dunlap and myself whilst in partnership, we attempted the removal of an apparently justifiable, if any are, case of fibrous tumor of the uterus in a patient in Iowa, not ovarion tumor, which proved unsuccessful. I did not see the patient until the morning of the operation, but through the imploring entreaties of the patient and the attending physicians, as well as some recent published cases of the successful removal of the uterus, Dr. Dunlap was prevailed upon to take the case. I am as much responsible as he, and I mention this case because the bad as well as the good cases in surgery should be known, and to steel you to adhere to your opinions if well founded, independent of those who are not so responsible.

I have but little desire to indulge in idle speculation about the propriety of the operation; facts and figures are to decide the question, and if, by a principle of arithmetic, addition, multiplication and subtraction we give to each fact and figure its proper bearing, the answer will come out right. The opposers of Ovariectomy argue as though the improvements in diagnosis were finished, and the safest mode of operating had gained its acme. When the electric fluid was conducted from the cloud by the kite of Dr. Franklin, it did not stop there, or, but for a time, and now we find it leaping from city to city as the medium of conversation. Soon its submarine currents will relate to us the transactions in all Europe an hour ago. The great propelling power, which was first discovered escaping from the "mouth of a tea-kettle," was first applied to river steamers, now it "moves like a thing of life" over the Atlantic. And so every improvement has been gradually developed from one degree of perfection to another.

If you will examine the statistics since

1850, but more particularly since 1853, you will find, by comparison with previous operations, that the mortality has diminished, and why? Simply by the better developed state of the diagnosis, and the improved means of operating. The operation in itself is said by some to be a simple one. I have never viewed, or found it so: there are innumerable difficulties which sometimes arise, which not one in ten of the medical books, not even Mr. Brown, in his late work on the "Surgical Diseases of Women," hints at. It will be found by the statistical tables of Dr. Atlee and Dr. Lyman, that about twenty-five per cent. die from hemorrhage. How many writers or operators can you summon, who regard the condition of the pedicle when the ligature is applied as a matter of any consideration, whether it should be upon the stretch, or how? I have met with but one in my reading, Mr. Solly, and none in my intercourse who at first sight so regarded it. The pedicle, but more particularly the ligament of the ovary is very extensible and elastic. If the tumor be lifted out with much force, or by any movement which places the pedicle on the stretch, so much so, that it does not contract before the ligature is applied, that part of it which is most extensible when it does contract, is apt to slip through the ligature, and still, without close examination, look as though all was right. Once on turning the stump of a pedicle up to see if it was bleeding, I saw a part of the pedicle contracting within the ligature. I reflected much about this circumstance, and not until I read Mr. Solly's case, did I fully understand it.* Many cases, I have no doubt died from this cause. Prof. G. W. Bayless' Missouri case, Mr. Brown's, and many others, struck me as losing their lives from this cause. I hoped to speak of some of the leading features of the operation, it is now out of my power.

In conclusion, I have to say to the Medical Association, that it will be recollected by some of its members that most of my leisure time for two entire years was devoted to the collection and classification of statistics on Ovariectomy. But a few weeks before the meeting of the Convention, Dr. Lyman, of Boston, published a circular report embracing about the same number of cases, and as his cases and mine were gathered from the same sources, I was driven to the necessity in the very short time, to write the present report or fail to make one.

This is all the apology I have to make for the report as you find it, trusting that your "generosity will forgive what your good sense may see amiss."

* *London Lancet*, vol. 1846, p. 442.

DOCTOR FRANCIS E. POLIN.

By ROBT. C. McCHORD, M. D. Lebanon.

As is now generally known by the medical profession of Kentucky, the first Caesarean Section ever performed in this State was done in 1852, near Springfield, by Dr. Francis E. Polin, of that countyseat town.

Dr. Polin was born at Springfield, September 8, 1827, and he died there January 2, 1860. He came of a race of highly respectable physicians and his literary and medical advantages were the best that the time afforded.

with Dr. Thomas J. Montgomery to see Mrs. Mary Brown, who resided in the country near Springfield, who had been in labor forty hours, during which time her physician had made several unsuccessful attempts at delivery. She was a robust, healthy woman, thirty-seven years of age, and the mother of six children. A hydrocephalic head was presenting, and the child being dead, it was punctured and the bones at the base of the skull crushed, but it was found impossible to deliver the child on account of its immense size. As a last resort it was determined to do a



DOCTOR FRANCIS E. POLIN

1827--1860

After graduating in medicine he began practicing in partnership with his father, Dr. John Polin, at Springfield.

Dr. Polin died at the early age of thirty-three, but he had already established an enviable reputation for his individuality and courage in professional work, in spite of the accusation of his rivals that he was often reckless. He was especially efficient and skillful in his surgical work. During the month of December, 1852, when he was only twenty-five years old, he was called in consultation

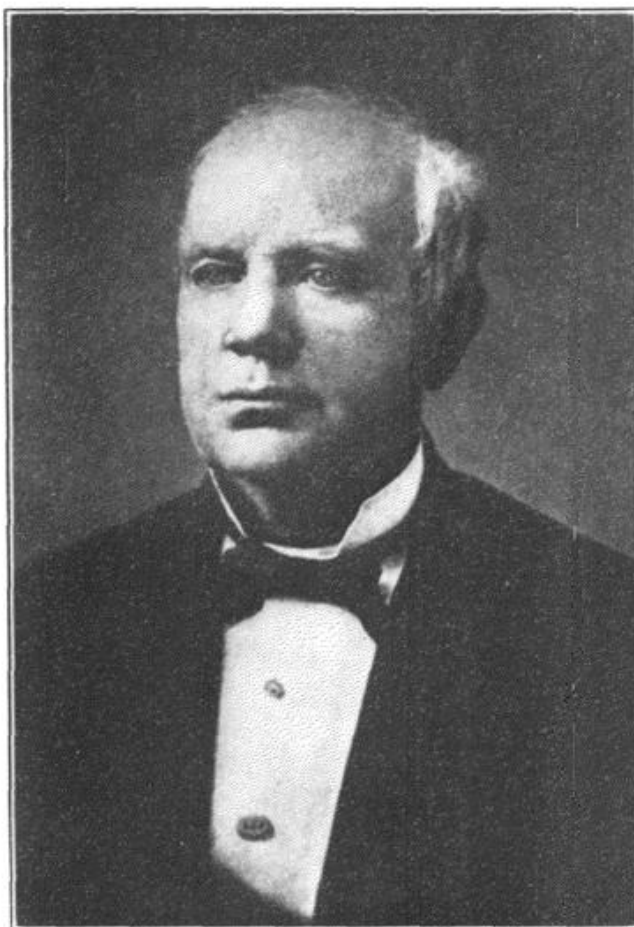
Caesarean Section, which was done by Dr. Polin, assisted by Dr. Montgomery, in an humble country home and with surroundings which were far from favorable.

"The abdomen was opened by a median incision extending from a point two inches above the pubes to the pit of the stomach. The child was removed from the womb by a longitudinal incision, and proved to be a monstrosity weighing twenty-five pounds. The incision in the uterus was closed by buried silver wire sutures, recently brought

into use by Dr. J. Marion Sims, and the edges of the abdominal wound brought together by alternate interrupted sutures of silver wire and flax thread. The woman was entirely well in about a month and lived to a very advanced age, dying about 15 years ago. She became the mother of two children after the operation, and suffered no inconvenience from the presence of the silver wire, except that during the pregnancies she had some uterine pains.

...ever perhaps has there been a more interesting or lovable man in the medical history of Kentucky than Dr. Luke Pryor Blackburn. Born on a Woodford county farm, July 16, 1816, he studied medicine in Lexington, Ky., at Transylvania University, graduating from there in 1834. He commenced to practice his profession in that city, and there married Miss Ella Guest Boswell, daughter of Dr. Joseph Boswell of Lexington.

When the cholera broke out in Versailles,



DOCTOR LUKE P. BLACKBURN

1816--1887

Yellow Fever Expert and Hero and Governor of Kentucky.

DOCTOR LUKE P. BLACKBURN.

By J. N. McCORMACK, M. D., LL. D.,
Bowling Green.

The highest honor in the power of the citizen of a state to bestow, coming unsought and as a spontaneous tribute of affectionate appreciation from the hearts of thousands of grateful persons, the position of Governor of a great Commonwealth, was the unique distinction conferred upon Dr. Luke P. Blackburn by the people of Kentucky in recognition of splendid and heroic services.

Ky., in 1835 and some of the resident physicians were dead and others had fled from the town. Dr. Blackburn, alone, for days, answered the call for medical aid. His efforts were so successful and his work so self-sacrificing that when the scourge had passed away, he was warmly pressed by the people of Versailles to locate among them. This splendid service in the face of danger, rendered the citizens of Versailles, brought him deserved distinction at the very beginning of his professional career. He removed to Ver-

sailles and soon established an extensive and lucrative practice.

"Dr. Blackburn was a large, handsome man with a countenance as open and kindly as Sir Walter Scott's," said a professional man who knew him intimately in talking of him recently. "Tender-hearted, generous, fearless, frank, indifferent about wealth, wholly unpretending, with great good sense, and large experience and noteworthy success in his profession. He was a man of decided convictions and rarely failed to champion them."

In 1846 Dr. Blackburn moved to Natchez, Miss., and soon acquired a large and lucrative practice and gained considerable distinction over a great part of the South. In 1848 when yellow fever appeared in New Orleans, he was Health Officer at Natchez and the city authorities directed him to establish a quarantine, which he did effectually, and became so interested in the sufferings of the marines for whom the Government did not provide, as well as hundreds of others, that he built a hospital at his own expense, in which he again established a reputation for personal daring, professional skill and genuine philanthropy.

Gov. Albert Y. Brown, member of Congress from Mississippi, presented the case of Dr. Blackburn in Congress and stated that the necessities of a marine hospital at Natchez were so great, that one of his constituents, at his own expense and risk had taken charge of large numbers of the sufferers. A bill was at once passed providing for the erection of the Natchez Hospital, finally resulting in the establishment of ten other similar institutions over the country. Dr. Blackburn was appointed by the Government surgeon of the new hospital, and for a number of years held that position both in the State and Marine Hospitals at Natchez.

He early advanced the theory of exemption from Asiatic cholera by the use of pure soft water and had long been a believer in the transmissibility and infection of yellow fever, and in 1854 protected Natchez from that disease when it prevailed in the surrounding country by a rigid quarantine. So well was the power vested in him used, that the fever was kept completely out of the county and people soon afterwards presented him with a handsome silver service inscribed "from the people of Allen County" as a token of their gratitude for his rigid and successful enforcement of the quarantine in 1854.

In 1857 Dr. Blackburn went abroad to visit the principal hospitals of England, Scotland, France and Germany, his wife having died several years previously. In Paris he met Miss Julia M. Churchill, of Louisville, Ky., youngest daughter of one of the most distinguished citizens of the state. In November of that year, on their return to America, Dr. Blackburn and Miss Churchill were married,

and located in New Orleans where the doctor resumed practice with his usual exceptional success and popularity. When the war broke out he had, far in advance, espoused the cause of the South, and, in fact, was one of the original secessionists.

He was at once attached as surgeon, to the personal staff of Gen. Sterling Price and the Legislature of Mississippi, put fifty thousand dollars in his hands to be applied to the benefit of the suffering soldiers of that State, wherever he might find them.

In 1864 at the request of the Governor-General of Canada, he went to the Bermuda Islands to look after the suffering citizens and soldiers, and on his way was very flatteringly received by the Governor-General of New Brunswick and Nova Scotia, also by Sir Admiral Hope of the British Squadron, and his services were afterward favorably recognized by the Queen's Court of Admiralty.

In 1865 the yellow fever spread among many families in the vicinity of Fort Washington on Long Island, from an infected ship, and Dr. Blackburn, then being on a visit in New York, was invited by the Mayor to give his aid to the afflicted district, which he did, refusing all proffered compensation for his services.

He went to Arkansas in 1867, Mrs. Blackburn owning a plantation there and for a period he engaged in planting, but in 1873 Dr. and Mrs. Blackburn returned to Kentucky and resided in Louisville, where he engaged in the practice of his profession.

In 1878 yellow fever in epidemic form again swept the South and the usual panic followed. Memphis, Nashville, St. Louis, Cincinnati and most other cities in this general latitude quarantined against the people further South. Some Louisville physicians claimed this was a needless precaution, that yellow fever could not exist so far north. Among them was Dr. T. S. Bell, a learned leader of medical thought in his day in the West, and a man of very positive convictions.

Dr. Blackburn took the opposite view, claimed that yellow fever had in fact existed further north than Louisville, had generations before decimated the population of Philadelphia, and contended that it would break out in Louisville if there was no quarantine against it. The discussion waxed warm. The two men, good friends, became almost estranged. Dr. Bell's view seemed to appeal to most of the citizens and the city government, and the gates of the city were thrown wide open. The refugees from the infected districts came in large numbers.

Weeks passed and there were no new cases. The citizens of Louisville were greatly praised for their courage and humanity. A quarantine against our southern kinspeople, it was said, would be heartless. Dr. Bell was the hero of

the hour. By general concert a demonstration of public confidence was planned.

A great concourse gathered in the old Exposition Building at Fourth and Chestnut streets, which rang with cheers as Dr. Bell was escorted to the stage by foremost citizens to receive a gold medal from the people. Dr. Blackburn's opinion was discredited, but he persisted that he was right, claiming that frost alone would prevent the spread of the disease in Louisville.

Then came reports that yellow fever was in Hickman and in other points in Western Kentucky, near the Mississippi and Ohio, where infected patients had been brought up the river. At first the reports were pooh-poohed in Louisville and elsewhere, but soon the truth could not be denied. Scores were dying at Hickman and undoubtedly of yellow fever.

Dr. Blackburn had not waited for this fact to be accepted by the people of Louisville, nor to say "I told you so," to them and to Dr. Bell. He had advocated a rigid quarantine to save the well, but his heart was with the suffering victims. On receipt of the first news from Hickman he went there and for weeks exposed his life for the welfare of the people nor did he leave until frost came and the last case had ended.

Then two gold medals were made. They are now amongst the valued relics of the Filson Club. On one of the medals is this inscription: "1878. Testimonial of Love and Gratitude from Southern Refugees."

On the other, this: "Luke P. Blackburn, M. D., for his devotion to the people of Hickman, Ky., and other southern cities during the plague of 1878"; and on the reverse side, "*non tibi solus, sed patriae et humanitati.*"

The people of Kentucky were prompt to recognize the fine heart and courage he had shown. Dr. Blackburn was the Hero of Hickman and surely no title of honor was ever more fairly won.

There was an approaching election for governor. Eminent, able and respected men, familiar with political methods, aspired to the office. Some suggested that the state's highest office and honor should be given to the "Hero of Hickman." Dr. Blackburn was wholly unversed in politics and guileless as a boy, but opposition was drowned by the votes of the people and he was overwhelmingly elected Governor of Kentucky.

His good sense and character made him an admirable governor. He knew men and his appointments were excellent. Having no "axe to grind" he left administrative details to the men he appointed to fill the various offices, and after all these are the two great characteristics of a good chief executive.

Across the street from the Governor's mansion at Frankfort was the penitentiary then

run much like a bull pen. The old buildings reeking with filth, immorality and disease, were outrageously over-crowded. Such conditions were then accepted as a matter of course for convicts. Modern ideas of prison reform had not permeated the public mind. But Governor Blackburn's great heart made him see, and his good sense and unyielding courage enabled him to right the cruel wrong.

He asked the legislature for a prompt appropriation for extra quarters for the crowded prisoners. It delayed. He asked again and the body debated and delayed. Legislators opposed spending money on convicts. Gov. Blackburn demanded quick action and was answered only by debates. Then he determined to act himself. He notified the Legislature that unless it forthwith granted relief, he would from day to day pardon and turn loose convicts until the whole number left could receive proper accommodations. The legislature was incensed, and still delayed.

The pardons began; public opinion supported the Governor, the Legislature surrendered. The extra buildings were ordered and built. On one day, fourteen of the pardoned convicts were borne on cots past the Governor's mansion, all of them in the last stages of tuberculosis, and all requesting to be allowed to be carried by the house of the chief executive that they might have the privilege of thus paying their respects to the Governor and his Lady.

Dr. Blackburn should be known as the father of prison reform in Kentucky. In this he was far ahead of his time. Another pioneer reform in the state prison initiated by his equally big hearted and courageous wife and always encouraged by him, was a Sunday school for the convicts, an institution which has grown with the years which has rendered priceless benefit to many of them and valuable service to the state.

After his term of office had ended, Governor Blackburn, still seeking to further the welfare of his fellowmen, determined to devote his remaining years to founding a sanatorium for the sick. It was established and operating in the suburbs of Louisville when death ended his really noble career in Frankfort, September 14, 1887.

His excellent wife survives him, universally esteemed and beloved.

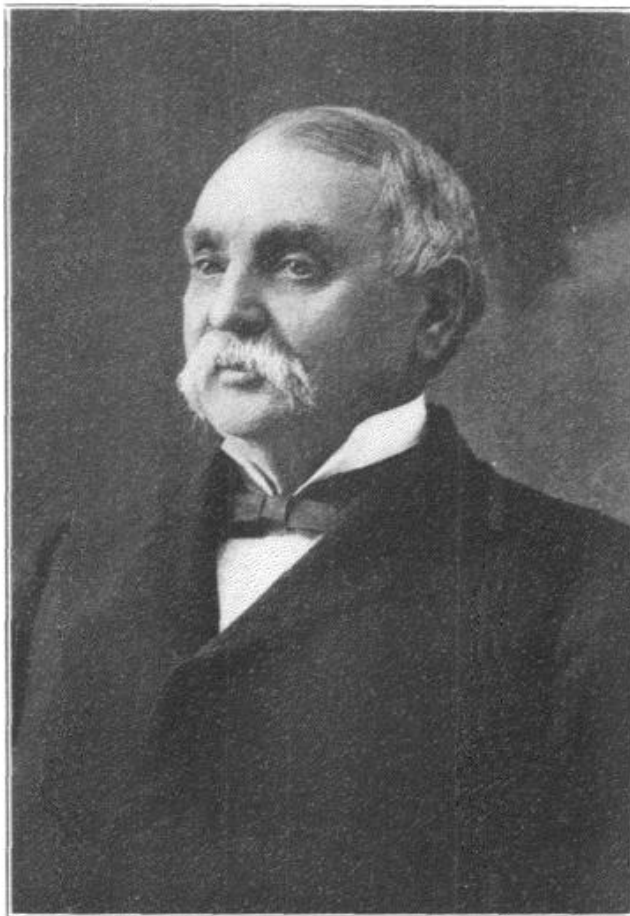
DOCTOR PINCKNEY THOMPSON.

By J. N. McCORMACK, M. D., Bowling Green.

Dr. Thompson, justly entitled to be known as "The Father of the State Board of Health of Kentucky," and one of that State's most distinguished and honored physicians, was born in Livingston County, in this State, of substantial North Carolina parentage, April 15, 1828, and died at his home in Henderson April 11, 1897.

give his student and assistant many hospital and other advantages of great practical value. He graduated from this Louisville school in 1852, in the same class with Dr. D. W. Yandell and several others who made enviable names for themselves, and at once located at Henderson where for forty-four years he enjoyed a large and lucrative practice and was widely known as a highly influential citizen and churchman.

While, as was the custom of that day, he



DOCTOR PINCKNEY THOMPSON

1828--1897

An active Sanitarian who was largely instrumental in the creation of the State Board of Health, and its President for the first fifteen years of its existence.

After the meagre advantages for a literary education afforded by the common schools of that day the ambitious young man spent two years as a student of medicine in the office of one of the best physicians of his native county, at the end of which time we find him matriculated as a student in the Medical Department of the University of Louisville and a private pupil of Dr. T. G. Richardson, demonstrator of anatomy in that institution, who in after years attained to such eminence as a surgeon in New Orleans, and who was able to

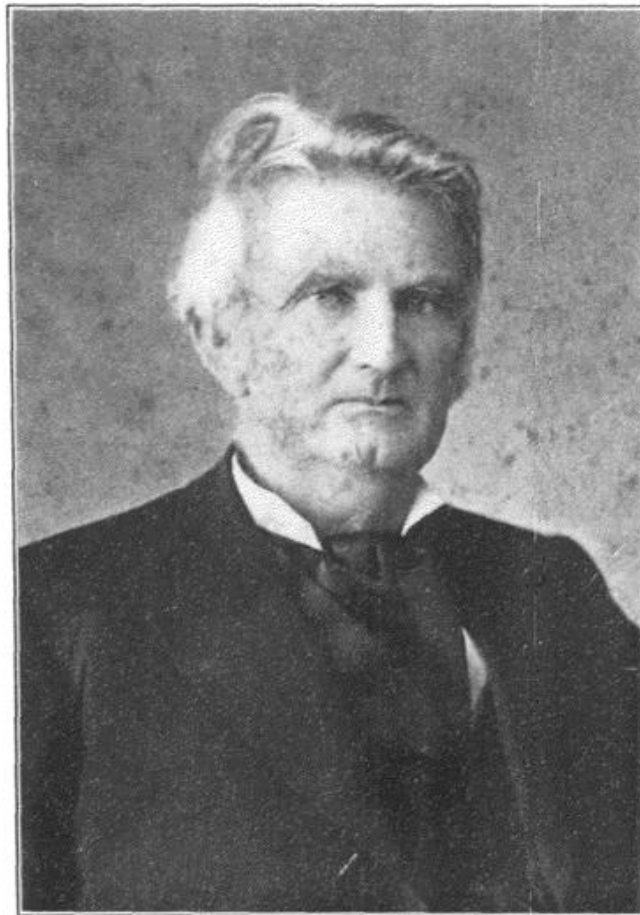
was a general practitioner, and did a number of successful lithotomies, and tracheotomies and similar operations, Dr. Thompson is justly entitled to go down in history as one of Kentucky's first and most distinguished sanitarians. He wrote and was mainly instrumental in securing the law creating the State Board of Health, in the spring of 1878, was appointed one of its charter members by Governor McCreary and was elected its first president, a position which he filled with signal ability and efficiency for sixteen years, cover-

ing the formative and most trying period of its history. Yellow fever was epidemic in the South when the Board was created and in spite of the exercise of all the precautions then known to sanitarians reached Hickman, Bowling Green and Louisville the following year, causing a high rate of mortality and great public alarm. When the small appropriation made for the Board was exhausted, Dr. Thompson generously provided the funds to combat the disease, visiting Hick-

DOCTOR LEMUEL C. PORTER.

By J. N. McCORMACK, M. D., Bowling Green.

Dr. Porter was born near Scottsville, Allen County, Kentucky, January 7, 1810, and died at his home in Bowling Green on January 1, 1887. He came of excellent Maryland and Virginia ancestry and as his father was a prosperous farmer and business man he gave his talented son all of the educational and social advantages of his section of the country in



DOCTOR LEMUEL C. PORTER

1810--1887

One of the leading practitioners and surgeons of Green River country

man and other infected districts and personally supervising the quarantine and other restrictive measures.

As part of this work he was an active factor in securing the legislation creating the National Board of Health, and in organizing the Sanitary Council of the Mississippi Valley and the American Public Health Association in 1884 and until failing health interfered was always one of the leading spirits in professional and church work and public affairs in his community and in the State.

that day. He began the study of medicine when a mere youth, taking up his residence in Lexington, then the great medical center of the West, in a short time became a private pupil and assistant of Dr. Benjamin W. Dudley, and graduated from the Medical Department of Transylvania in 1833. He went to Natchez, Mississippi, to practice but in a short time returned to Lexington for a year of post graduate work, influenced largely in this by his admiration for the professional and personal attainments of Dr. Dudley and for the scholar-

sup and philosophical investigations and speculations of Dr. Charles Caldwell, an impression of these two distinguished men, implied rather than expressed, which remained with and was an inspiration to him to the end of his days.

Nature had dealt kindly with Dr. Porter in every way. He had a commanding face and figure and all of the native dignity, courtliness and grace of manner, and studious care of the person, which marked the gentleman of the old school. From early life an omnivorous reader and close observer of affairs, there was added to his fund of knowledge an inmostentatious felicity and charm of expression which made him a center of attraction in any circle. With such a personality and ability, and with the usual opportunities Lexington had furnished for professional study and observation, at the close of what would now be called a post-graduate course, he chose Bowling Green as a permanent location for practice, soon took high rank in his calling and was for more than half a century one of the leading surgeons and consultants of a large part of the Green and Barren River country, and the idol of such a following that almost a third of a century after his death, his name, his achievements and charity, and his forceful, piquant saying are still pleasant memories with a large population who never saw him.

Looking back over a long experience with and study of him in the sick, consulting and operating room, after all the only places for a real test of a practitioner of our art, and taking into consideration the scantiness of accurate scientific knowledge and absence of the modern aids to diagnosis which handicapped the physician of that day, his insight into his cases and his resourcefulness and success in meeting conditions by either medical or surgical means, or by watchful waiting, seems the more remarkable as the years go by. As a student, he rejected the heroic medication of that day, which reached its maximum in the teachings of Dr. John Esten Cooke, one of the professors in Transylvania, always using drugs sparingly, his original and inquiring mind reserving doubts of any powerful drug until its value had been proven by the experience of many trained observers.

Practicing upon a population essentially rural, and in his earlier years very sparse, to a degree he made the advantages compensate for the disadvantages in efforts for the solution of problems more different and often impossible of solution in cities or crowded communities. As an instance of his acute powers of observation and sagacity, he demonstrated early in his practice that smallpox was not communicable until the beginning of the pustular stage of the eruption, the end of the fifth day, since confirmed by thousands of observers, but even yet, although of the utmost

practical importance in managing outbreaks of this disease, taught in few medical schools and text-books. An earnest advocate of universal vaccination, on account of an experience, now confirmed by health officials everywhere, that a large percent of bovine virus from the best producers on the market either becomes wholly inert or loses much of its protective value by subjection to a high temperature in transit or in storing, he used only humanized virus obtained from the arms of maidens or children whose family histories were personally known to him, as the State Board of Health now officially advises be done, especially in country districts and towns where the virus cannot be kept on ice. He insisted that vaccination was practically universal, in the South at least, under the humanized virus regime, that it caused less local and constitutional disturbance and gave far greater protection than bovine virus, and that the hue and cry against it was not only a part of a commercial war led by the large concerns producing bovine virus, but that it was largely responsible for starting the anti-vaccination craze which had become so well organized and powerful since his day.

In addition to lithotomies, herniotomies, amputations and other operations in which he had been carefully trained, Dr. Porter seems to have given evidence of the same originality and boldness in other fields of surgery as marked his career in the practice of internal medicine. He did several nephrotomies, nine tracheotomies for foreign bodies in the air-passages, and performed the same operations many times for so-called croup and diphtheria. In this operation, he discarded and anathematized the trachea tube, because it would be likely to interfere with the escape of the foreign body when this did not occur at the time of the incision, and for the far stronger reason that the tube was itself a foreign body which would greatly increase the danger of pneumonia and other inflammatory mischiefs. Instead, he inserted two deep sutures in each side of the incision some distance from its ends, carefully avoiding the mucous membranes in doing so, protected the skin from pressure by small pads outside of the sutures and stretched the opening well by tying the threads back of the neck, the only dressing used being a damp silk handkerchief laid on the wound to keep it moist and to act as an air-strainer; these sutures being used to close the incision when the time came for doing this.

Another simple and highly useful operation devised by him in early life, to which he is entitled to the claim of priority, so far as the writer can ascertain, and at my suggestion perfected in technique by Dr. W. L. Rodman, of Philadelphia, and reported to the surgical section of the American Medical Association

shortly before he was elected President of that body, was one for the evacuation of the bladder in cases of impermeable stricture or other obstruction of the urethra. Failing to introduce a catheter or bougie, in the use of which he was an expert, he thrust an extra large trocar into the bladder, just above the pubis and well below the reflection of the peritoneum and, before much of the urine was allowed to escape, inserted a rather hard gum catheter—not a Nelaton—well into the bladder through the canula, drained off the balance of the urine, removed the ivory tip from the distal end of the catheter, withdrew the canula, stopped the opening in the catheter with a well fitted cork, tucked the loose end of it under the loop of adhesive plaster on the belly, and advised the patient to remove the

stopper and empty the bladder every six hours until the urine flowed freely through the urethra, when he was to return for a proper treatment of the cause of his trouble.

As seen through the dim vista of the long ago when we were so closely associated in practice and friendship, more like grandfather and grandson than as partners, and after a long life since in close professional and personal touch with leading medical men of our own and other countries, the writer is convinced that, but for a philosophical indifference to what he termed the bauble of a posthumous reputation, as a man as an original thinker and as a physician and surgeon, few of our forbears were better entitled to a place among the "Medical Pioneers of Kentucky" than the subject of this sketch



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ERRATA—In line four, page 109, read 1809 instead of 1790.