



77.1972.1 Grave of Jane Todd Crawford
Sullivan County
Marker Text Review Report
09/25/2013

Marker Text

Pioneer Heroine of Abdominal Surgery

Jane Todd was born in Virginia in 1763. In 1805 she and her husband, Thomas Crawford, moved to Green County, Ky. Suffering from a huge abdominal tumor, she rode 60 miles to Danville, Ky., to submit to an operation never before performed. On December 25, 1809, Dr. Ephraim McDowell performed this, the first ovariectomy, in his home. The ordeal lasted 25 minutes. There was no anesthesia. Mrs. Crawford recovered completely. Years later she came to Graysville to live with her son, Thomas, a Presbyterian minister. She died in 1842 at age 78. She is buried here. The restored McDowell home in Danville is a surgical shrine.

Report

This marker was under review because the file lacked primary sources. The following report adds additional information and context to the claims made on the marker. Some of the information relating to medical experimentation may be considered graphic or disturbing to some readers.

While the opening marker statement, “Pioneer Heroine of Abdominal Surgery,” may seem hyperbolic, a wealth of information supports both the significance of the surgery and the agency of the patient. According to the two major biographies of Dr. Ephraim McDowell,¹ the importance of this successful [ovariotomy](#) (an incision into or removal of an ovary) was twofold. First, countless women would benefit from the removal of cysts and tumors on the ovary. Second, the surgery is credited with opening up the larger field of abdominal surgery.² On Crawford as “heroine,” Ephraim biographer August Schachner wrote:

“It was through her heroism that primarily ovariectomy, and secondarily abdominal surgery with all its ramifications became possible. This contributed to the lasting benefits of the public in general, and the profession in particular. . . It seems but reasonable and equitable to consider any and every movement that involves the honoring of Ephraim McDowell without correspondingly honoring Jane Todd Crawford as unjust and incomplete . . . neither operator nor patient at the time had the remotest conception of the significance and importance of the step. Each was inseparable from the other in its performance, hence they both deserve the eternal gratitude of posterity....”³

Many of McDowell’s peers expressed their recognition of the significance of both of the operation and the patient’s contribution through letters.⁴ In his 1879 “President’s Address,” Dr. Lewis A. Sayre, President of the American Medical Association, emphasized the global importance of this first ovariectomy and the two people involved. He stated, “All honor Mrs. Crawford! Let her name and that of Ephraim McDowell pass down in history together as the founders of ovariectomy.”⁵ More recently, in his 1978 Presidential Address to the Southern Surgical Society, Dr. Robert Sparkman conveyed



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Crawford's importance to this groundbreaking surgery, referring to her as "a pioneer in the previously unexplored frontier of abdominal surgery."⁶

Despite the wealth of information supporting the importance of Crawford's role in this groundbreaking surgery, in his book *Lies Across America*, popular historian James W. Loewen criticized this marker topic for its insignificance. Loewen stated, "So far as Indiana history is concerned, all Mrs. Crawford did was cross its borders without an ovary!"⁷ Feminist historians have worked to reverse exactly this idea of a passive patient lacking agency. Being a patient, especially female, in the early nineteenth century was much different than today. Medicine was not always an elite profession and "the deep regard held by the general public for doctors in the twentieth century should not be read back into history," according to historian Richard Shryock. Historian Regina Morantz-Sanchez explained the "whiggishness"⁸ of recognizing just the doctor, especially in regard to nineteenth century medicine, and specifically gynecology. She emphasizes the agency with which these women acted. Women usually "shopped around" and spoke with several doctors and often received several diagnoses. Morantz-Sanchez mentions that the women often went against the wishes of or behind the backs of husbands to receive the care they needed. She explains that women often insisted on radical surgeries to relieve their suffering, even when several doctors advised against it, or propriety forbade it. They sought out radical doctors known for experimental treatment.⁹ These generalizations hold true for Jane Todd Crawford. Before undergoing surgery, she talked to several doctors.¹⁰ She listened to the diagnosis and insisted on the procedure even after McDowell told her the outlook was grim. She rode sixty miles to undertake an operation that had never been done before.¹¹ Reportedly, Crawford also underwent the operation as a mob gathered outside to protest the "butchering of a woman."¹² McDowell's surgical report shows the harsh conditions under which she labored; she remained conscious and no anesthesia was available.¹³

McDowell's surgical report also confirms the other claims made on the marker regarding the surgery. McDowell wrote:

"In December 1809, I was called to see a Mrs. Crawford, who had for several months considered herself pregnant . . . The abdomen was considerably enlarged and had the appearance of pregnancy, though the inclination of the tumor was to one side, admitting an easy removal to the other . . . 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 on an attempt or success attending any operation such as required, I gave to the unhappy woman information of her dangerous situation. She appeared willing to undergo an experiment, which I promised to perform if she would come to Danville (the town where I live), a distance of sixty miles from her place of residence. This appeared almost impractical by any, even the most favorable conveyance, though she performed the journey in a few days on horseback..."¹⁴



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He continued in his report to describe the surgery, concluding that Crawford recovered quickly and returned home in good health.¹⁵

McDowell's report also reveals that after Crawford's surgery, the doctor repeated the experiment of removing an ovary on African American women. It is likely that these women were enslaved and unclear whether they were all in need of the operation like Crawford, or if some women were being operated on despite having no physical ailment.

¹ M.T. Valentine, *Biography of Ephraim McDowell, M.D.: The Father of Ovariectomy* (New York, 1897); August Schachner, *Ephraim McDowell: Father of Ovariectomy and Founder of Abdominal Surgery* (Philadelphia, 1921).

Valentine's biography includes many primary sources, including McDowell's own words, medical reports and journals, and letters between the doctor and his peers. Valentine writes mainly with the goal of defending McDowell's position as the father of ovariectomy and abdominal surgery. However, the author is also McDowell's granddaughter, and the work is often clouded by this bias – in addition to being tinged with racism towards African Americans. Her candid and naïve writing style reveals information that can be used to understand McDowell's views on slavery and medical experimentation. Thus her work is used heavily, but carefully, by this report. August Schachner, an M.D. and a fellow of the American College of Surgeons, wrote the second biography of McDowell, which includes reprinted excerpts from primary sources, an explanation of his research gathering and methods, and an appendix on Jane Todd Crawford.

² Schachner, 90-3, 129-34, 284, 313. On page 313, Schachner writes, "The brilliant surgery of the liver and the biliary system, the intricate operations involving the gastro-intestinal tract, not to mention the surgery of the pelvis are a few of the fruits of the first ovariectomy. If we consider only that very frequent inflammatory disturbance known as appendicitis, the former ravages of which annually caused the deaths of thousands of human beings who under present conditions would now be saved, we should have in this alone a sufficient justification for our appeal. It is within the memory of all of us to recall individual deaths that were formerly referred to as due to cholera morbus, inflammation of the bowels, inflammation of the stomach, and peritonitis that we now know were nothing more than acute appendicitis, which is now properly diagnosed and successfully cured through operative measures." Schachner explains on page 284 that it was McDowell's successful opening of the peritoneal cavity that paved the way for all abdominal surgery.

³ *Ibid.*, 284-314. Schachner dedicates an entire appendix to Crawford and references her importance to the operation at several instances. In fact, Schachner wrote that he found it "strange that explanations should be necessary in order to establish Jane Todd Crawford's claims to something like adequate recognition."

⁴ *Ibid.*, *passim*, Valentine, *passim*. Both biographies contain reprinted letter from McDowell to other doctors and surgeons.

⁵ Schachner, 289-90. Schachner reprinted Sayre's speech.

⁶ Robert S. Sparkman, "Presidential Address: The Woman in the Case, Jane Todd Crawford, 1763-1842," *Annals of Surgery* 189: 5 (May 1979), 529-45, accessed through JSTOR.

⁷ James W. Loewen, *Lies Across America* (New York: Simon and Schuster, 1999), 157-60.



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⁸ According to the [Merriam-Webster Dictionary](#), “whiggish” is defined as “of relating to, or characterized by a view which holds that history follows a path of inevitable progression and improvement and which judges the past in light of the present.” Morantz-Sanchez’s use of the word also implies that the view is centered on the progress made by men without recognizing women’s contributions.

⁹ Regina Morantz-Sanchez, “Negotiating Power at the Bedside: Historical Perspectives in Nineteenth-Century Patients and their Gynecologists,” *Feminist Studies* 26: 2 (Summer 2000), 287-309.

¹⁰ Valentine, 70. Before calling on McDowell, Crawford had consulted several doctors who thought she had “gone long before her time in pregnancy, and to be the subject of extra-uterine foetation.”

¹¹ *Ibid.*, 12, 70-2. Valentine supplies an excerpt from a report by Dr. Samuel D. Gross. Gross wrote: “After a most thorough and critical examination, Dr. McDowell informed his patient, a woman of unusual courage and strength of mind, that the only chance for relief was the removal of the diseased mass. He explained to her with great clearness and fidelity, the nature and hazard of the operation. He told her that he had never performed it, but that he was ready, if she were willing, to undertake it, and to risk his reputation on the issue, adding that it was an experiment, but one well worthy of trial.” The operation’s experimental nature is made apparent through Valentine’s statement that “the thought of his operation of ovariotomy” came from observing his teacher (John Bell) and “close observation of manipulations practised (sic) on certain of lower animals.”

¹² *Ibid.* Valentine writes, “McDowell was conscious at the time he was doing the operation, that an angry and excited crowd of men were collected in the street awaiting the result of his experiment of ‘butchering a woman,’ as they expressed it. Had she died under the operation, there was no law in those primitive days sufficiently strong to have protected him from the people who were clamoring for his life...” This claim could not be confirmed with other primary sources.

¹³ Ephraim McDowell, “Three Cases of Extirpation of Diseased Ovarium,” *The Eclectic Repertory* 7 (1817), 242, reprinted in Schachner, 86-88; Valentine. 72.

¹⁴ McDowell, “Three Cases of Diseased Ovaria,” reprinted in Schachner, 86-87.

¹⁵ *Ibid.* McDowell described the surgery in a manner which may be disturbing to some readers. We wrote, “I made an incision about three inches from the musculus rectus abdominis, on the left side, continuing the same nine inches in length...extending into the cavity of the abdomen, the parieties of which were a good deal contused, which we ascribed to the resting of the tumor on the horn of the saddle during her journey. The tumor then appeared full in view, but was so large that we could not take it away entire...We took out fifteen pounds of a dirty gelatinous looking substance, after which we cut through the Fallopian tube and extracted the sack, which weighed seven pounds and one half. As soon as the external opening was made the intestines rushed out upon the table, and so completely was the abdomen filled by the tumor that they could not be replaced during the operation, which 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...In five days I visited her, and much to my astonishment found her engaged in making up her bed...in twenty-five days she returned home as she came, in good health, which she continues to enjoy.