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 AMERICAN GYNECOLOGY

AN APPRECIATION

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Montreal, Quebec

FORTY-FIVE years ago this Society was formed, and Fordyce Barker was the first occupant of this Chair. At the Inaugural Meeting Thomas Addis Emmet read the first paper; and Robert Barnes of London, an Honorary Fellow, was a distinguished guest.

Of the thirty-nine founders, twenty-eight were present, and there were three guests from Canada,—Trenholme of Montreal, Hodder of Toronto, and Rosebrugh of Hamilton.

The president's address closed with these words:—"Let me express the hope that this Society may command the approval of the highest and most cultivated judgment of the scientific world, and not incur the reproach which Job in his bitterness uttered, 'Ye are all physicians of no value.'"

So, in that memorable year in your country's history, that hundredth year of your national life, this Society was born. And as a Society it has lived, and lived to a full measure of its gift. On its Fellowship Roll are to be found the great national and international names of its time, the builders everywhere; men who have obeyed to the last behest the terms of the Constitution:—"to promote knowledge in all that relates to the Diseases of Women and to Obstetrics." At no time and from no man has this Society incurred the odium of Job's reproach.

Among these names there are seven from the Dominion of Canada, seven names that bear witness to a generous recognition. And by a very gracious mandate a Canadian now sits in this Chair, and the McDowell gavel, for the first time in its history, is in the keeping of a neighbor.

Gentlemen of this Society, may I first thank you for this great honor. I thank you on my own behalf, on behalf of McGill University, and the country which I represent.

My first duty is the sad one of recalling to your minds the deaths of the Fellows during the year.

Five of our Honorary Fellows have been gathered to their fathers:—Benjamin F. Baer, on the eleventh day of last September; John C. Reeve, four days later; Matthew D. Mann on March 3rd of the pres-

ent year; Joseph Taber Johnson, on the fifteenth day of the same month; Bache McE. Emmet on May 30th; only four days ago.

These men had all passed the limit set by the Psalmist, and they died, full of honors, as full of years. This Society owes much, not only to their professional attainments, but also to their character and work.

Benjamin R. Schenck, of Detroit, died on June 30th, a month after our last meeting. For nine years he had been an Active Fellow of this Society. His untimely death, at the early age of forty-eight, cut short at noonday the abundant promise of his life's work.

I have chosen as the subject of my address "American Gynecology," and I have called it "An Appreciation." In the truest sense it is an appreciation, for it is an attempt to portray in their proper order of time and place, the large and signal contributions which America has made to this great specialty. This picture will be very broadly drawn, at somewhat of the friendly distance between Canada and the United States, and with the freedom of a neighborly perspective.

I shall include, of course, obstetrics; for gynecology and obstetrics are not only linked together in this Society, but they are copartners from the very nature of the business. Obstetrics has been, from the beginning; and shall continue, I take it, to the end. If it is important to be in the world at all, the matter and the manner of our entrance are a first consideration. With this universal, this world-immigration, gynecology must always be concerned, for it maintains the health and repair of this birth-entrance. Born as she was in the early days of the nineteenth century, gynecology is no longer "rocked in the obstetric cradle, sucking the withered ancestral finger," but has already reached the stature of a full womanhood. "A daughter still in her mother's house, she is mistress in her own" in Kipling's paraphrase expresses best the relationship that should exist between these two subjects.

Thucydides said of the ancient Greeks that they "possessed the power of thinking before they acted, and of acting too"; and it is just the power of thinking and of acting that has set its seal upon this later Magna Graecia,—our own America. This is our large inheritance from the modern Greek, the Anglo-Saxon race; it explains indeed our own existence, and why we are gathered here today, near that famous Colonial city of this larger Agrigentum.

I shall not urge again the parallel that is so often drawn between Greece with her Mediterranean Colonies, and Britain, with what Sir William Osler called "her greater Britain." This analogy that makes our first Atlantic sea-board the Sicily of the Greeks is sufficiently exact, for in that Colonial period this great country was born, and received its birthright, the gift of thought and action of the English race. The Pilgrim Fathers and the Virginia Company changed their sky, it is true,

but they changed neither their character nor their characteristics. They brought with them their own race qualities, a courage, a practical sense, an energy in work and, above all, a love of freedom. And they stamped these as a seal upon us, a lasting impress; for through chance and change we are, and we always will be, an English-speaking and an English-thinking race.

And the New World has but strengthened and accentuated these racial characteristics. Assuredly there was a large house to put in order and abundant need of energy, originality, and self-reliance. And so, from the beginning, and through necessity of inheritance and environment, these have come to be the essential quality of our national genius.

Let us now see what all this has done for the growth and development of American medicine, and particularly as it pertains to our own specialty. As we shall learn, it is a remarkable story and, along certain lines, a wondrous achievement. It is a record of but three centuries, for only three hundred years ago Giles Firman, Samuel Fuller, and John Winthrop practiced medicine in Massachusetts; while Lawrence Bohun and John Pott were the first physicians in Virginia. They not only practiced medicine, but they took an active share in civil life; or, like the apostle, Luke, they preached the gospel, the "angelical conjunction" of Cotton Mather. Giles Firman was our first medical teacher, as usual, underpaid; for, later on, he took orders, finding Physic "but a meane help."

These men and their successors were our first emigrant physicians, men of sterling worth, "and of constant if not warm affections." They practiced the medicine of their time, William Harvey had just discovered the circulation of the blood, and obstetrics was the concern only of the friendly midwife.

These emigrant physicians were chiefly from Great Britain and, as time went on, they trained their sons as their "apprentices," and sent them back for their degrees to Edinburgh and London.

A wonderful band of men, even from the beginning, were these native-born apprentices! For it was they who, in due time, founded our medical schools, and really created American medicine. Of such were John Morgan, Benjamin Rush, William Shippen, Jr., Samuel Bard, Caspar Wistar, Philip Syng Physick, John Warren, and James Lloyd. The very names are enough to recall their greatness. We read of William Shippen, Jr., that he was the first professor of obstetrics in our earliest medical school of Pennsylvania, and that he taught also anatomy and surgery there. "In providing a convenient lodging, under the care of an honest, sober matron, for poor lying-in women, he established the first Maternity Hospital." Dr. Samuel Bard, Professor of Physic, in King's College, afterwards Columbia, wrote our first textbook on obstetrics; and James Lloyd, an eminent surgeon,

using ligatures instead of the searing cautery, was the first in Massachusetts to devote himself wholly to this subject. Benjamin Rush is justly named the American Sydenham; and Philip Syng Physick, who introduced the absorbable ligature, is called rightly the Father of American Surgery.

These were great men, and they lived in an auspicious time, for the revival of medicine in England, in the 18th century, was at its height. They all had worked and studied with John Hunter, the greatest scientist since the time of Aristotle; the one, be it remembered, a Greek, and the son of the Stagira physician, twenty centuries before, and the other a Scot, the son of the Calderwood laird. They had studied also with the great brother, William Hunter, the founder of scientific obstetrics; with William Smellie, his teacher, with Cheselden, and Pott; they knew as friends and teachers Heberden, John Fothergill, Lettsom, and Thomas Dover. Seven of them were graduates of the University of Edinburgh, where they sat under the Monroes, Cullen, and John Bell. From these men they had learned, by precept and example, they had gathered from them wisdom and experience, and lifelong friendships were formed here which even the War of the Revolution could not sever or destroy.

And so at this time and in this way were laid the foundations in America of medicine, surgery, and obstetrics. Morgan, Shippen, Physick, and Rush were in a manner the great prophets, the forerunners to prepare the way for the illustrious achievements that were soon to follow.

These achievements embrace the brilliant history of American surgery, especially in the domain of the pelvis and the abdomen; and these we owe largely to the founders of operative gynecology, McDowell and Sims.

Ovariectomy it was that made possible all abdominal surgery, and so now let us trace shortly the origin of this idea and its achievement.

The famous story runs that Ephraim McDowell was born in Virginia, March 11, 1771. In 1793, the year of John Hunter's death, he went to Edinburgh, and sat for a year under John Bell, through whose eloquent teaching he was early impressed with the hopeless state of women afflicted with ovarian disease. He did not take his degree, but in the following year returned to the village of Danville, Kentucky, bringing with him, no doubt, the teaching of the time in respect of "Ovarian Hydatids."

This teaching may be summarized as follows. William Hunter, forty years before, had said, "I am of opinion an excision can hardly be attempted, and the trocar is the only palliative;" while John Hunter in characteristic phrase, pronounced that, "if taken in their incipient stage 'hydatids of the ovary' might be taken out. There is no reason why women should not bear spaying as well as other animals."

John Bell's teaching stated, "I hope success may attend this operation!" This, if you like, was the birth of the idea, and this idea it remained for McDowell to carry into execution. And so, in Danville, on the thirteenth day of December, 1809, this great operation was first executed. "I am but an instrument in Thy hands," was McDowell's prayer on that December morning, and an efficient instrument he proved himself to be. So was given to the world an operation, the value and far-reaching effect of which can never be overestimated.

By this operation the gates were set ajar to the opening of a new surgical life. But these gates were slow to open, and we remember with pride today the names of Nathan Smith, David Rogers, the brothers Atlee, Edmund Peaslee, Burnham, Kimball, and Dunlap. It needed courage in those preanesthetic days, for the operation was condemned by the profession as being "cruel, barbarous, and unjustifiable," while among the laity; the operator was designated as "a butcher, a murderer, or as a cross between the two." In forty years but thirty-six operations had been performed at the price of fifteen lives; and we can scarcely wonder that but eighteen surgeons had essayed the undertaking. The brothers Atlee will always stand among our foremost surgeons; John was the older, and the pioneer; but Washington L. the more distinguished. The latter made the record of his time, of 387 operations for "ovarian dropsy." Peaslee came later with his improved technic, and the larger number of recoveries; he was the first to use the normal salt solution, or "artificial serum," as he called it; and, above all, he was an excellent exponent. His work on "Ovarian Tumors," published in 1872, embraced the knowledge of the time, and made him and his country famous. In this classic, the names of Charles Clay of Manchester, who gave us the word ovariectomy, and Spencer Wells of London are generously remembered; indeed, the latter is named in the dedication of the book, "the greatest of ovariectomists."

The first step is the most important, even in major surgery, and there now follow but successive steps. Even the surgeon of today may mistake a soft uterine "fibroid" for a firm ovarian cyst, and it matters little to the patient as regards her safety. But how different the case in 1853 when Walter Burnham of Lowell, instead of an ovarian cyst delivered through his incision an enlarged uterus with its fibroid! What was worse, it could not be replaced; and he was compelled to amputate where he could, this courageous, if reluctant, pioneer. But the honor of the first case, deliberately undertaken, fell to his fellow-townsmen, Gilman Kimball.

So was launched the hysterectomy; and, one by one, the increasing difficulties, reaping where ovariectomy had sown, were successfully undertaken. It was all largely the work of the same hands, for we find here Kimball, Burnham, the two Atlees, Peaslee, and Thomas. At

first the pediculated tumor only was removed,—a myomectomy; and, in selected cases, for greater safety, the vaginal route was chosen. The younger Atlee, in a Prize Essay, awarded by the American Medical Association, described, in 1853, a vaginal myomectomy, which he began on the eighth of May, and continued at different times, removing the tumor piecemeal,—our first morcellement. He regrets the death of the patient, from pneumonia, in July.

But from the first, the abdominal route was usually preferred.

And now, to these courageous pioneers and their long-suffering patients, there came as a veritable gift from heaven, the general use of Morton's ether anesthesia. Discovered seven years before, the happy word itself is the gift of Oliver Wendell Holmes and Weir Mitchell poetically defines its slumber as "the death of pain."

The names of Marcy, Emmet, Jones, Eastman, Stimson, Byford, Baer, Pryor, and Kelly must always be remembered in the evolution of hysterectomy. One and all, they gave important contributions to make it the perfect operation that it is today.

And at first it must have required a great determination, for we learn from Kimball, in 1853, that in a first eleven hysterectomies, there were but six recoveries. And in this development we do not forget the work in Germany of Gustav Simon, Hegar, Billroth, and Schroeder; and in France, that of Koeberle, Velpeau, and Pean. It was of Velpeau, you remember, that the Breakfast-Table Autocrat said, "a good sound head over a pair of wooden shoes is better than a wooden head over feet in calfskin;" while Pean's name will remain as the inventor of the "artery forceps." But the greatest credit of this operation belongs in all truth to America; and, in recognition of this, Thomas Keith, in dedicating his Monograph on Hysterectomy to Skene of Brooklyn, said, "I offer you something that is not mine, but is of American origin * * * for the first case of uterine fibroid diagnosed before operation, was removed by my old friend, Dr. Kimball."

The gates of abdominal surgery were by this time thrown widely open.

And now let us consider vaginal plastic surgery, a second great achievement.

Emerson has said, "when Nature has work to do, she creates a genius to do it." Certainly Nature did not fail us here, for she gave us Marion Sims.

Until this time, our specialty had barely lived through a struggling adolescence, for while Recamier, in 1801, by the use of his speculum, his sound, and his curette, had at least imparted to it accurate observation; and while, later, Sir James Simpson and Huguier had added substance and stature to its growth; it only came of age with Marion Sims. It remained for him to definitely establish it.

It was in 1855 that the Woman's Hospital, New York, was opened

by this Alabama surgeon. This was the first special hospital for women, and the scope of gynecology at the time may be inferred from the speeches of the opposition. Dr. Meredith Reese, a prominent physician, contended that anyone could apply nitrate of silver through a cylindrical speculum; that an astringent injection would cure a leucorrhœa; and that there was little difficulty in fitting a Physick globe pessary for a prolapse. He but voiced the recognized limitations, and where was the need of a special hospital!

It remained for Marion Sims to change all this. His preparation had been entirely original and self-taught, in a small hospital of his own in Alabama. The world knows the accident of the pewter spoon as a hardware speculum, his consequent success with bladder fistulæ, and the indifferent health which sent him to New York. "I had no influence and no friends; I said to myself, 'I am a lost man unless I get some one to create a place where I can show the world what I am capable of doing.'" To its lasting credit, New York gave him the place, it gave him a hospital, with Sister Margaret and Thomas Emmet.

To the treatment of these fistulæ, Sims brought in addition to his native genius, three special things: (1) the duck-bill speculum; (2) the funnel form of denudation; and (3) the use of silver wire as sutures. And with these he changed the whole picture from a previous succession of dismal failures to nearly a uniform success.

His principles and methods were speedily adopted, not only in America, but throughout the world. Even on his first visit to Europe, in 1861, his reputation had preceded him, and his advice and skill were everywhere invoked. Honors met him at every turn, and for a time he cared for the late Empress Eugenie at Saint-Cloud. His first book, "Clinical Notes on Uterine Surgery," is really a Genesis, for it distinguishes him at once as the founder of our specialty. But specialist as he was he was also a great generalist, for as an army surgeon he served with distinction in the Franco-Prussian War, embodying his experiences in a second great contribution, "The Careful Invasion of the Peritoneal Cavity for * * * All Intra-peritoneal Conditions." His was the greatest reputation ever achieved by an American surgeon. His statue in bronze stands in Bryant Park, New York, erected by his "Professional Friends, Loving Patients, and Many Admirers throughout the World."

Gynecology stands debtor for all time to Marion Sims.

His work, so admirably begun, was ably carried on and further developed by Emmet, Nathan Bozeman (also of Alabama), by Ferguson, E. C. Dudley, Goodell, and Storer. Emmet was undoubtedly the greatest of these. In addition to his abdominal work, he devised an excellent plastic operation for cystocele, rectocele, and complete perineal tear; while his name, alongside of Schroeder's will remain in our literature for the repair of cervical laceration.

These, then, were the two great paths—the one first travelled by McDowell and the other by Marion Sims—along which our special surgery has developed. These two paths found their junction in the work of Emmet, Gaillard Thomas, Charles P. Noble, and Howard Kelly, men whose work marks the first milestone on the great highway.

The history of obstetrics in America will always be associated with the name of Oliver Wendell Holmes. We read that he practiced medicine but a few years, and enjoyed only a fair practice, and yet he was the first to recognize the contagious nature of puerperal fever. In a paper, "On the Contagiousness of Puerperal Fever," published in 1843, when he was thirty-four, he showed that this "contagium" was carried from one patient to another. He re-asserted this belief in a second paper, "Puerperal Fever as a Private Pestilence," and so pointed the direction of the way; the way of Semmelweiss, in 1847, who declared that the hands carried particles of "decomposed animal matter" into the puerperal wound; and the way of Pasteur, the famous Dean at Lille, who, ten years later, established his famous formula of fermentation, and showed that "a virus might consist of microscopic beings." This was the way that led to Joseph Lister, in 1867; for Listerism, it will always be conceded, was the most important application of Pasteur's work.

Before this time the history of obstetrics in America is the commonplace story of its academic and clinical establishment,—its gradual emancipation from the hands of the midwives. It was the old world wide struggle of the obstetrician against prejudice, false modesty, and tradition.

In France, you remember, as early as the 17th century, Jules Clement had been called to attend in her confinement, La Valliere, mistress of the Grand Monarque; and the title "Accoucheur" is bequeathed to us for his services; while it was William Hunter in England who was the first man to attend at such a time one of England's queens. In America, as late as 1840, Samuel Gregory of Boston is still found inveighing strongly against the "danger and the immorality" of employing men in midwifery.

The men engaged on this emancipation were, from the beginning, the writers and the teachers of the subject; William Shippen, Samuel Bard, Thomas James, Walter Channing, William Potts Dewees, J. W. Francis, C. D. Meigs, and H. L. Hodge. Dewees was an able writer, and the strongest clinician of his time; and we are told that so popular was he in this emancipation of his subject, that the ladies were accustomed to delay their confinements when he was out of town. Hodge gave us his famous pessary, rivalled only by that of Albert Smith; and he published in 1864 his excellent work "The Principles and Practice of Obstetrics." He and Meigs were eminent clinicians and great teachers; yet they were both bitterly opposed to the contagion theory of Holmes,

and they denied the use of ether during labor as "it made the patient drunk, and no self-respecting woman would place herself under such an influence." Ether in parturition was first used by Sir James Simpson in 1847, and later in the same year by Keep and Channing of Boston.

As early as 1807 John Stearns had given us the important contribution to obstetrical therapeutics, "The Medicinal Use of Ergot."

While the first cesarean section in America was performed by John Lambert at Newton, Ohio, in 1827, such operations were few, sporadic, and undertaken *in extremis*. The first elective case was performed by Lusk only in 1887, five years after the appearance of Saenger's monograph. Gaillard Thomas, in 1870, executed for the first time in America a laparoelytrotomy, the sound surgical principles of which have been lately vindicated by the various forms of extraperitoneal section. The epoch-making observations of Emil Noeggerath, "Latent Gonorrhoea in Women," were published in 1872, five years before Neisser identified the organism.

True it is, and natural enough, that obstetrics had scarcely kept pace with her brilliant surgical offspring. Even the voice of Oliver Wendell Holmes was for long the voice of one crying in the wilderness, and it remained for Tarnier to first employ Lister's carbolic solution in obstetrics.

As we have seen, Lister published his first report in 1867, but it was more than a decade of years before his great principles were generally accepted. For a time he was certainly a prophet without honor in his own country. James Chadwick tells us that he saw Lister operate in 1873, and that "swayed by the scoffings of my preceptors, I failed to grasp the significance of his principles."

Lister's scientific vindication came from Germany, with the work of Robert Koch, in 1876, the natal year of this Society.

With the founding of this Society, obstetrics and gynecology were definitely linked together, the future lay in experienced and skilled hands, and the subsequent story is written in its Transactions.

It is true that the days of the large adventure were over, but the problems of the new inheritance lay everywhere before us.

One by one these problems have been taken up and investigated. Some few have been solved, their solution but discovering a wider world to conquer.

It is interesting to follow here the history of pelvic hemocele; its gradual recognition as an extrauterine gestation through the studies of John S. Parry, Eastman, Joseph Price and Webster. At this time Lawson Tait was in the midst of his vigorous work in Birmingham.

Much of our knowledge of pelvic infection is written here. Battey described his operation in the first volume of the Transactions; and

the recognition and surgical treatment of tubal disease was largely the work of the brothers Price, of Johnstone and Dudley. The long and bitter quarrel between pelvic peritonitis and cellulitis was really settled by Gaillard Thomas.

With the decline of the pessary craze the uterus was no longer, in the words of Clifford Allbutt, "impaled on a stem, or perched on a twig." There developed instead the operations for its suspension, the work of Howard Kelly, Gilliam, Simpson, and Webster Baldy. England gave us the Alexander-Adams, and the method of Olshausen came from Germany.

Cesarean section has been variously modified, and its wider indications more clearly defined by Peterson, Davis, Hirst, Newell, and Edgar. The narrower claims of pubiotomy have been measured, and valuable chapters added to the etiology and treatment of the toxemias of pregnancy and puerperal infection.

Important studies have been made in the anatomy of the pelvic floor, noticeably by R. T. Frank; while new and more scientific methods for its repair have been advanced by Babcock, J. Riddle Goffe, Studdiford, and Ward. In this work the flap-splitting methods of Lawson Tait and Hegar have been justly incorporated, and the Wertheim-Watkins' interposition operation has found, in selected cases, a definite place.

Cancer of the uterus has remained an unsolved problem, despite the efforts of Byrne, Emil Ries, Werder, and John G. Clark. Wertheim's results from Vienna roused only vain expectations; and the use of radium is even now undergoing the test of experience.

In 1880, Skene of Brooklyn described the "latent infection" in the suburethral glands, now known by his name; and chief among the other scientific contributions have been those of Whitridge Williams, Cullen, Reynolds, Taussig, Charles Norris, Brettauer, Gellhorn, Ehrenfest, and Sampson.

As we have seen, it is the work of three centuries.

During these three hundred years there have been three great revivals in medicine: The British, the French, and the German. America has partaken largely from them, has assimilated and made her own the grand ideas of Hunter, of Pasteur, and of Virchow; and the great name of Lister must be added to these. During this time America has herself contributed generously, for she has given anesthesia, together with rich gifts of surgical achievement.

Through all this long inheritance she has steadily pursued her practical, individual way, adapting means to ends, and developing the particular measure of her gift.

And now that her great house is fairly put in order, the time is ripe for more leisurely thought, more concentrated study. The signs

of the times are made manifest by the Carnegie and Rockefeller Foundations, the establishment of laboratories, with rich scholarships and endowments. Medical education in its widest sense is an urgent question, and the thoughtful address of Dickinson, our last year's President, has already shown us something of the way.

What it all comes to is this, that we have already contributed to medicine large and handsome gifts of practical things; our time has been largely spent in action. For the future we must concern ourselves with special thinking and research. For it is only with a right conjunction of special thought with action, of science with art, that we can become a growing point, the great growing point of the coming century. It is by taking thought that we shall now add to our stature.