

SPECIAL ARTICLE

HISTORY OF THE SECTION ON OBSTETRICS AND GYNECOLOGY OF THE AMERICAN MEDICAL ASSOCIATION

Woodard D. Beacham, M.D., New Orleans

I am grateful for the honor of your addition of my name to the roster of obstetricians and gynecologists who have occupied the chairmanship of this section, and I appreciate the opportunity of presiding at its 94th meeting. I was tempted to prepare a Chairman's address concerning the misuse of words in our discipline. For example, when one really means "nullipara" he should not say "primipara." However, consideration of philosophical subjects and reports of progress in our specialty required me to seek a complete list of the titles of addresses of my predecessors. When it became evident that no such record was available, the title chosen offered its challenge.

1847 to 1876

At the first meeting of the American Medical Association in May, 1847, in Philadelphia, Nathaniel Chapman served as President. In that year Sir James Simpson introduced chloroform anesthesia in obstetrics, Semmelweis demonstrated the role of antisepsis in the prevention of puerperal fever, and Carl Ludwig invented the kymograph. Six years prior Oliver Wendell Holmes had written his paper on puerperal sepsis.

At the meeting held a year later in Baltimore, the Committee on Obstetrics reported "the anesthetic agents ether and chloroform have now been used in perhaps 2,000 cases of midwifery, and so far as the committee have been able to learn without a single fatal, and few, if any, untoward results."

In 1859 a Section on Practical Medicine and Obstetrics was authorized following a report introduced by J. B. Lindsley of Tennessee, who was chairman of the committee appointed to inquire into the propriety of dividing the Association into sections for the better performance of its work (see table).

The 1860 meeting of the Section on Practical Medicine and Obstetrics was called to order by N. S. Davis, of Chicago, and Amos Nourse was elected the first Chairman of the Section. In his A. M. A. presidential address, Henry Miller brought

out openly the question of illegal abortion and urged action by legislatures in every state against this practice. The 1861 and 1862 meetings were canceled because of the Civil War. The following year there was a meeting in Chicago without sections.

In 1864 the A. M. A. met in New York City without Southerners and Nathan Smith Davis, founder of the A. M. A., was elected President. Fordyce Barker, who was Chairman of the Section on Practical Medicine and Obstetrics, later became the first President of the American Gynecological Society. The Secretary wrote: "several hundred members being present during the course of the meeting." Papers read included "Death from Air in the Circulation Introduced Through the Uterine Sinuses"; "A Modified Ring Pessary for the Treatment and Cure of Antelexion and Anteversion of the Uterus"; "On the Use of Pessaries"; and "The Relations of Female Patients to Hospitals for the Insane: The Necessity on Their Account of a Board of Consulting Physicians to Every Hospital."

At the third meeting Zina Pitcher, who served as the 10th President of the A. M. A. and was thrice mayor of Detroit, occupied the chairmanship. H. R. Storer, of Boston, was awarded the A. M. A. gold medal for his essay entitled "The Criminality and Physical Evils of Forced Abortions." In the Section's minutes it is recorded that the Secretary commenced to read the paper of an absent member and, after the expiration of more than an hour, a motion was made to suspend its further reading and it was referred to a committee.

The program of the fourth annual meeting contained no obstetrics. There was a "Report of the Committee on Diphtheria as It Has Occurred in the United States" and one on "So-called Spotted Fever."

At the 1867 session the designation was the Section on the Practice of Medicine and Obstetrics. Included in the program was a paper entitled "Extra-uterine Foetation and Gestation, and the Early Signs Which Characterize It: Symptoms of the Fatal Hemorrhage into the Peritoneal Cavity, Its Usual Termination: Suggestions for the Positive Diagnosis of This Fatal Condition, and a Plan for the Treatment Indicated in It, with a View of

From the Department of Obstetrics and Gynecology, Tulane University School of Medicine.

Chairman's address, read before the Section on Obstetrics and Gynecology at the 107th Annual Meeting of the American Medical Association, San Francisco, June 25, 1958.

Meetings of the Section

Place	Year	Chairman
Louisville, Ky.	1859	Section on Practical Medicine and Obstetrics authorized
New Haven, Conn.	1860	Amos Nourse, Maine
	1861	Meeting canceled because of war
	1862	Meeting canceled because of war
Chicago	1863	No section meetings
New York	1864	Fordyce Barker, New York
Boston	1865	Zina Pitcher, Detroit
Baltimore	1866	Lake I. Tefft, Syracuse, N.Y.
Cincinnati	1867	M. K. Taylor, Keokuk, Iowa
Washington, D. C.	1868	R. R. Mellvaine, Cincinnati
New Orleans	1869	H. F. Askew, Wilmington, Del.
Washington, D. C.	1870	Joseph Kammerer, New York
San Francisco	1871	H. R. Storer, Boston
Philadelphia	1872	D. A. O'Donnell, Baltimore
St. Louis	1873	D. A. O'Donnell, Baltimore
Detroit	1874	Theophilus Parvin, Indianapolis
Louisville, Ky.	1875	W. H. Byford, Chicago
Philadelphia	1876	S. C. Busey, Washington, D. C.
Boston	1877	James P. White, Buffalo
Buffalo	1878	E. W. Jenks, Detroit
Atlanta, Ga.	1879	E. S. Lewis, New Orleans
New York	1880	Albert H. Lewis, Bradford, Pa.
Richmond, Va.	1881	James R. Chadwick, Boston
St. Paul	1882	H. O. Marcy, Boston
Cleveland	1883	J. K. Bartlett, Milwaukee
Washington, D. C.	1884	Thaddeus A. Reamy, Cincinnati
New Orleans	1885	R. S. Sutton, Pittsburgh
St. Louis	1886	S. C. Gordon, Portland, Maine
Chicago	1887	F. M. Johnson, Kansas City, Mo.
Cincinnati	1888	Ely Van De Warker, Syracuse, N.Y.
Newport, R. I.	1889	W. H. Wathen, Louisville, Ky.
Nashville, Tenn.	1890	William Warren Potter, Buffalo
Washington, D. C.	1891	Chas. A. L. Reed, Cincinnati
Detroit	1892	E. E. Montgomery, Philadelphia
Milwaukee	1893	John Milton Duff, Pittsburgh
San Francisco	1894	Jos. Eastman, Indianapolis
Baltimore	1895	F. H. Martin, Chicago
Atlanta, Ga.	1896	Joseph Taber Johnson, Washington, D.C.
Philadelphia	1897	Milo B. Ward, Topeka, Kan.
Denver	1898	Joseph Preece, Philadelphia
Columbus, Ohio	1899	A. H. Cordier, Kansas City, Mo.
Atlantic City, N. J.	1900	W. E. B. Davis, Birmingham, Ala.
St. Paul	1901	Henry P. Newman, Chicago
Saratoga Springs, N. Y.	1902	J. H. Carstens, Detroit
New Orleans	1903	A. Palmer Dudley, New York
Atlantic City, N. J.	1904	L. H. Dunning, Indianapolis
Portland, Ore.	1905	C. J. Bonifield, Cincinnati
Boston	1906	C. S. Bacon, Chicago
Atlantic City, N. J.	1907	J. Wesley Boyée, Washington, D.C.
Chicago	1908	Walter B. Dorsett, St. Louis
Atlantic City, N. J.	1909	W. P. Manton, Detroit
St. Louis	1910	John G. Clark, Philadelphia
Los Angeles	1911	H. G. Wetherill, Denver
Atlantic City, N. J.	1912	C. Jeff Miller, New Orleans
Minneapolis	1913	F. F. Simpson, Pittsburgh
Atlantic City, N. J.	1914	E. Gustav Zinke, Cincinnati
San Francisco	1915	Thomas S. Cullen, Baltimore
Detroit	1916	Edward Reynolds, Boston
New York	1917	Howard W. Longyear, Detroit
Chicago	1918	Brooke M. Anspach, Philadelphia
Atlantic City, N. J.	1919	Thomas J. Watkins, Chicago
New Orleans	1920	Reuben Petersen, Ann Arbor, Mich.
Boston	1921	John Osborn Polak, Brooklyn, N.Y.
St. Louis	1922	Sidney A. Chalfant, Pittsburgh
San Francisco	1923	Harry S. Crossen, St. Louis
Chicago	1924	Frank W. Lynch, San Francisco
Atlantic City, N. J.	1925	Rudolph W. Holmes, Chicago
Dallas, Texas	1926	George Gray Ward, New York
Washington, D. C.	1927	Arthur H. Curtis, Chicago
Minneapolis	1928	Jennings C. Litzberg, Minneapolis
Portland, Ore.	1929	Carl Henry Davis, Milwaukee
Detroit	1930	James C. Masson, Rochester, Minn.
Philadelphia	1931	Emil Novak, Baltimore
New Orleans	1932	Fred L. Adair, Chicago
Milwaukee	1933	Barton Cooke Hirst, Philadelphia
Cleveland	1934	Joseph B. DeLee, Chicago
Atlantic City, N. J.	1935	James R. McCord, Atlanta, Ga.
Kansas City, Mo.	1936	Lyle G. McNeile, Los Angeles
Atlantic City, N. J.	1937	Pierce Rueker, Richmond, Va.
San Francisco	1938	E. D. Plass, Iowa City
St. Louis	1939	Harvey B. Matthews, Brooklyn, N. Y.
New York	1940	Ludwig A. Emge, San Francisco
Cleveland	1941	Norman F. Miller, Ann Arbor, Mich.
Atlantic City, N. J.	1942	Walter T. Dannreuther, New York
Chicago	1943	No meeting
Chicago	1944	Louis E. Phaneuf, Boston
Chicago	1945	Meeting of House of Delegates only
San Francisco	1946	Philip F. Williams, Philadelphia
Atlantic City, N. J.	1947	Alice F. Maxwell, San Francisco
Chicago	1948	William F. Mengert, Dallas, Texas
Atlantic City, N. J.	1949	Leroy A. Calkins, Kansas City, Kan.
San Francisco	1950	James Ramsdell Bloss, Huntington, W. Va.
Atlantic City, N. J.	1951	Arthur B. Hunt, Rochester, Minn.
Chicago	1952	Louis H. Douglass, Baltimore
New York	1953	Albert W. Holman, Portland, Ore.
		R. Gordon Douglas, New York
		Bernard J. Hanley, Los Angeles
		Frederick H. Falls, Chicago
		Frank R. Lock, Winston-Salem, N. C.
		D. Frank Kaltreider, Baltimore

Saving the Life of the Woman." M. A. Pallen submitted a prize essay entitled "Treatment of Certain Uterine Abnormalities."

A year later a paper was read on "Tsa-Tsin, or Rhynchosa Excavata, as an Agent of Value in Amenorrhea and Dysmenorrhea," and it "elicited considerable discussion." Another paper, evidently the only other, "was referred to its author to report on more fully at the next meeting of the Association."

At the first New Orleans A. M. A. convention, the Section on the Practice of Medicine and Obstetrics had only medical subjects. In the Section on Anatomy and Surgery, Schuppert, of that city, presented "Remarks upon Some Points Referring to Success in the Operation of Vesico-vaginal Fistula." He said, ". . . bring a sufficient raw surface of the edges of the fistula in close coaptation, and whatever method of operation may be used is of minor importance. A surgeon without that proper skill will fail, whatever method or material he may employ; otherwise he will be successful, provided there is not a constitutional impediment in the patient or some obnoxious cause inimical to healing by first intention; accidents we meet so frequently in practice that it would seem rather strange to expect an exemption in this operation."

Those physicians assembled in the Capitol city in 1870 heard dissertations on "Intra-uterine Injections and Their Therapeutical Value," "Acute Puerperal Mania Treated by Hydrate of Chloral," and "Physiological Laws of Human Increase."

The initial conclave in San Francisco featured a paper on "Criminal Abortion," one on "The Social Evil," and a lengthy report submitted by the Criminal Abortion Committee which concluded with six excellent resolutions.

At the first meeting in Philadelphia one paper was entitled "Three Ovariectomists." Another was "On the Use of Fever and Surface Thermometers." One member "read a letter on a case of stricture of the vagina in a puerperal woman, and desired the opinion of the Section, which was given by several members."

At the 11th annual session of the Section, D. A. O'Donnell continued as Chairman. One topic for discussion was "the physiological anomalies in the configuration of the bony and soft parts of the pelvis, as a cause of retardation of labor." A paper on "The Granular Cell in Ovarian Fluid" was read. The title Section on Obstetrics and Diseases of Women and Children was to be used after this meeting.

The first Chairman's address was delivered in 1874 by Theophilus Parvin, who was A. M. A. President five years later. He spoke on "Uterine Hemorrhage," stating, ". . . it certainly will be one of the noblest triumphs of our divine art when, by an operation so rational, so simple, so speedy as

transfusion, we can rescue woman just when she has passed through the profound sorrow of parturition, just when she is entering upon the supreme joy of maternity, from otherwise inevitable death." He emphasized prevention.

The next year Chairman Byford spoke on "Treatment of Fibrous Tumors of the Uterus by Ergot." He said:

Recent writers, with few exceptions, teach the entire inefficiency of any form of treatment for the cure of intramural fibrous tumors of the uterus except by enucleation, and this operation is so dangerous and difficult as not to be thought of except in desperate conditions. . . . I conclude my address with the cautionary observation that ergot in the treatment of fibrous tumors of the uterus is a prompt and very powerful agent which cannot be recklessly used without great danger; and that much careful observation is still necessary to enable us to determine the circumstances under which its administration will be both safe and effective.

Marion Sims was the Independence Centennial Jubilee A. M. A. President. S. C. Buscy served as the Section Chairman and related, "The written law of this Association limits this address to the discussion of the 'advances and discoveries of the past year,' in obstetric, gynecic and pediatric medicine. However willing or competent I might be to fill the measure of this requirement, the time allowed me would necessarily preclude a critical examination of all the contributions to this department. Nor would this be desirable, since many of them are mere novelties of little or no value, or hasty promulgations of immatured opinions and illogical conclusions." He then proceeded to give an excellent review of the recent literature and lists some 81 references. Referring to an article on the substitution of electrolysis for ovariectomy he said, "So successful has this method proven in the practice of Dr. Semeleder that I hesitate to accept his statement, and am startled at the thought that the greatest triumph of modern surgery is to be superseded by a process so simple and so painless."

1877 to 1887

Chairman James P. White referred to some of the "advances and discoveries of the past year" in his 1877 address. He spoke highly of and predicted a great future for the American Gynecological Society, founded in September of the preceding year. He stated, "In conclusion, I beg to call the attention of this Association to the great neglect on the part of the schools in clinical teaching in obstetrics, and in the diseases of the generative organs. There is no subject in the whole college curriculum which so imperatively demands bedside observation as the process of parturition."

In 1878 Edward W. Jenks spoke on "The Causes of Sudden Death of Puerperal Women," listing numerous references, including one to "the late Professor Charles D. Meigs," who in 1849 in the *Philadelphia Medical Examiner* directed "attention

to the possibility of spontaneous coagulation of the blood in the right side of the heart and pulmonary arteries as a cause of death in the puerperal state." In conclusion he stated that the mortality due to puerperal convulsions during the last 20 years had been reduced from 32 to 14% and said, "This is but one illustration of what has been done by our science and art in the past, but it is a significant prophecy of what we may expect in the future."

Chairman Ernest S. Lewis, in 1879, discussed "Abdominal Palpation," "Antiseptic Management in Labor," "Puerperal Fever," "Laparo-elytomy," "Primary Conversion of Occipito Posterior into Occipito Anterior Position," "Post Partum Hemorrhage," and advances and progress in "Gynecic Surgery," including "Censure and Condemnation of Total Extirpation of the Uterus in Cancer," and quoted the brilliant successes of Freund and Schroeder in surgical treatment of cancer. He included a section on "Uterine Fibroids" in his address.

The 1880 Chairman was absent; consequently, G. M. B. Maughs, of Missouri, served pro tem. The Section dropped "and Children" from its name so that it became known as the Section on Obstetrics and Diseases of Women. Papers given included "Battey's Operation in Epileptoid Affections"; "The Management of the Third Stage of Abortion, with Retention of Placenta and Membranes"; and "A Clinical Contribution to the Subject of Removal of the Uterus, in Whole or in Part, for the Extirpation of Tumors Connected with That Organ."

James R. Chadwick chose as his title "Obstetrics and Gynaecological Literature, 1876-1881." He mentioned that the *American Journal of Obstetrics and Diseases of Women and Children* was first published in 1869. He also listed the titles of other periodicals devoted to obstetrics and gynecology published in America and in eight other countries, with dates founded. One table was labeled "Analysis of the Literature of the Year 1880 by Nationalities."

The next Chairman was H. O. Marcy, A. M. A. President 10 years later, who discussed "Fibroid Tumors of the Uterus." He stated, "The peritoneal cavity is no longer the *terra incognita* of the surgeon, nor its invasion attended with the fears or dangers of even a very recent period." He said the growths should be classified as myomas and discussed the various methods of treating them in his thorough and comprehensive presentation.

1883 was the birth year of THE JOURNAL of the American Medical Association. Chairman J. K. Bartlett's address, "Topics in Gynecological Surgery," included discussion of "Extra Uterine Pregnancy," for which he recommended galvanism over faradism. He also advocated its use in such conditions as "Dysmenorrhea" and "Post Partem Hemorrhage."

The next year Thaddeus A. Reamy said, "The editorial criticisms of new doctrines, discoveries, methods, or operations are generally from the pens of those who, by education and special training, have superior abilities for such work. It is, therefore, deemed appropriate on the present occasion, to refer you for an 'Annual Report on Obstetrics and Diseases of Women' to these more fertile and instructive sources . . . Craving your indulgence, I beg to offer, in lieu of such an address, 'Notes on Two Hundred and Thirty-One Cases of Operation for Laceration of the Cervix Uteri.'" He included discussion of the possibility of cancer originating in lacerations.

R. S. Sutton, M.D., LL.D., in "A Brief Review or the Growth of McDowell's Operation Done at Danville, Kentucky, in 1809: Its Present Status," emphasized that the solitary exception to the original procedure at the end of almost three-quarters of a century was that the ends of the pedicle ligature were being cut short. He eulogized J. Marion Sims, who died in 1884.

S. C. Gordon spoke on "Hysteria and Its Relation to Diseases of the Uterine Appendages." His advocacy of surgery was strong. Although he stated that it was impossible in a majority of cases to determine by touch diseases of organs that produce symptoms, he said that the specimens removed were usually severely pathologically altered.

After stating, "The past year has given few, if any, remarkable discoveries, either in gynecology or obstetrics," F. M. Johnson proceeded to discuss "Ovariectomy," "Hot Water in Shock," "Cocaine in Gynecology," "Caesarean Section" (on which he looked with favor, especially the Sanger-Leopold operation), and "New Pathology in Labor," in which he stressed the etiologic relationship between pregnancy and kidney disease, with theories on eclampsia.

1888 to 1899

Chairman Ely Van De Warker spoke on "How Gynecology Is Taught," at the 1888 meeting. The Society Proceedings of the A. M. A. disclose that amendments were offered by H. N. Moyer, including: "The Section of Surgery shall hereafter be denominated the Section of Surgery and Gynecology. The Section on Obstetrics and Diseases of Women shall be abolished. The Section on Diseases of Children shall hereafter be denominated the Section of Obstetrics and Paediatrics."

Under Domestic Correspondence in THE JOURNAL of the American Medical Association, June 8, 1889, there is an unsigned letter entitled "Shall the Section of Obstetrics and Diseases of Women Be Abolished?" which emphasized "both the study and practice of obstetrics and gynecology must remain so correlated that they can only be successfully cultivated conjointly. To abolish this Section of the

Association, now so successfully conducted, would scatter the members into other crowded Sections, and do the cause of science and the Association serious injury." The official report of the next meeting, which was held in Newport, R. I., appears in THE JOURNAL, July 20, 1889, revealing that a motion to lay the proposed amendments on the table and indefinitely postpone was carried by a large majority. W. H. Wathen presided at the Section meeting, speaking on "Pathology of Ectopic Pregnancy and Pelvic Hematocele."

Chairman William Warren Potter, who was the first secretary of the American Association of Obstetricians and Gynecologists (1888), spoke on some advances during the previous year and suggested that the By-Laws be amended to create a vice-chairmanship, the Secretary's tenure be longer than a year, and the proceedings be published in a separate volume, including stenographic reporting of discussions. Tarnier's traction forceps were referred to as "ingenious and useful." Potter quoted the mandate of the Apostle, "Prove all things; hold fast that which is good."

C. A. L. Reed, the 53rd A. M. A. President, was the 1891 Chairman. Although the *Transactions of the Section on Obstetrics and Diseases of Women* commenced that year, they do not include an address by him, nor have we found it elsewhere. In his biography by Walter L. Bierring, we find him described as "one of the most interesting and dynamic figures in American medicine." The program included "Relation of Gynaecology to Neurology"; "Rapid Dilatation and Curetting"; "Pathological Antelexion of the Uterus"; "Practical Experience in the Treatment of Accidental Abortion"; "Prevention of Puerperal Eclampsia by the Induction of Premature Labor"; "The Operative Treatment of Extra-uterine Pregnancy at or Near Term, with Report of a Case"; and "Extra-uterine Pregnancy."

E. E. Montgomery presented an address on "Some Mooted Points in Obstetrics and Gynecology" the following year. He advocated Braxton Hicks version in cases of placenta previa, reporting a fetal mortality of 70 to 80% and a maternal mortality of 6 to 7%. In discussing "hysterectomy versus supra vaginal hysterectomy in fibroid growths," he recommended total hysterectomy. He referred to two cases of hysterectomy done through sacral resection "with gratifying results."

John Milton Duff gave no formal title but made general references to the objectives of the meetings. Regarding the work of the previous year, he reported it "not characterized by much that was unique or peculiarly brilliant and original." He advised early and prompt therapy for placenta previa, stating that watchful expectancy is "utter absurdity." For puerperal infection he recommended asepsis with early and vigorous treatment, stating that the death rate (2½%) was declining.

In his oration on suprapubic hysterectomy as viewed from the standpoint of personal observation and clinical research, Chairman Joseph Eastman said:

The century which in a few years will have rolled on to the eternal past, has placed in the magnificent temple of medicine many pillars of surpassing beauty and grandeur, while its surgical columns have risen high toward Heaven where as gilded towers, they fain would vie with the God-given sunshine in dispelling the chill and gloom of human agony.

Chirurgia's tower, thy lights resplendent blaze
Dries woman's tears, and lengthens out her days;
McDowell and Sims of our Columbia's clime
Began the work moved onward high sublime.
To women, then, these blessings shall be given—
Queen of the home and home the type of Heaven.

Abdominal surgery is *proud* of her past because it is prophetic of her *future*. Even now in the vital present it shall stand forth unchallenged as the crowning glory of all science and of all art.

F. H. Martin's address was on "Some Mooted Points in Pelvic Surgery." He used galvanism in "desperate" cases but said, "... in the present state of pelvic and abdominal surgery, I would not voluntarily administer or recommend Galvanism for fibroid tumors, the subjects of which were under 40 years of age, whose tumors were suitable for operative procedures, and whose general health would show an average chance for favorable surgery." He favored hysterectomy instead of removal of the appendages for fibroids, discussed vaginal ligation of the broad ligament to check uterine hemorrhage and to cause atrophy of uterine tumors, stressed the importance of renal evaluation prior to surgery, and recommended silk and antiseptic absorbable ligatures for intra-abdominal operations. He was the first secretary-general of the American College of Surgeons, being one of its founders in 1913.

Joseph Taber Johnson keyed his remarks on "Puerperal Infection" by emphasizing prevention, namely, "cleanliness and ventilation." He favored the treatment of Lush of New York, who stated, "The more these cases are let alone and the more simple the treatment the more likely they are to get well." He declared, "... when the placenta is praevia the uterus should be emptied," as there is "no wisdom or safety in delay." When the cervix was dilated, Braxton Hicks method was advocated. He advised hysterectomy for control of hemorrhage. He gave his reasons for favoring vaginal hysterectomies as "completeness, drainage, avoidance of shock by less handling of intestines, less peritoneal infection, no abdominal wound, and less liability to hernia." In closing he said, "The present Chairman hopes that his successor may be able to report good developments and improvements in the diagnosis of abdominal and pelvic diseases of women, from the evolution of 'x-rays' about which we have heard so much of late. If its promises are fulfilled

we ought to find little difficulty hereafter in our diagnosis of extra uterine pregnancy, pyosalpinx, fibroid, dermoid or ovarian tumors."

Milo B. Ward, who occupied the Chair at the Semi-Centennial meeting, reviewed "some of the work which has been accomplished during the last half-century by way of a more accurate comprehension of the etiology, pathology and treatment of diseases of women by our American profession." He said, "The administration of glandular extracts after the removal of uterine appendages and in conditions demanding nutritive tonics, is attracting much attention and [they] are considered by many who have used them to possess much value."

Joseph Price, who spoke of unjust and great opposition to new ideas and techniques, said, "The young school of gynecologists have unfortunately lost interest or neglected plastic surgery." Wider use of pessaries and rest treatment for displacements were advised. He warned, "Be not deterred by false sentiment or the jealousies of those who would rather keep their patients in their own hands than see them cured by others from doing what we know to be our duty." He condemned the current methods of teaching, saying, "the student should be given that which will enable him, when he goes home, to go to work and do good work."

A. H. Cordier praised the A. M. A. meetings, his predecessors and the work of the past. He stressed need for early diagnosis and referred to use of "streptoserum" and "ointment of silver" in puerperal infections.

1900 to 1910

At the beginning of the 20th century, W. E. B. Davis praised asepsis and stressed the need for the use of rubber gloves. He elaborated on the truthfulness of the quotation: "Obstetrics married surgery and the fruit of their union was bright eyed gynecology." He condemned general surgeons for doing gynecologic and obstetric surgery and praised various specialty organizations and their journals. The place of myomectomies was recognized, but hysterectomy was generally considered to be better. He paid honor to Kelly but did not agree with his treatment of "pus in the kidneys through the ureter." The fact that the New York State Medical Society was not then in affiliation with the Association was bemoaned.

Henry P. Newman briefly traced the history of anesthesia by lumbar puncture and recognized it as an anesthetic method but said that the psychic trauma to women "consciously undergoing major operations upon their own viscera and witnessing details of its occurrence" detracted from its usefulness. He thought it was unreliable in obstetrics. His discussion included "Protozoon of Cancer"; "Removal of Lymphatics," in which he referred to Wertheim; "Ovarian Transplantation"; Vinot's work

on "Tubal Epithelium"; and "Permeability of the Amnion." The following quotations are from his address: "Nothing could be more disastrous to the worth and dignity of this specialty, which has occupied for so long so honorable a place in medicine, than to allow itself to be considered and spoken of as one of the surgical specialties." "We are but just arriving at the threshold of the greatest era in our history, in which the full value of prophylaxis is being recognized, and gynecological knowledge and experience are to be the re-creator and conservator of health in women." "There will always be need for intelligent obstetrics while intelligent gynecology should eliminate itself at last by eliminating those conditions which are the cause of disease in women and its only excuse for being. Nothing but gynecology can eliminate gynecology."

J. H. Carstens spoke on "What of the Future?" He said:

. . . Most questions in the obstetric part of our Section have virtually been settled and those in gynecology are being rapidly settled. Very soon there will be nothing to write about. . . . We should insist that gymnastics and systematic physical exercise should be taught in every school of the land, from the lower to the highest, and that the curriculum of study should embrace the most systematic course of gymnastics to produce a sound body with a sound mind. We should thoroughly study the effects and the results of erotism on the human body. We should study how we can more thoroughly bring about a more perfect marriage relationship and prevent the frequent mismating as shown in our courts. . . . In fact we must more thoroughly study the exact positions of individuals, every combination of physical and mental condition, and their most fit place and proper vocation in life. We must branch out, we must look ahead, we must be counsellors and the guides of the race in the future.

In discussing "The Trend of Gynecologic Work To-day," A. Palmer Dudley said, ". . . with the advent of Lister the Mephistopheles of surgery vanished from view. Fear no longer haunted the mind of operator or patient, and the peritoneum, the bugbear of former years, seemed to readily acquiesce in the evolution. With this confidence in the restorative powers of human nature came the reckless disregard of the consequences in the future." He stated that in 1887 he began "a series of experimental operations on the uterine appendages, which, strictly speaking, was more radical than a hysterectomy, because it trusted such surgical work on the appendages to the efforts of nature for a cure, while the ultimate results were more conservative to the woman, because by the skill of the surgeon and the aid of nature she had been restored to health, and could still consider herself a woman." Due credit was given to Carl Schroeder (1885) as being the pioneer. He said, "In doing conservative surgery on the tubes and ovaries the first thing to do is to endeavor to put the inside of the uterus into a condition to become healthy. If plastic work on the genital canal is necessary, this must be done

also. Then open the abdomen and do what work is indicated in each individual case." He classified ventrofixation as a pernicious procedure differing markedly from suspension, the postoperative care of which he narrated.

L. H. Dunning included in "Remarks on Advances in Gynecology During the Last Year" the statement that treatment must be based on ideas of etiology and pathology; consequently, more work was warranted in those fields. He praised the work of Jenner, Pasteur, Koch, Lister, and Tate in discovering many sources of infection and said, "The moral is, let each man find an unsolved problem within the scope of his attainments, and then set himself deliberately and persistently to the task of its solution." He presented an excellent discourse on senile endometritis, and one of his photomicrographs was in color.

C. L. Bonifield commented that the office of the Secretary should be comparatively permanent and that the latter should be relieved of the necessity of disposing of bound volumes of the transactions and should be remunerated for his expenses. He suggested that the number of papers to be read be limited to 30, with only 15 minutes for each paper, and that the longer papers be read in abstract. He recommended changing the name to Section on Obstetrics, Diseases of Women and Abdominal Surgery, with 10 papers allotted to each branch. In discussing "Important Subjects Which Have Occupied the Attention of Gynecologists and Obstetricians During the Past Year," he included surgical and nonsurgical treatment of displacements of the uterus; surgery for cancer, stating that extensiveness of the operation depends on many factors; toxemia of pregnancy, recommending *Veratrum viride*; and vaginal cesarean section, advised in suitable cases. He also recommended that more work be done on sterility.

"The Legal Responsibility of the Physician for the Unborn Child" was the title used by C. S. Bacon. All physicians were advised to understand their lawful rights and obligations and to have a definite understanding or contract with patients. The fact that the unborn child must be regarded as another human being was emphasized. Consultations were advocated. He said, "In general it might be affirmed that the indications for destructive operations are becoming contracted and many pathologic states that previously were treated by embryotomy, would not now be accepted as indications."

J. Wesley Bovée directed attention to "The Status of the Fight Against Cancer." He discussed occurrence, classification, etiology, and treatment. Among his conclusions were that women should be educated as to signs and symptoms; there should be special care in classification; x-rays and radium are of little use in early cases, in which surgery is best;

radical surgery affords the best results; animal experimentation is promising; the vaginal route is not best for total irradiation; there are reasons to believe the disease can be controlled; and cancer should be regarded as contagious.

Walter B. Dorsett's lengthy address on "Criminal Abortion in Its Broadest Sense" was discussed by many participants. He advocated the obligatory teaching of medical jurisprudence and medical ethics in medical colleges, the enactment of good and sufficient laws and the amendment of insufficient laws now on statute books, and the appointment by the A. M. A. President of a Committee on Criminal Abortion for the purpose of attaining better laws through appointed state committees to work with their respective legislatures.

"Mental Alienation in Women and Abdominopelvic Disease" was W. P. Manton's subject. He said, "I and others have demonstrated that relief from suffering brings about a mental palliation often otherwise unobtainable." He believed that mental disease often stemmed from pelvic disorders but noted that it could occur without underlying physical pathology and that operative repair or restoration of the pelvic picture to normal was not always followed by a cure of the mental picture.

John G. Clark's "The Surgical Consideration of Congenital and Developmental Defects Leading to Obstinate Constipation" was so lengthy that a part was deleted prior to publication in *THE JOURNAL*. He recommended diagnosis by detailed clinical history and skiagraph. His admonition was that this kind of surgery is not for the novice.

1911 to 1920

1911 brought a change in title to Section on Obstetrics and Gynecology, and H. G. Wetherill spoke on "Retrospection and Introspection: Our Opportunities and Obligations." The closing paragraph was, "The crystallization and concentration of ideas, the simplification of practice, and the determination of what not to do, that we have done before, is progress of the best sort. Though this may not be our banner constructive period, it will be none the less valuable to humanity if we learn to see our mistakes of the past and to avoid them in the future."

The following year, under the chairmanship of C. Jeff Miller, "and Abdominal Surgery" was added to the name of the Section. In his dissertation on "The Present Status of Ligation or Excision of the Pelvic Veins in the Treatment of Septic Thrombophlebitis of Puerperal Origin" he said:

The task of formulating the indications for the surgical treatment of puerperal infection still affords a source of prolific discussion. It seems impossible to agree on established rules as has been done in suppurative appendicitis, gall-bladder infection, or suppurative otitis media. Some of the confusion has undoubtedly arisen from the fact that we have no reliable clinical or laboratory guide to aid us in

determining a reasonable prognosis, from the difficulty of differentiating the complex lesions, and to a certain extent, from the antipathy for serious surgical operations on the lying-in woman. It must be said, however, that our ideas are gradually crystallizing, that conservatism prevails, and that, owing to a better conception of puerperal processes in general, surgical measures adopted with more care and discrimination. During the past ten years the possibility of saving by operation the lives of women suffering from puerperal pyemia has received a great deal of attention. The idea is by no means new, as John Hunter suggested it, and scattered reports of successful ligation of the veins of the extremities can be found in the literature of the middle of the past century. The meager material at our command, reported by numerous operators, who have operated without definite indications and without a definitely established technic is sufficient to show that the procedure is feasible and should be given a fair and unbiased trial in septic thrombophlebitis.

1913 brought the birth of the American College of Surgeons, about the formation of which F. F. Simpson stated, ". . . it marks the beginning of a new era in American surgery. Its essential purpose is to encourage the development of sound surgical judgment to render surgeons more skilful and to make surgery more safe. It is not to be an exclusive, but an inclusive organization. It hopes to number among its fellows every one who does safe, sound and honest work." His lengthy address was on "Right-Sided Hypertension with Occasional Cardiac Dilatation as Postoperative Complications." At that meeting W. Wayne Babcock read a meritorious paper on "Spinal Anesthesia in Gynecology, Obstetrics and Abdominal Surgery."

E. Gustav Zinke's title was "A Few Points of Practical Importance in Obstetrics, Gynecology and Abdominal Surgery." He included discussion of "Intestinal Stasis," "Painless Operations," "Roentgen-Ray Therapy" (stating that although good results were obtained on fibroids, surgery was the treatment of choice), "Curative Effect of Radium," "Percy Treatment of Inoperable Carcinoma Uteri," "The Compromise Operations of Obstetrics," "The Treatment of Placenta Praevia" (advising case individualization); and "The Merits of Surgery in the Management of Puerperal Eclampsia," in which he reprimanded a writer who had recently stated the mortality rates were equal in hysterotomy or medical management. He favored use of such agents as *Veratrum veride*.

Thomas S. Cullen gave a panoramic view of "The Relation of Obstetrics, Gynecology and Abdominal Surgery to the Public Welfare" as he saw them 25 years prior and compared them to those of 1915. In his conclusions are the following statements: "Obstetrics must be made more attractive so that those entering this branch will not be tempted to leave it for less laborious fields." "Any Surgeon opening an abdomen should be capable of doing everything necessary in that abdomen. In other words gynecology and abdominal surgery logically belong together."

Edward Reynolds' scientific address on "Fertility and Sterility, Histologic Study of Spermatozoa, the Ovaries, and the Uterine and Vaginal Secretions in Their Relation to This Question," was well illustrated with photomicrographs.

Howard W. Longyear's discourse on "The Relations of Gynecology to General Surgery, Past and Present" emphasized that gynecology belonged to general surgery. He said:

The Twentieth Century is ushering in a period of kaleidoscopic changes, of Aladdin-like transformations in everything pertaining to the activities of man. Science, the arts, business, society, finance, methods of warfare—all are feeling the jolts of the erratic and rapid pace of this great evolutionary present-day thrust. We are living in a new world in which habits and customs, venerated by centuries of usage, are dropped without ceremony and without apparent effort or regret, and the new blithely taken on, all in the name of progress. The horse bids fair soon to become extinct as a domestic animal, perhaps to revert to the wild state of his ancestors and be captured and exhibited by future generations of man as a curiosity, along with the gnu, zebra and giraffe.

Brooke M. Anspach's discussion of "Enterostomy and Enterocolostomy in the Treatment of Acute Intestinal Obstruction Following Pelvic Operations" concerned prevention, causes, stages, source of toxemia, and operative measures. He reported five cases illustrated with diagrams.

Thomas J. Watkins referred to the 70th A. M. A. Convention as the "Victory Meeting." He declared, "Democracy has defeated Autocracy." His subject was "Progress in Obstetrics, Gynecology and Abdominal Surgery." He said, "Study of the ductless glands has elucidated much hitherto obscure symptomatology of gynecologic cases, and has opened up a fertile field for further investigation. Radium has proved to be a remedy of great value. Much has been said relative to the practice of surgery by men with insufficient training. It is not my purpose or intent to offer any excuses for them, but to call attention to the fact that some of the responsibility for poor surgery rests elsewhere, especially with the men accountable to medical institutions of learning."

Reuben Peterson emphasized in his address on "The Future of Obstetrics and Gynecology as a Specialty" that they be combined. He condemned the tendency for gynecology to be linked with general surgery but stated that obstetricians and gynecologists must be able and prepared to cope with general surgical problems when they open the abdomen for pelvic disease. "Actual experience and technical skill in abdominal as contrasted with obstetric and gynecologic surgery should be acquired in departmental hospital clinics by cooperation with the general surgical clinics. . . . In fact, this principle of free interchange of services should not be confined to surgery alone, but should apply to

all departments of the hospital, where such an arrangement will make for better training in obstetrics and gynecology."

1921 to 1929

John Osborn Polak discussed "The Defects in Our Obstetric Teaching." He recognized the decrease in many conditions "to an almost irreducible minimum" but stated, "Contrast this with the fact that the number of women who die from childbirth is increasing from year to year and that puerperal septicemia seems to be the only form of wound infection the occurrence of which has remained wholly unaffected in the past decade by the advancement of scientific knowledge." He praised classroom instruction but condemned lack of clinical observation in medical schools. "I feel that it is time that the public be taken into our confidence and taught what can be done by prenatal care and clean obstetrics; for good obstetrics would go far toward removing the horrors of childbirth and the consequent dread of invalidism. More than 61 per cent of all gynecologic surgery is the direct result of poor obstetric practice."

"Some Gynecologic Misdemeanors," a paper by Sidney A. Chalfant, contains the statement, "It is far from my intention to give the impression that my criticisms apply to the profession as a whole. There is no finer class of men, or men more conscientious, devoted, and skilful than the medical profession of America." For correction of evils, he advised more careful selection of medical students, more systematic instruction of students in history of medicine, so that they will have the inspiration derived from achievements of the past and receive inspiration for their own work; sufficient and efficient postgraduate schools for training the ambitious; and education of the public as to the necessity of obtaining competent surgical advice.

In his address "Abdominal Surgery Without Detached Pads and Sponges," Harry S. Crossen said, "A sponge left in the peritoneal cavity following an operation constitutes one of the most deplorable accidents of abdominal surgery." He mentioned the increasing number of lawsuits. His method, by which removal of gauze is automatic, was described by narration and eight figures.

Under the title "The Specialty of Gynecology," Frank W. Lynch reviewed the status quo, prognosticated, and outlined a plan of proper training in the future. He stated that gynecology was first to react to surgical possibilities and related how it developed along surgical lines. In his opinion obstetrics needed "a more conservative companion than general surgery." He emphasized the need of well-developed departments in medical schools in which obstetrics and gynecology are taught as interdigitating parts of one major division under con-

trol of one head. Close correlation between the clinic, ward, laboratory, operating and delivery rooms, and follow-up studies were recommended.

In the *Transactions of the Section* we find that the 1925 meeting was called to order by Vice-chairman H. C. Bailey. Apparently Chairman Rudolph W. Holmes was absent. The program included papers on tuberculosis of the vagina; distribution of the ovarian follicular hormone in human genital tissues; the average sex life of American women and the relation between experiences and genital findings; dilatation of the ureter and kidney pelvis during pregnancy; radium treatment of carcinoma of the cervix uteri: results at the Woman's Hospital, New York, after five years; the surgical treatment of varicose veins of the female pelvis; intracranial hemorrhages in the newborn; pelvimetry of the superior strait by means of the roentgen ray; and the treatment of hyperemesis gravidarum by intravenous injections of glucose and carbohydrate feedings.

George Gray Ward in his presentation, "Our Obstetric and Gynecologic Responsibilities," said, "This specialty comprises the study of the physiology and pathology of the reproductive system of woman, and as such should be considered in toto. There is a great need of propaganda to awaken the profession to the fact that obstetrics, as generally practiced at the present, is woefully below the standard that maternity hospital statistics show." He pointed out that septicemia, toxemia, and hemorrhage are responsible for 58% of deaths and are preventable. Condemning practice of bad obstetrics, he stated, "He who attempts to make nature deviate from her normal physiologic processes must remember that, while he may accomplish his immediate object, it is very apt to be at an exorbitant price. Patience is the better obstetrician, in the majority of cases, than dexterity." He emphasized the need of better teaching and training. A classification of wound healing was given. In conclusion he stated:

I have said that our present shortcomings in obstetric practice must be due to inadequate teaching or a lack of conscience. . . . As to the second cause of our delinquency, what we need today is an awakening of our surgical conscience. Longyear has reminded us that skilful surgeons may not all be conscientious, and conscientious surgeons may not all be skilful. A full appreciation of this can best be brought to our attention by a proper audit of our results. To awaken our conscience, we must be made to appreciate the existing facts by bringing them out into the spotlight—to this end there is no answer but the word "audit." We must audit the morbidity statistics as well as the mortality statistics of our clinics as systematically and accurately as we do our finances—then only shall we see the light that will stimulate us to live up to our obstetric and gynecologic responsibilities.

Discussing "Indications for Surgical Intervention in Pelvic Lesions of Infectious Origin: Based on Seventeen Years of Laboratory and Clinical Study,"

Arthur H. Curtis included special features of vaginal discharges, endocervicitis, endometritis, and inflammation of the adnexa. He cautioned about operating for sterility alone and mentioned that for years he had tested tubal patency from within the abdomen with air. Conservative surgery was advised, and it was stated that at the time of operation the decision relative to disposition of the ovary required consideration of etiology of pelvic infection and that even though a hysterectomy was indicated the ovaries of young women should be left in situ unless one was dealing with tuberculous or streptococcal infection. He said that operative intervention should be avoided in patients with acute tubal inflammation.

Jennings C. Litzenberg spoke on "Obstetrics and Gynecology in Public Health Program," stating, "Enough facts and procedures are known to reduce the deaths of women by thousands every year if the profession would only apply the knowledge it already has. Why, in the name of humanity, it does not or will not is an enigma. There are enough lives lost which cannot be saved by anything known to medical science. May no more be added to these by neglect." In tabular form he showed the change in the death rate in the United States (1915-1925) as follows: Total puerperal deaths -2%, puerperal infection -11%, eclampsia +5%, cancer of female generative organs +12%, tuberculosis -40%, early infancy -20.5%, prematurity +10%, and birth injuries +14.8%.

Carl Henry Davis chose the subject "Obstetrics and Gynecology in General Practice." He commented on the development of anesthesia and analgesia in obstetric practice; devoted four paragraphs to the "Early History of the Section"; discussed "Maternal Mortality in the United States," saying, "puerperal sepsis still remains the greatest single cause"; and pointed out that "specialists in obstetrics and gynecology were almost unknown eighty years ago. While today there may be one or more in cities of 50,000 or larger, the care of women and children still remains a very important problem of the general practitioner." The need for more and better teaching of obstetrics was emphasized. He discussed "The Training of the General Practitioner" and summarized the conditions believed essential in the effort to obtain better medical care for women patients as follows:

Governmental activities should be directed toward a careful survey of the causes of maternal and infant deaths in the United States and an investigation of methods that may be adaptable to various local conditions. Medical students who go into general practice after graduation require more adequate clinical training in obstetrics. More institutions are needed in which physicians who wish to specialize in obstetrics and gynecology may obtain the necessary training. There is a great need for graduate nurses who may qualify as midwives to work in conjunction with the medical pro-

fession in the care of a large group of women who are unable to pay for adequate obstetric service under existing conditions.

1930 to 1939

James C. Masson spoke on "The Trend of Present-day Medical Education," stating that it is toward scientific medicine and specialization, which is not altogether due to the desire on part of physicians but is a natural reaction to demand made by the public. He said:

It is difficult to see a satisfactory solution of the problem of furnishing adequate medical care for all the people at a cost which they can pay, but in recent years investigations which may lead to a solution have been begun. We can await the outcome of these studies, which are in able hands. Our task, meanwhile, I think, should be to help general practitioners to acquire adequate experience in obstetrics and gynecology, and to provide for admittance to the rank of specialists in obstetrics and gynecology only those who at the same time have a sufficient basis in general medicine and sufficient expertness in one special branch to enable them to render adequate service.

In 1931, the Section's annual volume, *The Transactions of the Section on Obstetrics, Gynecology and Abdominal Surgery*, was discontinued. Speaking on "The Biologic Significance of the Female Reproductive Cycle," Emil Novak stated that gynecology's "early history is a record of brilliant achievement in the development of operative procedure, and a subsequent generation has added comparatively little to this branch of our work. . . . Pathology is still, and always will be, a sine qua non in the proper training of the gynecologist. During recent years the line of advance has again shifted, for certainly at the present time physiology must be recognized as the growing margin of our specialty." He acknowledged the help of the anatomists and physiologists. In his discussion of periodicity in the female sex functions we find: "Periodicity may be said to be the rule of the universe." He recorded "some of the accomplishments and some remaining problems" and concluded with "the female sex cycle as distinguished from the female reproductive cycle." His closing paragraph expressed dependence on our allies in the laboratory, and he quoted from one of his papers: "So long as we recognize this dependence, and so long as we are willing to follow the line of scientific march rather than cavort ahead of it, we may perhaps be pardoned for an occasional display of overenthusiasm. After all, the latter is usually due to the fact that we have human beings to cure, just as the laboratory worker has scientific problems to solve."

Fred L. Adair, first president of the American Committee on Maternal Welfare (1934) and first president of the National Federation of Obstetric-Gynecologic Societies (1945), spoke on "The Inter-relationship of Mother and Fetus" at the 1932

meeting. Included in his statements were these: "The exact relative importance of heredity and environment is not known." "We know that certain toxins will destroy germ cells. In all probability, they are subject to injurious influences which may not destroy their potency but which lead to subtle changes." He discussed "The Critical Early Period of Pregnancy," "Hormones," "Pathologic Conditions," and "Other Changes." His concluding sentence was, "These relationships are affected by the heredity of the parents, by the growth and development of the potential mother, by the character of the germ cells, by the maternal environment throughout pregnancy, by the critical period of parturition and, to a lesser degree, during the postpartum and postnatal periods."

Barton Cooke Hirst discussed "The Four Major Problems in Gynecology." He thought that "one of every eight women who reach the age of 35 will have cancer" and stated that there should be provision for both surgical and radium treatment. Concerning maternal mortality he said, ". . . half of these deaths are preventable." He considered "sterility" and "birth control." His address was somewhat philosophical and was terminated as follows: "In attempting to review so much in so short a time, I am aware that I give only the merest hints that may, perhaps, invite others to more productive thought, especially the younger members of the profession. We may confidently leave to them the problems vexing us. It is certain they will reach for higher levels of achievement than we have attained."

Joseph B. DeLee in his "Obstetrics Versus Midwifery" stated that contrary to the dictionaries he did not consider these terms synonymous; "midwifery is the practice of midwives, male or female, and obstetrics is the practice of the scientifically trained physician." He traced the historical development of midwifery and pointed out:

. . . Until very recently the practice of normal obstetrics by physicians has been looked down on by the profession and by the public as well as by the midwives. . . . The public in many places still believes that his [the obstetrician's] accomplishments are less than those of the medical men and the surgeon. The medical schools, in many universities, still rate obstetrics as a minor specialty. . . . Hospitals do not provide equal facilities for obstetrics as for surgery. . . . All my medical life I have striven to eradicate this low opinion of obstetrics and to place on equally high pedestals the three primary branches of medicine, obstetrics, medicine and surgery, all equally important, all equally dignified.

He discussed "Disturbances of Pregnancy," "Labor," "A Natural Delivery," and "Attainment Through Education," bemoaning the fact that there were insufficient schools, teachers, material, and support. He believed in teaching the beauties of normal obstetrics, asepsis, intelligent expectancy, and trusting in nature.

James R. McCord, who was to be the first president of the South Atlantic Association of Obstetricians and Gynecologists three years later, was the 1935 Chairman. His presentation on "Syphilis and Pregnancy: A Clinical Study of 2,150 Cases," contained many statistical studies. His conclusions were as follows:

1. Pregnancy does not affect the reliability of the Wassermann reaction.
2. This test should be a routine part of antepartum care.
3. Regardless of the activity of the disease, sufficient antepartum antisyphilitic treatment assures the woman a syphilis-free baby in 95 per cent of the cases.
4. The best results will be obtained with ten or more treatments.
5. Treatment should be mild but continuous and should not be controlled by the Wassermann reaction.
6. The concurrent use of arsenic and a heavy metal has worked well in our hands.
7. Such therapy seems to be safe for the mother.
8. In the vast majority of cases, a strongly positive cord Wassermann test, properly done, means that the baby has congenital syphilis. A negative cord Wassermann reaction is of little value in the diagnosis of congenital syphilis.
9. The characteristic picture of osteochondritis of the long bones is pathognomonic of congenital syphilis.
10. There seems to be no condition in medicine that returns such huge dividends in life and health with such a small output of energy and money as that seen in the prevention of congenital syphilis.

In "Trends in American Obstetrics During the First Third of the Century," by Lyle G. McNeile, we find the opening sentence: "Although many notable advances and changes have been made in the practice of general medicine and surgery during the present century, in no specialty have there been more drastic changes than in obstetrics." He pointed out: ". . . at the beginning of this century every general practitioner had perforce to be an obstetrician; but at this time the new fledged doctor obtained his diploma to practice with little or no actual experience in clinical obstetrics. There were at this time not more than a half dozen medical schools that maintained lying-in hospitals in which medical students could witness deliveries, and the student who had actually delivered one or two women before he was graduated was considered very lucky." He discussed "The Dawn of New Obstetrics," "Causes That Contributed to the Changed Tendencies in Obstetrics," "Trends of the New Obstetrics," "Obstetric Education," "Is Pregnancy a Disease of Nine Months' Duration?," "Trend Toward Making Obstetrics Easier for Patient and Physician," "The Elimination of the Midwife," and "Apparent Trends Characterizing Obstetrics in Present Century."

Pierce Rucker discussed "The Treatment of Eclampsia," dividing it into two parts: preventive and curative. He strongly emphasized the former, stating that it should start when there is a rise in blood pressure or unusual gain in weight. Statistics on 129 treated cases were related under the headings "stopping the convulsions," "good nursing care," "promoting kidney function," and "digitalis,"

of which adequate dosage was deemed mandatory.

The Section on Obstetrics and Gynecology was the title used beginning in 1938. In "The Undergraduate Teaching of Obstetrics," E. D. Plass discussed factors relating to the problem and offered "a considerable defense of the men now actually engaged in obstetric teaching." It was pointed out that modern obstetrics is actually a field of preventive medicine. Didactic obstetric teaching was rated par with instruction in the other medical clinical branches, but it was emphasized that the clinical instruction could not be expected to result in competency to handle all obstetric emergencies. He pled for the more effective utilization of the trained and experienced obstetric specialists but appreciated the fact that changes in medical thought would inevitably be involved, requiring time.

Harvey B. Matthews directed attention to "Obstetric Shock: Its Causes, Recognition and Management." An historical account is given. The primary principles were elaborated. His concluding statement was as follows: "Real progress in the prevention, recognition and management of shock lies not only in cultivating the art of obstetrics but in the study of biologic principles that concern reproduction, function, nutrition, metabolism and the repair of tissues, and in the thoughtful application of this knowledge. With the mastery of these principles clinical experience and the maturity of years will give that degree of sound judgment which every physician doing obstetrics—general practitioner or specialist—longs to attain."

1940 to 1949

The 1940 address of Ludwig A. Emge, "Present Trends of Socialization of Medicine in Relation to Maternal Welfare," exemplifies intelligence and foresight, as time has proved. In a discussion of the aim of socialization, the national health program, the care of migratory workers in California, hospitalization, and the position of physicians in administration, the plea is made for enlightenment of the profession, the development of sound convictions, and "action—organization and cooperation—and this must come from within our ranks."

The following year Norman F. Miller discussed "The Perpetuation of Error in Obstetrics and Gynecology," listing the circumstances which "combine to make our time particularly susceptible in this respect" as the World War; "endocrinology, the beautiful romantic young maiden of modern medicine, who keeps us dizzy with her therapeutically provocative gyrations;" overzealousness in the field of medical writing; and blind adherence to obsolete ideas in our specialty. Careful consideration was given to "Errors That Are Being Perpetuated," "Perpetuation of Obsolete Standards," and "What to Do About It." He closed with this sentence: "If

we recognize our responsibility and accept this challenge, if we are unafraid and willing to think and plan in terms of a newer and better standard of medical care for the pregnant woman, then I foresee for obstetrics, for maternal and child health, a new and great future."

The 1942 address, "The Educational Objectives of the American Board of Obstetrics and Gynecology," presented by Walter T. Dannreuther, president of the board since its founding 12 years prior, deserves to be read in its entirety.

The 1943 meeting was scheduled for San Francisco, but, because of war, only the Board of Trustees, Executive Committee, and the House of Delegates met. The next year, Louis E. Phaneuf's "The Changes in Operative Gynecology During the Last Quarter-Century" was summarized as follows:

The last quarter of a century has shown significant improvement in surgical technic, with emphasis on careful dissection and ligation of individual vessels with fine material rather than mass ligation of tissues. The treatment of carcinoma of the cervix has changed from surgery to irradiation with the return to the radical pelvic operation by a few gynecologists in early cases and good surgical risks. Carcinoma of the uterine corpus and fundus has remained a surgical lesion, surgery, however, having been complemented by irradiation. Improvement in the operation of myomectomy has resulted in more conservative management of these lesions in the young; supravaginal hysterectomy still remains the common method in use, while an increasing number of gynecologists have turned to panhysterectomy as a prophylactic means against carcinoma of the cervical stump. Vaginal hysterectomy has been reborn and improved and has now become a commonplace procedure. The increased number of surgical vesicovaginal fistulas has been responsible for the elaboration of new technics in the cure of this lesion.

Trachelorrhaphy and amputation of the cervix are less frequently done, these having been replaced in many cases by cauterization and electrocoagulation. A significant advance has been made in the surgical treatment of uterine prolapse, cystocele, and rectocele through better anatomic understanding of these lesions and by reconstructing the deficient supports through the vagina rather than by depending on abdominal suspension or fixation of the uterus. Pelvic inflammatory disease has been handled more and more by conservative methods, and the sulfonamide drugs seem to show great promise in lessening and eradicating this condition. Ovarian tumors have been better classified, the rare tumors have been discovered, the tendency of malignant changes in these neoplasms has been emphasized and their early ablation has been strongly advised.

The 1945 meeting was canceled due to war, and only the Board of Trustees, Executive Committee, and House of Delegates met. The next year, Philip F. Williams, to whom should go the highest of praise for his efforts in bringing into existence in 1951 the "national organization for ethical, competent obstetricians and gynecologists," spoke on "Maternal Welfare and the Negro." The reprint distribution of this address was considerable. His closing paragraph was as follows: "Obstetric care has undergone an evolution in this generation, but the Negro has not participated fully in the benefits of modern obstetrics. It is not possible to have

two systems of maternal welfare; there must be one all-inclusive health program. Health education and adequate maternity care for the Negro are amply provided for in the proposed national health program of the American Medical Association. Conservation of human life in the process of reproduction should be shared equally by all Americans. The interest and activity of the medical profession can bring this about."

Alice F. Maxwell was in the Chair at the A. M. A. Centennial session of the Section. Her subject was "A Medical Inventory." Unfortunately, this address evidently was not published and a copy of the manuscript is not available.

William F. Mengert's "Estimation of Pelvic Capacity" included the listing of the five components of cephalopelvic disproportion as "size and shape of bony pelvis, size of fetal head, force exerted by the uterus, moldability of the head, and presentation and position." His discussion of subjects, methods, interpretation, and results and his comments are excellent and should be read in full.

1950 to 1957

"Reproduction in the Older Woman" was the title of the address by L. A. Calkins, and it included 10 tables of interesting data. In his summary and conclusions he stated:

Older pregnant women, like other women of the same age but not pregnant, are more apt to have fibroids, hypertensive cardiovascular disease and, perhaps, carcinoma than are younger women. They are, therefore, deserving of the most careful and complete examination of all their organs and functions. The analysis also seemed to show that labor and the results thereof, except for a possible extremely moderate increase in fetal mortality, can be expected to progress along the same lines as for the younger groups. Our present fear of the outcome of pregnancy for the elderly primigravida is no more justified than would be such a fear for the elderly multigravida.

James Ramsdell Bloss, Chairman of the A. M. A. Board of Trustees in 1944, discussed "Causes of Fear Among Obstetric Patients" in his 1950 address, emphasizing that obstetricians and gynecologists must understand and "practice the humanities as well as the science of the medical profession." He included discussion of "Fears with Psychologic Basis," "Basic Conflicts," and "Fears with Legitimate Basis." It was pointed out that there has been too much disturbing publicity about the Rh factor. Frank, encouraging discussions with patients in the light of scientific medical accomplishments were recommended.

"The Test of Labor—An Evaluation of Its Present Worth," by Arthur B. Hunt, contained 10 tables. His conclusions were well drawn. They included this statement: ". . . to date there is no better way to justify an initial cesarean section than a failed test of labor." It also tests the obstetrician's "powers of observation, vigilance, judgment, obstetric conscience, and technical skill."

Louis H. Douglass spoke on "Repair of Obstetric Soft Tissue Damage Immediately Post Partum," based on an experience of about 17 years of practice, under the headings of "Cervical Repair at Delivery," "Perineorrhaphy at Delivery," and "Advantages of Elective Perineorrhaphy." He had been pleased with his anatomic results, and the expressions of gratitude from patients had been very rewarding.

Albert W. Holman was elected to the chairmanship for the 1953 meeting, but he died in 1952, being succeeded by Vice-chairman R. Gordon Douglas.

"The Challenge of Dystocia" was the subject of Chairman Bernard J. Hanley. His second paragraph began, "Prolonged labor per se is not necessarily harmful, but prolonged labor accompanied by a difficult forceps operation is a combination that always causes injury to the mother and is frequently lethal to the baby." He emphasized that patients in prolonged labor should be properly sedated and given adequate fluids. He and his co-workers had obtained excellent results in determination of the anterior pelvic depth by the use of the Hanley-McDermott pelvimeter, which he considered a rational procedure for determining the possibility of midpelvic or outlet dystocia.

Frederick H. Falls spoke on "Conquest of Eclampsia." A résumé of this is as follows:

The convulsive stage of eclamptogenic toxemia has been gradually eliminated in three hospitals over a period of 20 years, despite the fact that eclampsia remains one of the three most common causes of maternal mortality in the country as a whole. The improvement is related to the increasing frequency with which toxemia is recognized and the systematic attention given to it. The mild nonconvulsive forms of toxemia, found and treated early, are without much danger. It is the convulsive stage of the disease that does irreversible or fatal damage. A simple program of management that has been developed must be brought to bear as soon as toxic symptoms appear and must be continued until the symptoms are brought under control or the patient is delivered. The program includes strict prenatal care, hospitalization if ambulatory care proves insufficient, induction of labor if the toxemia progresses, and cesarean section if certain indications exist. Although more knowledge of this disease is needed, the means for preventing most of the deaths that now occur are already available.

In 1956 Frank R. Lock discussed "A Concept of Operative Gynecology," which he summarized as follows:

Operative gynecology is a major field of medical practice. Although the pathological significance and natural history of pelvic lesions is well known, the methods of management by the profession at large are variable. The arbitrary application of surgical procedures, according to the basic principles of the removal of pathology or correction of anatomical defects, is not acceptable in the field of gynecology. The effects of a given operative procedure must be weighed against the consequences of other management of existing pelvic pathology. It is possible to establish beyond a reasonable doubt that relief of symptoms will result from operative or nonoperative

treatment in gynecology, through exact diagnosis and appraisal of the related pathologic, physiologic, and psychologic processes of women.

In 1957 D. Frank Kaltreider gave an address on "Fetopelvic Grading of Breech Presentations." THE JOURNAL's summary follows:

In the management of a breech presentation, three factors must be considered in order to decide between vaginal delivery and cesarean section. These are (1) pelvic size, (2) pelvic shape, and (3) estimated fetal weight. Pelvic size can be accurately measured by x-ray pelvimetry. Unless the infant is premature, vaginal delivery is contraindicated in flat pelvis with an obstetric conjugate of less than 10 cm. Fetal weight is best estimated by having four or more examiners give an estimate without the knowledge of others and averaging the estimates. In addition to the above three factors, the behavior of the sacrum and consideration of uterine inertia must also be taken into account.

Comment

Conceived by its 12-year-old mother, the A. M. A., the Section was born at term in 1860, being given the name "The Section on Practical Medicine and Obstetrics." That appellation was subsequently changed as follows: 1867, Section on Practice of Medicine and Obstetrics; 1873, Section on Obstetrics and Diseases of Women and Children; 1880, Section on Obstetrics and Diseases of Women; 1911, Section on Obstetrics and Gynecology; 1912, Section on Obstetrics, Gynecology and Abdominal Surgery; and 1938, Section on Obstetrics and Gynecology. Prior to 1958, the Section had held 93 meetings in a total of 30 cities, including Atlantic City, N. J., Chicago, and San Francisco, ranking in that order of frequency. War caused cancellation of the 1861, 1862, 1863, 1943, and 1945 meetings. The life of the Section has at times been impassioned and troubled, as exemplified by the Civil War years and the proposal of an abolition amendment in 1888. It has had its hours of bitterness and its reports of tragedy, but these are greatly outweighed by its superb and glorious hours. Mindful of its accomplishments and thankful to the Great Physician for them, we look to the future with anticipation of continued progress and happiness.

4240 Magnolia St. at General Pershing (15).

The bibliographic references have been omitted from THE JOURNAL and will be supplied by the author on request.

Data on the A. M. A. presidents were obtained from the section written by Walter L. Bierring, M.D., in "A History of the American Medical Association 1847 to 1947," by Morris Fishbein, M.D., published by W. B. Saunders Company, Philadelphia, 1947. That volume contains a paragraph on the Section on Obstetrics and Gynecology.

I am grateful to the following persons for their assistance: Albert W. Beacham, M.D.; Johnson F. Hammond, M.D., of THE JOURNAL; Thomas G. Hull, Ph.D., Secretary of the A. M. A. Council on Scientific Assembly; Miss Mary Louise Marshall, librarian, Rudolph Matas Medical Library; Miss Sarah Young; and Mrs. Margaret S. Bidwell, of the *Journal of the Louisiana State Medical Society*.