

IN MEMORIAM

JOHN WHITRIDGE WILLIAMS

1866-1931

JOHN WHITRIDGE WILLIAMS, Past President and outstanding member of the American Gynecological Society, died October 21, 1931.

Elected in 1892, at the early age of twenty-six years, at a time when half its original members were still active, Dr. Williams shared with one other member the honor of the longest active membership in the American Gynecological Society, and was intimately known to all our members, past and present. To write of him is, therefore, to place on record what is known to practically all of the members of this Society with, perhaps, some small details of his activities, which may be of interest.

Born in Baltimore, January 26, 1866, the son of a distinguished Baltimore physician, Dr. Williams had other handicaps to a professional career. An aristocrat, with not only generations, but centuries, of New England on the one side and Virginia on the other, with, as a stout root of his family tree, one Baron Han Jost Hite, Alsatian, and founder of Strasburg in Virginia, the tradition of professional life was all too strong. His maternal great-grandfather, Dr. William Whitridge, of Tiverton, Rhode Island, was in pre-revolutionary days, the recipient of honorary degrees from Harvard and Yale. He was a distinguished chemist. On his father's side, grandfather and great-grandfather, both learned in the Law, had successively dropped dead in the same court house in Virginia. With such a background success was possible only by work, and steady systematic work was the underlying secret of Dr. Williams' career.

Educated at Baltimore City College he entered Johns Hopkins University at the age of eighteen years and graduated with the degree of A.B. two years later, an unequalled evidence of a brilliant intellect. His medical course at the University of Maryland was also completed in two years and at the early age of twenty-two years his medical career was before him. He took no internship, but left immediately for Vienna and Berlin to obtain more thorough grounding in pathology and bacteriology. He returned to Baltimore a year later and was attached to the gynecological staff of the newly opened Johns Hopkins Hospital as Assistant in the Department of Gynecology. He spent the greater portion of his time in the Pathological Laboratory under the guidance of Dr. Welch, and his thesis for admission to the Gynecological Society on "Tuberculosis of the Female Generative Organs," was the direct result of this work.

In the Transactions of this Society there is early evidence of his gradual trend towards obstetrics. The records show his name associated with papers on "Septicaemia" in 1893, "Pelvic Cellulitis" in 1895, and on

"Deciduoma Malignum" in the same year. The year 1894-5 was spent abroad. This time he was studying obstetrics in Leipsig and making further studies in pathology with Chiari in Prag, bringing, as a result, his monograph on "Sarcoma of the Uterus." On his return to Baltimore he was appointed Associate Professor of Obstetrics, and in 1899 became Professor of Obstetrics and Obstetrician-in-Chief to the Hospital. At that time he was only thirty-three years of age.

Within four years of his appointment as Professor of Obstetrics he had prepared and published his outstanding textbook on Obstetrics. Active in practice, active in teaching and particularly active in organizing what was to become an outstanding obstetrical clinic in America, it is difficult to understand how Dr. Williams had time, for the vast amount of reading and thought that went into this, for the time, amazing book. Let it be remembered that a generation ago, obstetric clinics with available material for intensive study were a rarity, and that wide clinical experience was possessed by few, other than the heads of the great European clinics. The book appeared in 1903 and Dr. Williams eagerly awaited the opinion of the profession. His standing in America was assured, but the European reception was uncertain. The English reviews were particularly gratifying. The *Lancet* said "that the account of the development of the early placenta is the best that has so far appeared in any text book in the English language." It approved his attitude towards symphysiotomy, then a subject much discussed, and noted his attitude towards Cesarean section as a substitute for premature labor. It particularly approved his summary of the bacteriology of puerperal fever, but believed the precautions suggested for its control, particularly in private practice, "are made a little too light of." It stated frankly that "many of the methods of treatment advocated, though not in common practice at the present time, are likely to be the current teaching of the future."

The *British Medical Journal* was not so enthusiastic. It "hinted that the author is greater as an histologist and surgeon than as an accoucheur" and complained that "at the present day, histology and surgery seem to be considered the appropriate training for the teacher of midwifery." It bluntly stated "were his knowledge of clinical midwifery equal to his acquaintance with histology and bacteriology, he would have produced an epoch making work."

How time has dealt with these criticisms is not for me to say. It is probably sufficient to point out that these were the problems of a generation ago, and that if they have failed to be solved, it was not the fault of John Whitridge Williams. Far from being too theoretical, each one of his patients was the object of close clinical observation, the only limitations being a primary insistence on absolute surgical technic and consideration for the sensibilities of the patient concerned.

The rapid increase in the material available for study made possible more attention to clinical problems, such as contracted pelves and syphilis,

yet here again the importance of system was well exemplified when the routine examination of placentae led, some years later, to the discovery of a normal and syphilitic section in the placenta from a twin pregnancy and the confirmation of this heretofore unbelievable condition by a follow-up of the clinical history of the patient herself.

The Clinic established and the book written, the ultimate goal was not lost sight of, "I hope I may live to see the day when the term—'obstetrician'—will have disappeared and when all teachers, at least, will unite in fostering a broader gynecology, instead of being divided, as at present, into knife loving gynecologists and equally narrow-minded obstetricians, who are frequently little more than trained men-mid-wives." This from his presidential address in 1914. In the same address he placed the responsibility for lack of progress in this broader gynecology in "too great a tendency to regard the practice of medicine as an engrossing financial pursuit, defective ideals, deficiencies in medical education and the divorce, in this country, of gynecology from obstetrics." He had little use "for the short term interne, who desires only a smattering of learning." Since his appointment as professor he had sent out from Johns Hopkins about one hundred men a year who had been made to realize that obstetrics was an important part of medicine and might be the job of a real man. A four or five year service in his Clinic gave to a number of men qualifications for teaching heretofore lacking and, at the time of his death, eleven such men were heads of departments of obstetrics in first class medical schools.

As Dean of Johns Hopkins Medical School from 1911 to 1923 he was able to put into effect his plan for full time teachers in the clinical branches and to further his campaign against medicine as an "engrossing financial pursuit." At the same time he was active in the Association for the Study and Prevention of Infant Mortality and had much to do with improving the hospital services of Baltimore outside Johns Hopkins. In 1919 he became full time Professor of Obstetrics and in 1923 resigned the Deanship in order to give his entire time to his Department.

Of the things he set out to do, one only failed of accomplishment—complete fusion of gynecology and obstetrics in his own school. Elsewhere his ideas had prevailed and in the reorganization of many of the larger schools in America his advice was eagerly sought and usually followed. As a result few men have had more influence on the course of medical education in the United States than John Whitridge Williams.

His personal influence was probably greater than his official influence. Respected by his associates and admired by his students, his relation to his coworkers is hard to describe. Admiration mellowed by genuine affection made a relationship comparable to, perhaps sometimes closer than, father and son. Undemonstrative, but essentially sincere and always fair-minded, he brought out all that was best in those who worked with him rather than for him.

A corresponding Member of the Obstetrical Society of Munich and Leipsig, an Honorary Fellow of the Obstetrical Society at Edinburgh, Glasgow and Paris and Honorary President Glasgow Obstetrical Society 1911 and 1912, he possessed Honorary degrees from Trinity College, Dublin, the University of Maryland and the University of Pittsburgh. At the very hour that he was laid to rest a meeting in London of the British College of Obstetricians and Gynecologists was assembled to confer upon him, Paul Bar and Essen Moeller the high distinction of Honorary Fellowship.

HERBERT M. LITTLE.

The contributions of John Whitridge Williams to obstetrics

Presidential address

NICHOLSON J. EASTMAN, M.D.

New York, New York

EXACTLY one-half century ago last week, on May 20-22, 1914, the American Gynecological Society held its Thirty-eighth Annual Meeting in Boston. The President of the Society that year was John Whitridge Williams, Professor of Obstetrics at Johns Hopkins University and Obstetrician-in-Chief to the Johns Hopkins Hospital. On the occasion of this fiftieth anniversary of Dr. Williams' presidency, it seems fitting today that I should join the high honor you have so graciously accorded me as your current president with the honor of paying grateful tribute to the memory of my former Chief and predecessor at the Johns Hopkins.

John Whitridge Williams was born in

Baltimore on Jan. 26, 1866. He came of a long line of physicians, both his father and grandfather having practiced medicine in Baltimore; his maternal great-grandfather began practicing medicine in Rhode Island in 1770. He was graduated at the age of 20 from Johns Hopkins University with the degree of Bachelor of Arts and two years later from the University of Maryland School of Medicine with the degree of Doctor of Medicine. In 1883, soon after graduation from medical school, he spent a year visiting obstetrical and gynecological clinics in Berlin, Leipzig, Prague, and Vienna. He spent the year 1894 abroad a second time, studying in Paris, Leipzig, and Prague; and in 1907 he paid still a third visit to the European centers. These periods of study abroad merit special note because it was in the great university Frauenkliniks of Germany and Austria that young Williams first became imbued

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with the concept that obstetrics and gynecology, far from being a mere craft, constituted an important canon of scientific knowledge deserving of diligent study as an academic discipline in a full-time university department.

Between his first and second European visits, in 1892, he was elected to Fellowship in the American Gynecological Society. He was 26 years old at the time—the youngest person ever to be admitted to Fellowship in this Society.

Before 1899 the departments of obstetrics and gynecology at Johns Hopkins were combined under the headship of Dr. Howard A. Kelly under whom Dr. Williams worked, in the nineties. But in 1899 the departments were separated. Dr. Kelly retained control of gynecology and Dr. Williams became Professor of Obstetrics in the University and Obstetrician-in-Chief to the Hospital, posts which he held for 32 years. In addition to duties associated with these appointments, he served as Dean of the Medical School from 1911 to 1923. These were crucial years for they covered the period when the clinical departments of the school were established, against much local opposition, on a full-time basis. Letters and other documents of that day indicate that Dr. Williams, as Dean, exerted a decisive influence in this change. As a consequence, he became the Chairman in 1919 of the first full-time department of obstetrics in the country.

Dr. Williams' contributions to the literature comprise some 120 papers and his textbook. His presidential address of 1914 is peculiarly pertinent today for it dealt with an issue which is very much before the Society at the present time. It had the forthright title: "Has the American Gynecological Society done its part in the advancement of obstetrical knowledge?" He based his answer to this question on a carefully tabulated analysis of the 1,010 papers that had been read before the Society during the previous 38 years of its existence. Of these, 664 were on gynecological and 346 on obstetrical subjects. He classified the 346 obstetrical papers according to his estimate of their merits.

To quote from his address:

"With as little bias as possible I have attempted to form a judgment as to the value of the papers, and I have designated as good or creditable those in which the subject under consideration was presented in a useful and attractive manner, but without adding anything new, and as excellent such papers as have contributed, even to a slight extent, to the sum total of obstetrical knowledge. Judged by these criteria I have placed 42 papers in the former and 27 in the latter category, 12 and 8 per cent, respectively. Consequently it would appear that, on the average, less than 2 creditable papers have been contributed each year, and that only 2 (truly original) contributions could be expected in three years. Surely this is not a showing of which our Society can be proud."

To continue the quotation:

"I was greatly surprised . . . at the dearth of papers upon many important subjects. For example, there was an entire absence of reference to the biological and biochemical aspects of pregnancy, and, with the exception of a demonstration by Minot, no mention was made of the fundamental problems connected with placenta-tion. Nothing was said of normal metabolism in pregnancy. . . . In the group dealing with the toxemias of pregnancy, eclampsia, and vomiting, one finds three creditable and two excellent papers out of 28. The same criticism holds good here as elsewhere, for with a few notable exceptions most of the writers were more concerned with the consideration of methods for evacuating the uterus than with the factors responsible for the production of the condition which made it necessary."

Among the presentations dealing with the various types of obstetrical hemorrhage, he found only one creditable paper and one excellent one in 23. Again he makes the same criticism:

"As usual there was but scanty consideration of the mode of causation of the abnormality or the anatomical peculiarities associated with it."

After analyzing, as he phrases it, this "doleful list" of papers still further, he reaches the following conclusion:

"If my estimate is correct that only 27 of the 346 papers were excellent, the conclusion is inevitable that the American Gynecological Society has not done its part in the advancement of ob-

stetrical knowledge. If this is admitted, and I fail to see how any other conclusion can be reached, the query naturally arises as to whether the failure to do so is to be attributed to the character of our membership or to some more deep-lying factor."

It was his opinion that the main reason for the failure of the Society to advance obstetrical knowledge was the complete absence in this country of true university departments of obstetrics and/or gynecology in the sense that chemistry, physics, and biology were true university departments. In those sciences full-time faculty members devoted all their time to teaching and research and so, relieved of the burden of earning a living by any kind of extradepartmental activity, were in a position to advance knowledge. To quote again:

"There is no doubt in my mind that the professorial chairs in the university medical schools need to be filled by broadly trained scientific men who are prepared to give their time to their duties. Such a development, however, is scarcely to be expected until the universities are prepared to equip and maintain women's clinics, somewhat similar to the *Frauenkliniken* of Germany, but more liberally provided with laboratories for the anatomical, chemical, pathological, and physiological investigation of gynecological and obstetrical problems. In this event the director must be an accomplished scientific man in addition to being a competent clinician, who will devote the major portion of his time to the conduct of his department. . . . Institutions of this character will also require the services of a large staff of well-trained and enthusiastic assistants. . . . Large endowment or State aid will be necessary for the support of such institutions, but I can conceive of no better expenditure of funds if it leads to fuller knowledge of the many unsolved problems connected with women and to the development of a body of men competent to undertake their investigation."

Coming as it did from an obstetrician, one of the most amazing statements in Dr. Williams' presidential address was this:

"I hope I may live to see the day when the term obstetrician will have disappeared and when all teachers, at least, will unite in fostering a broader gynecology, instead of being divided as at present into knife-loving gynecologists and

equally narrow-minded obstetricians, who are frequently little more than trained man-midwives."

It may be noted in passing that the name of this Society and that of the Society of Gynecologic Investigation use the word "gynecological" or "gynecologic" in the broad sense that Dr. Williams recommended, that is, to cover both obstetrics and gynecology. Moreover, to my ear at least, the current trend toward calling departments "departments of gynecology and obstetrics" rather than "departments of obstetrics and gynecology" suggests a trend in the same direction. As an obstetrician myself, I naturally view this suggested change with mixed feelings. But it must be admitted that the term "obstetrician and gynecologist" is a long and awkward appellation. More important, however, is the fact that the etymology of the word "gynecology" and the general philosophy of our specialty point to the wisdom of Dr. Williams' recommendation, made these 50 years ago.

I have ventured to review Dr. Williams' presidential address in some detail because it seems to me so pertinent today. As for his other papers, they fall into two categories. One category comprises several extensive studies, some monographic in length, on various aspects of the histology and histopathology of the female generative tract. Among these may be mentioned: "Tuberculosis of the Female Generative Organs" (1892), "Deciduoma Malignum" (now called "Choriocarcinoma," 1895), "Premature Separation of the Normally Implanted Placenta" (1915), and his valedictory, "Disappearance of the Placental Site During the Puerperium" (1931), published after his death. Present-day authorities on the placenta still regard the last-named paper as one of the classics in this field. But quite apart from the intrinsic merit of these studies, they represent countless hours over the microscope, hours during which his house staff as well as his senior staff could pass by his laboratory and see their Chief engaged in basic research—a constant reminder that it might be well for them to follow his example.

The other category of Dr. Williams' papers was clinical. While the subjects of many of these papers, particularly those dealing with prenatal care, the treatment of syphilis in pregnancy, and outlet pelvimetry may seem very banal today, it must be remembered that in the teens of the century, when this group of papers was published, these topics represented new and exciting developments—just as new and important then as the Papanicolaou smear, let us say, has been over the past decade or so.

As for Dr. Williams' textbook, despite the bunglings of its later editors, this volume, first published in 1903, has now served three generations of medical students and three generations of instructors as the standard text on obstetrics in most medical schools throughout the country. But a close inspection of the 1903 edition, especially when compared with other texts of that day, suggests that its most important function over the years may have transcended that of a mere manual for students, however successful. The main competitor of the first edition was the *Textbook of Obstetrics* by Barton Cooke Hirst of Philadelphia published by W. B. Saunders Company in 1898. This is an intensely practical work, replete with detailed advice about the management of the complications of pregnancy, labor, and the puerperium and with specific instructions about indications for and the performance of the various obstetrical operations. To the practitioners of the time it must have been invaluable. But from the viewpoint of the science of obstetrics, it may be noted, for instance, that the etiology of eclampsia in the Hirst volume was dismissed in one-half page while in the Williams text it was given seven pages. The Williams book devoted two pages to the structure and functions of the lower uterine segment while in the Hirst volume this subject received but a few lines. Granted that these old theories about eclampsia and the lower uterine segment are now known to be invalid, they set forth for inquiring minds the vast *terra incognita* of obstetrics. As stated in the preface of the 1903 edition, the Williams volume was an

attempt to present the science as well as the art of obstetrics and was the first American textbook to do so. From the viewpoint of scholarship, it is stated in the 1898 edition of the Hirst book: "The task, impossible within a single volume, of presenting a complete bibliography of each subject is not attempted. The student who desires such information is referred to the *Catalogue of the Surgeon-General's Library* or to the *Index Medicus*." In contrast, the Williams volume contained more than 1,100 references, almost entirely to the European literature. In sum, *Williams Obstetrics* was the first American text to present the subject of obstetrics to students and instructors alike as an academic discipline and to emphasize in its theoretical sections the vast potentialities of research in this field.

Dr. Williams' textbook was probably his third most important contribution to obstetrics. Doubtless, the second most outstanding was the influence he exerted over three decades on the development of academic obstetrics in the United States, as reflected in his presidential address before this Society.

We now come, in conclusion, to Dr. Williams' most important contribution to obstetrics, both in his own opinion and in mine. His greatest contribution was the men he trained, especially those who became chairmen of university departments of obstetrics and gynecology after varying periods of service on his staff. Many of these protégés of his have, in turn, trained their own protégés who have become departmental chairmen, extending Dr. Williams' ideas and ideals to the third generation. The list of the men who served directly under Dr. Williams and who subsequently became departmental chairmen in other schools of medicine reads as follows, arranged more or less chronologically:

Francis C. Goldsborough
J. Morris Slemmons
Frank W. Lynch
Clarence B. Ingraham
Arthur H. Morse

Thomas O. Gamble
John W. Harris
Tiffany J. Williams
Henricus J. Stander
Robert Gordon Douglas
Daniel G. Morton

Herbert Thoms
Karl M. Wilson
Everett D. Plass

John L. McKelvey
Andrew A. Marchetti
Herbert F. Traut

Dr. Williams died very suddenly following an abdominal operation on Oct. 21, 1931. He was buried in Greenmount Cemetery in Baltimore. And every year on October 21, for more than 25 years, a small group of

men and women who had served under him have gone to the Greenmount Cemetery, come rain or shine, and have laid a wreath on his grave in remembrance of the father of academic obstetrics in the United States.

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