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BY

THEOPHILUS PARVIN, M.D.,
Philadelphia, Pa.

FELLOWS OF THE SOCIETY:—Different emotions claim utterance as I attempt the duty of the hour.

Thanks are due you for having chosen me President when this honor was unexpected, and in my absence from the country. Accept my thanksgiving as the honest expression of a grateful heart.

But when I recall the able and illustrious men who have stood where I now stand, and remember their fitly chosen words of knowledge and wisdom—the practical lessons from personal experience of Emmet, Goodell, Howard, and Byrne; the large information and judicious counsels of Barker; the cogent criticisms and incisive sentences of Skene, of Reamy, and of Jackson; the fiery zeal and polemic power of that restless radical, commendation more than condemnation, Marion Sims; the graceful periods of Wilson; the strong and brilliant eloquence of the Chrysostom of our number, Thomas—to mention no other

names, may I not be justly anxious lest my address fall far below the standard that has been set, and performance prove so unequal to occasion and opportunity?

In this anxiety for the moment it seems to me that the distinction you have conferred, instead of being a crown of joy and power lightly worn, becomes a heavy load, *onus quam honos*.

Profound sadness comes when I reflect that of the sixteen chosen to preside over this Society before me, seven are dead. Barker, Peaslee, Sims, Smith, Byford, Kimball, Jackson—what a list of able men, *supra laudem et titulos*, from whom there is heard at the annual roll call of the Society not one *Adsum!*

Not only has one of the ex-Presidents passed away since the Society last convened, eight months ago, but quite recently Drs. Strong and Lee have been added to the list of the silent dead, one only in the morning, the other in the meridian of a brilliant professional career.

" All heads must come
To the cold tomb—
Only the actions of the just
Smell sweet in death, and blossom in the dust."

One of our guild, whose character, philosophic power, and literary ability we cannot too much admire, exclaimed, "Who cares to subsist like Hippocrates' patients, or Achilles' horses in Homer, under naked nominations, without deserts and noble acts, which are the balsam of our memories, the *entelechia* and soul of our subsistences?" Deserts and noble acts have made all these departed Fellows more than naked nominations. Their names abide as household words, and the good influence they exerted lives an immortal life:

" Tongues of our dead not lost,
But speaking from death's frost,
Like fiery tongues at Pentecost."

Coleridge defined philosophy an affectionate seeking after the truth; and Plato said: "Truth is the beginning of every good thing, both in heaven and on earth; and he who would be blessed and happy should from the first be a partaker of the truth." Believing it eminently proper for the President, if not an imperative duty, to express his opinions, offer his counsel, and even his criticisms should he believe them needed, upon questions concerning the interests and duties of the Society, that which remains of my address shall be thus occupied. I trust

that I may be inspired by an affectionate desire for the truth, and that I may be a partaker of the truth, speaking true words, rather than seeking pleasant, politic, and popular utterances, believing that the former will, if not now, bring better results. The words of Sydenham may be wisely adopted in this connection : "For having nicely weighed, whether it is better to be beneficial to men, or to be praised by them, I find the first preponderates, and much conduces to the tranquillity of mind. But as for fame and popular applause, they are lighter than a feather or bubble, and more vain than the shadow of a dream."

The important part which Dr. Chadwick has borne in originating this Society, and his constant help in its conduct, are so well known that only this appreciative allusion need be made. He wisely selected the term gynecological to designate it. But what does the word mean? What is gynecology? What the gynecologist? Bland Sutton speaks of those "engaged in that section of surgical craft known by the grandiloquent term, gynecology." Some would define gynecologist as one occupied with abdominal sections upon the human female, a laparatomist, or, according to recent neology, a celiotomist—a term which has a false whisper of hybridity and of heaven, and is a dulcet delight like "that sweet word Mesopotamia." Some advertise themselves, or are advertised, as gynecologists and abdominal surgeons, making the whole unbounded continent of pelvis and abdomen, male and female, their own.

Let me, by an appeal to etymology, rescue gynecology from its narrow use, thus vindicating the selection of the term gynecological as the name of our Society, and bringing in clearer relief its purpose and what should be its work.

In Plato's "Cratylus" the derivation of *γυνή*, woman, from *γενή*, birth, is stated. Thus, then, gynecology should be regarded as a synonym for obstetrics rather than for diseases of women, and the gynecologist is primarily an obstetrician; and this is usually, if not invariably, true. The word gynecology, both etymologically and in its primary signification, relates to reproduction in the human female, and secondarily to the diseases or disorders which interfere with or prevent this function, or those which are consequent upon its exercise. Our Society is concerned with obstetrics and diseases of women, and it is thus stated in the constitution, though the order is reversed.

The number of founders of the Society was thirty-nine—of

these fourteen are dead—and the membership was originally limited to sixty. Thirteen years ago, when the Society met at Cincinnati, the President, the late Dr. Sims, while urging many more or less radical changes, among them the increase of membership to one hundred, which was afterward done, though not immediately, made this statement: "It is not to be denied that there is a very large element of discontent amongst men who are our equals in everything, and who might be organized into a formidable rival national association." These words were prophetic; the prophecy is history, and there is a formidable rival association. That association numbers many able members, and has done very creditable and useful work. The country is too large, the number of the profession too great, for the amalgamation of the two organizations, or for ours to subtract from it its best men and thus cause its atrophy; proselyting is neither pleasant nor promising, and there is work enough for each organization. Nor do I believe that professional polygamy should be encouraged; monogamy ought to be the rule, and even bigamy a rare exception. Possibly doctors may sometimes want double honors, or triple, as a bashaw is not content with one tail, but seeks two or three as symbols of his power and importance. A doctor has at times been called to a young child suffering with digestive disorder, and to his inquiry as to its diet he is told, "Oh, it sits at the table and takes everything that is going."

A divided is too often a doubtful allegiance, and I believe a man ought to be satisfied to be a member of either organization. Moreover, the American Gynecological Society—excellent members as it has received from its rival, excellent men as it may now or in the future have the opportunity of receiving—has not room for the reception of such candidates without excluding equally well-qualified men who do not belong to any similar organization. And thus again a plea for monogamy, so far as the election of new members is concerned.

There are now twelve vacancies in our number. Should all these be filled at our present meeting? I think not, but rather that six or more places be left vacant each year, so that new applicants need not be rejected from want of room. To be waiting for dead men's shoes is not an enviable condition for those who wait, or for those who are expected to shuffle off their mortal shoes.

Further, I believe that geography ought to have some influ-

ence in determining our selections—the best man always, no matter where he resides. But if two men equally well qualified present themselves, then let the one be selected from an unrepresented State or part of the country. We call ours the American Gynecological Society, yet we have one active member living outside of the United States—the American Gynecological Society, and one-third of the members live in one State, while a decided majority are found upon the Atlantic seaboard! Therefore, if two candidates of equal fitness present themselves, one from Massachusetts and the other from Texas, I am for the Texan, provided he will attend the meetings with reasonable regularity. If, in like conditions and with like promise, one candidate is from New York, the other from Virginia, my vote is for the Virginian; one from Maryland, the other from Louisiana, I prefer the latter; one from Pennsylvania, the other from Indiana, I choose the Indianian, and thus on through the list.

Dr. Sims, in the address to which I have referred, advised that the President's address be delivered at 8 P.M. on the first day of the meeting instead of the second day, thus giving one hour more for regular work. I have taken the liberty of adopting this plan, not only for the reason he gave, but because recommendations made by the President ought to be presented as early as possible for the consideration of the Fellows. If the President of the United States did not deliver his inaugural until the term for which he had been elected was half over, it would be regarded as anomalous, abnormal, and absurd.

It almost invariably occurs that more papers than can be read and properly discussed are presented upon the programme. Usually some of these are read only by title. Some weeks ago I wrote to one who has been almost a life-long friend, one of the ablest, most learned and scholarly men, a man of long and large professional experience, and one of the most fluent and graceful writers, soliciting a contribution from him. In his letter of refusal he remarked, "There are too many societies and too many papers." These are not words to be carelessly cast aside, but to be carefully pondered. The highest motive in writing, as, indeed, in all voluntary action, is to do good, to utter helpful words to fellow-practitioners that may result in healing the sick; the lowest motive, that which degrades the noblest profession into the meanest trade, is to secure clients. I believe that the contributions to this Society have been mainly remarkably free from the least indication of a commercial character,

but we sometimes see in a medical journal an article which seems to have no other object than advertising the author. This may be so apparent that one feels like appending to the communication, "Still doing business at the old stand. Consultations invited. Patients solicited." Of such a writer one might repeat to himself, if not to others, the words of Guy Patin: *Nequidem medicus, sed plane mendicus*. Of course we never expect shop articles to appear in our published volumes, but all the articles presented here are not of equal value, nor are all such as should be published in an annual. Some of them would appear with greater fitness in a weekly or monthly medical journal; others, possibly, might be abridged. Now, why not have two or three members associated with our able Secretary to decide as to the disposition of papers, to revise those that needed revision, to condense where condensation was required, to advise the publication of some—a simple report of a case, for example, unless one presenting extraordinary features or collated with others, so that important conclusions might be established—in a medical journal?

It seems to me that the Brussels Congress presented a feature worthy the imitation of this Society. Although the meeting of the Congress continued nearly twice as long as ours, only three chief subjects, selected several months in advance of the meeting, were given prominence, these subjects being ectopic pregnancy, placenta previa, and the treatment of pelvic suppurations. Eminent men presented and discussed these subjects by previous appointment, then others participated as they chose. Besides, a large number of other papers, most, if not all, quite brief, were presented. Now, why might not the council at each meeting select four subjects, two of them, for example, relating to midwifery and the others to diseases of women, and appoint four Fellows to present an exposition of these subjects, and others to follow in discussion, then let any who desired participate? Besides, there might be volunteer papers, always brief, upon other subjects. When men know many months, instead of a few weeks, in advance that certain themes will be considered at the next meeting, they have ample time for study, for investigation and reflection, and will be able to give mature thought to the discussion or listen to it with the greatest profit. Extemporaneous speech is for many people not difficult, but most groan mightily when the cross of extemporaneous thinking is placed

upon their shoulders; even extemporaneous speech sometimes proves the truth that hasty births bring forth blind whelps.

Such a plan would do away with an evil which has been repeatedly criticised—the undue attention given to diseases of women, chiefly the surgical diseases. I find one volume of our Transactions which contains considerably more than three hundred pages occupied with diseases of women, and these mainly surgical, and but little more than one hundred given to midwifery. In the volumes of the Transactions of the London Obstetrical Society and of the Edinburgh there is usually a decidedly greater space given to midwifery.

In one of the two addresses by Dr. Barker he remarked: "I think I have said enough to show clearly that medical gynecology bears as important part in the work of this Society as uterine surgery." Dr. Taber Johnson said in 1879: "The tendency is to the newer field of gynecology, to the neglect of the more important department of midwifery." Dr. Skene, in his presidential address, stated: "From the time that this Society was organized until to-day the greater portion of its time has been devoted to surgery; this is neither necessary nor best."

Time has not abated in the least the force of these criticisms. I believe it would be wise to adopt the plan suggested, and there would be no occasion for the repetition of such censures. Moreover, our meetings would have increased interest and usefulness. A scattering fire makes no breach in the walls of an invested city or in the ranks of an opposing army. Combination and concentration of forces are the secret of victory.

Seventeen volumes, containing somewhat less than eight thousand pages of reading matter, testify to the active work of this Society. It is true that some of the papers were only of historical interest when presented, while others have, in the progress of our art, become so. Thus, who cares now to study gastro-elytrotomy, or the electric treatment of ovarian tumors? Possibly, too, some of the papers should have been published elsewhere, and it may be—thus I confess my own shortcoming—that the perineum has been protected without the production of any revenue. Nevertheless there remains a great body of scientific truth and of practical instruction, an invaluable collection for all engaged in the study of obstetrics and diseases of women.

The question as to how and by whom obstetrics and diseases

of women should be taught is one that may well engage the consideration of this Society. That didactic instruction in these branches is, as a rule, well given in our various medical schools, will be conceded; but it is feared that practical instruction is also, as a rule, far below the needs of the student. To be one of a hundred or of several hundred witnessing operations adds very little knowledge to the witness. The true ideal of instruction can only be realized in a large hospital devoted to obstetrics and diseases of women, students being taught in small number at a time. Only thus can these students acquire reasonable expertness in diagnosis, and only thus can they satisfactorily and instructively witness the methods of treatment, whether surgical or medical.

But, passing by this point, the question as to the teacher is to be considered. It is well known that only recently in the chief medical schools of London has it been permitted the teacher of obstetrics and diseases of women to perform an abdominal section—this being held the right of the hospital surgeon. In France the surgeons have generally been the operators. The subject was discussed by Dr. Smyly, of the Rotunda Hospital, Dublin, before the British Medical Association in 1891, and in his address he stated: "Midwifery and gynecology must go together; they are sciences which God has joined together, and should never be put asunder." And again he states that it is impossible to draw the line between them.¹

Auvarde asserts that "the necessary fusion of the two scien-

¹ "Let us now endeavor to define this line. A woman presents herself for examination. The first duty of the examiner is to determine the presence or absence of pregnancy—that is obstetrical; but if she happen to be sterile in consequence of endometritis, she should, of course, be treated by a gynecologist. Under his judicious treatment she so far improves as to become pregnant; provided the pregnancy be uterine, her case is obstetrical, otherwise gynecological. Even if the ovum is situated in the uterus her position is still uncertain; for if the conjugate diameter of her pelvic brim be two and a half inches or less she should go to the gynecologist, otherwise to the obstetrician. Her pregnancy probably ends in abortion, which does not improve the endometritis, and she acquires the habit of aborting, and again requires the gynecologist. Becoming pregnant again, she goes to term, but has placenta previa. If this be partial, the obstetrician is in place; but if complete, abdominal section is, according to Mr. Tait, advisable, and so a specialist in this department is called in; but after delivery by the obstetrician she may be attacked by septic peritonitis, when, according to Dr. Savage, the gynecologist is again required. Should her perineum be ruptured the obstetrician may at once sew it up, but if primary union was not obtained she is once more handed

tific branches, which make but one specialty, is quite manifest, and no evil results from this union. An accoucheur ought to be a gynecologist, and a gynecologist an accoucheur; if the physician is only one or the other he is only an incomplete savant, a scientific monorchid."

In an elaborate recent paper upon the "Teaching of Gynecology in France," by Doléris, this distinguished and able Honorary Fellow of our Society takes the ground that obstetrics and diseases of women should be taught by obstetricians: "One is not a gynecologist if he has not begun by being an obstetrician." "The great majority of the affections treated by the gynecologist have their origin in puerperality, in the traumatism accompanying delivery, and in infection in the lying-in." "This natural connection between gynecology and its mother branch, obstetrics, appears to give a solution of the question the most logical, the most easily realized, the most favorable for the development of the science, and conforms to the results of the experience of our neighbors." "In Germany, in Austria, in Italy, everywhere as hospital service, as both theoretical and clinical teaching, it is entrusted to obstetricians."

Believing this one of the most important questions in the future of medical teaching in our country, it was my purpose to devote my address chiefly to its discussion. I wrote, some months ago, to my friend Prof. Winckel, asking the reasons for the practice, universally prevalent in Germany, of uniting obstetrics and diseases of women under one teacher; but his reply was only received two days ago, and is so complete and elaborate a consideration of the subject that attempt at successful condensation is impossible, and simply introducing extracts would be unsatisfactory and do injustice to the distinguished author. Therefore, with the permission of the Society, it will be added as a supplement to my address, knowing that all the Fellows will be glad to have it in complete form. Partly in anticipation of this act, my address will be briefer than such performances usually are, and its deficiencies will be more than compensated by the paper of Dr. Winckel.

Shall I repeat the protest so often here made, especially by Dr. Jackson, against unnecessary operations, particularly the re-
over to the gynecologist. But such a course would not only be absurd and contrary to the dictates of common sense: it would frequently be fraught with danger."

moval of the uterine appendages, unless to remedy diseases otherwise incurable and intolerable? But "what so tedious as a thrice-told tale?" I have sometimes wished that, in the multiplicity of papers describing important operations and their great success, there might be an occasional one, not upon how to do, but upon how not to do it. There is a glamour about successful surgery—a flashing of swift fame, a glitter of gold and a promise of financial felicity, as well as the conscious pride of success and of instant relief—that may mislead, operations being done that might have been averted by judicious hygiene, and patient, wise medical treatment. It is useless to deny that unnecessary operations, sometimes sexual mutilations, are done, and that many women are saved from them by changing their professional adviser. Some are so blinded by their successful surgery that they are unwilling to admit that they have ever committed such a fault, and have no patience with those who suggest its possibility. Human judgment is fallible, and liability to error belongs to all.

Preventive medicine is the battle-cry of the day. Prophylaxis by means of asepsis and of antisepsis has won a noble triumph in almost completely banishing puerperal infection from great maternities. Time was when such institutions were sometimes literally decimated by the terrible scourge; but now in two maternities, one in this city and the other in Lille, there have been two thousand cases of labor without a maternal death. If the same care can be had in all cases of labor and of miscarriage, one important source of pelvic suppurations, usually requiring an important operation, will cease.

Here let me make two digressions, historical in character, the one relating to pyosalpinx, the other to the prevention of puerperal fever. More than fifty years ago the most brilliant lecturer on obstetrics that our country has ever had, the late Dr. Charles D. Meigs, described a fatal case of general peritonitis occurring in childbed, caused by the rupture of a purulent collection in one of the tubes; this fact seems to have escaped the observation of those who have done abdominal section for puerperal pyosalpinx.

This is the semi-centennial of the publication of a paper on the contagiousness of puerperal fever, the thesis that such disease was communicable by doctor or nurse being established beyond successful dispute, and also prophylactic rules, anticipating

part of the important teaching of Semmelweiss, laid down. The author thereby did more, I honestly believe, than any American obstetrician, living or dead, to save the lives of puerperal women and their new-born children. Later in the evening you will learn what means have been taken to pay some slight honor to the name and the deed of Oliver Wendell Holmes.

Returning from these digressions, if so much has been done and can be done to guard against infection in childbirth and in miscarriage—an infection which may result in pelvic suppuration—why may not other causes of suppurative salpingitis, especially gonorrhœa, be obviated by suitable prophylaxis? Those grave operations, whether that commonly known as Tait's, or that of Péan, or any other, such as perineotomy, are usually a confession of the indolence, the ignorance, or the impotence of medicine. Yet the disease which culminated in suppurative salpingitis, generally was in its beginning accessible and amenable to local treatment which would have prevented its extension.

I would not disparage the brilliant results obtained by abdominal section in pelvic suppurations, and I recognize among American operators many as able and as successful as any in the world; at the same time I would gladly see their work much more limited, as I believe it can be when medicine asserts its prophylactic and curative power, as it surely will in the progress of our knowledge.

But behind this protection a strong bulwark should be erected, and here I refer to the morality question. As physicians and philanthropists, our duty to care especially for the health of women and to protect them from disease, and knowing countless cases of wives made sterile, their health more or less seriously impaired, by the licentiousness of husbands who regard the seventh commandment as obsolete, we cannot ignore what has been called the social evil. If we content ourselves, as so many do, with declaring it a necessary evil, and utter no warning, make no effort to arrest the black tide of disease and death, of sorrow and suffering and crime, we do not meet the grave responsibility of the hour. An eagle stole meat from the altar of the gods, but took with it a coal of fire that utterly consumed her nest and her young. We who are priests at the altar of woman's health are derelict in duty if we do not throw around it all possible protection.

What if the immortal Jenner had said, Small-pox is a neces-

sary evil, and therefore I will do nothing to avert or to mitigate the scourge? So, in the presence of a great moral and physical evil, let us beware of saying nothing can be done to avert or mitigate. My own belief is that if fathers were as careful to inculcate lessons of chastity upon their sons as mothers upon their daughters; if that double standard of sexual morality which prevails in society, regarding the licentiousness of the young man as venial, while it brands his sister who lapses from virtue as an outcast, never to be forgiven, were forever abolished; if the true horrors, loathsomeness, and perils of prostitution were made known in a proper manner to young men—if the moral forces of good men and of good women could be combined, guided by the intelligent and zealous devotion of physicians, bearing full high advanced the White Cross, I am sure that a brighter, better day would dawn and a reign of social purity prevail. God speed the day!

Fellow-members, I approach the end of my address. I believe that the future of medicine is bright with promise, and year by year higher attainments will be made, in comparison with which much of the past will sink into insignificance. This Society will do more for woman's health, and thus for her happiness and usefulness, in the next seventeen years than in those that are past—"that which has been but earnest of that which shall be." When that period ends, probably one-third of the present membership will be in the grave. Some of us may, indeed, realize that the evening is coming—the shadows lengthening upon our pathway tell of the setting sun, and the sound of the nearing sea upon which we embark is borne to the attentive ear. Only, whether our remaining years are few or many, may each be able to say with Epictetus: "I am always content with what happens, for I think what God chooses is better than what I choose." Only, too, let it be remembered, those who depart have an interest in what is accomplished by them who abide a little longer.

"It may not be our lot to wield
The sickle in the ripened field,
Nor ours to hear, on summer eves,
The reapers' song among the sheaves.

"Yet where our duty's task is wrought
In unison with God's great thought,
The near and future blend in one,
And whatsoever is willed is done!"