

THE NECESSITY OF THE UNION OF OBSTETRICS
AND GYNECOLOGY AS BRANCHES OF
MEDICAL INSTRUCTION.

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IN all German universities the teacher of obstetrics is also the teacher of gynecology, and the clinic under his direction contains a department for the care of women in the puerperal state, and another department for women suffering with diseases of the sexual organs. Such an arrangement seems so natural that it scarcely requires discussion; but, although this union has been established in many European countries, in three of the most powerful nations—England, France, and North America—gynecology is wholly or largely practised by surgeons, who have stubbornly refused to yield their ground. Only recently the distinguished professor of obstetrics in Jefferson Medical College, Philadelphia, Dr. Parvin, requested my opinion in this connection, as he desired to present the subject for discussion at the meeting of an American medical organization.¹ It will, therefore, not appear trivial if, in open-

¹ The request reads as follows: "I would like to have your opinions and reasons in relation to the union of the chairs of obstetrics and diseases of women in medical schools. In America, as you know, it is common to have these subjects taught by two chairs, while in Germany the wiser method is followed of uniting them under one teacher. If I can get the needed information from you and one or two other teachers in Germany, I mean to discuss the matter in my address before the American Gynecological Society, of which I have the honor to be President" (December 23, 1892). In a second letter, dated April 4, 1893, he again asks me to give the desired information, to be utilized in the President's address to the American Gynecological Society.

ing my gynecologic clinic, I shall attempt to give a brief exposition of the subject, touching upon the question of the manner in which the union of obstetrics and gynecology has taken place, giving a condensed historic review. Then I shall consider why this union had to come about, or, in other words, I shall point out the indissoluble relations between the two departments; and, finally, I shall show why in England, France and North America, this union has not been maintained—a union which must be established in the near future.

If you will consult the oldest preserved records of medicine you will find that what was known of obstetrics and gynecology was included in chapters devoted to the consideration of other subjects; but that diseases of women received more especial attention, and had reached a higher degree of perfection, as indicated by Hippocrates' *De Morbis Muliebribus*,¹ at a time when the methods of resuscitating a dead child (for this was the task of the obstetricians of the day; who were only called after the wise women had exhausted their wisdom) were becoming known. In the six books of Celsus, also, in which obstetric knowledge had reached a stage of much greater completeness, and in which, for instance, podalic version is described,² there is no conjoint discussion of obstetrics and gynecology; as a matter of fact, the consideration of the diseases of women is even more scattered than in the work of Hippocrates.

The first author who, according to present notions, would be considered a gynecologist, was unquestionably Soranus, of Ephesus, who lived in the second century of the Christian era. In a work that has been largely preserved he devotes especial

¹ Cf. Hippocratis Opera, ed. Jan. Cornarius, Basel, 1546: chapters, De genitura, 39-43; De septimestri partu, p. 61; De octimestri partu, p. 63; De exsecutione fetus, p. 72; De natura muliebri, p. 287; De morbis mulierum, pp. 309-383; De sterilibus.

² *E. g.*, liber iv., cap. 20, De vulvæ morbo; liber vii., cap. 4, De fistulis; liber vii., cap. 10, De polypo; liber vii., cap. 28, Si naturalia fœminarum non admittunt concubitum, quomodo curari conveniat possit . . .; liber vii., cap. 29, Qua ratione partus emortuus ex utero excutiat.

consideration to obstetric teaching, as well as to the diseases of women, and throughout there is evidence that even at this time these branches had reached a high degree of perfection. In proof of this assertion it need only be pointed out that he was familiar with the vaginal speculum; that he recognized the differentiation between the vaginal portion and the mouth of the uterus on the one hand, and the vagina on the other hand; that he knew of the employment of pessaries in the treatment of displacements of the uterus; and that he partially or entirely removed the uterus for carcinoma. Moreover, as he treated of obstetrics in the same work, he considered the association a natural one, and presented the two subjects, not merely side by side, but, somewhat as Carl von Braun¹ has done in our day, in intimate relation with one another.² His successors for a long time depended almost solely upon his work. Then came the Arabians; and as their religious customs banished woman to the darkness of the harem, and placed the treatment of the diseases of women and of parturient women beneath the dignity of men, they developed nothing new in these departments. They were even unfamiliar with some things, such as podalic version, which had been firmly established at the time of their ascendancy, and thus permitted them to be forgotten.

With the invention of the printing press the reign of the Arabians in the department of medicine was brought to an end, particularly by Janus Cornarius, through whose admirable translations of the old Greek authors and through whose lectures and disputations the relative positions of Greek and Arabian medicine were placed in a proper light. Soon after this numerous authors (*e.g.*, Wolff, 1566, and Spach, 1597) began

¹ Ed. Martin, Atlas, plates xli., xlvi., xlvii.

² For instance, the superscriptions of the chapters in the second volume of a "Gynæcia" published by Valentin Rose (Leipzig, 1882) read as follows: cap. 1, De retentione menstruorum; cap. 2, De fervore matricis; cap. 3, De satyriasi; cap. 4, De præfocatione matricis; cap. 5, De tensione matricis; cap. 6, De inflatione matricis; cap. 7, De tumore matricis; cap. 8, De duritia matricis; cap. 16, De sterilitate; cap. 17, De difficile et laborioso partu, etc.

to publish so-called "Gynæciæ" "Compendia of Gynecology"—they might be called;¹ they also published in one volume the most noteworthy works of the Greeks, the Romans, and the Arabians, as well as the related works of Hippocrates, Galen, Soranus, Moschion, Cleopatra, Rocheus, Trotula, Albukasem, and Avicenna, in so far as they treated of obstetric and gynecologic subjects. These authors were not, like Soranus, pure gynecologists, and it is for this reason that the undertaking is especially noteworthy, because it indicates that already at this early period, in the sixteenth century, the two branches, obstetrics and gynecology, were considered as most intimately and inseparably related. Perhaps the circumstance that obstetrics, like surgery, was considered to occupy a lower plane in medicine, and the further fact that one of the most significant advances in obstetrics (the revival of version) was due to the great French surgeon, Ambroise Paré (1510–1590), contributed to the result that for several hundred years obstetrics was under the control of surgery. It was not before the beginning of the eighteenth century² that the first chair of obstetrics was established, though upon French soil, in the old German city of Strassburg. This was followed by the establishment of similar chairs in Göttingen (1751), in Vienna (1754), in Marburg (1792), and in Berlin. Although by the establishment of these chairs, in conjunction with which obstetric clinics were organized, the complete separation of obstetrics from surgery was begun, the operative division of the still small department of gynecology remained in the hands of the surgeon. Nevertheless it is a noteworthy fact, which has certainly contributed to the reunion of the two departments, that the first periodical,³ founded by Stark at Jena, dealt not only with obstetrics but also with the diseases of women and all that followed

¹ The title reads: "Gynæciorum hac est de mulierum tum aliis, tum gravidarum, parientium et puerperarum affectibus et morbis. Libri veterum ac recentiorum. Basel, 1566, Casp."

² Early in the twenties (1725?) Cf. Siebold, *gebh. Briefe*, p. 129.

³ The first volume appeared in 1787 at Jena.

—namely, the *Lucina* of Siebold, then the *Gemeinsame deutsche Zeitschrift*, the *Neue Zeitschrift*, the *Monatschrift*, then the *Archiv für Gynäkologie*, which first appeared in 1870—embraced both departments. It was not, however, until the middle of the nineteenth century—and my studies were pursued (1856–1860) toward the close of this period—that the teachers of gynecology were only the teachers of obstetrics, that they lectured only upon theoretic obstetrics, and that, in addition to demonstrations of labor in parturient women, they gave instruction in digital touch and operative courses upon the manikin. This was the condition of affairs in the year 1857 in Berlin and in most German universities. In the first decades of the nineteenth century numerous teachers of obstetrics had treated of gynecological subjects in monographs. I need mention only the text-books of Carus, Joerg, Mende and Busch. In addition, the distinguished Edinburgh gynecologist, Sir James Simpson, had delivered a course of lectures upon the diseases of women, which were recorded by some of his pupils and reprinted in Philadelphia. The obstetricians, however, had no clinical material with which to teach the diseases of women. Several small universities, such as those of Jena and Rostock, made exceptions to this rule, because, on account of the limitations imposed by lack of obstetric material and the special tendencies of the professors (Stark, E. Martin, G. Veit), gynecology was included in the course of instruction. A distinct advance was made in 1842¹ by Kiwisch, of Prague, at whose request a department in the general hospital for the treatment of the sexual diseases of women was transferred to his care. Soon after this a similar arrangement was made at Vienna, and by E. Martin in Berlin in 1857; and the last stone in the completion of the structure of general gynecology was furnished by the reception into the same clinic of gravid women and women suffering with diseases of the sexual organs, who were placed for treatment in part in the wards previ-

¹ Biographisches Lexicon von Gurlt und Hirsch, iii. p. 484.

ously used for the delivery of parturient women, and in part in new buildings constructed for the purpose.¹ The new buildings were constructed, some upon the pavilion plan, permitting a separation of the gynecological and puerperal cases (in Berlin and in Erlangen); some with several stories, for the ready classification of the cases (in Königsberg, in Breslau, in Halle, in Bonn, in Würzburg, in Munich, and in Heidelberg). In all instances, however, but one director was appointed for each clinic, and at no time has any objection been raised to this union,² either by the Academic Senate or by the Government; and various Landtags, by liberal appropriations for the purposes of these clinics, have given sanction to their work. As this process has for half a century been growing more complete and more general, it must have proved itself worthy, for during all these years no complaint has been made and no objection raised.

Why was this result unavoidable—in other words, what are the bonds that inseparably unite obstetrics and gynecology? To this question it is answered that both have to do with the same organs of the human body, and that these organs (unlike muscles and nerves, kidneys, pancreas, spleen, and liver, separated from one another and having individual functions), in addition to having a common vascular and nervous supply, are intimately related and supplement one another in physiological function, so that under pathological conditions a bond of sympathy at once exists. One need but think of the similar changes that take place during menstruation, gravidity, and parturition, and of the influence that displacement of the uterus exerts upon the vagina, tubes, ovaries, etc. It thus results that obstetrics and gynecology have to do only with varying conditions of the same organs, partly physiological, partly pathological, so that the two departments are thus practically inseparable; because, for example, all abnormalities of the female

¹ Cf. Fritsch, in "Die deutschen Universitäten," Ascher u. Co., 1893, vi., Gynäkologie.

² Cf. Fritsch, *loc. cit.*, p. 285.

sexual organs, excepting only those defects of development that render conception altogether impossible, may prove a source of difficulty in parturition, and so require treatment at the hands of the obstetrician. One has only to think of the complications of pregnancy and labor by ovarian tumors, by uterine myomata, and by carcinoma of the uterus—conditions that cannot always be recognized weeks or months before labor, but which are often discovered only at the time of labor and demand immediate, energetic operative intervention. How could an obstetrician not perfectly familiar with, and thoroughly able to carry out, coeliotomy, hysterectomy, the Porro operation, myomectomy, etc., properly perform his duty? Should the obstetrician not be thus qualified, he must call in the surgeon to act as accoucheur; so that if he is no gynecologist he should also be no obstetrician; and if in his capacity as a physician he must practise both obstetrics and gynecology, it would be simply ridiculous did not the same teacher give instruction in both branches. Conversely, nearly all the diseases of the female sexual organs may result directly from puerperal conditions, and it is one of the most important duties of the obstetrician to prevent such consequences, or, in the event of their occurrence, to treat them in their incipiency, during pregnancy, labor, and the puerperium. The conditions encountered are not alone such as require surgical measures. One need only recall the large number of nutritive disturbances of the sexual tract in puerperal women; besides, it has long been well known, as B. S. Schultze has demonstrated, that old retroflexions can never be better cured—that is, more rapidly and with greater certainty of permanence—than by the institution, during the first days of the puerperium, of systematic tonic and instrumental treatment. Is the obstetrician to say, “This is not my affair, I must call in a surgeon?” or shall he undertake the treatment of those retroflexions that are remediable by the application of pessaries, and turn over to the surgeon those chronic displacements dependent upon adhesions of the uterus to adjacent structures, because perhaps it might become necessary to perform a ventro-

fixation of the uterus? This arrangement would, no doubt, be entirely agreeable to some surgeons, but the condition would be a most deplorable one. For both patient and physician it would, under these circumstances, not be long before obstetrics and gynecology would be still further subdivided; so that in the course of time there would be exclusive vulval doctors, vaginal doctors, uterine doctors, tubal doctors, and ovarian doctors. Furthermore, if, as a result of peritonitis from perforation or septicæmia, a puerpera should be brought to the edge of the grave, should the obstetrician, waiting for the knife of the surgeon, permit the time most favorable for the successful performance of coeliotomy to escape, and the life of the woman thus to be sacrificed? If such a condition of affairs were permitted to exist we would be placed in the position in which it is said that English medicine stands, as illustrated by the story of the practitioner of internal medicine who was unable to render any assistance to an apoplectic near whom he happened to be standing when the attack occurred, because the physician was not permitted, and did not know how, to perform venesection. There can be no question that one who, as a competent physician, undertakes the treatment of any condition, should feel capable of the management of all of its phases, so that it shall not be necessary at a critical moment to call in more skilled assistance.

Without doubt, progress in obstetrics goes hand-in-hand with progress in gynecology; the one advances the other. A survey to determine which have contributed most largely to the development of gynecology, surgeons or obstetricians, will, without belittling the work done by such men as Paré, Jobert de Lamballe, Gustav Simon, Czerny, and Billroth, show that the work of such men as Kiwisch, Simpson, Schröder, Spiegelberg, and other living gynecologists, is not of less importance. Further, the recognition of this fact is manifested by two such distinguished surgeons as Billroth and Lücke, who in their great *Handbook of Surgery* devote a special section to the diseases of women, for the preparation of which they personally selected only pure gynecologists, namely, Chrobak, Fritsch, Gusserow, Breisky,

Hildebrandt, Olshausen, Bandl, Winckel and Zweifel. Billroth himself wrote the chapter on the diseases of the female breast. Finally, how much disease among women has been prevented as a result of the acceptance of the doctrine of Semmelweis concerning puerperal infection? Has not the principle of antiseptis, or rather asepsis, to which this doctrine led, though only after the later investigations of Pasteur and Lister, formed the basis of modern surgery and gynecology?

To go a little more fully into detail, let us ask who it was after McDowell in 1809, and later Spencer Wells and Keith and Stilling, had made ovariectomy a justifiable and successful operation, that perfected the operation? Were they not German gynecologists that did this, in whose front rank stands Carl Schröder? Moreover, who has rendered popular the performance of myomectomy, of castration for myomata, of enucleation of fibroids, if not Hegar-Kaltenbach, Leopold, Chrobak, A. Martin—all pure gynecologists? Who was it that took up again the operation of extirpation of the carcinomatous uterus, after it had lain in neglect for almost seventy years—who but the gynecologist, W. A. Freund, in the year 1878? And after Czerny, in 1879, reintroduced the operation of total extirpation of the uterus *per vaginam*, the operation was soon modified, extended, and improved, and given a permanent place, by Olshausen, Peter Müller, H. Fritsch, Winckel, Hochenegg, and Herzfelder—all gynecologists but one. Finally, coming now to German universities, who performs the largest number of cœliotomies, undertaken for the removal of the ovaries by such surgeons as Bernhard von Langenbeck, Neponuck von Nussbaum and Czerny, according to the method of the English surgeons, Charles Clay, Sir Spencer Wells and Keith? Everywhere in Germany it is the pure gynecologist who performs to-day all cœliotomies for the treatment of the sexual diseases of women, and who has the largest experience in this department of surgery. Not only surgical gynecology but also operative gynecology has attained a high degree of perfection, and especially through the classic work of Hegar-Kaltenbach. A long list of excellent monographs

—including the description of displacements of the uterus by B. S. Schultze, the works of H. Ruge and J. Veit upon carcinoma of the uterus, the microscopico-anatomical plates of Von Wyder—demonstrate that German gynecology has striven not to be narrow, and not to cut only for the sake of cutting, but to learn from removed structures the seat, nature, and cause of the disease-process that necessitates operative interference. It should be added that German obstetricians and gynecologists have always kept pace with their colleagues in other countries, and partly by literary study, partly by travel and personal contact, have kept abreast of every advance in the departments which they represent. The recognition of the value of their work is indicated by the numerous translations of their publications in various languages, French, English, Swedish, Greek, Russian, Italian, etc. (*e. g.*, the text-books of Carl Schröder, O. Spiegelberg and B. S. Schultze). Lastly, the crowning result of all of these endeavors, the most important factor in the intimate union of the branches, was the organization, in the year 1886, of the Congress of German Obstetricians and Gynecologists, the significance of which has, year by year, grown greater, and which constitutes a firm bond of union between the official representatives of general gynecology. Even those who at first opposed the organization of such a congress have enrolled themselves as members and have actively participated in its work; while the ever-broadening character of the work affords sufficient guarantee that the congresses will continue to be held, and that they will serve to maintain for all time the union between obstetrics and gynecology. In the meantime the medical press has worked in the same direction. In addition to the journals already named, and especially the *Archiv für Gynäkologie* and the *Zeitschrift für Geburtshilfe und Frauenheilkunde*, among the collaborators of which are included all the pure gynecologists of Germany, the *Annual Report in Obstetrics and Gynecology*, published since the year 1889 by Frommel, deserves to be mentioned. It cannot, thus, be considered unreasonable to say that it is scarcely conceivable for a separation of obstetrics

and gynecology ever to take place ; for the occurrence of such an event would be a decided step backward. Nevertheless it is, not difficult to find in the history of medicine instances, facts, methods, and devices, long well known, that have fallen into utter forgetfulness. It is but necessary to refer to the performance of version in labor, a manipulation that for centuries was entirely neglected. Under present conditions, however, it is practically impossible that such a work of destruction as was carried out twelve hundred years ago by the Arabians should be repeated ; and even should such an event occur, Germany, with all her culture, would be so influenced by surrounding nations that with the rejuvenation of science and the erection of indestructible monuments, as they now exist, gynecology and obstetrics would arise phoenix-like from the ashes, always with the well-known motto of Schleswig and Holstein : *Ap avig ungedielt*. Should the process of destruction go so far that the German nation, like the Polish, could never again be restored, the individual States in which gynecology and obstetrics were distinct would, no doubt, take steps to bring about their union.¹

We have now reached our third question, and I shall endeavor to show why obstetrics and gynecology are still in different hands in England, France, and North America. Beginning with the United States, we must offer a grateful tribute to the work of Marion Sims, who did so much for modern gynecology. Scarcely a subsequent writer has done so much to advance gynecology in many directions and, in such a striking manner as he. Though he considered himself a surgeon and designated his greatest work, "Clinical Lectures upon the Surgery of the Uterus," he was nevertheless a pure gynecologist,

¹ Their experience would probably be like that of Marion Sims (cf. "Autobiography," Stuttgart, 1886, p. 154), who, in the early part of his professional experience, literally said : "If there was anything that was odious to me it was the examination of the female pelvic organs." Nevertheless, as he himself says, his success lay in a direction that he would at first scarcely have dreamed of (loc. cit., p. 126). And this is the case not alone with the individual, but also with whole nations.

for the reason that not only do the various chapters of this work deal with the two questions as to the causes that prevent conception and the means of controlling these causes, but that his whole energy was more and more devoted to a study of the pathology of the female sexual organs, and that he early (1853) gave up his surgical work. Although, as it appears, he never practised obstetrics, still he deserves the credit of having established in America (in the city of New York) what Kiwisch did in Germany, the first hospital devoted especially to the treatment of the diseases of women.¹ One would have supposed that, with this accomplished, the union of obstetrics and gynecology in one hospital would have been an easy matter; but the conditions surrounding maternities in America are quite peculiar. Those devoted purely to purposes of instruction and which are well attended are extremely rare. To my knowledge New York alone possesses any. All others are either private establishments or departments of general hospitals (for instance, in the Cook County Hospital of Chicago), to which the physicians of the hospitals scarcely have access, and students not at all. This state of affairs is partially due to the fact that the working portion of the population in the United States is peculiarly better situated than the same class in Germany, and in consequence utilizes the maternities much more rarely. Besides, in consequence of the liberal means furnished such institutions from private sources, the poorest is provided with free and unbounded care and attention. Finally, it may be that, from excessive prudery on the part of American women as to their social position, men do not sufficiently and properly emphasize the necessity for the establishment of maternities for educational purposes. Extensive obstetric polyclinics naturally only partially make good the deficiency. It is, however, but a matter of time before these obstacles will also be overcome in America—a culmination that I hope to witness. Promise of this

¹ The history of this project, with its numerous disappointments, furnishes an interesting chapter of a most interesting autobiography (loc cit, pp. 176-205).

is furnished by the fact that, for instance, a home for women has been established in Canada (in Montreal) for the reception of both poor pregnant women and poor women suffering with diseases of the sexual organs. Further assurance is given by the ever-increasing number of American societies that devote themselves to obstetrics and gynecology; by the journals devoted to the same subjects, especially *The American Journal of Obstetrics*, formerly edited by P. F. Mundé; the annual proceedings of obstetrical and gynecological societies in New York, Boston, Buffalo, etc.; the work of the Association of American Obstetricians and Gynecologists, founded in the year 1888, whose proceedings fill four handsome volumes.¹ A beginning has been made, in so far as Prof. Parvin, the occupant of the chair of obstetrics in Jefferson Medical College of Philadelphia, has for several years given instruction in gynecology by means of the phantom introduced by me for teaching purposes. Finally, I am encouraged, by his expressed intention to discuss this question before a large and important medical body, to hope that his energy, persuasiveness, and persistence may succeed in carrying the good work to a successful termination.

In England the conditions appertaining to obstetrical material are similar to, but not identical with, those present in America. There, too, there are few large maternities devoted to educational purposes; most are small,² some are private institutions.³ English obstetrics has no midwives, but nurses instead. The obstetrician spends as much time with the parturient woman as the German midwife—a fact that affords explanation why busy obstetricians scarcely have sufficient time to devote to the treatment of the diseases of women; so that operative gynecology is practised almost exclusively by surgeons. It is true that in the early part of the nineteenth century Charles Clay (1820-24), a pupil of Simpson at Edinburgh, was for a considerable period of

¹ Vol. iv., Philadelphia, Dornan, 1892.

² Cf. Arneth, "Geburtshülfe, Gynäkol., etc.," Vienna, 1853, pp. 162-179.

³ The cost, to the State, of all of the maternities of England in the year 1849 was not quite 200,000 marks (95,385 gulden).

time teacher and medical officer of the Women's Hospital at Manchester. He published not only papers upon the vomiting of pregnancy, Cæsarean section, and obstetric operations, but also his experiences and the results of three hundred and fourteen ovariectomies. There was thus one gynecologist, in the widest sense of the word, upon English soil, though from an Edinburgh school. After him came a surgeon, Sir Spencer Wells, who made a triumph of the operation of ovariectomy at a time when Germans would scarcely longer venture upon it and when it was condemned by Scanzoni. There is, however, a tendency in England to-day to the establishment of more intimate relations between obstetrics and gynecology, and, as it appears, with some assurance of success; otherwise Sir Spencer Wells would not, in a recent publication, have complained that obstetricians have started upon a race for the attainment of subordinate specialties; that they were engaged in the invention of names of Greek origin, and adopted the special designation of gynecologists; that there was danger in the organization of special associations of gynecologists.¹ Coming from such a man as Sir Spencer Wells, who has done so much good work in gynecology, but is unwilling to relinquish the title of Royal Surgeon of Great Britain, such complaints are excusable. Nevertheless, one would suppose that surgeons would have a sufficiently large field of activity without practising gynecology. The formation of a special gynecological society in England seven years ago, which carries out its work side by side with the ancient and famous London Obstetrical Society, will no doubt gradually lead to the establishment of close relations between the two departments, after the German method, as has already happened in Scotland. In this connection it must not, however, be overlooked that in England, as in America, the medical clinics conducted by different faculties are not State institutions, but often private, and are not always as liberally supported as one would be led to expect from a knowledge of the wealth of the English

¹ Volkmann's klinische Vorträge, N. F., No. 32, 1891, pp. 269-272.

people. This fact also affords explanation for the circumstance that, according to individual inclination, maternities and hospitals for the treatment of the sexual diseases of women are maintained separately, from private resources; and England has long been famous for the large number of hospitals and private institutions for the treatment of special conditions, such as inebriety, carcinoma, tuberculosis, ovariectomy, laryngeal diseases, etc. This tendency, whenever possible, to erect distinct buildings for every disease, and for every condition that may lead to disease, constitutes an obstacle to the union of *tocology* and *gynecology* that must not be underestimated, but which, no doubt, the energy of the general gynecologists will be able to overcome. For, as has already been pointed out, these have, in the interests of education, demonstrated that obstetrics constitutes the portal to the temple of *gynecology*, into which none may enter who has not a thorough acquaintance with obstetrics, and also that no obstetrician can occupy a prominent place as a teacher who is not at the same time a competent gynecologist.

Finally, coming to France, we find that the conditions surrounding obstetrics resemble, though they are not identical with, those that prevail in North America and in England. There is scarcely another country that in the last two centuries has, with public means, cared for as large an amount of obstetrical material as France has done in her *Maternité*. This clinic has, however, been almost inaccessible to physicians, except to those in immediate attendance, for since the year 1630 it has been given up to the instruction of midwives, who were thus afforded excellent opportunities to see and to learn much, while the students of medicine, until a few decades ago, received but little practical instruction in obstetrics.¹ This state of affairs explains why, in addition to the medical directors of the *Maternité*, Baudelocque, Portal, Mauriceau, Dionis, Peu, Saviard, Paul Dubois, it was the chief midwives—Madame Boivin (1775–97) and Madame Lachapelle (1797–1821)—who prin-

¹ As in England. Cf. Arneth, *loc. cit.*, p. 179.

cipally distinguished themselves as obstetric writers. Madame Boivin probably had an extensive gynecological practice, for the women preferred to be treated by their midwives. She wrote a text-book on obstetrics and a treatise on the diseases of the uterus, which was published by her nephew, Dugés, and the merit of which is conceded even to-day, and to which she appended an atlas that contains numerous good illustrations.¹

Until quite recent times gynecology in France was in the hands of the surgeons, and Péan especially earned much credit by his results in the performance of myomectomy before this operation was at all extensively practised in Germany. Since, however, the principles of Listerism have found wider and wider application in France; since a number of German works upon operative gynecology (*e. g.*, that of C. Schröder, that of Hegar-Kaltenbach) have been translated into French, and French teachers of obstetrics, such as Paul Bar, Budin, Ribemont and Tarnier, have made themselves familiar with the conditions that exist in Germany, and have been convinced of the stability and permanency of those conditions—since then the agitation has been begun for the union of obstetrics and gynecology, not only in chairs of instruction, but also clinically. One of my brightest pupils, the publisher of the *Archives de Tocologie et de Gynécologie*, Dr. Auvar, who discusses in his journal both obstetrics and gynecology in its broadest scope, has, in addition to a number of notable books upon tocology, written a series of works upon the diseases of women for students and physicians, which, together with the work of numerous German private tutors, demonstrate that the union of the two departments is also practical among the junior instructors to a degree that will satisfy the most stringent requirements. We may thus safely anticipate the further cultivation of gynecology by obstetricians, and do not doubt that, as an obstetrico-gynecological society already exists in Paris,² the

¹ Compare Ed. Martin, "Hand-Atlas," 2d ed., plate xxxi., Fig. 1a; plate xxxii., Fig. 3; plate xlvi., Figs. 1 and 4, etc.

² Cf. *Archives de Tocologie*, January, 1892.

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two branches will soon be taught in France by the same teacher. If this has not already been attained, it must be remembered that modern gynecology is only of recent birth, dating back but thirty years, and that the decidedly surgical tendency that the art manifested from the outset has been little calculated to stimulate a union with obstetrics in those countries in which the surgeons were also gynecologists.

In conclusion, I shall enumerate some of the most distinguished teachers, not Germans, who by precept, by act, by written and by spoken word, have long represented general gynecology. These include A. R. Simpson, of Edinburgh, the nephew of Sir James Simpson; Th. von Pippingskjöld, of Helsingfors; Th. von Krassowski, of St. Petersburg; Prof. Rein, of Kieff; Neugebauer, father and son, of Warsaw; then the whole school of Jungmann, from which Kiwisch, Scanzoni and Seyfert have emanated. The same conditions prevail in the Vienna school. Throughout Italy, too, the teachers of obstetrics in the universities are likewise operative gynecologists; and one city, Milan, which has no university, but has large hospitals, and, in addition, large maternities (with the most important of which Porro is connected) has in its hospitals obstetrico-gynecological departments, in which Mangiagalli, formerly professor at Catania, in addition to about one hundred and twenty labors yearly, conducts an exceedingly large operative and non-surgical gynecological service.

It is thus seen that Germany is not alone in her position as to the relations of obstetrics and gynecology; and if the intimate and indissoluble union of these sister departments has not been as early, as speedily, and as generally effected, and with such devotion on the part of the State, in any other country, there are yet a sufficient number of other countries that have accepted Germany's views and the results of her experience, whose action will exert a favorable influence upon the others. As, however, not only the academic teacher, but also every educated person to-day, should be on the lookout for good from all sources, and, by travel and personal contact with

neighbors at home and strangers in other countries, should endeavor to become familiar with and to put into practical and fruitful application the results of their activity, so, on the other hand, is it his duty to make known the good that he has accomplished and to support others in their battle for the right. Not everything that appears natural to us will be so considered by others; and if we are convinced that German gynecology has made such satisfactory and such rapid progress because the best obstetricians have taken it up early and energetically, we should by our co-operation, and by the institution of the same process in countries like England, France, and North America, aid in the extension and fruition of these two branches of medicine that would be a boon for general medicine and especially for gynecology.

Quod bonum, felix, faustumque sit et bono publico salutare !