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ORIGINAL COMMUNICATIONS.

A CONCEPTION OF THE SPHERE OF GYNECOLOGY.[1]

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After the interim of a summer our work in this society is again resumed and as your presiding officer I am obliged by its rules to initiate it. As a theme for consideration I have decided a circumspection of the realm of gynecology would not be profitless, inasmuch as so much is being said about its being a defunct specialty, its field being usurped by the general surgeon, its being or rapidly becoming purely surgical in character, and the counterplaint of the general surgeon that gynecology in its constant preying will soon include surgery of the chest, as well as other multitudinous maledictions cast upon it.

I may as well state here I am not in consonance with those who deprecate "this rage for parcelling out the human frame into special territories," being firmly convinced that modern methods of investigation in medicine have laid out so much work to be done that one cannot become expert in the study of disease in greater than a small part of this immense field and hence specialism is a natural result.

[1]The President's Address, delivered at the 389th meeting of the Washington Obstetrical and Gynecological Society, October 7, 1904.

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It is perhaps advisable to first consider the rise and progress to the present of this special field of medicine. Of course, since the first rudiments of medical practice the diseases peculiar to women have been studied in general with other branches of the science and the artful have found it an inviting field. One has only to read the aphorisms of Hippocrates to be thoroughly convinced of that fact, and if he will but read the sparse history of medicine from the 8th to 16th century he will plainly see how the artful markedly antedated the scientific side of the subject.

Its history is closely allied with that of obstetrics which may be considered as its parent. With the study of obstetrics came a careful study of the anatomy of the female reproductive organs. We find James Douglas, Gabriel Fallopius, Regner de Graaf, Rosenmüller, Bartholini and many others studying various portions of these structures, and due credit has been accorded them by linking their names with those of the anatomical parts they studied. The naming of the oviduct for Fallopius was a monument that will last through eternity. How different with the Alexander, the Battey or some other surgical operation born to blush nearly unseen, "and waste its sweetness on the desert air." Anatomical conditions are permanent. Methods of and materials for doing things change without ceremony.

Rufus, an Ephesian, who lived six hundred years after Hippocrates, was said to have been the first to describe the uterus and its appendages; Albucasis, an Arabian physician living in Spain during the 11th century, carefully described the case of a woman through whose abdominal wall he saw parts of a child escaping by suppuration, he being regarded by various writers as the first to mention ectopic pregnancy. In 1500, Jacob Nufer, a swine spayer of Sigerhausen, Switzerland, did the first abdominal section for this condition. This interesting operation is related by Casper Bauhin in his appendix to the Latin translation of Fr. Rousset's writings upon Cesarean section as follows: "Nufer delivered his own wife by opening the abdomen, and the operation proved successful for both mother and child. The woman was pregnant for the first time and when labor came on and she had already suffered severely for several days, there had gradually assembled at her bedside thirteen midwives and several lithotomists. But all of them together were unable to relieve the poor woman of her child or to mitigate her suffering. Thereupon the husband of the woman proposed to resort to the last means of saving her, and assured her that if she would take

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his advice he hoped, by the blessing of God, to bring the case to a successful issue. She gave her full consent, and Nufer persisted further in having the permission of the magistrate to his attempt. This, after some reluctance, was eventually obtained. Nufer next asked those of the midwives who had sufficient nerve for it, to assist him in the delivery of his wife, while the more timid ones were requested to leave the room. Eleven of them chose the latter course, while two of them and all of the lithotomists remained to assist. The husband first besought the behalf of the Almighty, then closed the door, laid his wife upon a table and made an incision in her abdomen in the same way he was accustomed with the swine. He opened the abdomen so cleverly at the first incision that the child was safely extracted. When the eleven midwives outside the door heard the baby cry they desired admission, but this was refused until the baby was washed and the wound closed as in the swine. It healed rapidly. She was later confined four times and bore twins. The child delivered by the operation lived seventy-seven years."

Forty years later, according to Donatus, Bain's abdominal operation was deliberately done for the removal of a long retained fetus. It is described as follows:

"In April, 1540, at Castrum Pomponii, commonly called Pomponischi, in the Province of the Lords of Gonzaga, not far from the River Po, there lived a woman whose name was Lodovica; but from her great size termed La Cavalla. She had been pregnant and the fetus had died in the uterus, while the soft parts had sloughed through the vulva and the bony portions had been retained within her. She recovered and again became pregnant, followed by a rapid loss of flesh, and was reduced to a condition of great danger. Christopher Bain, a traveling surgeon, happened by and offered to attempt to restore her to health for ten golden pieces if successful, and her body if she died. She and her relatives were very poor, and most of the money was raised by their good neighbors. The woman was tied up; he slowly cut through the abdominal wall, including the peritoneum, and at last opened the uterus and extracted a skeleton of a male child; he washed out the uterus with some warm wine and aromatics, and after cauterizing the edges of the wound, closed it with a suture. She recovered and in a short time had other children born in good condition. Later she had four in all.

"Witnesses: Dominus John Baptist Zorzonus and Alexander Begher, Dominus Frederick de Filini and Dominus Leonellus

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Zorzonus, and Antonius Maiochus or Mazzuchinis, and several others present at the whole operation."

Paul of Egina, the last of the old Greek medical authors, was the first man to practice exclusively midwifery and the diseases peculiar to women. The practice of having male attendants at parturition was introduced by Ambrose Pare and Clement in Paris. As late as 1827 an English writer, inveighing against such practice, stated: "If the Queen of George III. could be delivered safely of all her children without a male practitioner, surely all the remaining women could do likewise." It is said the late Queen Victoria was the first to inhale chlorform during parturition to demonstrate its safety to the women of the world.

Various specula had been buried at Pompeii and Herculaneum, but they had not been unearthed at the time Recamier, in 1816, introduced the instrument. The wonderful work of McDowell, the Atlees, Marion Sims and a host of others furnish the history of a specialty fighting for existence, against the hidebound opposition of the profession.

What of "The passing of a specialty" as is believed by few and desired by more? The general surgeon who has learned mechanically to do a few gynecological operations, even in an indifferent manner, thinks he has mastered gynecology,—has reached out like an octopus, or perhaps, to be more accurate, vampire-like, and enmeshed within his hold all that really exists of gynecology, aside from hysteria and imagination. These he is willing to leave to the gynecologist. Other far better equipped and better qualified general surgeons are not willing to consider this branch of medicine a specialty because they have large experience in gynecological surgery and feel they can do that part of surgery as well as any other.

Another enemy to gynecology is the general practitioner who, in his zeal to retain his clientele and to make his mark in the community, essays to perform some severe operation upon some trusting and complaining patient, the diagnosis and decision as to treatment having been reached by his mental effort unaided,—perhaps unaided by the barest kind of familiarity with such conditions and such operations. They are constantly doing unnecessary and mutilating operations. I speak advisedly of this and refer most especially to child-bearing patients. Repeatedly am I begged by married women to sterilize them for the most trifling symptoms and later learn my refusal did not prevent the longed-for operation being done by others. The mushroom gyne-

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cologist who is working exclusively in gynecology and who has not been properly trained is finding an unusually large percentage of his surgical operations are done for very trivial symptoms, and, in proportion to his lack of experience in the practice of general medicine, a large part of these patients return uncured to plague him or apply to others for relief.

In some institutions of wide influence gynecology has never been allowed to rear its head as a specialty. It has been separated into two distinct classes of cases—one surgical and the other medical. The communities in which these institutions are so powerful have never been blessed with the real features of gynecology, with the result that the delicate refinement and rare judgment necessary for the proper care of some cases has been sought elsewhere and the local profession very properly lowered in reputation.

A few leading gynecologists, becoming restless for further fields for exploration, have expressed themselves as feeling the field of gynecology is too limited for them and therefore they must attack questions of general surgery,—that consequently the specialty would soon be recognized as too limited to receive the undivided attention of the medical investigator. These I believe embrace all the evidence of the passing of this specialty. We will mention the salient points of the argument why this specialty is not passing.

First: The amount of work to be found in the study of any specialty in medicine is enormous. One is impressed with this fact by attempting to maintain a familiarity with even the literature on a few subjects alone. Again, the opportunity for original investigation in this specialty is by no means a matter of the past as a few think. Medicine is constantly changing. New ideas supersede old ones and gynecology furnishes its share of these changes.

The ripe judgment needed in many cases is not as to method of treatment so much as to diagnosis and cause. The specialty of gynecology has done so much for medicine that due reverence for it will forever recognize it as a very prominent factor of a great whole.

With the very imperfect practice of the obstetric art came many pathological conditions that have to be remedied and this is the real reason for much of the gynecological work now necessary. With this, however, has been conducted investigations of environments, of mode of life, of adjustment of clothing, of studious

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habits, of mental overwork and many other points in their relation to the development of the female genitalia and their functions. The relations of neurasthenia and hysteria to affections of these organs have furnished some of the best food for gynecological digestion. Is not the exhaustive study of Engelmann on the subject of menstruation among American women an instance of the investigations of gynecology? His comparisons of savage women and those of civilization and for the studies of our own King along this line all must feel a sense of proud ownership. What of the prompt treatment of ruptured tubal pregnancy as portrayed by the operations proposed and practiced by Lawson Tait and Arthur W. Johnstone, of Cincinnati. A nearly universally fatal condition has been changed to one practically benign. And what other wonderfully great work in abdominal surgery has it done? It made abdominal surgery. But a few years ago abdominal operations were almost tabooed in medicine. Ovariotomy, hysterectomy, nephrectomy, in fact nearly all surgery of the abdomen, was worked out by the gynecologist. Was it not America's most noted gynecologist, Sims, that developed cholecystotomy for gall-stones? The technique of abdominal surgery was a valuable contribution it made. Sir Spencer Wells estimated that his work alone in ovariotomy had added thousands of years to the span of human life. The work of Baer and Goffe, relative to removal of uterine fibroids, was a wonderful boon. That of Lawson Tait and Pryor in pelvic suppuration means thousands of lives actually saved every year.

My conception of what is meant by gynecology is the study of the diseases peculiar to women. Necessarily closely related to obstetrics, it inherits from every division of that branch, including the female breast. Perhaps it is that fact that has caused the general surgeon so much alarm lest this child of obstetrics would become restless and predatory, and its migrations alight upon the thorax.

It should be perfectly understood that gynecology is by no means all surgical. I have not been ignorant of the apparent tendency of the unqualified, but enthusiastic, would-be gynecologist to live this mistake. It is in part due to their knowledge of great surgical operations done by great gynecological surgeons, and their consequent *cacoethes operandi.* In the study of the diseases of women or those modified by her sex, one must realize the great modifications resulting from her becoming an element of no small importance in the field of State Medicine. This in-

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cludes her fitness for marriage and maternity, her evolution, her degeneracy as regards indigency in its close relations to prostitution, crime and pauperism; her education, her economic relations. Another important point for consideration is correlation of the sexes in higher education. For inscrutable reasons, if any, other than commercial, exist, women have been forced into relations with men that furnish results of doubtful advantage to her as man's co-worker, or as an economic factor in the tension of modern life. In the evolution of society, women are taking a part constantly increasing in activity.

Van de Warker says: "We are living to-day in the midst of conditions which, prolonged to their logical conclusion, mean reversal of woman's traditional place in the social complex. Social and industrial feminism, which is a revolt in favor of free choice and the exemption from the restraints of marriage on the one side, and a demand for a wider and a more liberal field of labor on the other, have made such progress as to claim serious study by Sociologists. The movement has an aggressive literature of a high class, from that of active propaganda to the dreams of Ibsen and the novels of the school of Mrs. Ward. In every civilized country women are separating themselves from men in societies, clubs, leagues and conventions to a degree never known before. Changes such as this movement must profoundly affect woman's spiritual and physical life and fall within the sphere of our action."

We cannot avoid careful and thorough investigation of such subjects. Will the worker in the extensive fields solve such problems, or will it be the gynecologist that will be ablest to assign due weight to certain features of such study and pass over others lightly as they merit. Is it more than reasonable to assert such special work must be done by the specially fitted? Can the one whose whole life work has been mechanical in nature be declared abundantly competent to take up such work? Certainly not. Nor can the general practitioner of medicine be considered superior for such study. Dynamics of the pelvis, the physiology of the female pelvic organs and neighboring structures call for fuller investigation. Surely are the special students, the gynecologists, the ones that must solve such problems.

These points I have called to your notice to demonstrate that gynecology has a side other than surgical—that it cannot be handed bodily over to surgery without taking a retrograde course in the development of the science. I would have you believe,

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then, that gynecology must continue to exist as a special study, and that the surgical side alone cannot be called gynecology in the proper sense. The gynecologist of the future must devote great attention to these non-surgical subjects, and at the same time advance the field of surgical gynecology. This latter will be best promoted by teaching and studying prophylaxis courageously. Surely, the knife alone cannot be the symbol of achievement of gynecology. In practice the gynecologist of necessity will be familiar with the anatomy, physiology and abnormal conditions of the rectum. Being in such close proximity, the urinary system in women will naturally fall to the gynecologist and furnishes a field for brilliant investigations, a continuation of the work of some of our most prominent gynecologists. The gynecologist must be competent to deal with any abnormality found in the peritoneal cavity, as complications of ovarian or tubal disease are manifold. The female breast, the organ of life to the offspring, is certainly an organ of reproduction, and the student of obstetrics and its offspring, gynecology, is best fitted to study it in its departures from the normal. In practice this branch of the subject is divided between the gynecologist and the general surgeon, the latter exhibiting a spirit of determination to acquire or preëmpt the entire field. To end this prolix consideration of this important subject, I would offer a hope and firm belief that the science of medicine cannot afford to dispense with this field as a specialty, nor will the public interest permit such attempt. As to the future of this specialty I am optimistic, believing as I do that its wonderful achievements are but the skirmish line of the battle to be waged in gynecological study.

THE ROCHAMBEAU.

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