

## GYNECOLOGY AS A SPECIALTY

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THE question that interests the gynecologist is not how much obstetrics, abdominal surgery, or general surgery encroach upon gynecology, but how much of gynecology does not come under the fields of obstetrics, abdominal surgery, or general surgery; how much gynecology has a right to an independent existence as a specialty; and, what is of more importance, if these questions can be answered in the affirmative, how the devotees of gynecology can convince the profession at large, and the students of medicine, of the tenability of its position.

Gynecology is an American institution, developed by the transcendent genius of McDowell, Sims, Emmet, Thomas, Skene, Goodell, and Byford. They and their students dignified the study and practice of surgical and medical diseases of women into one of the most attractive and popular specialties of their generation.

Obstetrics in those days was allowed to remain in the hands of the general practitioner or midwife. Anyone who possessed the necessary patience, and, therefore, interfered little with nature, could become the most successful obstetrician.

General surgery at that time was limited to amputations,

emergency injuries, and a general fear of the serous cavities. The internist was the bed-side visitor and the prescriber for the acute ills of all persons. In those days of the birth of gynecology the gynecologist was the most envied and conspicuous of all specialists. He treated medically all women who labored under any illness peculiar to their sex that did not come under the head of an acute ailment; he interpreted and treated displacements of the uterus; he repaired at his leisure, lacerations of the perineum, cervix, and vesicovaginal fistulas that followed in the wake of the general practitioner-obstetrician; he presided as the high priest of specialists over the moribund women whose complications of labor were the subject of his call by the waiting practitioners; he occasionally accepted obstetrical cases and gave them the benefit of his impatience and his skill by hastening normal labor through the early application of his obstetric forceps.

Then antiseptic surgery under the genius of Lawson Tait and Joseph Price opened a new and conspicuous era for the gynecologist by developing the surgery of the infected appendages. The veritable orgy of pelvic surgery that followed this discovery established the renaissance of operative gynecology. This the gynecologists properly appropriated by right of discovery, added to it the already developed medical gynecology, and a generation of the most spectacular specialization the world has ever known was enjoyed by its devotees. The initiative and pioneer work that was exhibited by the gynecologists at this time opened the way to the abdominal cavity, and the profession of general surgeons was not slow in acknowledging the debt, and was less slow in taking advantage of the discovery by extending and developing the surgery of the peritoneal cavity.

At this time there were initiated in the history of medicine two great movements that threatened the preëminence of gynecology and succeeded in disturbing its entrenched position, viz.: the science of obstetrics and the science of abdominal and intestinal surgery. This occurred in the middle eighties and the early nineties.

The accuracy of gynecological diagnoses, the perfection of

the particular methods and technic, and "our" operative triumph achieved in "our first one hundred or one thousand consecutive cases," began to be disturbed by complacent discussions on what part of this work should be done by the obstetrician trained abroad, or the abdominal surgeon who had received his training in the larger field of general surgery. The great entrenched specialty of gynecology found itself between the upper and the nether stones, the patiently waiting obstetrician insidiously invading from below, and the aggressive general surgeon, with his ardor, crushing everything before him from above.

Thus the devotees of this important specialty, instead of girding up their loins for renewed efforts in maintaining their enviable status, allowed themselves to be inveigled into a discussion that has neither been fruitful nor particularly interesting, except that it has demonstrated that there is an unsettled and unsatisfactory condition existing in gynecology.

The discussion has been waged from four different standpoints, each one of which has influenced the non-partisan bystander.

First, by the obstetricians, led by an obstetrician occupying a full-time professorship, with great honor and credit, in one of our foremost universities, an ex-president of this Society who dignified it, making obstetrics the subject of his presidential address. His conclusions placed the responsibility for the unsatisfactory condition of obstetrics in this country as follows:

"1. The tendency to regard the practice of medicine as an engrossing financial pursuit.

"2. Defective ideals and tendencies in medical education.

"3. The divorce in this country of gynecology and obstetrics." And he adds:

"I hope I may live to see the day when the term 'Obstetrical' 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."

Second, the discussion on the side of gynecology which was well voiced by a distinguished gynecologist connected with the same institution in which the obstetrician referred to above is serving as professor of obstetrics, his vehicle of communication being nothing less than an address as chairman of the Section on Obstetrics, Gynecology and Abdominal Surgery of the American Medical Association. His conclusions were:

"1. Obstetrics must be more attractive so that those entering this branch will not be tempted to leave it for less laborious fields.

"2. Any surgeon opening the abdomen should be capable of doing everything necessary in that abdomen. In other words, gynecology and abdominal surgery logically belong together.

"3. This realignment of abdominal surgery is absolutely necessary if we are to accomplish the maximum amount of good for the patient."

Third, the war that was waged between the Section on Surgery and the old Section on Diseases of Women and Obstetrics of the American Medical Association, which eventuated in a compromise, both being changed by the addition of Abdominal Surgery to each.

Fourth, the constant discussion in the faculties of medical schools of the country that has confused the status of the gynecologist as judged from the titles given to the men who are supposed to fill such positions. For example—among the "A" colleges, of fifty-four recorded, twenty-nine appear as professors of gynecology; fifteen as professors of obstetrics and gynecology; five as professors of abdominal surgery and gynecology; and five as professors of obstetrics with gynecology occupying a minor position. Among the "B" colleges, of eleven recorded, seven appear as professors of gynecology; one exclusively as professor of obstetrics; and three as professors of obstetrics and gynecology.

Thus it is obvious that there is confusion as a result of much discussion in the ranks of gynecologists, and the present status is unstable and far from satisfactory.

What justifies a specialty, and what maintains it if it is justifiable? A specialty is justifiable when a portion of the

human body, physical or functional, is sufficiently distinct and important to warrant a group of practitioners devoting their whole time to the consideration of its diseases, if by devoting their exclusive time to such special subject they make it apparent beyond a doubt that such exclusive attention is justified by the improved results.

Examples of successful specialization are found in ophthalmology, laryngology, dentistry, pediatrics, genitourinary diseases, and obstetrics. These specialties conform to our formula, viz.: Physical or functional distinctiveness, justifying the exclusive consideration by a special group of practitioners as illustrated by their improved results.

Is there any specialty that conforms to our formula more definitely than the one dealing with the surgical and medical diseases peculiar to woman? Is not woman in her physical and mental attributes fully as distinct from children and men as children are distinct from the adult? Are not the organs peculiar to woman as important, and do they not warrant, when diseased, the study and treatment of specially trained practitioners fully as much as do the organs of sight, of smell, of hearing, or as do the children, or the woman in child-bed? The lack of proper recognition in this present day of diseases peculiar to woman, a lack that did not exist among the true gynecologists of the days of Sims, Emmet, Goodell, Thomas, and Byford, is one of the reasons for the decadence of gynecology. Another reason is that the refined gynecological surgeon of twenty-five years ago is now diluting his energy by pursuing the strange gods of the upper abdomen, or exhausting himself by amateurish work in obstetrics, and while weakening his keenness in his own specialty, he is entering into an indefensible competition with those who have proved their special skill in their own work, and who naturally resent the intrusion.

Then, lastly, the gynecologist has undoubtedly lost ground because he has, while watching his neighbors, neglected to make good in the last requisites of our formula for a specialty, viz.: While devoting his whole time to the consideration of its diseases, he has not made apparent beyond a peradventure that

such exclusive attention is justified by the improved results obtained.

In my opinion, if the gynecologist is to reestablish the prestige of his specialty, he must recognize that there is enough in the diseases peculiar to woman to claim the exclusive medical and surgical skill of the most highly educated and gifted students of our profession; he must pursue a systematic research that will record the intricacies of difference of the mental, psychological and physical peculiarities of woman; he must establish scientific data that will form these factors and he must justify a system of therapeutic mechanics and surgery that will dignify and reward any physician who pursues the practice of that program.

When in the light of modern methods the gynecologist has by his research revealed the wealth of distinction that marks woman as a therapeutic and surgical entity, the teacher of gynecology in coöperation with the psychiatrist of our medical schools should aid in selecting and directing men because of special fitness to the pursuit of this or any other important specialty.

I may be wrong, but I have always maintained that a practitioner of medicine who is temperamentally fitted for the practice of obstetrics is entirely unfit to practice selected surgery or gynecology. I also believe that the average general surgeon chafes under the restraint of the time-consuming requirements of a true gynecological practice with its medical exactions.

To be more concrete, the gynecologist of this day must show his faith in his work by limiting his practice to his specialty. He must study woman, in regard to her peculiar reaction to glands of internal secretion, and to her reaction to her peculiar nervous system. Woman must be studied in regard to her general physical contour, and her muscular peculiarities; she must be studied in regard to the effect of the organs peculiar to woman in relation to the function of organs common to all individuals; she must be studied in regard to the relation of her peculiar organs which, without regard to their function, make her so different from man. But preëminently she must be studied in relation to the special function of these organs

which, through an automatic apparatus, in a few months marvelously changes the whole being, and then as marvelously retransforms it. The practitioner who cannot interest himself in these facts and take cognizance of their significance in studying the diseases of woman, cannot become a successful gynecologist.

When a proper man is found, those interested in gynecology must see to it that he is educated. To educate him, the gynecologist must be in a position in his clinics and in his practice to show him the worth-whileness and the attractiveness of it all.

Revive, in the hospitals and in the teaching institutions what has been done so successfully in some of them (a conspicuous example of which is the Woman's Hospital of the City of New York), a system of teaching that convinces and interests. Get back to the days of Sims and Emmet when the specialty got the only boosting that anything worth while can thrive on, viz.: Making good by exclusive and superior work.

It is so simple—organization of team work in the open; careful study of cases; proof of diagnoses through scientific methods by accurate laboratory workers; staff discussion of all cases; system of records that reveals the facts to all and obviates the mysterious; follow-up systems that demonstrate the physician's responsibility in results. Then, of greatest importance of all, an invitation to medical students to attend the weekly meetings of the internes and the medical staff, presided over by the chief of staff, at which time the work of the week is reviewed.

It is not inevitable that a program like this, carried out before students of medicine and hospital internes by a staff of earnest gynecologists, will show the value of special study of the diseases of woman when pursued in an institution that has provided every diagnostic and therapeutic means known to scientific medicine.

In discussing this subject, which is so full of partisan bias, which involves so many precious entrenched interests, which involves the reconstruction of hospitals and their attending staffs, which involves changes of medical faculties in their atti-

tude to their specialties, and which involves the changing of names of societies and sections of societies, one is confused by the claims and counter-claims of contestants, and must remain content to endeavor to point out the fundamental difficulties and allow the facts to show the way of dealing with the details. I must be content to summarize my conclusions:

1. Gynecology, as an exclusive specialty, is justified under the formula: "A specialty is justifiable when a portion of the human body, physical or functional, is sufficiently distinct and important to warrant a group of practitioners in devoting their whole time to the consideration of its diseases, if by devoting their exclusive time to such special diseases it is made apparent beyond a doubt that such attention is justified by improved results."

2. Gynecology requires for its successful pursuit practitioners who recognize in its possibilities a specialty sufficiently broad and sufficiently congenial to their tastes to induce them to practice it exclusively. If gynecology requires for its successful pursuit the addition to it of the routine practice of obstetrics or the surgery of the upper abdomen of women, it cannot be ranked as a successful specialty.

3. The status of gynecology must be reestablished by convincing the faculties of medical schools and the medical staffs of our principal hospitals that departments of gynecology are necessary.

4. Gynecologists as medical school teachers and as heads of hospital staff departments must emphasize the importance of their specialty by an exhibition of and teaching of their diagnostic methods, and a demonstration to their students and confrères of the importance of their medical and surgical results.

5. Discussions as to the relative value and relation of specialties should be abandoned and in their place should be established the old *esprit de corps* of gynecology, and its devotees should inaugurate a practical research program that will more definitely place the specialty of the surgical and medical diseases of women on a firm foundation.