THE FUTURE OF OBSTETRICS AND GYNECOLOGY AS A SPECIALTY*

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Allow me to express my deep appreciation of the honor conferred on me at the last meeting of the section in selecting me to preside over this year's deliberations.

The honor, however, carries with it the obligation to deliver the chairman's address, the selection of the subject being left to your presiding officer. For a time I had it in mind to dodge the issue, as it were, and address you on a scientific subject. This course has decided advantages, since we physicians are accustomed to papers on scientific subjects, as we are wont to inflict them on a long suffering medical public on all occasions. On the other hand, the chairman runs no little risk of having his production, his address, far outclassed by the other scientific papers presented at this meeting. Consequently I have decided to attempt the "address" with the hope of holding your attention on account of the subject selected, since your presence here denotes that you are more or less interested in obstetrics and gynecology, although you may not be specialists.

THE SPECIALTY OF OBSTETRICS AND GYNECOLOGY

I would particularly call your attention to the title of my address, since it indicates the position I have for a long time taken and am prepared to defend regarding the specialty we are interested in. I beg you to note that the two divisions of the specialty have

* Chairman's address.

been linked together, and that the future of not two specialties but a single specialty will be considered. Again note what perhaps is a small matter, yet may not be without significance: The specialty is designated as obstetrics and gynecology and not the reverse. If obstetrics may be defined as the care of women during pregnancy, labor and the puerperium, and gynecology as the science of the diseases peculiar to women, it seems illogical to place what has to do with disease in advance of what has to do with care whereby disease may be prevented.

We are all more or less familiar with the discussion which has been carried on during the last twenty or more years regarding the place of gynecology as a specialty. While it probably has had little effect one way or another, for man's course in life is determined by inclination and self interest and not by what other people may say, it has shown certain fundamental defects in our medical make-up. The gynecologists as a class have deliberately confined themselves to the surgical aspects of the diseases of women, some of them openly declaring they knew nothing of obstetrics and did not care to learn. As surgeons of a special part of the human body, they have become masters of their art. It was inevitable, however, that they should become discontented with a small field of surgery, and that they should ambitiously push on toward adjacent fields. Thus we see abdominal linked to gynecologic surgery, and the gynecologist operating on men as well as women on the ground that he is an abdominal surgeon as well as a gynecologist.

The general surgeon was quick to see the inconsistency of such a position, and declared that it was time to do away with a specialty that no longer fulfilled the requirements of a specialty. The assertion that gynecologic surgery is after all merely surgery of a special field and that it can be acquired by any surgeon who is willing to devote the necessary time to

its mastery, and hence should be included in general surgery, has had more and more advocates as time has gone on. Thus we see the tendency to combine gynecologic with general surgery in hospitals and teaching institutions.

It is obvious that the gynecologist would have escaped the embarrassing position of being "hoist with his own petard" had he stuck to his specialty, or, rather, enlarged his specialty so as to include all conditions and changes in the female genital tract in which his special work naturally lies. This would have led him to devote more time to the field of obstetrics, not necessarily the actual practice of obstetrics, for that is a matter of detail to be worked out by each individual, but paving the way for his true mission as a specialist, the prevention rather than the cure of disease.

The truth of the matter is, if we are honest enough to admit it, that the gynecologist has only himself to blame for the present condition of affairs. He threw himself into the development of pelvic surgery to such an extent that things outside of the operative part of one division of the specialty failed to interest him. At the society meetings he would spend hours in the discussion of operative technic, and suddenly feel the need of fresh air when a paper was read on a non-operative topic equally important and necessary to his specialty as it should have been practiced. He was bored to extinction by every part of obstetrics, everything connected with the proper conduct of pregnancy, labor and the puerperium, which if uniformly carried into effect would have made a larger part of his operative work unnecessary. For, with the exception of tumors and the results of venereal infection, the greater part of the gynecologist's work has been devoted to the task of restoring parts or functions rendered defective by neglect or bad management during pregnancy, labor or the puerperium.

Both in theory and in practice we are very apt in this country to treat too lightly the words "specialty" and "specialist." It is the common experience of heads of departments in hospitals and medical schools to receive applications from practitioners with little or no experience for opportunities to become specialists in different lines of work. It is no uncommon occurrence to receive a letter from some one ambitious to become a specialist in gynecology asking to be appointed chief assistant for a period of six months or more. The letters go on to explain that the writers have performed quite a number of abdominal operations successfully, but that they want a larger experience than their practice affords before taking up gynecology as a specialty, with never a word about obstetrics, except that they have given up obstetric work with the exception of the operative part—not a word regarding opportunities in the clinic to work out certain nonoperative problems in which they should be interested. Such things apparently never have been thought of; ambitious to a degree, the applicants want experience which not infrequently they offer to pay for, whereby they may devote their whole time to surgical gynecology, through which they plan to restore to health women suffering from lack of care during childbirth.

Where lies the blame for such a misconception of the requirements of a specialty? Why is it that men above the average intelligence, as shown by their success in practice and their medical standing in their state, should think of a gynecologist merely as a man who is devoting his life to surgical carpentering work in a special field? Is not the answer that the medical schools and hospital clinics must assume the blame fundamentally in that they have divorced obstetrics from gynecology, belittled the former and for various reasons, not the least important being economic, have given undue prominence to the surgical aspects of the latter? The result is that the ground work absolutely

essential for one aspiring to devote himself to one division of the specialty of obstetrics and gynecology is lost sight of and there is a wild scramble for a short cut to fame and fortune, usually through the dexterous handling of the scalpel.

TRAINING OF THE SPECIALIST IN OBSTETRICS AND GYNECOLOGY

Obviously there are two ways of becoming a specialist in obstetrics and gynecology—one by way of practice, the gradual elimination of all medical work except in the field the practitioner is especially qualified for and interested in, the other by way of the large medical school and hospital clinics in obstetrics and gynecology. Many eminent obstetric and gynecologic specialists have achieved distinction through the first route. Financial necessities and lack of opportunity will always compel certain members of the profession to adopt the practice route toward specialism. In fact, if the narrow training in some of the hospital clinics is continued, probably better specialists in obstetrics and gynecology would be produced through the practice than the hospital route, owing to the general broad training which must result from the work of a studious, conscientious and capable general practitioner during the time he is preparing to specialize. Handicapped by the necessity of earning a livelihood while trying to perfect himself in his specialty, such a man, however, is always open to the temptation of choosing the path of least resistance, the surgical end of a specialty to the neglect of the ground work which, it is maintained, is absolutely essential to specialization in any field. Overwhelmed, buried by routine surgical work in a comparatively small field, he either remains content with a large income, or else satisfies his discontent by enlarging his surgical field and joining that large and it must be confessed ever enlarging company, men who started out to be obstetricians and gynecologists but ended in being general surgeons with a fondness for gynecology.

If there be a future for obstetrics and gynecology it must come, I believe, from the departments in the medical schools and from hospital clinics organized and maintained on the right basis. If the two divisions of the specialty be united it will flourish and be of immense benefit to womankind and future generations. If the two divisions of the specialty be separated in teaching institutions and in hospital clinics, in a generation or two at the farthest there will be no specialty of obstetrics and gynecology, nor will there be specialists in either of the two divisions. Obstetricians will cease to exist because the brightest of the rising medical generation will refuse to enter a specialty in which they are known as man midwives, where the work is of the hardest and the compensation very unsatisfactory. The surgically inclined bright young medical graduates of the future will certainly not choose gynecology as a specialty—why should they when they can be enrolled in a department of general surgery and become trained general surgeons of all parts of the human body?

It is time that the medical schools recognize the manner in which the obstetric teaching clinic has been neglected in the past, and take steps to see that such conditions are remedied. The obstetric teaching material must always be a great expense to an institution, for it is almost entirely composed of so-called charity cases. Women unable to meet the expenses of confinement seek the services of the indoor or outdoor departments of the obstetric clinic attached to a teaching institution because they have confidence that they will be well cared for. In order to avoid the great expense of providing adequate hospital teaching material for senior medical students, we see even today the continuance of the outpatient obstetric department where the student cares for the lying-in woman in her home, sometimes under, but more often without, competent supervision. Why this survival of a most time-wasting and illogical method of instruction in this par-

ticular branch of medicine? The explanation usually offered that the student by this method is taught under conditions he will have to meet when he begins practice does not explain why such a system is not in vogue in other teaching departments. Why not teach surgery and general medicine in the tenements? Surely the practitioner will not always be able to send his medical and surgical patients to a hospital, and must perforce treat fractures or pneumonia at the patients' homes. The true reason is that it is cheaper to build up an outpatient obstetric clinic with its wasteful and oftentimes poorly supervised teaching than to meet the expense of an adequate hospital inpatient clinic.

Almost any teacher of obstetrics will acknowledge that he prefers to instruct with hospital patients; but, he adds, for certain reasons the number of hospital obstetric beds at his command is not large, and hence he utilizes the outpatient obstetric clinic to make up the deficiency. Would the heads of the departments of medicine or surgery take the same attitude? If their departmental teaching material were inadequate would they arrange for groups of students to be taught in the tenements? I think not. They would send forth a cry from the house tops about the shocking dearth of material until the governing body of the school or some benevolent gentleman or foundation provided for their teaching needs.

Why then the meek and lowly obstetrician? Is it true that he merits the gibe thrown at him by a gynecologist in a recent presidential address, who makes use of this remarkable sentence: "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"? This is more than a gibe; it is a challenge. It says in substance to the obstetrician that he is a man infinitely inferior to the gynecologist. To be sure, he has certain bovine quali-

ties fitting him to sit patiently by the bedside until a woman has had her baby; but perish the thought that he is in the same class with the brilliant, dashing gynecologist with his God-given surgical abilities. To make doubly sure that the obstetrician will keep his ladylike hands off the surgical side of the specialty of obstetrics and gynecology, the same essayist advocates that "the teacher of gynecology in cooperation 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." There are certain merits to this suggestion for, if during the course of this remarkable mental test these two collaborators, the gynecologist and psychiatrist, by any chance were to run across an applicant who had ambition to become an expert in everything, physical and functional, pertaining to the genital tract of women, it would be comparatively easy to have such a person become either a temporary or a permanent occupant of the psychiatric clinic.

The truth of the matter is that the obstetrician without adequate training in gynecology is handicapped as much as but no more than is the gynecologist without obstetric training. Both are unfinished products, and neither can afford to reproach or insult the other. Their deficiencies cannot be made good by adding diseases of children or abdominal surgery to their respective fields of labor.

As a matter of fact, the future of the specialty of obstetrics and gynecology depends on the policy of the medical schools toward the specialty in the next decade. They must face the issue now in order to provide for the future. If adequate funds and facilities are provided for departments of obstetrics and gynecology, and the two divisions combined under one head, the specialty will flourish; the subjects will be well taught, and high grade research work will be turned out. If, on the other hand, the policy of selecting separate heads for obstetrics and gynecology pre-

vails, the reverse will take place. Obstetrics will languish because opportunities will not be afforded the department to consider and treat the results of obstetric complications and errors. Gynecology, separated from obstetrics, will tend to become more and more a surgical specialty, for reasons already set forth, and there will be no legitimate excuse for not making it a part of general surgery. Clinging with desperate grasp to abdominal surgery will not save it, for the general surgeon is or should be a master of that part of surgery. Inevitably the chairs of gynecology will disappear, possibly weakly nourished for a while under titles such as professor of clinical gynecology, but eventually they will be absorbed by general surgery. Vain will be the appeals to avert the inevitable. Talk about research in gynecologic fields or superior work of the gynecologist as compared with the general surgeon will fall on deaf ears. United with obstetrics, gynecology will survive; separated, it will gradually cease to exist.

Time does not permit, nor is this the occasion to take up in detail the organization of the ideal department of obstetrics and gynecology. It remains to consider only one feature of such a department, since the future of the specialty under consideration will depend on how well this part is provided for. I refer to the opportunities that will be furnished young graduates to spend five or more years in equipping themselves for their special work. No matter what may be the permanent personnel of the department, it is essential for the future of the specialty that a way be provided for the thorough training of these young men in obstetrics and gynecology. It goes without saying that they should be recompensed enough for their hospital and teaching work to keep them free from financial worries. Their hospital service should be so arranged and graded that they will be as much at home in obstetrics as in gynecology, and vice versa. In fact, the two divisions should be treated as one subject, the patients

on whom the studies are being conducted being in different groups for hospital administrative purposes only.

It is comparatively easy under such a system to see that the surgical side of the specialty is not overemphasized. While in five years the assistant naturally becomes a trained obstetric and gynecologic surgeon, it is possible during this time to interest his eager young mind in other than mechanical problems. While he will be interested in surgery, he will recognize its limitations and be equally if not more interested in problems that will make surgery less and less necessary.

With a man so trained it makes no difference, if he goes into practice, instead of continuing his academic career, whether he decides to be a specialist in obstetrics and gynecology, or chooses to devote his time to one division of his specialty. One need not worry about the hardships of being up all night with a confinement case and then being obliged to do difficult hysterectomies the next day. These are details for each man to work out. So far as the future of obstetrics and gynecology is concerned, I myself am interested only in seeing that he keeps the faith and finds enough in his specialty to interest him so that he will do his regular work well and add a little something to the sum of human knowledge. Well grounded in obstetrics and gynecology, the specialty of his selection, I know that he will be interested in everything connected with it, and that, being interested, he will not be chasing after "the false gods" who seem to trouble some people so much.

RELATION OF ABDOMINAL SURGERY TO OBSTETRICS AND GYNECOLOGY

Finally, what about the relation of abdominal surgery to obstetrics and gynecology? If the preceding argument be correct, why is it necessary or even wise to include papers on abdominal in contrast to pelvic sur-

gery in the work of this section? The wisdom of such a course is at once apparent if it be borne in mind that the trained obstetric and gynecologic surgeon must be versed in abdominal as well as pelvic surgery in order to be competent to meet the emergencies which will arise in his special surgical work. While making no claims for specialization in abdominal surgery, the obstetric and gynecologic specialist must be prepared at any moment to resect the intestine and care for the appendix and gallbladder, if such surgery be demanded when the abdomen is opened for pelvic disease. This is only justice to the patient, and is common sense as well.

In order to be competent in surgical work of this description the obstetrician and gynecologist must not only have had the necessary technical experience but must be conversant with the literature and the constant improvements taking place in abdominal surgery. Hence it is fitting and a wise practice to include papers on this allied field of surgery in the work of the section.

Actual experience and technical skill in abdominal as contrasted with obstetric and gynecologic surgery should be acquired in departmental hospital clinics by cooperation with the general surgical clinics. Arrangements can easily be made for interchange of services at some period of the training, to the mutual benefit of the members of both the obstetric and gynecologic and general surgical staffs. In fact, this principle of free interchange of services should not be confined to surgery alone, but should apply to all departments of the hospital, where such an arrangement will make for better training in obstetrics and gynecology.