

HISTORICAL REVIEW OF THE ORIGIN AND GROWTH OF OUR ASSOCIATION

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FEW men are permitted the historical pleasure and satisfaction of being in at the formation of a National Association, then to be present at its thirty-fifth anniversary, during this period having seen the necessity of its birth, and the scientific accomplishments of its continued existence. Such is my happiness today, as I recall a meeting held in this city, and after reading the favorable responses from many earnest investigators, and workers in the specialties we represent, determined upon organizing the American Association of Obstetricians and Gynecologists.

The wisdom of associating obstetrical and gynecological subjects has been well demonstrated, as you study anew the contents of the volumes of the Transactions, and note the attitude, at that time, of Mr. Lawson Tait, who was pronouncedly in favor of uniting the lines of work represented in surgical diseases of women, and abdominal surgery, together with obstetrics, as is shown in his early writings and in conversation.

In a paper presented at the Syracuse meeting, in September, 1910, I referred particularly to the origin of the Association, and now, after an existence of thirty-four years, there can be no doubt but that the organization of such a body was along the lines of progress in certain branches of our profession. It has yielded an abundant harvest of good results, and recognized wherever hospitals have been organized, and our profession advanced.

I am greatly comforted in the welcome that is being extended to you by the city where originated our title, and to which you have so fittingly added abdominal surgery, especially as it refers to women. I am convinced that in an association like this, presenting more than one class of cases for discussion, there is obtained a great factor in experience that is transmitted over a wide range of usefulness.

The practice of this additional branch of surgery applies particularly to those men whose work has consisted largely of operations within the abdomen, yet, withal, are general surgeons, and not especially connected with teaching or instruction in obstetrics or gynecology.

For some years before the organization of this association there were many members of our profession seeking postgraduate work,

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not only in this country but abroad, and I trust you will permit me to become just a little reminiscent, in order that I may impress upon some of our Fellows the great advances that have opened the field to them in their beginning successful work.

Just previous to 1860 there was a restless curiosity on the part of the more earnest and intelligent obstetricians to know more about the surgical lesions apparently presenting in their patients. They were aided somewhat by the writings of Grailliey Hewitt, Sir James Y. Simpson, of Great Britain, and others, of Germany, and the advanced thinkers of France and America. Yet the teachings offered in such textbooks as West, and Meigs, and the medical journals of that period failed to satisfy this longing, and it was noticeable how many were seeking instruction in the, then developing, specialties.

Upon examining my library, of that period, I can call to mind but one work that impressed me, i.e., "West on Diseases of Women." As I studied it from time to time, and now think of the changes that have occurred, it was certainly a very elementary publication. Not since then can I remember, and, yet, there have been many excellent publications, any work that aroused more earnest study than this volume which I now hold in my hand, and known as "Sim's Uterine Surgery." It awakened a keen interest and commanded immediate attention from our best writers, our ablest lecturers and practitioners, in this, then limited, field. When we come to analyze it dispassionately it gives us much to admire in the employment of that excellent instrument known as "Sim's speculum," and invented by the author. In his reference to incision of the cervix how solemnly it impresses one as we note his fear of hemorrhage and erysipelas. At that time Dr. Sims was in practice in Paris where the latter infection, at certain periods of the year, had full sway in control of hospital wards.

"Sim's Uterine Surgery" was the spark that kindled a new life in the development of the treatment of surgical lesions of the uterus and its appendages. The two great factors that have survived the volume are his "Duck-bill speculum," and position of patient for examination.

There must be very few in our Association at present who have had any practical experience with the sponge, the sea-tangle-laminaria-digitate or tupelo tents that later, with Peaslee and Hanks' dilators, aided much in our reaching the cavity of the uterus for rational surgical treatment.

What a nightmare of anxiety we lived in at that time, in treating retained detritus of an abortion, or retention of portions of the placenta!

Who is there at present who can remember the revolving double-jointed placental forceps?

It is of little interest now, but it adds greatly to the admiration I have for my profession, when I think of those dreadful days when we made use of Thomas' serrated scoop to enucleate a uterine fibroid, or in removing a portion by morcellement, irritating the uterine tissue sufficiently to produce contraction, followed by sloughing, and the odor present for days, even though we used hot douches freely. Some cases did recover and great was the joy of patient, friend, and, sometimes, the surgeon, though he was ever hoping and looking for some treatment more comforting.

My joy in making a clean operation, or removal through the posterior wall of the vagina, and in using the short obstetrical forceps for delivery of uterine fibroids, with the pleasure of having the endorsement of Dr. Sims, as expressed in a personal interview, will never be forgotten.

However, about this time operative methods progressed rapidly, and the septic atmosphere yielded to more intelligent methods.

Tait's removal of the ovaries, for cure of bleeding fibroids, was soon followed by hysterectomy, in one form or another, then pedicle clamps were introduced, all attended with keen anxiety until the patient was well, or fatal septicemia took its share, as it did in all of these progressive efforts in advancing operative surgery.

At one time the elder Keith abandoned all operations, but later he saw, and planned success, by employment of aseptic work.

Peritonitis and pyemia have given me many a restless night, and abscesses in incisions became our constant anxiety.

One of my pleasant remembrances goes back to a visit from Dr. Yandall of Louisville, during this trying decade, who, after examining my abdominal and gynecological cases in the Albany Hospital and private hospital, remarked, "I must congratulate you upon your cases being so free from suppuration, less than I have seen elsewhere."

I cannot describe to you my joy when, after proper sterilization preparatory to the operation, success was attained and laudable pus was prevented.

It must be said Dr. Sims helped greatly in the better understanding of uterine tumors, especially uterine polypi, but he and his associates worked in an atmosphere of constant fear of hemorrhage and infection. Their aim in making a diagnosis went oft astray, and their line of treatment very limited, in the fear of doing the wrong thing.

In looking over my notes at that time, our knowledge in the understandings of surgical lesions of the uterus and appendages was indeed limited.

Is it to be wondered at that we old men look back and rejoice in the progress made since then, and, especially, during the period of the chapter on cellulitis?

At this time electricity, in some form, was much used, and among the relics in my office may be found the remains of several batteries.

Along about this period there developed a greater degree of care in the use of instruments, especially the uterine probe, and likewise care of the surgeon's hands.

Mr. Lister was calling the attention of the profession to micro-organisms, and no one was more observant of progressive work than Dr. Peaslee. As his assistant, my association with him gave me many good points. He always encouraged a neat preparation of self and patient, in office and hospital examinations, and considered it important. This care brought about the reintroduction of the curette, giving the surgeon more confidence and lessening fear and anxiety.

As a result of this research work there developed some few private and special hospitals, and in textbooks on general surgery greater attention was given to diseases of women.

Our own Civil War, and unsettled conditions in Europe, retarded the study of professional research work bearing upon these subjects. Few bacteriological and pathological laboratories were in existence. The one bright spot was the development of the Woman's Hospital of the State of New York, and in which the people here in Albany had much to do, through our State Legislature, in receiving state aid.

Sims, with his silver wire sutures, and the department of gynecology in surgery, were being recognized.

May I make this observation here, that one of the most brilliant operations was the relief of vesicovaginal fistulae. The doing of this operation was my first introduction to this special work, and I am unable to call to mind any one operation in surgery where experience was of so much value. At the present time how seldom are we called upon to perform this operation, largely due to the advanced teachings of the Fellows of the obstetrical branch of our association, regarding the care of the mothers of today. Sims and Emmett wrote freely upon the methods of cure for this lesion, but not so forcibly on the causes.

Scientific pathology and etiology, relating to surgical lesions were being formulated by master minds in our profession. The wave of preventive medicine is yet with us, and demands our earnest endorsement. Much has been accomplished, much more is demanded.

From 1867, to and beyond 1880, I held many autopsies for the senior members of our profession, also for the coroners of Albany County, in public hospitals and other institutions, thus adding much to my knowledge and experience in laboratory and pathological stud-

ies. My attention centered greatly upon the abdominal organs and pathological conditions within the pelvis. I had gathered much from a study of the excellent plates and serious conditions described so fully by Beruntz and Goupil in their pathological anatomy, and I often discussed in my mind, will surgery ever be able to relieve such conditions?

In the early eighties appeared that excellent volume by Thomas Addis Emmett on "The Principles and Practice of Gynecology." In his description of inflammatory conditions within the pelvis, and use of the term "cellulitis" so frequently followed by abscess, there suddenly unfolded to my surgical mind many possibilities of reaching these cases.

Very soon after, and when aseptic surgery, protected by sterilization, came into practice, surgeons approached, by puncture, incision and drainage, these conditions, and, in a large percentage of cases, with excellent results.

This is the point I wish to make: That our Association has a most pronounced, and cheering, record, showing a great determination in cleaning up pus within the abdominal cavity, and, especially, in connection with the appendix and fallopian tubes.

The energy and intelligence with which Dr. Joseph Price followed up this line of operative procedure, has been exceedingly impressive. Any one who desires to review this history of treating the lesions to which I have referred, should consult the earlier volumes of our Transactions.

A rich harvest of progressive work in all branches of surgery now impressed itself upon those then in practice.

Lister was making known his observations upon aseptic surgery, and many new methods of operating were being presented, more especially in the surgical diseases of women. Wells, Thornton, Bantock, Tait, Keith, Savage, and others, in Great Britain, Braun, and his associates, in Germany, and the surgeons of France were rapidly advancing along these lines, while in our own country Peaslee, Thomas, and a host of other workers, were accomplishing wonderful results, but, notwithstanding all this, there were yet many disappointments.

Succeeding years sifted out the uncertainties, and research work, giving a better understanding of pathological microorganisms, lessened the fear of septic infection and suppuration.

From the first half of the eighties began in earnest the organizations of special hospitals, and the construction of our better general hospitals and maternities.

The period of full fruition in aseptic surgery seemed to exhaust the ingenuity of the surgeons and gynecologists in the treatment of misplacements of the uterus, and flexions and lesions. My array of

left-over pessaries is, to me, a chapter of sadness and, I must admit, disappointment. As I look back upon that period it presents a cycle of suffering women, with probe, cellulitis, abscess, operation, drainage, etc. At one time my notes revealed six cases under treatment, of which one was in my own practice.

Even before the streptococci were facing the physician and surgeon, many of us were protesting against the employment of the probe, and instrumental replacement of the uterus. The one encouraging factor was Dr. Emmett's recognition of laceration of the cervix, and its method of repair.

It is past history now but we owe to Mr. Lister, Sir Joseph Lister, Lord Lister, and coworkers, a never-to-be-forgotten debt for the advances made in avoidance of pus in the treatment of surgical lesions in women.

Tabulating the work of our Association I find on a somewhat careful comparison of the decades ending in 1898, 1908, 1918, and the years 1919 and 1920, that there have been presented 1236 papers, and of these it is rather remarkable that obstetrics and gynecology each claim 410, while abdominal surgery has 416. It must be stated, however, that there are a few papers that do not belong in the work of our Association, and have an exceedingly slight claim to be classified with abdominal surgery.

I note on our present program a paper on "Tumors of the Breast." At first sight we might say it does not belong to this Association, and, yet, there is much for the obstetrician to keep in mind, when complications of this gland present in his lying-in patients; that a correct treatment saves the patient from dangers of after lesions that may call for the care of the general surgeon. Like lacerations of the cervix, scar tissues, or neglected cases of abscess, become a factor in the etiology of cancer of the female breast.

There are many problems to be solved. Our uncertain knowledge of cancer remains with us, although there are many lines of treatment suggested. Let us endeavor to employ the best, and endorse such channels of investigation as are now being pursued.

Tubercular conditions call for further positive, early diagnosis and treatment.

I have an impression that as pathological specimens become less in number, showing extensive destruction of organs, and that other early operations show the beginning of changes that are now arrested by prompt operative intervention, such exhibits should be presented more freely for earnest discussion at our meetings.

I would call the attention of the Division in Obstetrics to the present statistics among lying-in patients. Deaths from puerperal septicemia, and other puerperal causes throughout the United States,

both in cities and the country, are yet too numerous. I would also call attention to the significance of the important factors in the introduction, in Congress, of such bills as the Sheppard-Towner bill.

This did not receive the approval of Governor Miller, of New York State, but instead he endorsed the bill known as the Senator Davenport Act, which gives the state authority to continue investigations and approve methods for lessening the percentage of deaths, also to promote maternal and child hygiene instruction. The state appropriated \$130,000 for this new division, and Dr. Biggs, New York State Commissioner of Health, states that health surveys have been made and organization developed on a county basis. Prominent obstetricians and gynecologists have been invited to act as consultants, thirteen regional physicians already having accepted. The Health Department is conducting an educational campaign through the medium of the newspapers, pamphlets, slides, films and lectures. An important branch is the compilation of maternal and infant mortality, thus obtaining definite information in each locality as to the causes of death.

Assistance in loaning nurses has been organized, and women's clubs, etc., asked to cooperate in this work. Seemingly few mothers have any real instruction in the hygiene of maternity. Governor Miller wisely stated that "welfare work must reach down to the individual to be helped; that we must go where the mothers and babies are, but not through a national campaign."

Can all mothers receive prenatal care? Are our midwives licensed and inspected? Do we have medical school inspection as to prenatal life?

These are important questions, and it would seem that our Association might afford some assistance in their solution.

The census shows that every age group has decreased in death rate for the last decade. The Department of Commerce, through the Bureau of Census, has issued a statement showing deaths, and death rates, by age groups, from different causes, in 1910 and 1920. In every group the death rate was lower in 1920 than in 1910. On the other hand there were increases in the rate from influenza, cancer and puerperal causes, which clearly show some of the danger spots, and of these the last two are the most pronounced.

In these investigations we have great reason to be encouraged over the report presented by the Chairman of the Committee on Maternity Welfare, appointed at the St. Louis meeting in 1921.

Let me emphasize, that in our efforts to benefit our patients who suffer from inoperable malignancy, we ought always to keep in mind the possibility of temporary relief through some form of surgical

procedure, and not tire of further experimental use of the x-ray and radium.

In palliative operations upon the stomach and intestinal tract, I can but endorse my own experience, and that of other surgeons, i.e., that the lives of these patients are often prolonged and their living made quite comfortable.

May I be permitted to offer my endorsement of requiring an essay from each applicant, and that great care be exercised in electing to Fellowship only such as are real workers in one of the three specialties.

That a rigid enforcement of the resolution calling for a thesis on the part of applicants seeking Fellowship, should be carried out in full faith.

That appointing an orator for each meeting, in order to give the Association an up-to-date résumé of what is being advanced in its three specialties, is to be commended.

In closing let me say of the original Founders, forty in all, few are living. It would be impossible for me to speak of the individual merits of our deceased associates. I feel it my duty to refer to one who attended the initial meeting and, as Chairman of the Committee on the Seal, gave us the impressive one as it appears in our annual volumes. Dr. Franklin Townsend, Jr., of Albany, died in the early years of a successful practice, having entered upon a career of study and investigation that promised much. It is proper to note that his widow is in attendance at this meeting.

It is with great sadness that I personally express my appreciation of the earnest assistance rendered by Dr. X. O. Werder, who, for so many years, acted as our treasurer.

It is but natural for me to think that this may be the last paper I will prepare for the Association, so dear to my heart, and I wish to say there are two men, who, for their loyalty, and excellent service rendered, deserve our gratitude. These are our late secretaries, Drs. W. W. Potter, and E. Gustav Zinke. Of the former the Association has ever felt the earnestness with which he labored at the meetings, and in the intervals, for its recognition and success. Few could equal Dr. Potter as an organizer and executive officer.

Of the latter how full of enthusiasm and loyalty was Dr. Zinke's letter of October 7th, 1920, referring to the Atlantic City meeting, and what could be more touching and affectionate than his last letter of January 27, 1922, addressing it to "My Dear Fellows"!