

The American Academy of Obstetrics and Gynecology: First Presidential Address*

A history of American obstetric and gynecologic organizations and the genesis of the American Academy

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Fellows of the American Academy of Obstetrics and Gynecology: On this very auspicious occasion please accept my sincere appreciation of the honor of serving as your President and my heartfelt gratitude for the cooperation which you have accorded me. We, your officers, have been constantly cognizant of the tremendous responsibility that has been ours, and it can be truthfully stated that we have discharged our duties with the fullest degree of conscientiousness. Mistakes which have been made must be attributed to the mind and not to the heart. To the Executive Board go my thanks for cooperation and loyalty in this great undertaking.

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* Presidential address delivered at the First Annual Business Meeting of the American Academy of Obstetrics and Gynecology in Cincinnati, Ohio, April 1, 1952.

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To the District Vice-Chairmen and the State Chairmen and Vice-Chairmen we also acknowledge a deep indebtedness for their very important work in screening applications and promoting the interests of the Academy in their designated areas. We regret that the limitations of space prevent listing the names of all these officers who have contributed so much to the Academy's first year.

To everyone everywhere who has helped to bring the *Academy* into existence as a *national organization for ethical, competent obstetricians and gynecologists*, we take this means of saying "thank you." To the Elder Statesmen in the obstetric and gynecologic realm who have given advice and words of encouragement we declare, "we will never forget you!" While paying tribute to all to whom it is due, may I take this opportunity to state that had it not been for my Brother-Partner, Dan, I could not have devoted the time and effort required by the presidency.

The first organization in the United States devoted to obstetrics and gynecology was the Boston Obstetrical Society, founded in 1861. The second to be formed was the New York Obstetrical Society (1863). The third, the Obstetrical Society of Philadelphia, came into existence in 1868. Eight and ten years later the Cincinnati Obstetrical Society and the Chicago Gynecological Society, respectively, were established. That these societies held some very heated and interesting sessions is attested by the following quotation by Howard A. Kelly:

I saw him next at the British Medical Association at Brighton, where I had the temerity to discuss the diagnosis of extra-uterine pregnancy, emphasizing the ease of diagnosis in some cases. This caused him to comment on the "cocksureness of the young man." It was interesting to note that my British colleagues seemed pleased to find someone ready to differ with their Goliath. (I had been trained for the battlefield in the Philadelphia Obstetrical Society.) Dull of apprehension and slow in the uptake, I returned to Birmingham but saw no further operations by Tait.

The year 1876 is particularly noteworthy because it was on June 3 of that memorable anniversary of our nation that the American Gynecological Society was organized for "the promotion of knowledge in all that relates to the Diseases of Women and to Obstetrics."¹ Part III of the Constitution stated: "The Fellows of the Society shall consist of Fellows and Honorary Fellows. The Fellows

shall not exceed sixty in number. The Honorary Fellows shall not exceed ten American and twenty-five foreign." In his presidential address delivered at the first annual meeting held at the New York Academy of Medicine in September, Fordyce Barker, of that city, included the following interrogation:

May we not confidently anticipate that this Society will exert a marked influence in stimulating inquiry, investigation, and recorded observation, and thus be an important agent in contributing to the progress of science and our national reputation in this branch of our profession?

In his conclusion he stated:

Let me express the hope that this Society, both as individuals and as an organized body, may command the approval of the highest and most cultivated judgment of the scientific world, and not incur the reproach which Job in his bitterness uttered, "ye are all physicians of no value."

In 1888 another national organization was founded: the American Association of Obstetricians and Gynecologists. Article II of the Constitution stated, "Its object shall be the cultivation and promotion of knowledge in whatever relates to Abdominal Surgery, Obstetrics, and Gynecology." Article III read as follows: "The members of this Association shall consist of Ordinary Fellows, Honorary Fellows, and Corresponding Fellows. The Ordinary Fellows shall not exceed one hundred in number. The Honorary Fellows shall not exceed ten American and twenty-five foreign." The name of the Association was changed to the American Association of Obstetricians, Gynecologists, and Abdominal Surgeons at the annual session held in Atlantic City September, 1920. In the initial presidential address delivered during the September, 1888, meeting in the National Medical College Building, Washington, D. C., William Henry Taylor, of Cincinnati, stated:

The daily round of professional experience impresses the practitioner of medicine with the

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incompleteness of his knowledge, and to the man who sees in his avocation something more than a mere source of pecuniary profit, there must arise the desire to know the yet unknown. No argument is needed to prove the assertion that the united effort of many is more fruitful than the inharmonious working of individuals, hence the propriety of cooperation, organization. In the words of an eloquent member of another profession, "It seems very certain that the world is to grow better and richer in the future, not by the magnificent achievements of the highly gifted few, but by the patient faithfulness of the one-talented many."

It may be admitted that the motive of our Association is, first, our own advancement; yet, it cannot be considered undue self-adulation if we believe that from such combined effort good must come to the profession at large, and necessarily through the profession to those who, above all others, are interested in the perfection of our knowledge and skill—our clients.

The activity of the past decade has given us so many important facts that it would scarcely be hyperbole to say that a new practice of obstetrics and gynecology has been created in that time, and no words of mine can in any full degree express the wonderful benefaction of the recent advances thus made; but the very fact that there has been such progress, and that so much that but a few years ago was impracticable or even unknown, is now feasible and well known, only stimulates us to better work and further advance; and with the vast range of study and the diversity of subjects now comprehended by the science of medicine, it is clear beyond controversy that advance can be made only by men directing their efforts to a limited field of work.

If the first presidents of these two organizations, which have long become internationally recognized and highly respected, could return to the scenes of their activities they would be very proud of the great contributions and remarkable progress which have been made in the field of obstetrics and gynecology. They would cherish the important roles these two great groups have played, but they would also find that membership in them is still an accolade of the highest order being restricted to not more

than 100 active fellows in one and 150 in the other.

Although the first meeting of the American Medical Association was held in Baltimore, May 2, 1848, with Nathaniel Chapman of Pennsylvania as President, it was at the May, 1903, meeting in New Orleans, that the Section on Obstetrics and Diseases of Women first met with A. Palmer Dudley, of New York, presiding and delivering a paper entitled "The Trend of Gynecology Work To-day." In June, 1912, in Atlantic City, under the chairmanship of C. Jeff Miller, New Orleans, the name applied was the Section on Obstetrics, Gynecology and Abdominal Surgery. The title of his address was "The Present Status of Surgical Treatment of Puerperal Pyemia by Ligation or Excision of Thrombosed Veins." At the 1936 meeting in Chicago, at which Frederic A. Washburn of Boston presided, the name of the Section was changed to that on Obstetrics and Gynecology. Time does not permit even the briefest recital of the great benefits wrought by the American Medical Association. The work of its Council on Medical Education and Hospitals has been monumental. In September, 1951, there were 381 approved programs offering 1599 obstetric-gynecologic residencies.³

In passing I should mention the American Medical Association's campaign of public enlightenment which has been severely criticized by some persons who are evidently more interested in their own political present and myopic future than they are in the principles upon which our wonderful country was founded and the factors which have resulted in its greatness. Because we Americans are humanitarians at heart we are apt to allow the emotional repercussions of isolated instances in which illness has wrought hardships to overbalance sane evaluation of the relative cost and comparative benefits of modern medical service as it is related to the overwhelming percentage of cases who receive medical treatment. To the shortsighted

the burdens of these cases would be made easy by the philosophy of dependence upon government, a government which in so many instances under the present administration has evidently attempted to bribe the taxpayer by saying it is providing an easy road for his immediate future, but failing to state that it is mortgaging the destiny not only of his generation but of that of his children and his children's children.

In determining the comparative cost of medical and hospital care it is well to remember that while the per diem cost has increased, the length of hospital stay has markedly decreased. The hospital has changed from a repository for bed patients to a workshop for diagnosis and therapy. Inflation superimposed on an increase in specialized personnel and equipment rather markedly increases the cost of the first days of the patient's hospital stay, but who would question that the cost is more than offset by the increased speed of diagnosis and the greater likelihood of the permanent effectiveness of treatment. The widespread usage of a great variety of newer and more effective drugs and antibacterial agents likewise increases the initial cost but decreases the duration of the illness. Rather than speak of the cost of the hospital day, the emphasis should be placed upon the cost of the shorter and more profitable hospital stay. It is interesting also to note, as pointed out by American Medical Association President John W. Cline, that for the past twenty years the expenditures of the American public for hospital and medical service has remained almost constant at about 4 per cent of their consumer budget. In one recent year Americans per capita expenditures were: liquor, \$62.10; tobacco, \$24.13; patent medicines and drugs, \$10.71; movies, \$9.82; cosmetics, \$8.30; nightclubs, \$7.14; four major sports, \$5.71; and hospital care, \$4.63.⁹

In the little over six years since the end of World War II the United States population has increased by about 15,800,000, a

figure equivalent to the present population of the three rapidly growing Pacific Coast States, New York, or the combined populations of Sweden, Norway, and Denmark. The estimated total births in the United States for 1951 exceeds 3,900,000. That figure is appreciably above the previous high of 3,876,000 in 1947, and is more than 200,000 above the figure for 1950, in which year the infant mortality was 29 per 1000 live births. Only ten years ago it was 45 per 1000 live births, or more than one and one-half times as high. If the rate of 1941 had prevailed in 1951 the total infant deaths in the year would have been more than 65,000 in excess of the actual number. As also pointed out in the December 1951 Statistical Bulletin of the Metropolitan Life Insurance Company: "The steady downward trend in infant mortality over the past decade has meant an aggregate saving of about 400,000 infant lives during this period, truly a magnificent achievement."

On November 13, 1913, the first convocation of the American College of Surgeons was held in Chicago. In his address President J. M. T. Finney of Baltimore said:

The history of surgery in the United States and Canada is opened to a new page. When at some future time the historian comes to write on that page the record of events that have led up to this meeting, he will there record the taking of another step in the progress of medicine in general and of surgery in particular in Canada and the United States. What is consummated here tonight is destined to produce a deep and lasting impression upon medical progress not alone in those countries but indirectly the world over.

He also stated:

Our hopes and dreams, so long dim, shadowy and unreal, are about, in part at least, to assume definite and concrete form. We are assembled here this evening to witness, indeed to assist at, the birth of a new agency for good, both to the public and to the profession; to bid God-speed to this lusty infant, the American College of Surgeons, the offspring of a fruitful union between a deep-rooted and praiseworthy desire

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within the profession to elevate its standards of ethics and efficiency, and a lively sense of the urgent and long-felt need of its accomplishment.

The aim of this organization and the reason for its existence lie in its disinterested and unselfish efforts to elevate the standards of the profession, moral as well as intellectual, to foster research, to educate the public up to the idea that there is a difference between the honest, conscientious, well-trained surgeon, and the purely commercial operator, the charlatan and the quack; furthermore, that the term "surgeon" means something more than a suave manner, a glib tongue, a private hospital, a press agent, and the all too easily acquired diploma, with its accompanying title of "doctor." The standardization of surgery is absolutely essential to guard the public against such as these, as well as to preserve the honor of the guild itself.

The American College of Surgeons deserves well-merited praise for its contribution in the field of hospital standardization. Most assuredly, without the College the practice of surgery and medicine would not be of its present-day high quality. Those of us who are Fellows of the Academy and of the College are very much interested in seeing further elevation of standards of hospitalization and of training in obstetrics and gynecology, general surgery, and the other fields. We agree with Director Paul R. Hawley's statement, "Now that the standards of the several accrediting bodies are at comparable levels, there is no longer any reason for the independent application of these standards by many agencies." Surely, cooperation on the part of the American Medical Association's Council on Medical Education and Hospitals, the American Specialty Boards (among which our American Board of Obstetrics and Gynecology has no peer), and the American College of Surgeons will achieve the desired results. And, in this connection, it is not necessary to point out that Obstetrics and Gynecology have reached full maturity and must be respected accordingly.

Having mentioned the American Board of Obstetrics and Gynecology it should be

stated that it was organized and incorporated through the action of duly appointed representatives of the American Gynecological Society, the American Association of Obstetricians, Gynecologists, and Abdominal Surgeons, and the Section on Obstetrics and Gynecology of the American Medical Association. Its first meeting was held in September, 1930, at Niagara Falls, with Walter T. Dannreuther of New York in the chair. The accomplishments of the Board have been great, and to it we again pledge allegiance in every effort to improve the practice of obstetrics and gynecology both from the viewpoint of the patient and of the obstetrician and gynecologist. Since the founding of the Board the growth of specialization has been enormous as attested by the fact that on July 24, 1951, there were 3087 living diplomates in

TABLE 1. Living Diplomates of the American Board of Obstetrics and Gynecology in the United States (July 24, 1951)

<i>A.A.O.G. districts</i>	<i>States</i>	<i>Number of diplomates</i>	<i>Total</i>
	Connecticut	80	
	Maine	4	
	Massachusetts	140	
I	New Hampshire	4	252
	Rhode Island	18	
	Vermont	6	
II	New York	630	630
	Delaware	9	
III	New Jersey	85	344
	Pennsylvania	250	
	District of Columbia	82	
	Florida	53	
	Georgia	37	
	Maryland	71	
IV	North Carolina	49	359
	South Carolina	13	
	Virginia	45	
	West Virginia	9	
	Indiana	37	
	Kentucky	21	
V	Michigan	127	334
	Ohio	149	
	Illinois	216	
	Iowa	17	
	Minnesota	58	

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TABLE 1. (Continued)

<i>A.A.O.G. districts</i>	<i>States</i>	<i>Number of diplomates</i>	<i>Total</i>
VI	Nebraska	19	353
	North Dakota	11	
	South Dakota	3	
	Wisconsin	29	
	Alabama	24	
	Arkansas	8	
	Kansas	15	
VII	Louisiana	50	342
	Mississippi	4	
	Missouri	86	
	Oklahoma	17	
	Tennessee	40	
	Texas	98	
	Arizona	17	
	California	322	
	Colorado	18	
	Idaho	2	
VIII	Montana	9	473
	Nevada	0	
	New Mexico	7	
	Oregon	34	
	Utah	17	
	Washington	46	
	Wyoming	1	
Grand total			3,087

the U.S.A. Table 1 reveals their location by states. Approximately one-third (1109) reside in the 28 states embraced by the constitutionally-limited 500-member Central Association of Obstetricians and Gynecologists, in which area there were only 102 diplomates in 1932. That organization was founded in 1929 and held its first meeting in St. Louis, under the presidency of Palmer Findley of Omaha.

Another regional Society, the Pacific Coast Society of Obstetrics and Gynecology, held its first annual meeting December 9, 1932, at which time President Frank W. Lynch of San Francisco presented an address on the "History of Obstetrics." In 1944 the name of the organization was changed to the Pacific Coast Obstetrical and Gynecological Society. It includes four states and has a constitutional limitation of 75 active mem-

bers. Living in that area last year were 419 diplomates.

The South Atlantic Association of Obstetricians and Gynecologists was formed in 1938 with J. R. McCord of Atlanta as President. In its geographical confines are five states, in which 197 diplomates resided in 1951. The membership is limited to 200 active fellows.

Table 2 lists the obstetric and/or gynecologic societies in the United States

TABLE 2. Year of Founding of Obstetric and/or Gynecologic Societies in the United States

1861	Boston Obstetrical Society
1863	New York Obstetrical Society
1868	Obstetrical Society of Philadelphia
1876	American Gynecological Society Cincinnati Obstetrical Society
1878	Chicago Gynecological Society
1888	American Association of Obstetricians, Gynecologists and Abdominal Surgeons
1890	Brooklyn Gynecological Society
1914	Los Angeles Obstetrical and Gynecological Society
1920	St. Louis Gynecological Society
1923	Louisville Obstetrical and Gynecological Society
1924	Bronx Gynecological and Obstetrical Society New Orleans Gynecological and Obstetrical Society
1927	Kansas City Gynecological Society
1928	Portland Society of Obstetrics and Gynecology
1929	Central Association of Obstetricians and Gynecologists New England Obstetrical and Gynecological Society Texas Association of Obstetricians and Gynecologists
1930	San Francisco Gynecological Society
1931	Pacific Coast Obstetrical and Gynecological Society
1932	North Carolina Society of Obstetricians and Gynecologists
1933	Washington Gynecological Society
1934	Pittsburgh Obstetrical and Gynecological Society
1936	Minnesota Obstetrical and Gynecological Society Virginia Obstetrical and Gynecological Society

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TABLE 2. (Continued)

1937	Dayton Obstetrical and Gynecological Society San Diego Gynecological Society Washington State Obstetrical Society
1938	North Dakota Society of Obstetrics and Gynecology South Atlantic Association of Obstetricians and Gynecologists
1939	Houston Obstetrical and Gynecological Society Iowa Obstetrical and Gynecological Society Michigan Society of Obstetricians and Gynecologists
1940	Alabama Association of Obstetricians and Gynecologists El Paso Gynecological Society
1941	Oklahoma City Obstetrical and Gynecological Society Pacific Northwest Obstetrical and Gynecological Association Seattle Gynecological Society Wisconsin Society of Obstetrics and Gynecology
1942	Nassau Obstetrical Society
1944	Columbus Obstetric-Gynecologic Society
1945	Central New York Association of Gynecologists and Obstetricians
1946	Akron Obstetrical and Gynecological Society Buffalo Obstetrical and Gynecological Society Denver Gynecological and Obstetrical Society Miami Obstetrical and Gynecological Society New Mexico Obstetrical and Gynecological Society South Carolina Obstetrical and Gynecological Society
1947	Cleveland Society of Obstetrics and Gynecology Dallas-Fort Worth Obstetric and Gynecologic Society Honolulu Obstetrical and Gynecological Society Indianapolis Obstetrical and Gynecological Society Mississippi Obstetrical and Gynecological Society New Jersey Obstetrical and Gynecological Society Omaha Obstetrical and Gynecological Society

TABLE 2. (Continued)

	Oregon Society of Obstetricians and Gynecologists
1948	Florida Obstetric and Gynecologic Society Kentucky Obstetrical and Gynecological Society Mobile Obstetrical and Gynecological Society Queens Gynecological Society Utah Obstetrical and Gynecological Society San Antonio Obstetric and Gynecologic Society
1949	Birmingham Obstetrical and Gynecological Society Inter-urban Obstetrical and Gynecological Society (New York)
1950	Memphis Obstetrical and Gynecological Society
1951	Obstetrical and Gynecological Society of Maryland Southwest Obstetrical and Gynecological Society

N.B.: Anyone having data concerning a society which has been omitted from the above table will please communicate with the author.

gologic societies now in existence in the United States. The date that each was organized is indicated. The cooperation of the secretaries in completing questionnaires regarding their respective organizations is hereby gratefully acknowledged. Summation of the data revealed that most of the 38 societies bearing the names of cities restrict their memberships to the cosmopolitan areas thereof. Approximately 50 per cent require board certification and the presentation of a paper prior to the time the candidate for membership is secretly voted on.

Of the 21 state societies relatively few require a board certificate and only about one-third have a paper presentation requirement. Of the six regional groups only three have a constitutional prerequisite of certification but in another in reality a man must be a diplomate. Only one of these organizations requires the presentation of a paper prior to admittance to membership.

The preliminary organizational meeting of

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the National Federation of Obstetric-Gynecologic Societies was held in St. Louis in November, 1944. A year later the Constitution was adopted at a meeting in Cincinnati attended by representatives from 27 obstetric and gynecologic societies, the first president being Fred L. Adair, President of the American Committee on Maternal Welfare, Inc., Chicago. Within the next four years the roster of the National Federation included the names of an overwhelming majority of the active societies in our specialty in this country and had as one of its objects "to serve as the coordinating group for the obstetric and/or gynecologic organizations in the United States of America." Appreciating the fact that the growth of specialization had been great and that there was an ever-increasing need for a national organization for obstetricians and gynecologists various members of the component societies of the National Federation repeatedly emphasized the subject. It was discussed at length at meetings of the Board of Governors held during the fourth American Congress on Obstetrics and Gynecology in New York, the 1950 meeting of the Southern Medical Association in St. Louis, and the 1951 meeting of the American Medical Association in Atlantic City. As a result, at the meeting held June 13, 1951, under the presidency of Philip F. Williams, Philadelphia, it was unanimously voted that the National Federation be reconstituted into an individual personal membership national society to be known as the American Academy of Obstetrics and Gynecology, consisting of physicians practicing obstetrics and/or gynecology at a "specialty level." It was emphasized that the process of reconstitution be expedited with judiciousness. A motion was passed without a dissenting vote authorizing the expenditure of current funds of the National Federation as needed during the organizational period of the Academy. The Nominating Committee, under the Chairmanship of Ralph E. Campbell, Madison, presented the list of

officers charged with the responsibility of carrying out the mandate of the Board of Governors of the National Federation and they were elected by acclamation.

After contacting the newly-elected Secretary to discuss the great responsibility that had been placed on him, one of the first acts of the President was to appoint a Committee on Constitution and By-laws consisting of William F. Mengert, Dallas, Tex., Chairman; F. Bayard Carter, Durham, N. C.; Herbert P. Ramsey, Washington, D. C.; C. Paul Hodgkinson, Detroit, Mich.; Edward C. Hughes, Syracuse, N. Y.; and Herbert F. Traut, San Francisco, Calif. Subsequently, the officers and other members of the Executive Board were requested to submit nominees for the State Chairmanships and Vice Chairmanships. From these lists the President made recommendations to the Executive Board.

The American Academy of Obstetrics and Gynecology was incorporated on August 4, 1951, as a nonprofit corporation under the laws of the State of Illinois.

On September 5, 1951, at The Homestead, Hot Springs, Va., the Constitution and By-laws were officially adopted. It was there that the Executive Board decided that an introductory letter, a copy of the Constitution and By-laws, and an application form should be sent to everyone listed by the American Medical Association as a specialist in obstetrics and gynecology. The presiding officer pointed out that such a list undoubtedly contained the names of many physicians who were not actually obstetricians and gynecologists, but the members of the Board voted in favor of this procedure in the hope that everyone practicing our specialty would have the opportunity to read the Constitution and By-laws and then apply if he or she possessed the qualifications as set forth. Consequently, the introductory letter sent out from the Secretary's office did not carry the name of the addressee but had the simple salutation "Dear Colleague."

The opening sentence was, "There has

been a long-felt need and oft-expressed wish for a national society for Obstetricians and Gynecologists based on individual and personal membership." Paragraph 2 referred to the enclosed copy of the Constitution and By-laws, and paragraph 4 read as follows: "The Executive Board of the Academy invites you to apply for Fellowship at this time. It feels that you, as a specialist in obstetrics-gynecology, have a real interest in the Academy and that you will evince such interest by filling out and returning the enclosed application for Fellowship to the business office of the Academy." True, it would have been much easier to have sent application forms solely to persons listed in the Directory of Medical Specialists as being Diplomates of the American Board of Obstetrics and Gynecology but the Executive Board appreciated the fact that in addition to the three thousand-plus living diplomates in the United States there are many ethical competent obstetricians and gynecologists who do not have board certificates and who deserve membership in a national organization of specialists. Surely, no thinking person should have sent in his application without paying particular attention to Article I, Section 1 of the By-laws entitled "Qualifications," which reads as follows:

A candidate to be eligible as a Fellow of the American Academy of Obstetrics and Gynecology must meet the following qualifications and requirements to the satisfaction of the Executive Board:

- a. A minimum of five years training/or practice limited to obstetrics and/or gynecology.
(The verb "limited" has a crystal clear meaning.)
- b. Evidence of high ethical and professional standing and clinical experience as determined by Fellows in his district.

(This specification insures honesty, competency, and a high degree of respectability.) Parts c and d require, respectively, "Graduation from a medical school which is satisfactory to the Executive Board," and "Member-

ship in the American Medical Association or the Canadian Medical Association."

Article III of the Constitution is entitled "Objects and Powers." Section 1 states:

The object of the American Academy of Obstetrics and Gynecology shall be to foster and stimulate interest in obstetrics and gynecology and all aspects of the work for the welfare of women which properly come within the scope of obstetrics and gynecology.

The Academy shall aid in the accomplishment of the following purposes:

- a. To establish and maintain the highest possible standards for obstetric and gynecologic education and postgraduate education in medical schools and hospitals, obstetric and gynecologic practice and research;
 - b. To perpetuate the history and best traditions of obstetric and gynecologic practice and ethics;
 - c. To maintain the dignity and efficiency of obstetric and gynecologic practice in its relationship to public welfare;
 - d. To promote publications and encourage contributions to medical and scientific literature pertaining to obstetrics and gynecology;
- none of which objects is for pecuniary profit.

Surely, these objectives are worthy of our very best efforts. Their attainment is predestined by virtue of the caliber and number of Fellows in the Academy, all of whom appreciate the fact that emphasis must be placed upon obligations and duties rather than upon rights and privileges. Truly "time is of the essence." The Annual Clinical Meeting has already been scheduled for Chicago on December 15, 16 and 17, 1952. Every third meeting is to be held in conjunction with the Congress on Obstetrics and Gynecology. That means that the Sixth American Congress on Obstetrics and Gynecology and the Third Annual Clinical Session of the Academy will be held in December, 1954. It is important that the District Chairmen and Vice-Chairmen confer with their State Chairmen and Vice-Chairmen regarding dates and places for regional clinical sessions, which will be authorized by the

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Executive Board. And, in this connection, the Fellows in the various Sections should promptly put Article IX of the By-laws into effect. In compliance with Article X the Executive Board has carefully and deliberately considered the matter of publications. It is good to report that the medical publishers have manifested much interest and given excellent advice. As a result the Executive Board recommends that a monthly journal, under the ownership of the Academy, be published beginning in January, 1953. Ralph Reis, Chicago, has been named by the Board to serve as the first Editor.

Now that I have presented data which I thought should be reported to you, I must not set a precedent that addresses before this Academy are to be unduly lengthy. Therefore, temporal limitations preclude sermonizing on the subject that improvements in human behavior have not kept pace with scientific progress as exemplified by the actions of some persons in places of great responsibility—men, so-called, unworthy to live in this wonderful electronic and atomic age; this day of marvelous communication and amazingly swift transportation.

Being constantly mindful of what has been accomplished for the good of womankind, we as obstetricians and gynecologists must always strive to do our best to merit the great opportunities which are ours. By the Grace of God, this Academy will undoubtedly aid us in this great endeavor.

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John C. Burwell	L. Bruce Donaldson
Robert J. Cardwell	W. Drummond Eaton
Alex Charlton	Hal Ferguson

G. Keith Folger	Richard L. Pearse
Harold L. Gainey	Robert R. Pierce
Frank B. C. Geibel	F. M. Posey, Jr.
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Charles L. McLane	Alice D. Watts
William F. Mengert	A. N. Webb
Hugh H. Nuckols	James T. Wong

William F. Mengert and Goodrich C. Schaufler sent a copy of the first presidential addresses delivered before the American Association of Obstetricians, Gynecologist and Abdominal Surgeons, and the Pacific Coast Obstetrical and Gynecological Society, respectively. We are also grateful to Secretary Robert L. Faulkner of the American Board of Obstetrics and Gynecology for his cooperation.

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