

American Academy of Obstetrics and Gynecology

Presidential Address Our Maturing Specialty

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FROM THE TIME human beings first inhabited the earth, children have been born. Therefore, the art of obstetrics must be as old as the human race. Until quite recent times this art was practiced by women, and the adult male of the species entered the lying-in chamber only upon invitation and in emergency. The obstetrician-gynecologist, as we know him today, did not exist. In fact it was not until the middle of the eighteenth century in England, and the middle of the nineteenth in the United States that the way was opened for the doctor of medicine to assume responsibility for the conduct of normal labor. The specialty of obstetrics as an academic discipline, alone or with gynecology, is actually a product of the twentieth century. Moreover, it did not begin to take the shape we know today until the beginning of the second quarter of this century. The art is old, the specialty is new.

The truth of these statements was driven into my consciousness through force of circumstances, but remains a source of amazement to me. At first glance most laymen and

many physicians would regard our specialty as ancient. Few would believe it is new. Since the newness is so little apparent, it seemed to me that documentation of the rapidity of our growth in recent years might help toward appreciation of the place of obstetrics and gynecology in a modern, changing, medical world. Such knowledge may explain in part why the specialty may seem to lag behind others in matters like recruitment of personnel, departmental finance, proportionate share of operating and of teaching time. Also, I think our generally unrecognized youth may explain why some in our own ranks feel we are not yet ready for adult responsibilities.

EARLY DEVELOPMENT OF OBSTETRICS

My purpose today is to trace briefly the early development of our modern American specialty of obstetrics and gynecology and especially to show that the maturing process accelerated during the past thirty years with a speed worthy of the age of atomic fission and jet airplanes.

We do not know how labor was conducted in prehistoric times, but can draw analogies from descriptions of labor among primitive peoples such as appear in the classic book by Engelmann and the admirable studies of Margaret Mead. Suffice it to say that among primitive peoples at the time of childbirth

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man is generally unnecessary, unwanted, and often excluded.

Midwifery

As we move forward into early historical times many references to midwives can be found. They were known in Grecian times. Phanarette, the mother of Socrates, was a

and Gynecology at the University of Kansas, I am enabled to show a picture (Fig. 1) of an obstetric chair used in this country during the latter part of the nineteenth century. This chair is preserved in the Library of the History of Medicine. Many centuries must elapse before the number of women delivered in the lithotomy position upon tables will begin

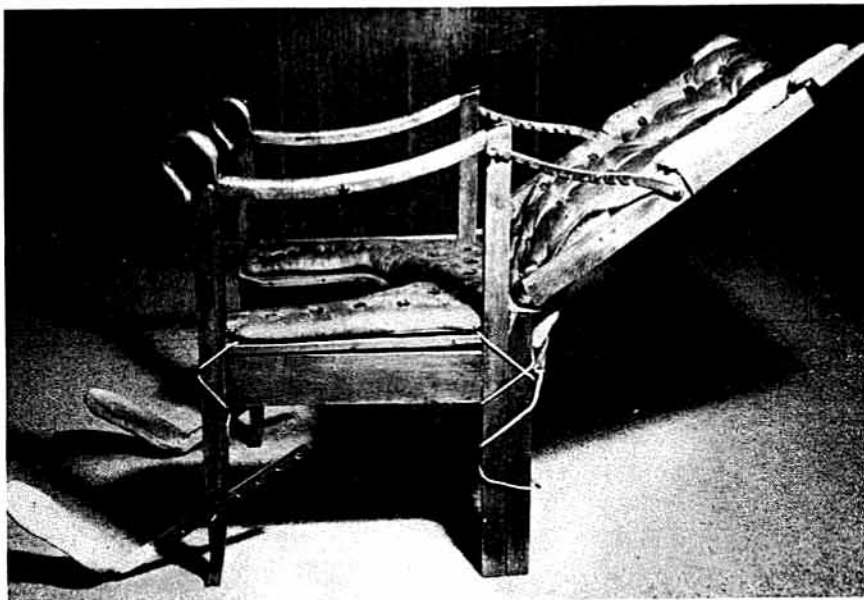


Fig. 1. Obstetric chair, now in Library of the History of Medicine of the University of Kansas. (Photograph courtesy Dr. L. A. Calkins)

midwife. Egyptian birth scenes with midwives attending are portrayed as early as 1350 B.C. A classical Biblical reference is found in Genesis 35:16-17: "and Rachel travailed, and she had hard labor. And it came to pass, when she was in hard labor, that the midwife said unto her, 'Fear not, thou shalt have this son also.'" Two Hebrew midwives, Shiphrah and Puah, are named in Exodus 1:15, where the king of Egypt told them to kill male, but to spare female, offspring "When ye do the office of a midwife to the Hebrew women, and see them upon the birthstool." Note that this passage mentions the birthstool. Through the courtesy of Dr. L. A. Calkins, Professor of Obstetrics

to equal the number previously delivered upon the obstetric chair.

Forceps Delivery

Through the Middle Ages and the Renaissance down to times remembered by our parents, the midwife reigned supreme. On the other hand, today in the United States the doctor of medicine presides over almost all human labors. It is doubtful whether the complete reversal of custom which put men in the commanding position in obstetrics would have taken place had it not been for the invention of the obstetric forceps. Kept secret for more than one hundred years, its use was first described medically by William

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Giffard during the first quarter of the eighteenth century. The forceps operation was subsequently popularized by William Smellie, who taught obstetrics in London and became the storm center of those opposing the new idea of the male midwife. Mostly the opposition was based on moral grounds, as shown by the accompanying title pages of two articles representative of the numerous diatribes published in England (Fig. 2) and in the United States (Fig. 3).

"Demonstrative Midwifery"

Reverberations of the revolution in ma-

ternity care did not subside in the United States until the end of the last century. So recently as 1850, Professor James P. White of Buffalo was the first to exhibit a laboring woman to medical students by showing Mary Watson, an Irish immigrant girl, to the graduating class of the Buffalo Medical College. Protests poured in from all sides, not only to Doctor White, but also to newspapers and religious journals. One of these protests was so violent that Doctor White felt compelled to enter a suit for criminal libel against a colleague, Dr. Horatio N. Loomis. The following letter, signed by seventeen physicians,

A
T R E A T I S E
ON THE
ART of MIDWIFERY.
SETTING FORTH
VARIOUS ABUSES therein,
Especially as to the
PRACTICE with INSTRUMENTS :
THE WHOLE
Serving to put all Rational Inquirers in a fair
Way of very safely forming their own Judgment upon the QUESTION ;
Which it is best to employ,
In Cases of PREGNANCY and LYING-IN,
A
M A N - M I D W I F E ;
OR, A
M I D W I F E .

By Mrs. ELIZABETH NIELL,
PROFESSED MIDWIFE.

L O N D O N :
Printed for A. MORLEY, at Gay's-Head, near Beau-
tours Buhlinus, in the Strand.

M D C C L X

Fig. 2

MEDICAL MORALS,

ILLUSTRATED WITH

PLATES AND EXTRACTS FROM MEDICAL WORKS

DESIGNED TO SHOW THE

PERNICIOUS SOCIAL AND MORAL INFLUENCE OF THE PRESENT SYSTEM OF
MEDICAL PRACTICE, AND THE IMPORTANCE OF ESTABLISHING
FEMALE MEDICAL COLLEGES, AND EDUCATING AND
EMPLOYING FEMALE PHYSICIANS FOR
THEIR OWN SEX.

By GEORGE GREGORY

NEW YORK
PUBLISHED BY THE AUTHOR
129 NASSAU STREET
1852.

Fig. 3

appeared in the *Buffalo Medical Journal* for March, 1850:

Sirs:—The undersigned members of the medical profession, have noted with regret in the February number of your journal the editorial article and correspondence to which it refers entitled "Demonstrative Midwifery." The propriety of the exhibition of the living subject before the graduating class at the College, as we understand it does not in our view admit of a public discussion; and our only object in this communication is to say that the practice does not commend itself to the cordial approbation of the medical profession of Buffalo, but on the contrary merits a severe rebuke, because we deem it unnecessary for the purposes of teaching, unprofessional in manner and grossly offensive alike to morality and common decency. For the credit of the medical profession we hope that this innovation will not be repeated in this or any civilized country.

Doubts as to the propriety of the procedure spread and finally reached the Committee on Education of the three-year-old American Medical Association. The Committee report, presented in 1851, took the ground that the only advantage which could be gained by exposing the patient was a somewhat greater facility in protecting the perineum, but held that this did not compensate for the obvious disadvantages of the method, as they considered that a physician who was not prepared to conduct labor by the sense of touch alone was not competent to practice obstetrics.

DEVELOPMENT OF GYNECOLOGY

The development of gynecology lagged behind that of general medicine. False modesty and prudery undoubtedly contributed to the delay, and vaginal examination and inspection of the parts were considered too great an infringement of the woman's person to be attempted. As late as 1854, Dr. Charles Meigs, of Philadelphia, felt that vaginal examination might induce a lax moral sense in the patient.

Operative Gynecology

Modern operative gynecology could not

begin until the end of the nineteenth century when surgical exploration of the abdomen became reasonably safe. On the other hand, the first successful ovariectomy was performed in 1809 by Ephraim MacDowell; the first successful myomectomy with preservation of the uterus in 1844, by Washington Atlee of Philadelphia; the first successful abdominal hysterectomy for fibroid in 1853 by Walter Burnham of Lowell, Massachusetts.

Milestones

In order to document the newness of gynecology, it is only necessary to detail a few significant milestones:

- 1900. Cure of cervical carcinoma became, for the first time, a distinct possibility with the introduction of Wertheim's operation, although pioneering was done in Chicago by Emil Ries and in Baltimore by John G. Clark.
- 1903. Introduction of the use of radium for treatment of cervical carcinoma by Margaret Cleaves.
- 1917. Ability to recognize the female sex hormone by study of the vaginal epithelia of the guinea pig by Stockard and Papanicolaou.
- 1928. Recovery of the living human egg from the fallopian tube by Allen, Pratt, Bland, and Newell.

To dramatize the youth of modern gynecology even more, we have only to remember that the chemical identification and synthesis of estrogen and progesterone were accomplished about 20 years ago, within the memory of every physician in this room.

INTEGRATION OF OBSTETRICS AND GYNECOLOGY

The combination of obstetrics and gynecology received its greatest impetus with the establishment of the American Board of Obstetrics and Gynecology in 1930. There are now 4629 Diplomates of the American Board of Obstetrics and Gynecology (Fig. 4).

Today there are 77 four-year medica

schools in the United States. Totally combined departments of obstetrics and gynecology exist in 62 of them. In four there are closely coordinated departments under a single titular head. Thus, there are 66 combined or closely coordinated departments of obstetrics and gynecology. In 11 medical

able could be counted on the fingers of both hands. In some delightful reflections on the "Pathways of Medicine" in the current issue of the *American Journal of Obstetrics and Gynecology*, Edward A. Schumann says, "Fifty-four years ago I graduated from a prominent medical school in the East and en-

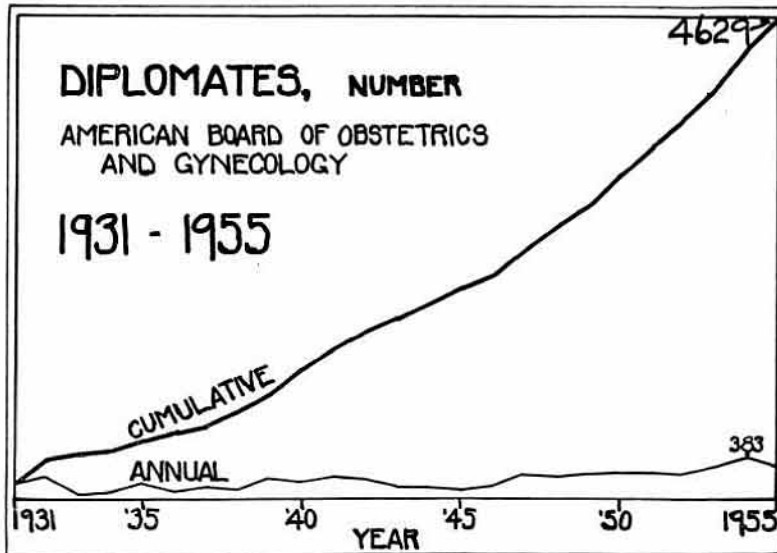


Fig. 4

schools there is no combination. Within the past five years the departments of obstetrics and gynecology in an existing school combined, and combined departments were established in three new schools. In at least one other school combination will become effective within a few years. From the other side of the picture it is interesting to observe that there has been no separation of a combined department into separate divisions during the period of my own observation. In other words there has been a decided trend toward integration of the component divisions of our specialty.

Training, Residencies, and Facilities

In 1928, when I looked for a residency offering acceptable bilateral training in obstetrics and in gynecology, the number avail-

able could be counted on the fingers of both hands. Incidentally, there were no residencies available at this time. . . ."

Figure 5 shows the number of approved residencies in either obstetrics or gynecology or both in 1927, 1940, and 1954. *The Journal of the American Medical Association* did not begin to list residencies until 1927. The year 1940 was chosen as representative of the immediate prewar years. Obviously, the war stimulated the development of many new residencies. It would not be fair to leave this subject of residency expansion without stating that throughout the entire field of medicine the residency system of training developed around the same period of time. On the other hand, a few excerpts from a speech made by J. Whitridge Williams, April 29, 1931, at the dedication ceremonies of the

present Chicago Lying-In Hospital may add strength to the thought that our specialty lagged behind the others:

Until recently, we had been very backward in this country in providing facilities for the care of women in labor and for practical obstetric training of students, as will be apparent when I tell you that when I graduated 40-odd years ago I had seen only two deliveries, and one of them was in the patient's alley home; and yet I graduated first in my class and received the obstetric prize. Indeed, I think it safe to say that prior to the opening in 1888 of the Sloane Maternity in connection with the Col-

only institutions in the country which approached in any way the continental ideals*** With the present century, and especially following the World War, conditions have improved in this country and, in addition to the Sloane Hospital for Women, large clinics have developed in Montreal, Boston, Baltimore, Cleveland, Iowa City and possibly in San Francisco—and now this great institution is being opened, to be followed next year by the largest clinic of all in connection with the new medical center of Cornell University. *** At first glance the list of clinics just mentioned appears imposing; but when it is recalled that they represent only a small fraction of medical schools of the coun-

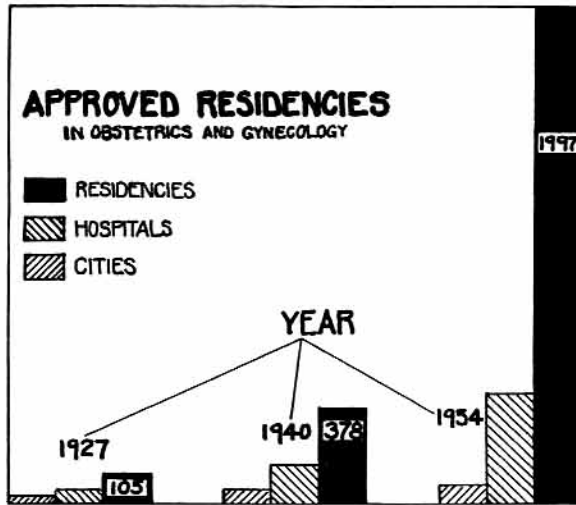


Fig. 5

lege of Physicians and Surgeons of New York there was not a single institution in the entire country especially erected and equipped for that purpose. The result was that while we had numerous gifted and sometime eloquent teachers, there were no facilities for teaching practical obstetrics—much less for its scientific study, so that young men who wished to perfect themselves in that branch of medicine were compelled to go to Europe, and especially to Germany. Doubtless, at that time numerous small maternities were scattered through the country, which had been founded for purely philanthropic purposes and were usually limited to the care of respectable married women only, but were not utilized for the instruction of students. Early in the nineties, the New York Lying-In Hospital was opened, and for many years it and the Sloane Maternity were the

try, it is apparent that we are woefully lacking in that respect, and I am fond of saying that we are probably not as well off today as was Germany shortly after the end of the Franco-Prussian War.

GROWTH OF SPECIALIZATION

I had wanted to present to you figures concerning the numbers of specialists in obstetrics or gynecology during representative years. The task of accumulating the data would have been stupendous, even if possible. The first edition of the *Directory of the American Medical Association* was not published until 1906. Previously American physicians were listed in *The Medical Register and Directory of North America*, the first

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edition of which appeared in 1886. This directory did not list specialists in any field.

However, the founding dates of American

century, and is especially apparent after World War II. It should, however, be noted that since the organization of the American

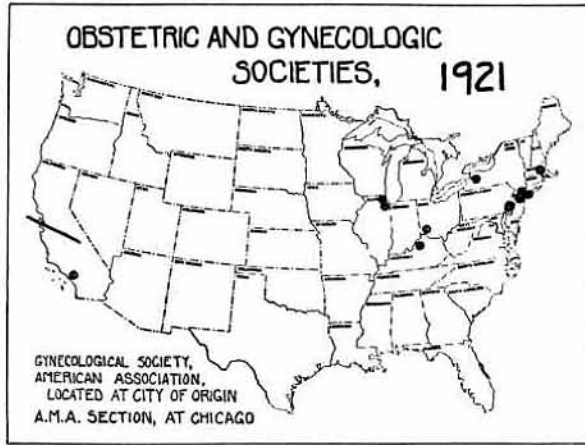


Fig. 6

obstetric and gynecologic societies are available (Fig. 6). The Obstetric Society of Boston was organized in 1861. By 1921, 60 years later, there were only 11 organizations devoted exclusively to one or both branches of our specialty. Figure 7 shows the enormous recent growth of our specialized societies. A big upswing in number of societies began with the second quarter of the present

Academy of Obstetrics and Gynecology in 1951 only three new organizations have come into being. Two of our national organizations, each founded during the last century, limited their membership and unfortunately set a pattern which has been more rather than less commonly adopted. With the enormous growth of specialization in obstetrics and gynecology during the past 30 years, limited society memberships generally inflicted a distinct hardship on the young specialist, despite the growth in numbers of societies. It is true that he could usually obtain membership in local organizations or he could, and often did, found a new one. Nevertheless, he craved a larger forum to which he could turn for fellowship and stimulation.

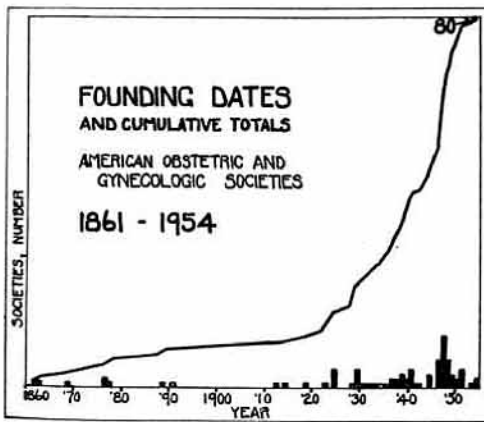


Fig. 7

The fabulous and unprecedented success of the American Academy since its organization in 1951 seems to me to be the crowning piece of evidence establishing the thesis that American obstetrics and gynecology has come of age.