

CHAPTER II

AGS: The Early Years

1876-1910

The American Gynecological Society was the first national organization in the world to represent the specialty of obstetrics and gynecology. The original thought leading to the formation of the Society arose from conversations between James R. Chadwick of Boston and Joseph Taber Johnson of Washington while aboard ship returning from studies in Europe. The story was told by Howard Taylor, Sr., in his presidential address in 1925. It was Chadwick who called together a group of prominent gynecologists and obstetricians at the Academy of Medicine, New York City, June 3, 1876. The summons was issued May 24 and 39 gynecologists and obstetricians from various parts of the United States gathered at the Hall of the Academy of Medicine for the purpose of forming a society for the advancement of the special department of medicine in which they were chiefly interested. The meeting was called to order by James R. Chadwick, and the group organized at once by electing E. Randolph Peaslee of New York as chairman and James Chadwick as clerk. The 39 gynecologists and obstetricians who responded to the original summons were:

WASHINGTON L. ATLEE, Philadelphia, Pennsylvania
FORDYCE BARKER, New York, Professor of Clinical Midwifery and Diseases of Woman, Bellevue Hospital Medical College
ROBERT BATTEY, Rome, Georgia, Professor of Obstetrics and Clinical Gynecological Surgery, Atlanta Medical College
GEORGE H. BIXBY, Boston, St. Elizabeth Hospital
CHARLES E. BUCKINGHAM, Boston, Professor of Obstetrics and Medical Jurisprudence, Harvard University
SAMUEL C. BUSBY, Washington, D.C., Professor of the Theory and Practice of Medicine, University of Georgetown
WILLIAM H. BYFORD, Chicago, Professor of Obstetrics and of the Diseases of Women and Children, Chicago Medical College
JOHN BYRNE, Brooklyn, Clinical Professor of Uterine Surgery, Long Island College Hospital
HENRY F. CAMPBELL, Augusta, Professor of Operative Surgery and Gynecology, University of Georgia
JAMES R. CHADWICK, Boston, Clinical Instructor of Diseases of Women, Harvard University
THOMAS A. DRIPDALE, Philadelphia, President of Philadelphia County Medical Society
THOMAS ADDIS EMMET, New York, Woman's Hospital
GEORGE J. ENGELMAN, St. Louis, Lecturer on Pathological Anatomy, St. Louis Medical College
WILLIAM GOODELL, Philadelphia, Professor of Clinical Gynecology, University of Pennsylvania
WILLIAM T. HOWARD, Baltimore, Professor of the Diseases of Women and Children and of Clinical Medicine, University of Maryland
JAMES V. INGHAM, Philadelphia, Obstetrician to the State Hospital for Women and Infants
EDWARD W. JENKS, Detroit, Professor of Obstetrics and of Diseases of Woman, Detroit Medical College
JOSEPH TABER JOHNSON, Washington, D.C., Professor of Obstetrics and of the Diseases of Women and Infants, University of Georgetown
WILLIAM T. LUSK, New York, Professor of Obstetrics and the Diseases of Women and Children, Bellevue Hospital Medical College
GEORGE H. LYMAN, Boston, Physician to the Boston City Hospital

PAUL F. MUNDÉ, New York, Woman's Hospital
 EMIL NOEGGERATH, New York, Professor of Obstetrics and Diseases of Women, New York Medical College
 THEOPHILUS PARVIN, Indianapolis, Professor of Obstetrics and of the Diseases of Women and Children, College of Physicians and Surgeons of Indiana
 E. RANDOLPH PEASLEE, New York, Professor of Gynecology, Bellevue Hospital Medical College
 RICHARD A. G. PENROSE, Philadelphia, Professor of Obstetrics and of the Diseases of Women and Children, University of Pennsylvania
 JOHN C. REEVE, Dayton, Professor of Materia Medica and Therapeutics, Medical College of Ohio
 WILLIAM LAMBERT RICHARDSON, Boston, Instructor of Obstetrics, Harvard University
 J. MARION SIMS, New York, Woman's Hospital
 ALEXANDER D. SINCLAIR, Boston, Boston City Hospital
 ALEXANDER J. C. SKENE, Brooklyn, Professor of Medical and surgical Diseases of Women, Long Island College Hospital
 ALBERT H. SMITH, Philadelphia, Lecturer on Obstetrics and Physician to the Philadelphia Lying-in Charity Hospital
 ISAAC E. TAYLOR, New York, President and Emeritus Professor of Obstetrics and of the Diseases of Women and Children, Bellevue Hospital Medical College
 T. GAILLARD THOMAS, New York, Professor of Obstetrics and of the Diseases of Women and Children, College of Physicians and Surgeons of New York
 JAMES D. TRASK, Astoria, New York, Professor of Obstetrics and of the Diseases of Women and Children, Long Island College Hospital
 ELY VAN DE WARKER, Syracuse, Professor of Artistic Anatomy, University of Syracuse
 ELLERSLIE WALLACE, Philadelphia, Professor of Obstetrics and of the Diseases of Women and Children, Jefferson Medical College
 JAMES P. WHITE, Buffalo, Professor of Obstetrics and of the Diseases of Women and Children, University of Buffalo
 HENRY P. C. WILSON, Baltimore, Physician to the Baltimore General Dispensary

T. Gaillard Thomas, John Byrne, and Theophilus Parvin were appointed to write a constitution and bylaws. This committee was instructed to make the organization restrictive, selecting members with high qualifications. The number of fellows was not to exceed 60. Honorary fellows, American, were to exceed no more than 10, and honorary fellows, foreign, were to be limited to 25. A two-thirds affirmative vote by those present and voting was required for election of new fellows.

The first scientific meeting was held at the Academy of Medicine in New York, September 13 to 15, 1876. The scientific program is published in the *Boston Medical and Surgical Journal* (1876;18:382). Fordyce Barker served as first president of the American Gynecological Society for two terms. He was greatly respected by his colleagues and was described as a man of unusual wisdom and tact.

The scientific program of the first meeting reveals the interests and experience of its members, and the range of the subjects is shown in the reports given.

Scientific Programs—First Annual Meeting

“The Etiology of Uterine Flexures, With the Proper Mode of Treatment Indicated” by Thomas Addis Emmet
 “Cicatrices of the Cervix Uteri and Vagina” by Alexander J. C. Skene
 “Extirpation of the Functionally Active Ovaries for the Remedy of Otherwise Incurable Disease” by Robert Battey
 “On Central Rupture of the Perineum” by J. Matthews Duncan

- “Viberonum Prunifolium (Black Haw); Its Use in the Treatment of Diseases of Women” by Edward W. Jenks
- “An Illustration of Xenomenia” by Theophilus Parvin
- “On the Relation of Pregnancy to General Pathology” by Robert Barnes
- “The Spontaneous and Artificial Destruction and Expulsion of Fibrous Tumors of the Uterus” by William H. Byford
- “Report of a Case of Abdominal Pregnancy Treated by Laparotomy” by T. Gaillard Thomas
- “Pneumatic Self-replacement in Dislocation of the Gravid and Non-gravid Uterus” by Henry F. Campbell
- “Hydrate of Chloral in Obstetric Practice” by William L. Richardson
- “Labor Complicated With Uterine Fibroids and Placenta Previa” by James R. Chadwick
- “Latent Gonorrhoea, Especially With Regard to Its Influence on Fertility in Women” by Emil Noeggerath
- “On Death From Urinemia in Certain Cases of Malignant Disease of the Uterus” by Alfred Wiltshire
- “Clinical Memoir on Some of the Genital Lesions of Childbirth” by William Goodell
- “Hermaphroditism” by Lawson Tait
- “Cases of Cystic Tumors of the Abdomen and Pelvis” by H. Bixby
- “A Case of Solid Uterus Bipartitus; Both Ovaries Removed for the Relief of Epileptic Seizures, Ascribed to Ovarian Irritation” by E. Randolph Peaslee
- “Origin and History of Calculi Found in the Bladder After Cure of Vesico-Vaginal Fistula by Operation” by Henry F. Campbell
- “Rare Forms of Umbilical Hernia in the Fetus” by James R. Chadwick

The only paper presented at the first annual meeting that had listing scientific value was given by Noeggerath and concerned latent gonorrhoea. His explanation of the transmission of gonorrhoea through sexual contact was unacceptable to most of the members present. The discussions that followed his presentation and that are recorded in volume 1 of the Transactions condemn his theory. The members present expressed polite amazement that Noeggerath would even suggest that husbands might be bringing disease home to the marriage bed. The thought itself was an outrage to all kind and loving husbands. Fordyce Barker, the presiding officer at the meeting, characterized the new concept proposed by Noeggerath as “startling concerning the present state of the morals in society.” Trenholme of Montreal in his discussion of Noeggerath’s paper said, “On behalf of one-half of this continent, at least as far as area is concerned, I feel that I should call for protection from the doctrines of this paper. We, upon our side of the line, look upon it as rather a reproach not to have a large family; and if our Canadian ladies found out that their sterility was dependent upon the former condition of their husbands, I do not know what would take place.” The following from Noeggerath’s report at the first scientific meeting of the American Gynecological Society gives the essence of his concept presented that day:

“Gonorrhoea in the female is, as a rule, followed by tubal catarrh. It is a peculiarity of gonorrhoea to affect the entire tract of the female genital organs, to disappear in some portions of it, to remain for life in others, in the tube among the latter. And since the majority of females who are married to husbands who have gonorrhoea, are, as a rule, in the same condition as if they had gone through an attack of gonorrhoea themselves, you find that chronic perimetritis, the effect of salpingitis, is one of the most frequent results of latent gonorrhoea. About 90 per cent of sterile women are married to husbands who have suffered from gonorrhoea either previous to, or during married life.”*

*Transactions, 1886, vol 1, p 268, cited in Speert H (ed): *Obstetric and Gynecologic Milestones*. New York, MacMillan Co, 1958, p 359.

This was pretty strong theory for a group of nonbelievers to accept without strong dissent. Noeggerath's paper was presented three years before Albert Neisser (1855-1916) discovered the gonococcus in 1879.

It is difficult for us, more than a century later, to appreciate the medical, social, and political climate in which the founders lived. The historic review that follows is well-known information and is presented only to orient the reader to events of 1876 and the years surrounding. Medicine was only beginning to emerge as a science when the American Gynecological Society was founded. Anesthesia had been introduced by William Thomas Green Morton at the Massachusetts General Hospital in 1846. Simpson had introduced chloroform for use in obstetric practice in 1847. Porro performed the first cesarean hysterectomy the same year the AGS was founded. It was not until 1880 that Pasteur discovered the streptococcus, staphylococcus, and pneumococcus organisms; and it was not until 1882 that Koch discovered the tubercle bacillus. Joseph Lister introduced antiseptic techniques in 1867, and Pasteur demonstrated in 1878 that bacterial infections caused surgical sepsis. Rudolf Virchow of Berlin, the father of cellular pathology, published his first definitive work on this subject in 1858 and several years elapsed before microscopic pathology became a part of the specialty of gynecology and obstetrics.

When the American Gynecological Society was founded the country was emerging from the Reconstruction Period. Ulysses S. Grant was president and Abraham Lincoln had been dead for 11 years. Rutherford Hayes was elected in 1876 to continue the Republicans' rule in the chief executive's position for another four years. Colorado was admitted to the Union as the thirty-eighth state during the Union's centennial year. The population of the United States was approximately 40 million in 1876. This same year the telephone was invented and Custer lost the Battle of the Little Big Horn. Three years after the incandescent lamp was invented by Thomas A. Edison.

Although the contagious nature of puerperal sepsis had been recognized by Holmes (1843) and by Semmelweis (1847 and published in 1861), the application of these principals to obstetric practice was only beginning. Most physicians of America believed that puerperal fever was a clinical variation of the serious diphtheria epidemics so prevalent at that time. In 1883, Henry J. Garrigues presented a report to the American Gynecological Society titled "Reports on Puerperal Diphtheria" (*Am J Obstet Dis Women Child* 1883;17:416). Although no laboratory proof existed to associate diphtheria with the grayish membranes seen on the open vaginal and perineal wounds of patients with puerperal sepsis, physicians, particularly those in New York and Philadelphia, were convinced that diphtheria as seen in the throat was the same disease as puerperal sepsis or childbed fever. It is to Garrigues' credit, however, that he was among the first in America to reduce the risk of maternal death from sepsis through the application of isolate techniques. At the New York Maternity Hospital, in the first nine months of 1883, 30 maternal deaths from infection occurred during 345 deliveries, but the changes instituted by Garrigues effected such a revolution that not a single patient died in the last three months of the year and only three of the 95 patients who were delivered of their infants during this period experienced an abnormal rise in temperature.

The founders of the American Gynecological Society were dedicated men who accepted the challenge to do all in their power to improve the health of women, particularly as it related to childbirth. No accurate vital statistics were available until creation of the Birth Registration Area in 1915 when maternal mortality was 55 per 10,000 live births. It has been estimated that there was one death in each 150 to 200 deliveries during the last half of the nineteenth century (Jewett JF: *N Engl J Med* 1957;256:395). Infection was the principal cause of maternal deaths into the twentieth century. Women of 100 years ago were frequently faced with genital fistulas and disabling perineal lacerations as a result of childbirth. Pelvic infections often caused acute and chronic diseases for which there was no satisfactory treatment. Obstructed labor, contracted pelvis, and ruptured uterus were complications the patients suffered, and physicians treated such patients as best they could. The founders had been drawn into the specialty in an effort to solve these serious problems. Most had learned from their own practices or from senior associates, while a few had traveled to clinics in Germany and Austria where they learned from specialists in these countries.

The second annual meeting of the Society was held in the Hall of the Boston Society of Natural History, May 30 through June 1, 1877. Oliver Wendell Holmes, anatomist of Harvard, was invited to attend the meeting as a guest. Another invited guest, John C. Dalton, read a scholarly paper about the human corpus luteum. This was a morphologic study of gross specimens representing various stages in the life of the corpus luteum. The Transactions volume of that year contains 12 excellent color plates made from painting that illustrate the human corpus luteum in its various stages. Dalton had gathered his specimens from autopsies and operations performed at many locations in New York. The other papers and discussions focused on uterine displacements and their correction by manual means and treatment with pessaries. Healthy dissent and skepticism were voiced by many about the importance of uterine displacement.

Paul Mundé presented a paper that discouraged the use of electrolysis for treatment of ovarian tumors. Galvanic current was a popular form of medical therapy during this period. It was used particularly to treat mental and emotional disorders, which were thought to be caused by faulty electrical stimulation of the nervous system. Gynecologists of this period often had elaborate electronic machines in their treatment rooms and used them to treat patients with ovarian tumors, uterine myomas, menstrual disorders, pelvic infections, ectopic pregnancy, and infertility. Mundé inserted one or more electrodes into the patient's anterior abdominal wall and into the ovarian tumor while other electrodes were placed in the patient's vagina and on the anterior abdominal wall. An inflammatory reaction usually developed at the point of the needle puncture and the size of the ovarian tumor sometimes appeared to diminish. The mortality rate from galvanopuncture in 51 patients so treated was 17.6%. Mundé concluded that since T. Spencer Wells, the famous British ovariologist, had reported only an 8% mortality after oophorectomy, galvanopuncture was an unjustified procedure unless a monocyst was present or unless the tumor was very large and involved in adhesions so as to render a surgical procedure too grave a risk.

Illustrating that medicolegal problems are not new to the present generation of obstetricians and gynecologists, John Byrne presented in some detail the case history of a patient who sued him for \$25,000 for alleged error in diagnosis of cancer of the cervix and improperly performed amputation of the cervix. All the best specialists of New York gave testimony on Byrne's behalf and in the end of the judge dismissed the suit. Byrne had amputated the patient's cervix for cancer, which the patient claimed she did not have. Byrne and his witnesses said she had the disease. No pathologist and no microscopic sections were involved so only the word of specialists giving their opinions after hearing the "facts" about the case from Byrne swayed the judge to dismiss the case.

In 1878, the Society met at the College of Physicians of Philadelphia. Thomas Addis Emmet presented the most important paper of that meeting, "The Necessity of Early Delivery, as Demonstrated by the Analysis of 161 Cases of Vesicovaginal Fistula." He showed in a convincing manner that prolonged pressure of the fetal head on maternal structures during the second stage of labor is the most significant cause of vesicovaginal fistula. He proposed limitation of the second stage of labor to no more than two to two and one-half hours in order to prevent pressure necrosis of vaginal and bladder tissues, a rule that is still followed in clinical practice. Thomas Addis Emmet succeeded J. Marion Sims as chief surgeon of the Woman's Hospital of New York. Emmet was an accomplished surgeon who made a major contribution to gynecologic surgery through his operative procedures on the cervix and perineum. Albert H. Aldridge, in his presidential address to the AGS in Colorado Springs in 1916, devoted his talk to the life and work of Thomas Addis Emmet. Emmet was a self-assured man who spoke with great authority and was quick to recognize his own abilities.

John Shaw Billings became an honorary fellow of the American Gynecological Society in 1878. This remarkable man was Deputy Surgeon General of the United States Army, established the Library of the Surgeon General, and was its first director. He planned and organized Johns Hopkins Hospital, and when the president of Johns Hopkins University began the search for a faculty for the new medical school, he sent Billings to Philadelphia to ask William Osler if he would be willing to come to Baltimore and be professor of medicine. Billings went to Philadelphia to call upon Osler, made the proposal, and after a three-minute

conversation Osler accepted. Billings' other great contributions were as author and founder of *Index Catalogue* of the Army Medical Library and the *Index Medicus* and as a planner of the New York Public Library, of which he was director until his death in 1913.

In 1879, Sir Thomas Spencer Wells, honorary fellow from London, reported on bilateral oophorectomy for dysmenorrhea. This generated both positive and negative comments. Sir Thomas (1818-1897) was one of the brilliant gynecologic surgeons of the post-Listerian period and one of the great ovariologists. He was a surgeon in the Royal Navy and saw service in the Crimean War, after which he settled in London. In 1858, he performed his first successful ovariectomy, and in a few years he became world famous for this operation. He was professor of surgery and pathologic anatomy, president of the Royal College of Surgeons, and surgeon to the Queen. He removed ovaries to cure dysmenorrhea, excessive uterine bleeding, uterine myomas, and ovarian tumors. Also at this meeting, three fellows presented papers on intrauterine medications.

J. Marion Sims was the president at the fifth annual meeting of the Society in 1880. Sims devoted his presidential address to suggested changes in the constitution and bylaws of the Society. The membership rolls were restricted to 60 fellows and he proposed that number be increased to 100. He felt the membership to be too restrictive geographically, as well as in numbers. In 1880, 14 members were from New York, eight from Philadelphia, six from Boston, two from Washington, two from Baltimore, two from Chicago, two from Georgia, one from Indianapolis, one from St. Louis, two from Detroit, and one from Dayton, Ohio. He felt the Society had too many restrictions on membership and that it was undemocratic and needed liberalization. He was opposed to the requirement of an essay as a prerequisite to membership. He believed there many excellent potential candidates in the country who would not be disposed to present a thesis and then stand for election or defeat at the hands of the membership. He not only proposed that fellows be elected on merit and accomplishment, but ended by asserting that a clique of Council and officers ran the Society.

The next year, 1881, Sims proposed at the business meeting that the membership be increased from 60 to 100. This motion was defeated. He then proposed a resolution to the effect that candidates not be required to present an essay before admission to the Society, but this proposal was also defeated.

R. Stansbury Sutton, in 1883, was the first to advocate the Listerian ideas in a paper before the American Gynecological Society. His report was entitled "Cleanliness in Surgery." Garrigues in New York, Lusk at Emergency Hospital, New York, and Richardson at the Boston Lying-In Hospital were the first in this country to teach and practice the principles of Pasteur and Lister in their obstetric and gynecologic services. These changes were made in 1883 and dramatically reduced maternal deaths from infection.

Hysterectomy was occasionally used for the treatment of uterine cancer. A. Reeves Jackson, in 1884, presented a paper titled "Is the Extirpation of the Cancerous Uterus a Justifiable Operation?" and concluded that it was not. In the discussion it was pointed out that Freund had operated on 10 patients for cancer of the uterus and five had died, and that the operative mortality for all cases of hysterectomy so far reported was 72%. Gynecologic surgery until 1894 consisted of repair of old obstetric injuries, oophorectomy for uterine bleeding, and oophorectomy for large ovarian cysts.

Reeves Jackson became president of the Society in 1891. He was from Chicago and established the Woman's Hospital of Illinois. He was the companion of Mark Twain in the trip resulting in the writing of *Innocents Abroad* and he was the original of the character of the doctor portrayed in that book. He died in 1892.

J. Marion Sims submitted his letter of resignation in 1883, which was accepted without recorded comment in the Transactions. No reason was given for his resignation. As one reads the record of his presidential address, his plea for liberalization of attitudes and policies on membership, his proposals for changes in constitution and bylaws, and their final defeat, one cannot help but conclude that he resigned because his proposals for reform were not accepted. He died the next year and his obituary in the Transactions contains nothing of his resignation, but credits him with all the honors due one who had done so much for gynecologic surgery in this country and in Europe.

Cesarean section was rarely performed in 1885, and when it was, the patient usually died. Charles Jewett, at the tenth annual meeting of the American Gynecological Society, reported two cases of extraperitoneal cesarean section, which he called "laparo-elytrotomy." The first patient underwent operation in a crowded tenement house for obstructed labor. Unfortunately the patient died 72 hours after the operation. The next patient lived after laparo-elytrotomy, but incurred a vesicovaginal fistula. In 1870, Theodore Gaillard Thomas (1831-1903), a founder of the Society, introduced the laparo-elytrotomy as a method of extraperitoneal cesarean section (*Am J Obstet* 1871;3:125). Thomas, one of the outstanding obstetricians and gynecologists of his day, and a South Carolinian, practiced and taught in New York City. His extraperitoneal cesarean section was performed for obstructed labor when the cervix was fully dilated. The incision was made into the anterolateral extraperitoneal space above the pubic bone, the bladder was retracted, the vagina was incised, and the child and placenta were delivered suprapubically. J. Whitridge Williams, in his presidential address in 1914, credited Thomas with making one of the very few original American contributions to obstetrics through the introduction of laparo-elytrotomy.

At the thirteenth annual meeting in 1887, William Lusk reported three cesarean sections that were considered successful since all three patients lived. These were performed within a period of one year in the Bellevue Hospital and were done as semielective procedures early in labor when the cervix was partly dilated. Lusk urged physicians to investigate the pelvis of each patient in her first pregnancy before the advent of labor. If the pelvis was found to be contracted, Lusk prepared the patient physically and emotionally for cesarean delivery very early in labor and proved the operation could be performed without prohibitive risk.

Also, in 1877, William M. Polk laid the foundation for conservative gynecology in his paper "Are the Tubes and Ovaries to be Sacrificed in All Cases of Salpingitis." He thought not, and in 1893, presented a second report titled "Operation Upon the Uterine Appendages With a View to Preserving the Function of Ovulation and Menstruation." In the discussion period his conservative position was attacked. Frank F. Simpson, in 1909, gave a report titled "Choice of Time for Operation for Pelvic Inflammation of Tubal Origin," which also espoused a conservative philosophy.

In 1888, H. Marion Sims, son of J. Marion Sims, presented a report on use of the microscope for study of human spermatozoa in cervical mucus. This was the beginning of the Sims-Huhner test now used in infertility studies. A. Palmer Dudley presented a paper on vaginal hysterectomy at the Society's annual meeting in 1888, this being the first time this subject was discussed at a meeting of the Society.

John Byrne described galvanocautery as a treatment for cancer of the cervix in 1889. At this meeting The American Association of Obstetricians and Gynecologists sent cordial greetings to the members of the American Gynecological Society. Henry P. C. Wilson was president of the AGS that year and he counseled noninvolvement with other societies. The next year's presidential address (1890) was interesting since the president, John P. Reynolds, spoke firmly against limitation of the number of children in marriages.

By 1892, the limit on membership of active fellows had been changed to 100. Whitridge Williams presented a paper at this meeting entitled "Tuberculosis of the Female Generative Tract," which was a scholarly and well-documented report. Until this report by Williams all papers in the Transactions were records of personal experiences and observations with very little or, most often, no bibliography. At this same meeting Byrne of Brooklyn championed electric cautery as the method of choice for treatment of cervical cancer, being against vaginal hysterectomy because of the high rate of recurrence of cancer. Cautery and surgery were the only methods available at this time for treatment of cervical and uterine cancer. The mortality rate for vaginal hysterectomy for cancer of the cervix was 14% according to Byrne. The five-year survival rate from cancer of the cervix after hysterectomy was reported as being between 25% and 38%. Byrne stated that a vaginal hysterectomy was more dangerous than cervical cancer.

In 1893, one third of the members of the American Gynecological Society lived in New York. The papers and discussions at the eighteenth annual meeting included reports about supracervical hysterectomy, surgery for prolapse, enterocele, and retroversions. Henry Clark Coe complained vigorously because members left the meeting early and frequently greatly exceeded their 20-minute reading time for presentation of

formal papers. This same year a guest speaker from Munich spoke to the Society on “The Necessity of the Union of Obstetrics and Gynecology as Branches of Medical Instruction” and at the same time stated that this union had been accomplished in Germany. The teaching of obstetrics and gynecology usually was fragmented in the United States; departments of obstetrics were combined with the study of diseases of women and children in some institutions.

Obstetric subjects received little attention at the meetings of the American Gynecological Society before 1894, when three reports on management of face presentation appeared. On the same program a report was given on “Symphysiotomy Versus Induction of Premature Labor” as a method for avoidance of cephalopelvic disproportion.

The Society decided at its annual business meeting in 1893 to send to members a list of nominees for them to vote on at a subsequent meeting. This was an improvement over the old method in which guests were voted on while attending a meeting and stood only on their essay, their sponsors, and the impression they were able to make at that meeting.

By 1895, intravaginal and intra-abdominal surgery was well established. J. Montgomery Baldy and William E. Ashton gave reports on the use of hysterectomy for the treatment of puerperal sepsis. Whitridge Williams made the first report in the English literature on “Deciduoma Malignum,” although Sanger had reported a similar observation in 1888 at a meeting in Germany. Williams did not know if this tumor was of fetal or maternal origin, but he was describing what we now know as chorioadenoma malignum. Howard A. Kelly gave a report on the use of a new instrument, the “renal catheter,” which is a ureteral catheter in present usage.

By the year 1896, and the twenty-first annual meeting of the American Gynecological Society, only 14 of the 39 original founders were living. William M. Polk was president and reviewed 21 years of the Society’s history. He said that in 1876 abdominal surgery carried a 25% mortality rate, which had been reduced in 1896 to acceptable levels. He reviewed the contributions that Emmet had made to the Society through his work on perineal surgery. He credited Noeggerath with making important observations about the epidemiology of gonorrhoea and praised Byrne for his galvanocautery treatment of cervical cancer. Polk spoke of the desirability of preservation of the tubes and ovaries whenever possible, and Fernand Henrotin spoke in favor of conservative treatment of pelvic infections. The first photomicrographs reproduced in the Transactions appeared in 1896 and are incorporated in a presentation by Hunter Robb titled “The Importance of a Systematic Microscopic Examination of Uterine Scrapings, and of Excised Pieces, as an Aid to Diagnosis.” Robb presented 100 cases, including “endometritis glandularis hyperplastica” in midluteal phase and “endometritis interstitialis,” which we know as proliferative endometrium. This important report marked the beginning of histopathology as a part of obstetrics and gynecology.

In 1898, Whitridge Williams presented a scientific report on the bacteriology of the human vagina, which was the first time this basic science was reflected in clinical discussions at Society meetings. Those assembled at this meeting were of the opinion that electrolysis had no place in the treatment of uterine myomas, but felt that Byrne’s cautery was an effective method for treatment of cervical cancer. A committee was appointed to investigate the relationship of thyroid and mammary hormones to the formation of uterine myomas. Discussions and reports at this twenty-third meeting reflected an enthusiasm for symphysiotomy for obstructed labor in indicated cases. The membership complained that general surgeons were doing pelvic and perineal surgery. The organization continued to meet triennially in Washington with the Congress of American Physicians and Surgeons.

George Engelmann was president in 1900 for the twenty-fifth year of the Society’s life. Twelve of the 39 founders were living and the Society had elected a total of 92 fellows to membership in the first quarter century. The attendance at meetings during this period averaged 59% of the fellows. Engelmann noted that 564 papers had been presented—30% obstetric and 70% gynecologic. Emmet read a reflective paper on the progress of surgery during the life of the Society and attributed the strides and relative safety of surgery in

1900 to the general acceptance and practice of antiseptic precautions. He believed antiseptic technique to be more important than the skill of the average surgeon. Considerable debate ensued at this meeting about whether the ovary was an organ of internal secretion; some said "yes," some said "decidedly not."

J. Riddle Goffe was secretary in 1901 and complained vigorously that some members discussed too many papers for too long, and this is evident from reading the Transactions. Some discussions are longer than the paper under discussion. Eighty years alter presidents and secretaries had the same complaint about long papers and discussions. Readings of papers, by rules of the organization, were supposed to be no longer than 15 minutes; formal discussions five minutes or less; and spontaneous informal discussions three minutes or less. To say too much over too long a period seems a permanent affliction of our specialty.

By the year 1902, 137 active fellows had been elected. This did not include honorary fellows, foreign or from the United States. Of the 137 who had enjoyed active fellowship since 1876, 81 were from New York City or Philadelphia and remaining 56 were from other cities. Drawings of pathologic specimens and operative procedures appear in the Transactions at this date, but no photographic reproductions appeared except those of Robb in 1896.

Many of the fellows were abdominal surgeons and did not confine their surgery to the perineum and pelvis. Many papers that appear in the Transactions are about surgical procedures performed for pathology of the upper abdomen in men as well as women. At the meeting in 1903, a motion was made to change the name of the organization to the American Society of Gynecology and Abdominal Surgery; however, the motion failed. The inconsistent relationship of the American Gynecological Society to the Congress of American Physicians and Surgeons was a recurring item of discussion at the business meetings, and at this meeting a motion was made that the Society withdraw from the Congress; this motion failed to carry. Joseph E. Janvrin, president that year, was the first member of the organization to stress, in discussion or in a paper, early diagnosis and treatment of cervical cancer.

John A. Sampson presented a significant report at the meeting in 1906 titled "A Careful Study of the Parametria in 27 Cases of Cancer of the Cervix and Its Significance." This was the first clinical-pathologic study of this subject presented before the Society and was an important beginning in the understanding of the natural history of cancer of the cervix. This meeting also witnessed the first x-ray films reproduced in the Transactions, although Roentgen had discovered x-rays in 1895.

The meeting in 1906 was the first of many times the Society met at The Homestead in Hot Springs, Virginia. The Homestead was a very convenient meeting place for members from Boston, New York, Philadelphia, Baltimore, and Washington. The fellows boarded the train in their respective cities in the evening, had dinner, joined each other in discussions, then went to bed. After breakfast their railway Pullman car was delivered literally to the door of The Homestead where they could proceed directly to the meeting. Their bags were delivered to their rooms where they could be unpacked in the afternoon. When the meetings were over the members from along the Eastern Seaboard took an evening train waiting for them on the tracks below The Homestead, which delivered them home the next morning. These train trips provided great opportunity for discussion of scientific papers, clinical problems, and other medical matters; and more important than any of these, the fellows and guests of the Society learned about each other. The fellows were notified at this meeting (1906) that James R. Chadwick, a founder, and the man who convened the original organization meeting on Jun 3, 1876, had died since the last annual meeting.

In 1908, or at the thirty-third annual meeting, 11 papers concerned the subject of immediate or deferred operation for ectopic pregnancy. The various speakers held firm opinions that were voiced in long discussions. The most unusual paper read at this meeting was by Franklin H. Martin, who described transplantation of human ovaries from one patient to another in several case reports. The ovarian grafts functioned for a limited period of time. Martin was to write many papers on this subject in subsequent years before he abandoned the practice. Martin was an energetic man, being a founder of the American College of Surgeons and founder and first editor of the journal *Surgery, Gynecology and Obstetrics*.

Thomas A. Ashby (1909) presented to the American Gynecological Society a gavel made from the doorknob from the office and house of Ephraim McDowell, father of abdominal surgery. This was a fitting gift for several reasons and it corresponded with the centennial year of McDowell's famous operation on Jane Crawford for an ovarian tumor. Ashby had visited McDowell's former residence and found it occupied by a family of former slaves. He purchased the doorknob from the occupants and had the knob made into a gavel, which he gave to the Society. This gavel has since been passed from president to president. An inscription on the head of the gavel reads, "Presented to The American Gynecological Society, Ephraim McDowell Centennial, New York City, 1909." Charles McLennan mentions this gavel in his presidential address in 1973, prompted by the fact that Jane Crawford, Ephraim McDowell's patient, was one of McLennan's distant relatives.

HISTORY OF THE
AMERICAN GYNECOLOGICAL SOCIETY
1876-1981
AND
AMERICAN ASSOCIATION OF
OBSTETRICIANS AND GYNECOLOGISTS
1888-1981



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