

After Office Hours

A Visit with Dr. Walter T. Dannreuther

THE GOAL of every American specialist in obstetrics and gynecology, and of every doctor preparing for this specialty, is certification by the American Board of Obstetrics and Gynecology. Responsibility for the concept of the Board rests squarely on the broad shoulders of a single individual. "Walter Dannreuther was father, mother, and baby-sitter of the Board," his friend and co-worker, Dr. Edward Schumann, told me.

On entering Dr. Dannreuther's Park Avenue office one finds an amazingly busy clinician. The man who dreamed a great dream of postgraduate instruction and made it come true is a professor with a lifetime devoted to postgraduate teaching. Yet basically he remains a practicing gynecologist. In his consulting room there are hundreds of loose-leaf notebooks. These contain his longhand notes, the history and physical examination of every patient he has seen in private practice. Filing cabinets in an outer office hold the laboratory and operative data and the pathologic reports. Thumbing through the notebooks one sees Dr. Dannreuther in a new light. Keeness of observation, one expects; the highest degree of professional skill and gynecologic judgment, one takes for granted. But the written record shows even more—an intense, personal interest in his patients.

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Dr. Dannreuther's heritage is musical rather than medical. His father, Gustav, was

a distinguished musician. He organized the first string quartet in the United States. He was an original member of the Boston Symphony Orchestra. For 26 years Gustav Dannreuther occupied the Concertmaster's desk in the New York Philharmonic Orchestra, and he was professor of music at Vassar College.

Young Walter was a choirboy, but his musical interest went no further (today he professes to know only hillbilly music). "I always wanted to be a doctor," he says. "I don't know why, but as far back as I can remember that was my wish."

That wish was gratified in 1906, when he graduated from Long Island College of Medicine. Even then he was not altogether a neophyte. In the summer of 1903, between his first and second years in medical school, Walter Dannreuther rode with a country doctor in Lanesboro, Massachusetts. The next summer he assisted a prominent surgeon of that time, Dr. Charles H. Richardson, in Pittsfield. After his third year he substituted as an intern at St. John's Riverside Hospital, in Yonkers, New York. In his fourth year Dannreuther placed first in the examination for internships at the Jersey City Hospital.

"My internship actually began three months before graduation," Dr. Dannreuther said. "They needed an intern at once, and sent for me. Dr. Raymond, dean of the medical school, told me to go. I was

excused from further attendance in class. It was rather flattering, in those days when internships were very scarce, for a hospital to call upon a student who had yet to graduate."

At graduation he received the Dudley medal for scholarship. On the same platform, forty-three years later, his alma mater (now the State University of New York College of Medicine) conferred on Dr. Dannreuther its Alumni Achievement Medal. Later I saw this medal in Dr. Dannreuther's apartment and read the inscription: "For distinguished service to American medicine."

Postgraduate Training

"I was an intern at the Jersey City Hospital for 18 months," Dr. Dannreuther related. "During this time I did the first caesarean section in the hospital, and probably in Jersey City. Dr. Jack Mooney, the attending surgeon, let me do the operation. The patient was a midget, exhibited in Coney Island. She was 3 feet 8 inches tall, and the baby—apparently normal—weighed 7½ pounds. I reported the case in the *Medical Record*. It was my first article.

"After completing my internship I became associated with Dr. Augustin H. Goelet, one of the pioneer gynecologists in New York. I remained with Dr. Goelet until his death four years later.

"During this time I worked in St. Bartholomew's Hospital Clinic, doing general surgery, and at the West Side Hospital and Dispensary, in gynecology."

The Teacher

Dr. Dannreuther's postgraduate teaching began in 1914, at the Postgraduate Medical School and Hospital. He was asked to teach female cystoscopy. First the new instructor had to teach himself the art.

Combining the talents of a clinician, a surgeon, and a teacher, Dr. Dannreuther made rapid progress on the faculty of Postgradu-

ate. In 1918 he became an assistant professor of gynecology. He advanced to associate professor in 1921 and became full professor in 1925. In 1927 he was named director of the department of gynecology.

Dr. Dannreuther served as Chairman of the Faculty from 1931 to 1933, when Postgraduate affiliated with Columbia University. Then his title was changed to Chairman of the Medical Board. He held this position for 17 years.

Founding of the American Board of Obstetrics and Gynecology

When we had spoken of these matters, I asked Dr. Dannreuther how the American Board of Obstetrics and Gynecology originated.

"One afternoon in October of 1924 or '25 a young doctor came here to ask me for a letter recommending him for appointment as radiotherapist in a large municipal hospital. His reason for coming to me was that he had completed a short course in gynecology a few months before at Postgraduate.

"I asked him about his qualifications for the position. He answered that he had studied radium therapy in Europe for three months, from June to September first. 'Were you at Regaud's Clinic in Paris?' I asked. He said he had studied there. 'And were you in Stockholm?' Yes, he had studied there also. 'And at the Radium Institute in London?' That too was in his curriculum.

"It stuck in my craw. 'Young man,' I said, 'you spent a week on a ship each way. In Europe you did a lot of traveling between countries and cities. You probably took some time out for sightseeing, recreation, and so forth. So far as I can see, all the time you had left for the institutes you attended was to go in the front door and out the back door.'

"He just couldn't have learned much about the physics of radium, mastered proper methods of handling it, of screening out harmful rays and using this powerful

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substance correctly for the relief of very serious illnesses, yet he thought he had qualified himself, and many persons would take him at his own valuation. The trouble was, there were no standards.

"In September, 1927, I was on a train, going to Asheville, North Carolina, for a meeting of the American Association of Obstetricians, Gynecologists and Abdominal Surgeons. John O. Polak, who was then president of the Association, shared my compartment. I showed him a resolution I had drawn up. 'If you approve it,' I said, 'I will bring it up before the Association tomorrow. If you don't approve it, tear it up.' Dr. Polak read the resolution and handed it back to me. 'This is the most constructive thing that will happen to our specialty in this century,' he said. That moment was really the beginning of our Board."

Miss Leff, who has been Dr. Dannreuther's secretary for many years, gave me a copy of this resolution. This historic item is in the minutes of the American Association of Obstetricians, Gynecologists and Abdominal Surgeons for the meeting held September 15 to 17, 1927.

STANDARDIZATION OF TRAINING FOR THE SPECIALTIES REPRESENTED BY THIS SOCIETY

The following resolution was offered by Doctor Walter T. Dannreuther of New York City:

"Whereas, Every licensed physician is legally empowered to treat any and all pathologic conditions, and,

"Whereas, Those physicians who devote themselves to the study of a particular part of the body will develop a special expertness in recognizing and treating the abnormal conditions to which that part is subject, and

"Whereas, A physician is not justified in pretending to be a specialist unless he is really an expert in his chosen field, and

"Whereas, Such fitness and skill can be acquired only by intensive study, thorough training, and prolonged experience, and

"Whereas, The absence of any standardized

requirements for specialists has brought specialists into disrepute in many instances,

"Be It Resolved, That the President be authorized to appoint a committee of five to consider ways and means for the organization of an American Board of Obstetricians and Gynecologists, who shall issue certificates, after due inquiry and examination, to those physicians who have qualified themselves for this special field of practice, and

"Be It Resolved, That a communication be sent to the American Gynecological Society suggesting the appointment of a similar committee to cooperate and act jointly with the committee representing the American Association of Obstetricians, Gynecologists and Abdominal Surgeons."

This resolution, by motion of Dr. Phaneuf, was referred to the Executive Committee for consideration. Later the resolution was reported upon and adopted by the Association.

"And so," Dr. Dannreuther continued, "the keel was laid, but it took three years of hard work before the American Board of Obstetrics and Gynecology was launched."

Headed by Dr. Dannreuther, the members of the joint committee met, discussed, went their several ways to work out details, and met again. Seated in Dr. Dannreuther's consulting room I heard the story simply outlined. In Portland, Oregon, in 1929, the Joint Committee formally requested the participation of the Section of Obstetrics and Gynecology of the American Medical Association. This was beset with difficulties. There were objections from those who thought that the general practice of medicine would be jeopardized. But objections were finally overcome. The American Board of Obstetrics and Gynecology was organized in 1930, with Dr. Walter T. Dannreuther as its president. He filled that office with distinction for a quarter of a century.

An Active Emeritus

To attain emeritus status does not mean to retire from active practice. Relieved of

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administrative and teaching burdens, Dr. Dannreuther has more time to devote to his office and to surgery; so that it might be said with considerable truth that he has "retired" into private practice. He works chiefly in New York University Hospital and St. Clare's Hospital. He is a consultant to fourteen other hospitals.

Numerous contributions to gynecologic literature reveal Dr. Dannreuther's preoccupation with clinical studies. But his special interest has been training young doctors and helping them to become meritorious and successful obstetricians and gynecologists. "I have the finest lot of former residents scattered around the country," Dr. Dannreuther said proudly.

Thoughts on Unification of Obstetrics and Gynecology

At lunch in Dr. Dannreuther's apartment eight stories above his office we discussed the present requirements of our specialty.

"What we need most," Dr. Dannreuther said, "is unification of obstetrics and gynecology in a single department in all the general hospitals. I don't believe that a doctor can do good gynecology without an obstetric background, and I don't believe a doctor can do good obstetrics—especially operative obstetrics—without training in gynecology."

He pointed out that, when properly practiced, less than twenty per cent of gynecology is operative. The general surgeon has neither the training nor the disposition to treat the eighty per cent of nonoperative gynecologic cases.

Are too many operations being performed? Dr. Dannreuther said that he does not like to generalize. "It is difficult to evaluate intellectual honesty. The pathology report is valuable, but it is not an invariably reliable criterion. For example, hysterectomy for prolapse is a thoroughly accepted technique, even though the uterus reveals no abnormality. Broad-ligament varicosities may be associated with retroversion-retroflexion of the uterus and, after adequate test-

ing with pessaries, operations may be justified. Each case must be considered individually, and a well-trained gynecologist (a Board diplomate when available) should sit on the audit committee."

Honors

Dr. Dannreuther has received many honors in addition to those already mentioned. He was president of the American Association of Obstetricians, Gynecologists and Abdominal Surgeons; president of the American Gynecological Society; and chairman of the Section of Obstetrics and Gynecology of the American Medical Association. Only one other man, the late Dr. Jennings C. Litzenberg, has held these three top positions in American gynecology.

Collection of Elephants

Displayed on Dr. Dannreuther's desk, in the consulting room, the reception room, and in his apartment is his well-known collection of elephant figurines, made of ivory, silver, "cat's-eyes," rare woods, and other materials. He is particularly fond of two elephants fashioned of spun silver, mounted on a silver case made for a maharajah.

Dr. Dannreuther says that there is no particular reason for this hobby. "I just started to collect elephant figures. Word got around and my friends added to my collection."

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It was afternoon when I left Dr. Dannreuther's office. Standing on the busy corner, waiting for a southbound taxi, I noticed the shadow of a skyscraper slanting across Park Avenue. For obvious reasons, it brought to mind Emerson's statement that every great institution is the lengthened shadow of a single man. How true it is, I reflected, that the American Board of Obstetrics and Gynecology is the lengthened shadow of a great educator in the discipline of obstetrics and gynecology, Dr. Walter T. Dannreuther.

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