Original Communications

A PROGRAM FOR AMERICAN GYNECOLOGY PRESIDENTIAL ADDRESS AMERICAN GYNECOLOGICAL SOCIETY*

By ROBERT L. DICKINSON, M.D., F.A.C.S., NEW YORK, N. Y.

OPPORTUNE and insistent, in these days of analysis and readjustment, there stand out, in our Constitution and in our motto, two special phrases. "The object of this Society," says the former, "shall be the promotion of knowledge in all that relates to the Diseases of Women, to Obstetrics and to Abdominal Surgery." Our motto may be rendered: "Like the stars, each revolves, without haste, without rest, round his own particular task." "All that relates," says one; "his own task," says the other.

SURVEY

In earlier years the urgency that was inherent in certain parts of the work put off the balanced promotion of the whole, and it was also inevitable that tangents should be struck off from our own orbit. But now it is meet and right, as several authors in the past year have urged, that we diligently examine ourselves whether our own omissions have had anything to do with such situations as an untouched obstetric mortality and morbidity and the threat of eclipse of the gynecologic guild. Surgery we promoted. But if we be just surgeons, by surgeons we may be displaced. Diagnosis we developed and principles we have taught, till all may follow—and supplant. The point is come where old fields must give new crops and new lands be opened up or our claims surrendered. The war searched out most of the barren spots in medicine, and the geography of the spots. In that search the Council of Defense and then the Army, sifted the men and the methods of every specialty save one. Our group-work, useless to war, escaped ordered scrutiny, and now, after the war, presents the anomaly of being without an inventory and lacking in data on which to construct a plan for intensive culture. Some material is provided, of course, in the studies of standards in colleges and hospitals made by the American Medical Association, the American College of Surgeons, and the Carnegie investigations. Further studies into the various departments of medicine are imminent. It is for us to decide whether we shall lead or be led in such surveys. Now, we see, as in a speculum, darkly. It is for us to say how we wish to be seen in the future.

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EXTENT OF THE FIELD

There are reasons why our specialty should readily lend itself to this scrutiny. It presents the paradox of being limited, yet large. The total list of disabilities is brief compared with general surgery—the actual incidence is surprisingly large. Gynecologic operative procedures comprise one-fourth of the surgery of sorts. The figures on which the above statement was made have been derived from a careful review of notices of operation issued daily by our Clinical Congresses and by the Society for the Advancement of Clinical Study of New York.

One fourth of surgery. Yet this does not indicate the extent of the field, since operation is needed by less than one tenth of the patients that come to the doctor for ailments peculiar to women (childbearing not included). Even this last figure will alter greatly, though lowering the operative percentage when thorough routine preventive examinations shall prevail. Thus, whether for sheer bulk, or for need of skill of scalpel, or for setting a pace for humane handling of the human personality, our field may claim to be without parallel in opportunity.

NEW WORK

In searching for the gaps in the promotion of knowledge in our task, the questions naturally arise: Are there problems which the man in our line is alone qualified to solve? Are there studies or pronouncements that such a society as this is particularly equipped to undertake? An affirmative answer would include such subjects as the following paragraphs take up, though one cannot presume to make more than a sketch of the whole area.

NOMENCLATURE

A standard nomenclature should be a matter of agreement on the part of authoritative organizations. At present we find ourselves unable to place in parallel columns the results of writers and institutions in general. A new start has been made. All the great groups involved were invited to unite in action and to come together on one list centering in a government office. The Census Bureau has just issued such a volume. It is evidence that the Bureau no longer confines its interests to the defunct. This "Standard Nomenclature of Diseases and Pathological Conditions, Injuries and Poisonings for the United States" is submitted to you by your president, the chairman of the original committee. It is submitted for criticism and suggestion as a first step—and a first step only—toward ultimate agreement, in the hope that we will amend this edition and care to keep an active representative on the main committee. The hearty coöperation and representation of the Army, the Navy, and the Public Health Service, the various national medical organizations, the large insurance companies, and all factors having to do with vital statistics make this volume representative as no previous attempt in any language has ever been representative.

OPERATION NOMENCLATURE

To supplement and complete this action there should be produced an acceptable list of operative procedures. Your presiding officer submitted to some

of you several years ago such a working list. He is glad to find a member noted for thoroughness newly laboring on this set of terms. Without this standard no two operators can be sure they are comparing the same processes, the variant use of the words "total hysterectomy" being an instance in point.

DEFINITIONS

While we are delimiting terms there are not a few that appear in every hospital report that make for confusion, for which exact bounds could be set. Among these are the words "major" and "minor" as applied to operations. We might even find or invent a name for a member of our double or bracketed specialty. We might define the qualifications for membership in this Society. Such a statement of a standard does not exist.

STANDARDS

This Society might take upon itself to establish certain standards in obstetrics and gynecology. Just what is meant by "standards?" I take it to be the best present practice, widely studied, fairly epitomized, succinctly written down, warily applied. Though concrete, it is not set like cement, as some assume. Rather does it alter as it alteration finds, rising to meet each step of well attested progress, sanely adapting its content to each special group of conditions, but never falling below a reasonably high requirement. Says Dr. George E. Vincent of the Rockefeller Foundation, "It is well to recognize the relativity of ideals. In human institutions there are no absolute standards." He goes on to give the warning that while the highest ideals may be approximated in a few institutions it "would be a serious mistake not to recognize various degrees of achievement." "All that can be confidently claimed is that some * * * fall far below any standard that can be recognized as guaranteeing results which will safeguard the public and protect the profession." "There is danger that the existence of a standard may force a formal rather than a real compliance with ideals," and "a premature effort to conform to a standard may do actual harm." However, this may be—and it applies equally to detail of everyday procedure as well as to great issues—there can only be profit in presenting ideals. This, as the College of Surgeons shows us, is found in actual practice to be the essential step, and in most cases all that is needed. The competitive instinct does the rest. If we, for instance, were to place side by side the product and practice of a certain finely equipped northern clinic and that of one small southern service that steadily breeds teachers, our Society would be fulfilling its function of promoting knowledge concerning obstetrics—in the minds of one set of trustees. The publication of the average necessity for Cesarean compared with its frequency in one of our clinics had only to be stated to bring strong condemnation. The Society can get publicity where individuals could not. We can report on ourselves, and on our own communities. As Henry S. Pritchett said in the last Carnegie report on teaching, "There could be no more wholesome contribution to education than to ask our universities to take stock of themselves. No process could be more helpful than to ask the governing bodies

of these institutions to render a sincere and critical statement of the results obtained in the last 25 years." We may well do this for our department. And we may do another service in this line that would initiate a most wholesome contribution to surgery. This service would consist in taking stock of unnecessary operating. Such stock-taking should begin with our own clinics, for the least excusable of unnecessary suffering is that on women—and particularly on mothers of young children.

AXIOMS

Even though for the present any general acceptance of certain items of betterment in practice may seem unlikely, forward progress should initiate with us and not be imposed upon us by the demand of public opinion. Advocacy of axioms like the following cannot fail to bring about greater confidence in the profession on the part of the laity: "Except in emergency, no operation without consultation, medical and surgical." The chief will himself set the example, and see to it that the conferences will not be merely perfunctory.

"The findings at consultation set down in writing."

"Every patient discharged after operation to be provided with a written statement of the postoperative diagnosis and the operative measures."

"A patient (of office, hospital or sanitarium) is not getting fair or full value for her fee who does not receive a statement in writing—a diagnosis when provisionally or definitely made—a summary of treatment found to be successful or to fail."

"No woman may be examined unclothed or have a pelvic examination made (except in emergency) without the presence of a third person."

SOCIOLOGY AND GYNECOLOGY

The Society's interest in sociologic problems, to judge from recent volumes of the Transactions, does not evince itself to the extent of half a dozen papers in a dozen years. These are of a limited range, dealing chiefly with venereal diseases and prenatal care. Henry Newman drew our attention to the need of action last year. Our final act was to empower the Council to promote this movement. This promotion should be by action rather than words. Tonight we begin, by getting advice from authorities on the subject. Geddes, physician and ambassador, deplored the fact that doctors in general lack the spirit of citizenship. Otto Geier, prophet of industrial medicine, has drawn attention to the absence of medical men on the recent great commissions. We, a hundred and fifty thousand of us, men learned and otherwise, have scarce a representative in Congress. Except for work among ex-soldiers, our Federal Health Service is starved; our feeble attempts to obtain a Cabinet officer fruitless. France, in her recent election, placed forty-one doctors in her legislative branch, which equalled the quota of the agriculturalists and nearly that of the industrials. England has won her Ministry of Health. We are beginning, when Iowa really assumes the burden of illness and cuts the corners to do it, and when Wisconsin is spreading clinical instruction through-

out the state. Midwifery can claim to have made a fair start, as we shall hear tonight. What gynecology should undertake in the way of preventive work we shall hope to hear from the author of the new textbook on industrial hygiene, Colonel Mock, whom many of you will remember as one of the most effective men on the Surgeon General's staff during the war.

From among the strictly technical social problems that are in our hands, a few instances may be given. Is there a simple method of preventing propagation among women who are idiots, epileptic, hopelessly insane, or incurably criminal? Does the cautery-tipped sound produce an effective stricture, passed into the uterus to the tubal opening? Is Cary's new test safe and sufficient, wherein, with the patient in the knee-chest posture, sterile fluid injected into the cavity of the uterus disappears if the tube is patent and not otherwise?

At the opposite pole from sterilization, with its enormous potentialities of betterment of the race, is artificial impregnation. It is a field almost unstudied. Dublin proposes to open the abdomen after a few months of sterile married life, and Boston and Brooklyn do so without trial of this simpler means. This procedure is an excellent instance of the need of collective experimentation, since no one man is likely to have a large experience.

Another of the distasteful subjects we naturally shirk is contraception. What serious study has ever been made bearing upon the harm or harmlessness of the variety of procedures, or concerning the failure or effectiveness of each? Who has or can acquire any considerable body of evidence on these matters but ourselves? What, indeed, is normal sex life? What constitutes excess or what is the penalty for repression in the married? Do we still have to hark back to Luther for an answer? It will take a few professional lifetimes of accredited histories to gather evidence to submit, but some time a start must be made.

SIMPLER LIVING

What about standards of living? There was a man named Tarnier, honored beyond most men in our craft. He lived and saw his patients in a modest apartment up three flights of stairs. There were a host of men of a nation whose chief genius gave the Society its motto, a nation possessing beyond others the infinite capacity for taking pains, and these teachers and students of the modest life put us to shame by their scientific product. In our land the doctor must be a failure who has not a car and clothes as good, and house and habits of the class of his best patients. Sessions for pure science must be housed in palatial hotels. A whole house for a doctor with offices busy for one work-hour in four is the custom in most of our towns. This is a formula which any business would condemn. Little wonder that the pace is such there is scant time for study or clinical travel. The younger man cannot voice the protest. It is for us of the senior group to voice—and act out—a protest against over-weaning costs of practice. There could hardly be a greater dis-service to science than to appear to give sanction to the dollar-gauge on achievement.

GYNECOLOGIC CENTERS

What should one do with a collection of charts and slides and models accumulated through nearly forty years? A college needs only teaching outfit; that is, a relatively small amount of carefully selected illustrative material. Books are welcome to the medical libraries, which wisely distribute them. So also with the great copperplate editions. But the fine original drawings that publishers of medical magazines and books accumulate, are in time destroyed. Many of them are masterpieces of technic. In the home of the College of Surgeons here in Chicago or in the museums which Washington, Boston and Philadelphia possess, the casts and specimens may be taken. But the libraries and museums have not sensed the need or else have not the room for a slide library or a chart-and-drawing collection. Think what a saving it would be if you or I, in expounding our epoch-making discoveries, could get, as introductions to our subject, all the best standard pictures for the asking. Furthermore, in each large city there should be a studio attachment of a simple kind to library or museum where the medical author and his artist can work.

SEX INSTRUCTION

Parts of sex instruction belong to us, and we may well be chief counselors in the determination of the details of this curriculum. The subject comes forward this evening, but I may here merely say that I do not see how the man in our line can escape the responsibility for imparting certain portions of this teaching himself, or else seeing to it that the family doctor or visiting nurse undertakes these. To the mother, in order to forestall the gonorrheal vulvitis of infants, book teaching without demonstration is insufficient. This also applies to the prevention of vulvar irritation and watchfulness lest the normal degree of autoeroticism go beyond bounds. To the young man and young woman, separately, a few days before marriage, who shall speak, and cover by instruction and warning those things concerning which our patients make this bitter and merited reproach, "Why did not someone tell us in time?"

Furthermore, an authoritative pronouncement is overdue bearing on the necessity of certain routine pelvic examinations. Concerning the prevention and early detection of cancer by this means, we are actively educating the profession. We may advocate, not only routine pelvic examination before marriage, but a physician's certificate, and in time will require that the certifier have specific qualifications to have his paper honored. The premarital test can include fitness for maternity. Next would come routine prevention care by examination of one's patients in the second month of pregnancy to forestall a large number of needless miscarriages. Before admission to certain forms of heavy work certificates based on examinations will one day be an accepted practice. All these are samples of gynecology at work in prevention instead of patching. We should be the counsellors to whom social workers turn, but we need to take thought in order to get ready with the answers.

JOURNAL

As an example of the type of concrete and visible activity on the part of the Society, there may be instanced the initiation and responsibility for the editorial conduct of a technical journal. With a just proportion of the members of the editorial board named by this Society, its standing is sure to be high, and free from detrimental influence.

TEXTBOOK

As the Society may wisely have under its auspices a periodical, so it may foster the publication in book form, of approved principles and practice and the necessary basic facts on which these are built, provided an adequate textbook is not produced or producible under the ordinary conditions of free competition. The Army set us the example. It is held by Holden that a satisfactory student's manual, containing all that it is desirable to teach him, should be very fully illustrated and have many cuts in color. Such expenditure is declined by publishers because the sale may not extend far beyond the writer's own classes. A manual brought out and approved by several prominent teachers and known to have the endorsement of the Society will be remunerative, even though kept up to date.

CERTIFICATION OF SPECIALISTS

This Society in its yearly meetings is the great clearing house for ideas and the greatest annual stimulus most of us get withal. But if it is the desire of the membership to exert upon the practice of gynecology and obstetrics the widest possible influence, it will start now to lead in that certification of specialists which is bound to come. Our survey will demonstrate which institutions have outfit and output of such high grade that their graduates may be endorsed. Our standards will automatically test and our publicity of end results scale their workers, and though we err often in method or man, it is surely only by trial and open mindedness that we can effect any progress.

Such certification should have its time limit, and be renewable, let us say, every ten years. Even membership in this Society might be predicated on worthiness, not past, but present, with proof forthcoming every decade. What evidence has the State that my degree of thirty-eight years ago still keeps me fit in character and knowledge to practice medicine?

WOMEN IN OBSTETRICS AND GYNECOLOGY

"Men and their trades unions," says Macassey, "have always been singularly successful in staking out their claims to the most highly remunerative classes of work, around which they have erected impenetrable barriers against the entry of women." Though we older doctors have seen our hospital wards humanized by the exaltation of the woman nurse and giving her control, we have refused to give her any real opening to qualify for the inside of the barrier by declining free access to internships and to assistant and associate positions. The limited exception is to be found in England,

where in Euston Road and the Royal Free Hospital for Women, Mrs. Scharlieb and her followers have made good in major work and, in the latter, alongside of men. If American women in their own medical colleges have suffered the inevitable consequences of inbreeding, the responsibility is with the men. "British women in industry," to quote Macassey again, "seemed temperamentally immune to the deadening influence of monotonous work, to which men are peculiarly susceptible. Paradoxically enough, when the work required constant alertness, a sure deft touch, delicacy of manipulation, in short, a combination of quick intelligence and manual dexterity, within a limited ambit, women were invariably superior to men." One would think Sir Lindley was describing qualifications for laboratory service, for dispensary or office treatment, for most of our operative technical craftsmanship. If his statement were applicable to American women, what a field for skilled associates, leaving us lords of reaction free for unlimited ambits. And what a chance to secure, for people recommended for operation, constant consideration as human beings. Think of tight lipped surgery with a tender heart.

By the way, are there no women who of right should be members of this Society?

TRAINING OF LEADERS

The shortage, commented upon last year, of men in our line who are of the caliber to head large services and to fill important teaching positions of the first and second ranks, is merely a striking instance of a condition that is general. The war mercilessly exposed the relative smallness of the number of men of the highest grade of ability in the profession. That it did the same for every other profession and business is scant comfort or excuse. The important thing to note is that some of the reasons are removable. Thus, as an example, only one surgeon in four of the fulltime surgeons in the Army reported himself as having a hospital appointment, and among the physicians only one in twenty-eight (28) had any hospital connection. This 14,000 first admitted to the army from civil practice ought to represent a cross section of the men in active practice in the profession (125,000). It should err on the favorable side, as there were 28 per cent rejections. After acceptance, the fulltime surgeons were grouped into classes. The grouping was based on first hand knowledge. Class A comprised men of the capacity of chiefs of large city clinics, able organizers and instructors; Class B, first assistants capable of assuming the chief's duties. Among the 14,000 there were as follows: Fulltime surgeons (self reported) 2884, or 20.7 per cent; fulltime surgeons (self reported) with hospital appointment 4.88 per cent; Class A surgeons 1.44 per cent; Class B surgeons 2.16 per cent; medical men with hospital connection 2.11 per cent.

This paucity of numbers to draw from must be remedied. This lack of leadership material must be met by developing to the utmost what training facilities we have until new resources take form. It cannot be a matter of indifference to this Society, therefore, and is a matter of no little concern to all workers in this department, to make sure that America's well-equipped teaching clinics are ably manned and working to full capacity at the job of

selecting and drilling the future teachers and investigators in gynecology and obstetrics. Our survey will demonstrate the facts. Publicity will do the rest.

PROGRAM

Here is a dream of a four year program for the Society, carrying out some of the visions of these wandering conceits. To be realized, they need but men and money and the driving force of an idea. Also flexibility.

First year: New journal under the auspices of the Society. Propositions for and action on those standards immediately required, such as details of the business of a typical hospital meeting for the weekly or monthly staff review of casualties. Self report by chief clinics, and on large cities. Report on participation in sociologic program. Tentative nomenclature of operations.

Second year: Report on colleges and obstetric-gynecologic services in general. Report on women in gynecology and obstetrics. Index of obstetricians and gynecologists looking toward certification. Standard methods, histories, indexes submitted for criticism or endorsement. Student's manual. Nomenclature of diseases and injuries and operations. Participation in public health movements affecting women, with recommendations based on these.

Third year: Publication of surveys and standards. Publication of best type of each form of service, private and outpatient, large and small; hospital, big and little. Plan for education of general practitioners at their home towns in everyday gynecology. Yearly paper on social or industrial subjects.

Fourth year: Certification of specialists.

To me this seems an inspiring program, and with it, whether carried on by us as individuals or by the Society, whether driven swiftly or slowly, the security of our future would seem to be assured.

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