Has the American Gynecological Society done its part in the advancement of obstetrical knowledge? / J. Whitridge Williams.

Contributors

Williams, J. Whitridge 1866-1931.
Royal College of Surgeons of England

Publication/Creation

Chicago : American Medical Association, 1914.

Persistent URL

https://wellcomecollection.org/works/z8kce8p9

Provider

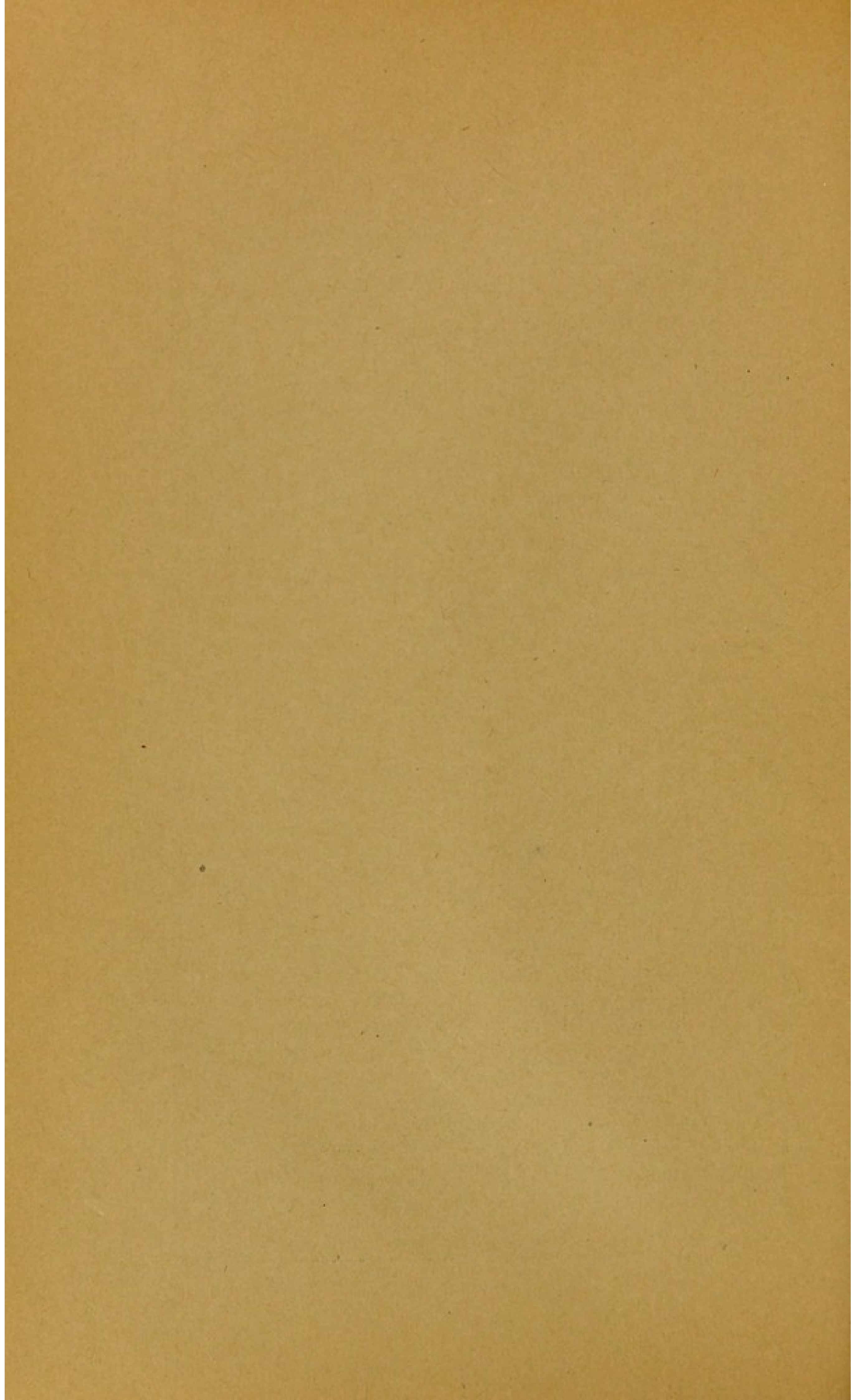
Royal College of Surgeons

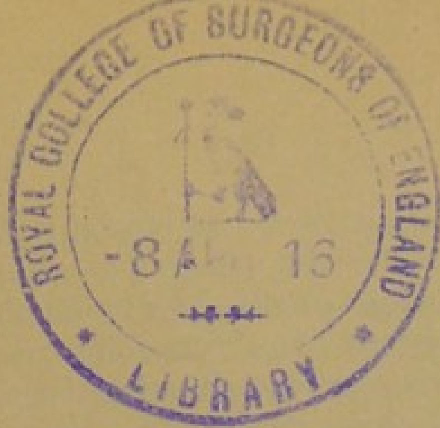
License and attribution

This material has been provided by This material has been provided by The Royal College of Surgeons of England. The original may be consulted at The Royal College of Surgeons of England. where the originals may be consulted. Conditions of use: it is possible this item is protected by copyright and/or related rights. You are free to use this item in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s).

wellcome collection

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org





HAS THE AMERICAN GYNECOLOGICAL SOCIETY DONE ITS PART IN THE ADVANCEMENT OF OBSTETRICAL KNOWLEDGE? *

J. WHITRIDGE WILLIAMS
BALTIMORE

When casting about for a suitable subject on which to address you, it occurred to me to read all of the obstetric articles which have been contributed to the society since its inception, in the hope that their analysis might prove interesting to our older members and stimulating to the younger ones.

During the thirty-eight years of its existence, 1,010 papers have been contributed, 664 on gynecologic and 346 on obstetric topics, including extra-uterine pregnancy. Consequently, a little more than one-third (34.2 per cent.) fall in the latter category and were contributed by 128 persons. Of these, 53 made only a single contribution, 50 read from two to four papers each, 22 from five to nine, and 3 ten or more papers, so that somewhat less than one-fifth of the entire number were frequent contributors.

I found the task of reading the articles very interesting and fairly profitable, as they set forth in a more or less consecutive manner the history of obstetrics for the past forty years, and served to impress me anew with the great progress which had been made in the technical side of our art.

During this period we have witnessed many changes, the most far-reaching being the development of aseptic technic and the establishment of the bacterial origin of puerperal infection, as the result of which the

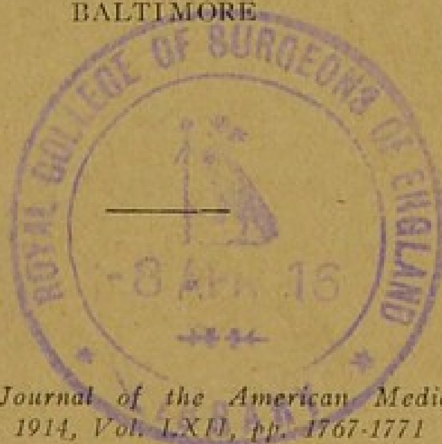
* Presidential address, delivered before the American Gynecological Society, 1914.

C. 6

5.

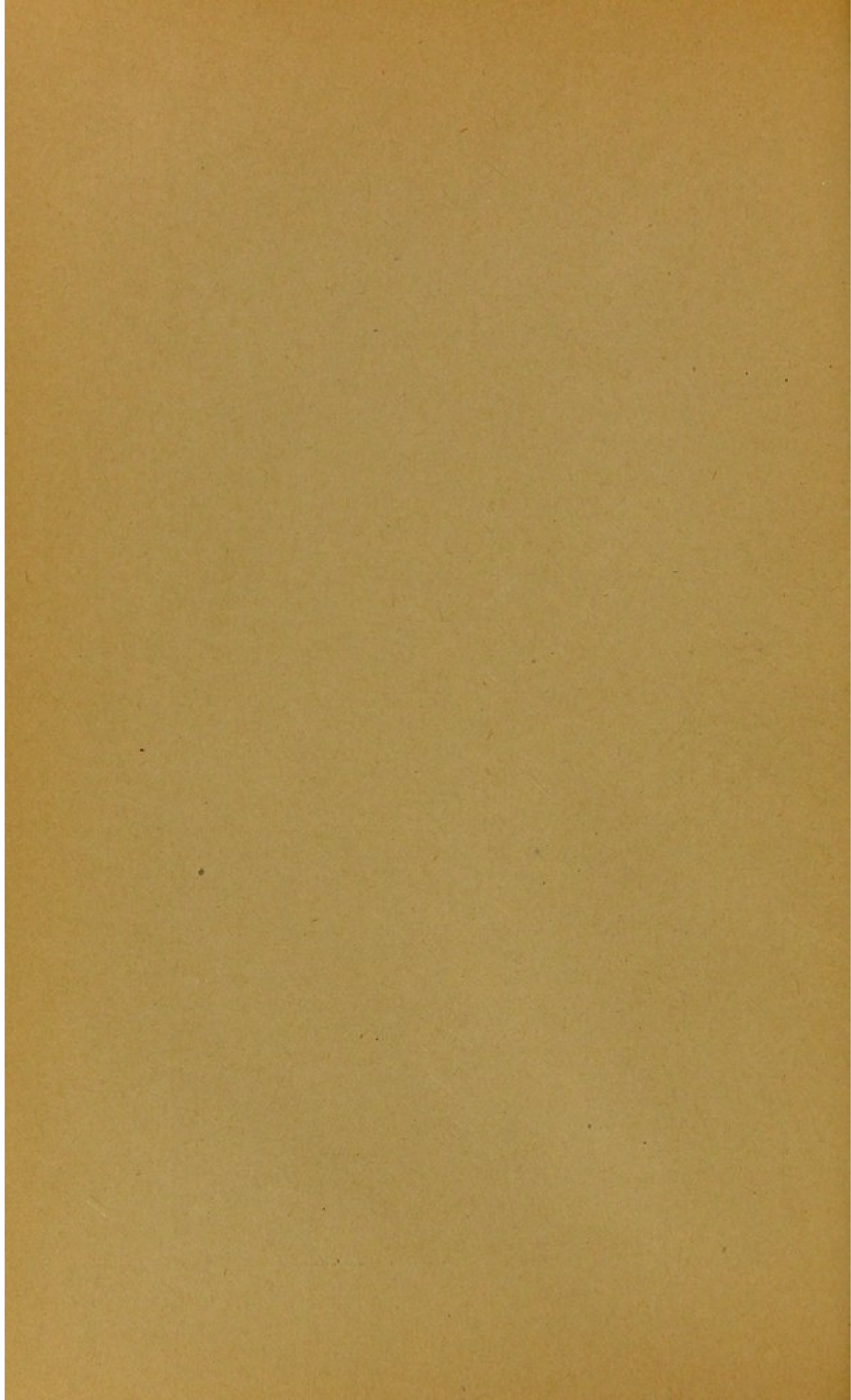
Has the American Gynecological Society Done Its Part in the Advancement of Obstetrical Knowledge?

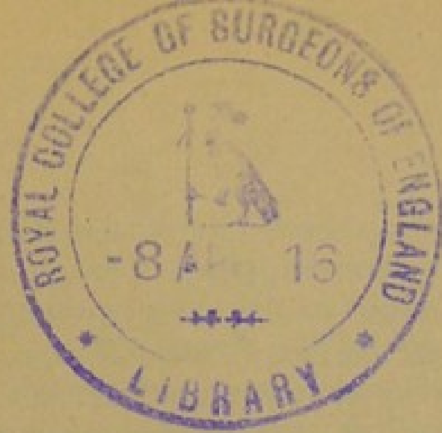
J. WHITRIDGE WILLIAMS
BALTIMORE



Reprinted from The Journal of the American Medical Association
June 6, 1914, Vol. LXII, pp. 1767-1771

COPYRIGHT, 1914
AMERICAN MEDICAL ASSOCIATION
FIVE HUNDRED AND THIRTY-FIVE NORTH DEARBORN STREET
CHICAGO





HAS THE AMERICAN GYNECOLOGICAL SOCIETY DONE ITS PART IN THE ADVANCEMENT OF OBSTETRICAL KNOWLEDGE?*

J. WHITRIDGE WILLIAMS
BALTIMORE

When casting about for a suitable subject on which to address you, it occurred to me to read all of the obstetric articles which have been contributed to the society since its inception, in the hope that their analysis might prove interesting to our older members and stimulating to the younger ones.

During the thirty-eight years of its existence, 1,010 papers have been contributed, 664 on gynecologic and 346 on obstetric topics, including extra-uterine pregnancy. Consequently, a little more than one-third (34.2 per cent.) fall in the latter category and were contributed by 128 persons. Of these, 53 made only a single contribution, 50 read from two to four papers each, 22 from five to nine, and 3 ten or more papers, so that somewhat less than one-fifth of the entire number were frequent contributors.

I found the task of reading the articles very interesting and fairly profitable, as they set forth in a more or less consecutive manner the history of obstetrics for the past forty years, and served to impress me anew with the great progress which had been made in the technical side of our art.

During this period we have witnessed many changes, the most far-reaching being the development of aseptic technic and the establishment of the bacterial origin of puerperal infection, as the result of which the

* Presidential address, delivered before the American Gynecological Society, 1914.

lying-in hospital has been converted from the most dangerous to the safest place for the delivery of women. Every stage in the development of this doctrine can be traced in our *Transactions*. In the early volumes one finds articles showing that vaginal and intra-uterine douches could be administered with safety, along with other articles giving directions for the most rudimentary antiseptic technic.

It may surprise some of our younger members to learn that, so late as 1884, Albert H. Smith, in his presidential address, vigorously combated the bacterial origin of infection; and, on the other hand, that some members of the society took an active part in the transformation of the lying-in hospitals. For example, we read with pride of Garrigues' achievements in 1883 at the New York Maternity Hospital. In the first nine months of that year, thirty deaths from infection had occurred in 345 deliveries, but the changes which he so intelligently introduced effected such a revolution that during the last three months of the year not a single patient died, and only three of the ninety-five presented a rise in temperature. Furthermore, Polk told us that when he graduated in medicine, delivery in a lying-in hospital was far more dangerous than an engagement in the bloodiest battle, for during his internship at Bellevue he saw forty-five women die out of the sixty who had been delivered during a single month.

In the papers of Garrigues and Jewett we can also trace the history and development of laparo-elytrotomy, the latter informing us that six women and seven children had been saved in eleven operations up to 1885. This operation is of great interest to students of medical history, as its invention by Thomas represents one of the very few American contributions to obstetrics; and its recent resuscitation under the guise of extraperitoneal cesarean section shows that his conceptions were well founded.

The conversion of cesarean section from "the most dangerous operation in surgery," to one in which the results are so good that it is in imminent danger of being abused by "knife-loving" obstetricians and by surgeons who know nothing of the resources of obstetrics, can be graphically followed. The early accounts

of tardy operations for the removal of a dead child from an exhausted and infected woman stand in marked contrast to the first elective operation performed by Lusk in 1887, and particularly to the long series of successful operations which were afterwards reported by many of our fellows.

Following Harris' paper in 1892, entitled "The Remarkable Results of Antiseptic Symphyseotomy," we can trace the development and fall from favor of that operation, as well as the scant recognition accorded the usefulness of its sister operation, pubiotomy.

One of the most interesting phases of obstetric history is afforded by the fifty-one papers on extra-uterine pregnancy. In these we can trace the evolution of a pathologic curiosity into a condition of every-day occurrence. Furthermore, we can follow the education of the profession in its diagnosis, as well as the gradual development of means for its cure, first by electricity or by the injection of morphin into the sac, and later by surgical methods. We can likewise trace the development of the *furor operativus* to the point at which the diagnosis of the condition came to mean immediate operation without regard to the condition of the patient, until Robb's experimental work demonstrated the fact that interference might frequently be deferred with benefit to the patient.

Many other changes can be followed with interest and profit; for example, the slow recognition of the fact that occiput-posterior presentations should not be regarded as abnormal, but that, if left alone, they will usually terminate spontaneously with but little greater difficulty than when the occiput is directed anteriorly.

We can also follow the evolution of more correct views concerning the employment of forceps and the recognition of the fact that its improper use is a potent factor in the death of the child and in the production of serious lesions on the part of the mother. Likewise, we can read the discussions concerning the value of axis-traction; but, just as its merits were beginning to be recognized, its field of usefulness became markedly restricted by the knowledge that it is not the ideal means of overcoming mechanical obstruction.

It is interesting to recall the fact that, in the early days of the society, not even trained obstetricians were agreed as to the necessity for the immediate repair of birth injuries; for, at the first meeting in 1876, Goodell contributed an important communication setting forth the innocuousness and desirability of routine perineal repair.

I might continue to recount many other advances in the practical treatment of childbirth and its complications, but time will not permit. Consequently, I shall refer only to the abuse of ergot. Its employment was considered on several occasions in the early days of the society, when the consensus of opinion developed that it was indicated only after the extrusion of the placenta. It may also interest you to be reminded that it was frequently administered so freely in the treatment of abortion as to give rise to chronic ergot poisoning, and that John Goodman reported an instance in which it had led to gangrene of the extremities. I lay stress on this almost forgotten fragment of medical history, for I believe that unless correct teachings concerning the action of and the indications for the use of the various preparations of pituitary gland substance soon become current, a similar crusade will be necessary to check the abuse of this powerful therapeutic agent.

After listening to this imperfect enumeration of the advances of obstetrics as portrayed in our *Transactions,* one's first impulse is a feeling of pride in the achievements of his colleagues and a sense of satisfaction with the part we have played in developing this branch of medicine. Closer and candid consideration, however, compels the depressing confession that such feelings are not justified, but that, on the contrary, we have done virtually nothing in developing even the practical side of our art. We have been content merely to follow in the footsteps of others, occasionally quite sluggishly, and to reap what we have not sown.

Careful analysis of our *Transactions* has failed to convince me that scarcely a single, fundamental contribution to practical obstetrics has been made to this society, and I feel that you will agree with me when you hear the facts.

We did nothing fundamental in connection with the question of puerperal infection; Holmes, Semmelweis, Pasteur and Tarnier laid its theoretic foundations, while the practical utility of antiseptic precautions had been demonstrated in Germany and France before we seriously faced the matter.

The modern cesarean section originated in Germany, and five years elapsed after the publication of Sänger's monograph before we were able to report a single, successful operation.

The same may be said of symphyseotomy and pubiotomy; and it was not until after Harris had called attention to the results obtained in Italy and France that we showed signs of being aware that the operation had been successfully resuscitated. Even in connection with extra-uterine gestation we have little reason to be proud, as the operation after rupture came to us from Tait, and Veit had given directions for diagnosticating unruptured tubal pregnancy four years before the subject was mentioned before this society.

Likewise, our views concerning the mechanism of labor in occiput-posterior presentations were woefully behind the times; and it required years for us to reach the position which Naegele had attained in 1838. Naturally, it might have been supposed that the mechanical ingenuity of this nation would have led to improvements in the forceps; but not so. While we were inventing narrow-bladed instruments which might be applied through a cervix the size of a five-cent piece, Tarnier had worked out the principle of axis-traction, which we accepted only after considerable hesitation.

I shall not continue this doleful list, as it seems sufficient to prove that we have added practically nothing to the technical side of obstetrics, while the analysis which I am about to present will show that we have done even less on the scientific side.

For purposes of analysis, I have classified the 346 obstetric papers into thirty-two groups, as shown by the accompanying table.

ANALYSIS OF THE OBSTETRIC PAPERS, 1876-1913

Subject	No. Papers* Total	Cred.	Exc.
A. Pregnancy—			
1. Abnormalities of	20	3	2
2. Complicated by tumors	13	1	0
3. Operations during	2	0	0
4. Physiology of	11	2	3
B. Labor—			
5. Abnormalities of	8	0	2
6. Conduct of, including anesthesia and oxytocics	29	5	1
7. Mechanism of	2	0	1
8. Physiology of	1	0	1
C. Puerperium—			
9. Abnormalities of	5	0	0
10. Normal	6	0	1
11. Infection during	25	3	1
D. Lacerations, etc.—			
12. Lacerations of cervix	5	1	0
13. Lacerations of perineum	9	2	0
14. Rupture of uterus	8	0	0
15. Vesicovaginal fistula	1	1	0
E. Instrumental Delivery—			
16. Operative technic	1	0	0
17. Accouchement forcé and the induction of labor	12	1	0
18. Cesarean section	25	2	1
19. Forceps	6	0	0
20. Gastro-elytrotomy	2	1	0
21. Pubiotomy and symphyseotomy	7	3	1
22. Version	2	0	0
F. Abortion—			
23.	2	0	0
G. Extra-uterine pregnancy—			
24.	51	7	5
H. Eclampsia, toxemia and vomiting—			
25	28	3	2
I. Contracted pelvis—			
26.	7	2	3
J. Hemorrhage—			
27. Accidental	1	0	0
28. Post-partum	3	0	0
29. Placenta praevia	17	1	1
K. Displacements of uterus—			
30.	7	0	1
L. General Topics—			
31. Child	10	2	0
32. General	20	2	1
	346	42	27

* The first of these columns indicates total number; the second, the number of creditable papers, and the third, the number of excellent papers.

With as little bias as possible, I have attempted to form a judgment as to the value of the papers, and have designated as good or creditable those in which the subject under consideration was presented in a useful and attractive manner, but without adding anything new, and as excellent such papers as have contributed, even to a slight extent, to the sum total of obstetric knowledge. Judged by these criteria, I have placed forty-two papers in the former and twenty-seven in the latter category — 12 and 8 per cent.,

respectively. Consequently, it would appear that on the average less than two creditable papers have been contributed each year and that only two contributions could be expected in three years. Surely this is not a showing of which our society can be proud.

On the other hand, I would call attention to the fact that seventy papers, or somewhat less than one-fifth of the entire number, were purely casuistic in character, and were based on the history of one or at most two cases. Though often interesting, papers of this character are usually of little value and are better suited for presentation before a local medical society than before a national association supposedly composed of scientific men.

Most of the remaining 207 papers were unobjectionable, yet, while sometimes provocative of interesting discussion, they served merely as vehicles for the expression of the personal experiences of their writers. A small number, including an occasional thesis for admission, were valueless and sometimes puerile. In general, these papers were practical in character and dwelt but little on the scientific or theoretic aspects of the subject. Many of them were based on an experience too small to justify authoritative conclusions and were such as might be expected from young assistants after a few years' service in a well-conducted clinic. It would appear that their chief function was to afford the authors an opportunity to air their views at the expense of the society on topics of more or less general interest and to educate the general practitioner, rather than to stimulate the free exchange of thought between competent experts with a view to broadening their field of vision and increasing the general store of knowledge.

Reverting to the analysis of the papers, I found six creditable and four excellent communications among the forty-six included in the four groups devoted to pregnancy (*A*). I was greatly surprised, however, at the dearth of papers on many important subjects. For example, there was an entire absence of reference to the biologic and biochemical aspects of pregnancy, and, with the exception of a demonstration by Minot, no mention was made of the fundamental problems connected with placentation. Nothing was said of normal metabolism during pregnancy, and, had we been

dependent on the society for information, we should have been unaware of the significance of Abderhalden's pregnancy reaction.

Furthermore, only once during the life of the society has reference been made to the importance of syphilis in connection with the child-bearing process, and that only in an incidental manner. As my own experience leads me to believe that this is the most important single factor concerned in the death of the fetus during the last three months of pregnancy, I feel that, had we been alive to our responsibilities, we should have had numerous communications concerning the bearing of the discovery of the spirochete and the Wassermann reaction on the validity of the laws of Colles and Profeta, as well as on the practical aspects of prophylaxis and treatment.

In the four groups, including the various phases of labor there were forty articles (*B*), of which five were good and the same number excellent. Most of these dealt with the purely practical aspects of mechanical delivery. On the other hand, no mention was made of our ignorance concerning the causation of labor or of the physiology of uterine contractions, and, although a number of writers dealt with the management of abnormal presentations, only one made a contribution to the mechanism of labor, and another to the anatomy of the parturient soft parts. Did time permit, many other important problems might be mentioned which have been left entirely untouched.

Of the thirty-six articles included in the three groups dealing with the puerperium (*C*), four were creditable and two excellent. Their analysis shows that practically none of the many problems connected with the normal aspects of this period had been considered, and that only two authors had dealt with the fascinating process of involution and then only from a clinical point of view. Furthermore, no one suggested that investigations during this period would probably eventually solve the riddle of the mode of production of retrodisplacements of the uterus and thus do away with one of the opprobria of gynecology.

Careful perusal of the twenty-five papers on puerperal infection indicates very accurately the general point of view of the society. With one exception, no serious contribution to the bacteriology of the affec-

tion has been made. The members have been more interested in discussing such questions as whether hysterectomy is the ideal treatment for desperate cases than in studying the mode of origin and the clinical course of the disease in the hope of preventing its outbreak and eventually securing its elimination.

In the four groups dealing with injuries to the birth-canal (*D*), there were three creditable but no excellent papers; little need be said concerning them.

In the seven groups dealing with the various obstetric operations (*E*) there were fifty-five papers, seven of which were good and two excellent. This is a startling disappointment, as it is in just this field that one would expect to find important contributions resulting from American mechanical ingenuity. On the contrary, the papers in this group were unusually poor; most of them consisted of reports of series of cases or of discussions concerning the indications for operation which were devoid of valuable suggestions. That this is not an exaggeration is shown by the fact that only a single paper among the twenty-five on cesarean section presented an idea which was not already well known; while in the articles concerning several other operations suggestions were occasionally made which were at variance with sound practice.

Passing over the two papers on abortion (*F*) we come to the largest group in our analysis, namely, fifty-one papers on extra-uterine pregnancy (*G*), in which there were seven good and five excellent communications. This represents a larger proportion of creditable papers than usual, but I do not think that we obstetricians can take much comfort from the fact, for on looking over the list of authors it is found that the great majority were pure gynecologists, who would feel aggrieved were they accused of having any particular knowledge of obstetrics. Here again most of the papers consisted of casuistic reports, or of discussions concerning the necessity for operation or of details of technic. Several articles were based on experimental work; but, with the exception of the reports on several specimens of ovarian pregnancy, no mention was made of histologic findings, of the interesting variations in placentation, or of many of the important problems connected with the etiology of the condition.

In the group dealing with the toxemias of pregnancy, eclampsia and vomiting (*H*), there were twenty-eight papers, of which three were creditable and two excellent. The same criticism holds good here as elsewhere, for with a few notable exceptions most of the writers were more concerned with the consideration of methods for evacuating the uterus than with the study of the factors responsible for the production of such a condition.

Passing on to the next group (*I*), one is surprised to find that during the course of thirty-eight years a body of obstetricians should have contributed only seven papers dealing specifically with contracted pelvis. On the other hand, this group of papers is unusually meritorious, as two were good and three were excellent. Of course, the subject was also considered incidentally in connection with the various operative procedures; but it seems strange, in view of its great practical importance and of our unsatisfactory methods of diagnosis and classification, that it has not evoked greater interest.

Considering together the three groups dealing with the various types of hemorrhage (*J*), there were twenty-three papers, of which one was creditable and one excellent. The great majority of these communications dealt with placenta praevia and more particularly with the determination of the most conservative method of effecting delivery in the presence of this complication. With but few exceptions, however, I was surprised to find that the experience of the writers on the subject was too limited to permit authoritative conclusions, and that many of the articles consisted in great part of literary references and didactic utterances. As usual, there was but scanty consideration of the mode of causation of the abnormality or of the anatomic peculiarities associated with it. Indeed, the only contribution to the subject was made in the early days of the society.

There were seven papers in the group treating of displacements of the uterus (*K*), the most important of which had to deal with dystocia following operations performed for the relief of retrodisplacements; one of them constituted a real contribution to the subject. In view of the fact that at least one quarter of all women develop retrodisplacements following the first confine-

ment, it appears strange that more attention has not been paid to the etiologic significance of its appearance in the late puerperal period.

In the last two groups, covering the child and the communications on general obstetric topics (*L*), there were thirty papers, which I shall dismiss with the statement that four were creditable, while one constituted a distinct contribution.

Doubtless many of you may consider this analysis a harsh arraignment of the obstetric members of the society, but I feel sure that had it been seemly to mention names and to specify titles many would agree to it, though it is possible that a more lenient critic might have made the list of creditable and excellent papers longer. It is unnecessary for me to state that the analysis was not undertaken in a captious spirit, but was dictated by my interest in obstetrics and by my affection for this society, and in the hope that by laying bare our weak points I may possibly stimulate some of our members to better work.

If my estimate is correct that only twenty-seven of the 346 papers were excellent, the conclusion is inevitable that the American Gynecological Society has not done its part in the advancement of obstetric knowledge. If this is admitted — and I fail to see how any other conclusion can be reached — the query naturally arises whether the failure is to be attributed to the character of our membership or to some more deep-lying factor.

When we canvass the list of members, both past and present, and the important teaching and hospital posts held by them, and also recall the careful scrutiny to which they were subjected before being elected, it must be admitted that with few exceptions the society includes the foremost representatives of American obstetrics. This being the case, it follows that the lack of productiveness cannot be due to failings of the individual members, but should be attributed to some nation-wide cause the explanation of which must be sought in factors peculiar to American conditions.

As far as I have been able to ascertain, only three fundamental contributions to obstetrics have been made by American writers, namely, the introduction of the medicinal use of ergot, by John Stearns; the recognition of the infectious nature of puerperal fever,

by Oliver Wendell Homes, and the development of laparo-elytrotomy, by T. Gaillard Thomas — the first a country practitioner, the second an anatomist and litterateur and the third a professor of obstetrics. On the other hand, with few exceptions American obstetricians have been content to appropriate and adopt the results of European investigators and to limit their writings practically to casuistic contributions and to the discussion of details of operative technic.

Opinions may differ as to the national peculiarities which are responsible for this relative sterility, but I feel very strongly that three main factors are involved, namely, (1) the tendency to regard the practice of medicine as an engrossing financial pursuit, (2) defective ideals and tendencies in medical education and (3) the divorce in this country of gynecology from obstetrics.

With few exceptions, all of us undertake the study of medicine as a means of making a livelihood, and consequently, our first aim is to obtain sufficient practical facility in our art to enable us to attain that end, and no one knows better than I what it means to do so and how insistent are the demands of practice. Of those who are exclusively engaged in private practice and who have not formed important hospital or teaching connections, little more can be expected than that they render their patients efficient service by keeping reasonably well abreast with the advance of knowledge and extend a sympathetic hearing to such of their colleagues as may try to add to it.

More, however, should be expected from those who have important hospital connections or who hold teaching posts. The former fail to do their duty to the hospital and its patients if they and their assistants do not attempt to extend the limits of knowledge; while the latter cannot expect to stimulate their students or to train their assistants properly unless they teach them how little is really known and can open vistas of what may be accomplished by patient scientific work. The standing of such men should be judged, not by the size of their income or by the local consideration in which they are held, but by whether they make an occasional contribution to the science which they profess to love, and, if they are content to publish mere casuistic reports or series of operations,

they must be prepared to have others consider that they have wrapped their talent in a napkin and buried it.

To my mind, however, one of the most important factors in our lack of productivity is to be found in our system of medical education. Until very recently university ideals were entirely lacking in our medical schools, and even now, in many institutions affiliated with universities, the connection is purely nominal. How many of us who hold professorships can truthfully say that we are held to the same accountability as the heads of the "true" university departments, or are expected to justify our existence by an occasional contribution to science? Do not we, and the authorities as well, consider that our obligations have been satisfactorily fulfilled if we teach a few hours each week, give decent care to the patients under our charge and once or twice a year write a practical paper so that our professional friends may know that we are still alive? We must admit the indictment, but the fault is not entirely ours; for I think that not much more can be expected of us until the universities awake to the fact that medical education is a serious undertaking and is the most costly of all forms of instruction.

How many obstetric departments are provided with proper accommodations for a sufficient number of patients for the instruction of students, with adequately paid and enthusiastic assistants, or with suitably equipped laboratories for research work, not to mention a salary for the director in any way commensurate with the ability and effort necessary to supervise the work in anything like an ideal manner? Real university departments are just beginning to be organized in some other branches of medicine, but I know of none in gynecology or obstetrics.

From extensive investigation I know that, in most of our schools, obstetrics is the department most poorly equipped and must ordinarily be content with what is not wanted by others; often the professor is regarded by his colleagues as being engaged in an almost unworthy pursuit. No doubt some professors are poorly trained and fulfil their obligations lightly, but I know many who take them seriously and feel depressed whenever they consider the status of their

department and their inability to do better work. So long as such conditions exist, it is scarcely conceivable that many professors will be scientifically productive or will often be able to induce promising young men to devote themselves seriously to this branch of medicine, for the few men in this country who are really performing their duty are doing so at a great personal sacrifice and against odds with which they should not have to contend.

The third reason for the low state of American obstetrics is that this is the only country in which obstetrics and gynecology are sharply divided, and I may add that this is the only important gynecologic society in which the majority of the members take no interest in obstetric problems, or in which a member discussing a paper would preface his remarks by stating that he knew nothing of obstetrics and then go on to make banal remarks.

Time will not permit me to discuss this phase of the subject at length, but I know that in this country neither gynecology nor obstetrics will take its proper place until a body of men has been developed who will be interested in and devote themselves to the study of the problems connected with the entire sexual life of women. I hope I may live to see the day when the term "obstetrician" will have disappeared and when all teachers, at least, will unite in fostering a broader gynecology, instead of being divided, as at present, into knife-loving gynecologists and equally narrow-minded obstetricians, who are frequently little more than trained man-midwives.

While it is debatable whether a union of gynecology and obstetrics is feasible for those engaged exclusively in private practice or would materially improve matters in most medical schools as at present organized, there is no doubt in my mind that the professorial chairs in the university medical schools need to be filled by broadly trained scientific men, who are prepared to give their time to their duties. Such a development, however, is scarcely to be expected until the universities are prepared to equip and maintain women's clinics, somewhat similar to the Frauenkliniks of Germany, but more liberally provided with laboratories for the anatomic, chemical, pathologic and physiologic investigation of gynecologic and obstetric

problems. In this event the director must be an accomplished scientific man as well as a competent clinician, who will devote the major portion of his time to the management of his department. If he is of the proper type, this will involve no sacrifice; but if he is not, he will be unhappy, no matter how great the emoluments may be. Institutions of this character will also require the services of a large staff of well-trained and enthusiastic assistants, but will be able to make little use of the short-term intern, who desires only a smattering of learning. Large endowment or state aid will be necessary for the support of such institutions, but I can conceive of no better expenditure of funds if it leads to fuller knowledge of the many unsolved problems connected with women and to the development of a body of men competent to undertake their investigation.

I hope to see a number of such institutions scattered over the land and then no future president of this or any other society will be able to say that its members have not done their part in the advancement of obstetric or gynecologic knowledge. We have heard of "the passing of a specialty," but I feel that there is a glorious future for the broader gynecology, which is as yet scarcely in its infancy. Let us do what we can to advance it.

1128 Cathedral Street.