

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



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Denver, Colorado

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# Preface

Why record the history of this organization segment of obstetrics and gynecology? Because the members of the American Gynecological Society and The American Association of Obstetricians and Gynecologists contributed significantly to knowledge in reproductive medicine and surgery in the last 100 years. It is of no concern or import that many of their beliefs are no longer held by any of us. As Kuhn\* writes, “Out-of-date theories are not in principle unscientific because they have been discarded. . . . If these out-of-date beliefs are to be called myths, then myths can be produced by the same sorts of methods and held for the same sorts of reasons that now lead to scientific knowledge.” The initial route from yesteryear’s “error” to today’s “truth” is created by evidence inconsistent with current perceptions of reproductive biology or disease or treatment. These two organizations provided the physicians and the forum in which subversion of the common wisdom occurred—the first step in the evolution of new ideas. Our history teaches that recognition of this role for our past organizations was their antidote for complacency and conceit and was accepted as their major purpose. Appreciation of the continuity of past and present assures commitment to that definition of the proper work of a scholarly society. Thomas Hardy wrote in his poem “Transformations”:

Portions of this yew  
Is a man my grandsire knew,  
Bosomed here at its foot;  
This branch may be his wife,  
A ruddy human life  
Now turned to a green shoot.

These grasses must be made  
Of her who often prayed  
Last century for repose;  
And the fair girl long ago  
Who I often tried to know  
May be entering this rose.  
So, they are not underground,  
But as veins and nerves abound  
In the growths of upper air,  
And they feel the sun and rain,  
And the energy again  
That made them what they were!

Stewart Taylor’s presentation reminds us repeatedly of the dominant influence of our culture and its mores on medical perceptions as reported in the *Transactions*. The belief in the association of madness in women with their sexuality and reproductive organs resulted in the use of gynecologic surgical therapy for insanity in the latter half of the nineteenth century. Rejection of women’s right to contraception at the end of the second decade of the twentieth century was followed a half century later by hostility to physicians who had championed women’s right to choose pregnancy termination. Our history serves to remind us that our attitudes concerning the uses of medical science are conditioned mainly by factors unrelated to science.

\*Kuhn TS: *The Structure of Scientific Revolutions*. Chicago, The University of Chicago Press, 1962, pp. 2-3.

Our history also teaches that the nonacademic issues, both grave and trivial, that occupied the membership then are still with us. I learned that J. Marion Sims thought that a thesis presentation should not be a requirement for membership and that the members should provide most of the papers. Should there be entertainment at the banquet? Should spouses and children be invited? How many days should the meeting last? How many hours each day? Where shall we meet? As president of the American Gynecological and Obstetrical Society, it is a comfort to know that these problems, which engender such passion at our business meetings, were not resolved by our professional antecedents either.

Finally, a note of appreciation for this superb accomplishment by Stewart Taylor. At the request of the Council of the American Gynecologic and Obstetrical Society, he has taken approximately 200 volumes of *Transactions* and his own experience as a member and leader of both former organization and created this volume, which catches the spirit, the intent, and the accomplishments of the memberships. Précis and anecdote detail the controversies, the evolution of ideas, and the major advances. Those members whose scholarly work changed our medical concepts or practices are identified. We are fortunate to have chosen a historian who has selected and ordered the contents of this book so wisely and entertainingly.

JOSEPH SEITCHIK

# *Introduction*

The Council of the American Gynecological and Obstetrical Society, through its secretary, T. Terry Hayashi, asked me to consider writing a history of the American Gynecological Society and The American Association of Obstetricians and Gynecologists, the parent organization. I accepted the invitation gladly and have spent much of my available spare time in the past three years in preparing these histories of the two senior organizations. This has involved reading the published Transactions from all the annual meetings of both groups. I am indebted to David Nichols for lending me his early volumes of Transactions of the American Association and to the Library of the College of Physicians of Philadelphia, Jefferson Medical College, and the University of Colorado School of Medicine for the use of their libraries and their copies of the Transactions of each of the organizations that I did not have in my possession. I am fortunate, as the result of a gift from John W. Harris, Jr., of Salt Lake City, to have copies of Transactions of the AGS starting from 1914. John Harris, Jr., is the son of John Warton Harris, fellow of the Society from 1932 to 1955.

Most of what I have recorded in these histories can be found in the Transactions of the respective organizations, but some has been gathered from personal observation and experience. I was a member of the AAOG from 1950 to 1981 and the AGS from 1953 to 1981. It was also my privilege to be an officer and council member in each organization at different periods. The experience has given me insights and experiences not recorded in the Transactions of either group.

My research in preparing for writing the histories of these two organizations has provided me an opportunity to see the emergence and development of obstetrics and gynecology as a medical specialty and as an academic discipline over the past century in this country and in parts of Europe.

In recording these histories I have spent some time discussing certain outstanding physicians because of their personalities or their contributions to our specialty. The most difficult task was to choose those scientific papers that were not only innovative but have proved to be of lasting value because they set directions for the future. The addresses by various presidents have been an excellent source of information, much of which I have used in this effort.

Finally, I thank my wife for helping me and for reading the manuscript.

EDWARD STEWART TAYLOR  
JUNE 1, 1985





THE AMERICAN GYNECOLOGICAL  
AND OBSTETRICAL SOCIETY  
1981



## CHAPTER I

# *The American Gynecological and Obstetrical Society* 1981

On May 22, 1981, the American Gynecological Society and The American Association of Obstetricians and Gynecologists, through mutual agreement, merged to become the American Gynecological and Obstetrical Society. The AGS had its organization meeting at the Academy of Medicine in New York City on June 3, 1876. The AAOG organized at the Niagara Hotel, Buffalo, New York, on April 19, 1888. No physician belonged to both organizations until 1894 when Edward E. Montgomery of Philadelphia became the first to hold fellowship in the AGS and the AAOG (1888). Palmer Findley of Omaha became a member of the AGS in 1904 and of the American Association in 1911. Jennings C. Litzenberg of Minneapolis became a member of the AGS in 1916, having been a member of the AAOG for one year (1915). Other members of the Society who were later to become early members of the Association were Walter W. Chipman and Herbert M. Little, both of Montreal. Chipman became a fellow of the AGS in 1903 and of the Association in 1933. Little became a fellow of the AGS in 1913 and a fellow of the Association in 1928. In the late 1920s and early 1940s, many more fellows became members of both organizations; they were Paul Titus of Pittsburgh, Louis E. Phaneuf of Boston, Carl Henry Davis of Milwaukee, Frederick H. Falls of Chicago, James R. Miller of Hartford, Robert D. Mussey of Rochester, Minnesota, Otto H. Schwarz of St. Louis, Leroy A. Calkins of Kansas City, Emil Novak of Baltimore, Isidor C. Rubin of New York, Everett D. Plass of Iowa City, Walter T. Dannreuther of New York, Arthur H. Bill of Cleveland, M. Pierce Rucker of Richmond, and Edward A. Schumann of Philadelphia.

The relationship between the two organizations was cordial except at the inception of The American Association of Obstetricians and Gynecologists in 1888. One of the motives for organization of the Association was to represent obstetrics and gynecology in the Congress of American Physicians and Surgeons, which met triennially in Washington, D.C. The Congress issued invitation to the senior organizations representing the various specialties in the United States. The American gynecological Society was invited to represent the specialty obstetrics and gynecology, but at first refused the invitation. The founders of the AAOG knew that the AGS had declined membership in the Congress and felt that the discipline should be represented among the other specialty groups. The Congress of American Physicians and Surgeons was organized as a parent organization with each specialty society holding its own meeting, with certain sessions for all groups to meet as one. The Association fully expected to represent obstetrics and gynecology, but was astonished to learn that through some parliamentary actions and behind-the-scenes political maneuvers, the application for membership by the Association was postponed until the Association, as a new organization, had had at least two annual meetings. Meanwhile, the AGS reconsidered its decision and became the member of the Congress representing the specialty of obstetrics and gynecology. The Society had declined, hesitated, then joined. The officers of the Association had been assured by persons unmentioned that their new organization would be welcomed by the Congress. It was a bitter blow, but the members of the Association put aside their disappointment after a few cleansing speeches, which can be read in the early Transactions, and neither the Congress nor the frustration with the AGS was ever mentioned again.

I first became aware in 1950 that a union between the American Gynecological Society and The American Association of Obstetricians and Gynecologists might occur; the source of this knowledge was a private conversation with William F. Mengert, who had been my teacher in medical school in Iowa City. He was a professor at University of Texas Southwestern Medical School in Dallas and an assistant secretary of the Association at that time. He told me that it was the secret goal of Leroy A. Calkins to bring about unification of the two organizations. I was instructed not to tell anyone of that goal until it happened because too many

strong personalities in both organizations would be bitterly opposed. Calkins was secretary of the Association and had previously served as assistant secretary to James R. Bloss from 1935 to 1947. James Bloss was a genial southern gentleman who was not interested in the political aspects of obstetrics and gynecology. Leroy Calkins, on the other hand, was very political. He became secretary of the Association in 1948 and served for three years, served as president-elect for one year, and became president in 1952. Thereafter, he was chairman of the membership committee for a year and member of the Council for four more years. While assistant secretary, secretary, president-elect, president, membership chairman, and member of the Council, he arranged to bring as many members of the AGS into the American Association as possible. By the time Calkins resigned from the Council, which he served from 1935 to 1956, he had almost accomplished his goal; by then 50% of the members of the AGS were members of the AAOG. During these years, so far as I know, the general membership of neither organization realized what Leroy Calkins was doing. He more than any other individual, or group, was responsible for unification of the two organizations.

The first formal proposal for exploring the unification was made in 1972 in the form of a request from the Council of the American Gynecological Society through its president, Ernest Page; the letter was addressed to William C. Keettel, who was then president of The American Association of Obstetricians and Gynecologists. In his letter Page pointed out that 40% of the members of the American Association were also members of the Society and that 60% of the fellows of the AGS held membership in the American Association. Page's letter was presented to the Council of the American Association. No action was taken on Page's letter, but the Council of the American Association decided that an ad hoc committee from each of the two groups should be appointed to study and explore the feasibility of eventual union. I was on the Council of the American Association at that time, and from the sense of the discussion that occurred, I did not get the impression that union would occur easily or rapidly, if at all. The discussions among members of the two organizations followed at a slow pace and seemed to go nowhere. I was a member of the Council of the AGS in 1975 and Page was still on the Council at that time. He made the remark that he had given up on amalgamation of the two groups since neither organization showed any interest in unification. At that same meeting, however, Louis M. Hellman, the president, read a very persuasive letter from Howard C. Taylor, Jr., in support of merging the two societies. With this as a stimulus, Hellman appointed a committee to explore whether unification could occur and if so, how. By 1976, the movement toward merger or unification was being taken seriously. Keith P. Russell, as president of the American Association, discussed amalgamation in his presidential address. He endorsed it and showed through a straw ballot of membership from both organizations, made by Donald Woodruff, the secretary of the Association, that the fellows felt overwhelmingly as he did. Gordon W. Douglas reported the same polling result when the AGS met in 1976. From 1977 to 1981, the legal, organizational, and financial obstacles to unification were resolved. A constitution and bylaws for the new organization were written and adopted. In 1980 and 1981, the two organizations held joint annual meetings, the first at The Homestead, Hot Springs, Virginia, and the last, May 19 to 23, 1981, at Le Chateau Champlain, Montreal. John Van S. Maeck of Burlington, Vermont, was elected president of the new organization, the product of the unification of the American Gynecological Society (1876-1981) and The American Association of Obstetricians and Gynecologists (1888-1981). The new organization was named the American Gynecological and Obstetrical Society.

The reasons for unification of the two organizations involved more than the overlapping of their respective fellowship roles. The goals of the two organizations had become the same. Each stood for high standards in clinical practice, education, and research. The same candidates were being sought by both and no other medical specialty in the United States was represented by two senior, similar, and competing organizations. The expense to member who belonged to both groups, attending two meetings a year, was becoming prohibitive for those who had to travel many miles from home to meeting sites.

In the early years of the American Gynecological Society, the programs reflect work being done in the major academic institutions and hospitals of the East, while The American Association of Obstetricians and Gynecologists consisted of a diverse group of professors and clinicians reaching West and South. The AGS

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meetings were somewhat more formal than those of the Association. Because the membership of the Association was more diverse in its interests and less involved in the serious business of academic competition, the annual meetings were more carefree than those of the Society.

The new society, born of the union of the two, has inherited important traditions and goals from both groups. It has a great future as an organization if it can establish and maintain scientific programs that are well balanced in clinical studies and in the reporting of research. In the past few years the programs of each organization have largely been comprised of presentations by candidates for fellowship with minimal participation by fellows, except through prepared discussions of candidates' papers. If the new organization is to fulfill the goals of the founders of its parent organizations, fellows should present their own clinical and laboratory work and not leave all to perspiring candidates. J. Marion Sims had a sound idea when he proposed election to fellowship on the merit of accomplishment and not on the basis of a thesis. Sims proposed this policy to the membership of the American Gynecological Society in 1880, when he was president.

The American Gynecological and Obstetrical Society by its constitution limits fellowship to 225 active fellows. The candidates are required to read an original paper and formally discuss a paper at an annual meeting. Candidates nominated for fellowship are voted on by mail ballot and a favorable vote of 90% by the active fellows who are voting is required for elections to membership. It will be interesting to see whether this strict requirement will be relaxed in time, as it had to be in the American Gynecological Society.



THE AMERICAN  
GYNECOLOGICAL SOCIETY  
1876-1981





## 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 Säger 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.

# CHAPTER III

## *AGS: The Middle Years*

### *1911-1946*

Robert T. Frank was probably the first of the fellows of the American Gynecological Society to study and make reports about gynecologic endocrinology. John C. Dalton, a guest lecturer from New York, had presented his work on the human corpus luteum earlier, and Martin had transplanted donor's ovaries without success to castrated women, but Frank was the first serious gynecologic endocrinologist. In 1911, he presented a well-documented paper, "The Function of the Ovary" (Transactions 1911,36:269), which was the first of many contributions to be made at later meetings on the subject of obstetric and gynecologic endocrinology.

The next year witnessed a significant paper by John G. Clark of Philadelphia, "The Radical Abdominal Operation for Cancer of the Uterus" (Transactions 1912;37:269). The surgical cure rate ranged from 12% to 19% according to various reports, and the operative mortality varied from 2% to 23%. Clark's operation and its publication set a new standard for the treatment of cancer of the cervix. Previous treatments had been Byrne's galvanocautery or vaginal hysterectomy. Clark was the first to perform radial hysterectomy for cancer of the cervix (Bull Johns Hopkins Hosp 1895;6:120). He described the operation and first reported the procedure as performed on two patients in 1895, three years before Wertheim reported the operation that now bears his name. Clark was a resident in gynecology at Johns Hopkins Hospital under Howard Kelly at the time he developed the radical operation. In 1899, he became professor of gynecology at the University of Pennsylvania.

"Pituitary Extract in Uterine Inertia" (Transactions 1913;38:28) by Clifton Edgar and "A Contribution to the Study of Pituitrin" (Transactions 1913;38:577) by N. Sproat Heaney were presentations of a new obstetric subject in 1913. Discussants of their papers were sufficiently familiar with the subject through experience to recognize the potential of pituitary extract for good and for evil. At this same meeting, a Committee on Cancer Education was appointed, consisting of Frederick J. Taussig, Howard Taylor, and Le Roy Broun. The Committee met with the American Society for the Control of Cancer in New York on May 22, 1913. This was the beginning of the present American Cancer Society. The objective of the Committee on Cancer Education was to help solve the problem of cancer through education of the public.

J. M. Baldy presented a paper in 1913 titled merely "Maintenance of Urine, Complete and Incomplete" (Transactions 1913;38:362), which was the first of many more by several different authors over the ensuing years on the same subject. The diagnosis and surgical treatment of urinary stress incontinence remains an unsolved gynecologic problem in many instances.

Whitridge Williams was president in 1914 and his presidential address so remarkably and accurately tells the story of obstetrics and education in the specialty from the beginning of the Society through its thirty-ninth year that much of it is repeated here. The title of his address was "Has the American Gynecological Society Done its Part in the Advancement of Obstetrical Knowledge?" (Transactions 1914;39:3). His answer was "No," but more detail should be provided, and significant paragraphs from his address are reproduced here.

"During the thirty-eight years of its existence, 1010 papers have been contributed, 664 upon gynecological and 346 upon obstetrical topics, including extrauterine pregnancy. Consequently, a little more than one-third (34.2) per cent) fall in the latter category and were contributed by 128 individuals. Of these, fifty-three made only a single contribution, while fifty read from two to four papers each, twenty-two from five to nine, and three presented

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 technique and the establishment of the bacterial origin of puerperal infection, as the result of which the lying-in hospital has been converted from the most dangerous to the safest place for the delivery of women.

“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 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 at the New York Maternity Hospital in 1883. 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.

“In the papers of Garrigues and Jewett we can also trace the history and development of laparo-elytrotomy, the latter having told us that six women and seven children had been saved by 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; while its recent resuscitation under 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 whose results are so good that it is in imminent danger of being abused by knife-loving obstetricians, can be graphically followed. The early accounts of tardy operations for 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.

“Following Harris’ paper in 1892, entitled ‘The remarkable Results of Antiseptic Symphysiotomy’, we can trace the development and all 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 obstetrical history is afforded by the fifty-one papers upon extrauterine pregnancy. We can follow the education of the profession in its diagnoses, as well as the gradual development of means for its cure, first by electricity or by injection of morphia into the sac and later by surgical methods.

“Many other changes can be followed with interest and profit. For example, the slow recognition that occiput-posterior presentations should no be regarded as abnormal, but that if left alone they will usually terminate spontaneously.

“Candid consideration compels the depressing confession that we have done practically nothing in this Society in developing even the practical side of obstetrical art and have been content to follow the footsteps of others.”

Williams found that of 346 obstetric papers presented in the Transactions of the first 38 meetings of the American Gynecological Society, 27 were excellent, 42 were creditable, and the remainder were without value. He came to the conclusion that the Society had not done its part in the advancement of obstetric knowledge. He asked the question, “Why is this true?” He believed that the lack of productivity by American obstetricians was caused by the system of medical education then in vogue. Those holding professorships in medical schools in the United States were not committed to their academic work as were their counterparts in the great universities of Europe. In Williams’ opinion obstetrics and gynecology could not

thrive until departments teaching the specialty attained full university status, which included teaching, research, and patient care as a combined effort. The current group of professors, in the opinion of Williams, were too busy making a living to attend to academic responsibilities for advancement of science and for teaching of the young. Williams established the first academic department of obstetrics in the nation at Johns Hopkins Hospital and educated many who went elsewhere to head academic departments of obstetrics and gynecology. N. J. Eastman, in his presidential address, outlined the academic contributions of Whitridge Williams (Transactions 1964;87:1).

Thomas J. Watkins was president in 1915 and reviewed the progress and contributions to gynecology by members of the Society in the years since its inception. He particularly cited the work of J. Marion Sims on closure of vesicovaginal fistulas, Thomas Emmet concerning repair of the perineum, Emil Noeggerath regarding pelvic infections, and John Byrne on cancer of the cervix and endometrium.

The program of the annual meeting of 1916 included 11 papers on syphilis in pregnancy and a paper by William S. Stone discussing precancerous changes in the uterus, and the first paper on radium treatment of cancer of the uterus was presented. Syphilis was a major problem in obstetrics until 1940 when penicillin was introduced. The paper on radium treatment was presented by Howard Kelly. Whereas Margaret Cleaves of New York was the first, in 1903, to treat a patient with cancer of the cervix with radium (Med Rec 1903;64:601), it was Kelly and Curtis F. Burnam of Baltimore who made radium a standard treatment for cancer of the cervix. Not only did Kelly treat cervical cancer with radium, he was influential in mining projects that yielded radium for therapeutic use. Kelly, in cooperation with James Douglas, a mining engineer, and with the help of the U.S. Bureau of Mines, mined and produced 8.5 gm of radium from pitchblende taken from the mountains of Colorado. The mining and separation of radium became a very profitable venture for Kelly. Howard W. Jones, Jr., has taken me to the site of Kelly and Burnam's old hospital in Baltimore where the ground remained radioactive several years after the hospital buildings were gone. There are to this day radioactive areas in Denver where Kelly's pitchblende radium-yielding purification projects occurred. A total of eight papers on uterine cancer were presented at this meeting. Stone presented photomicrographs of precancerous lesions of the cervix. This was the second meeting in the history of the American Gynecological Society where photomicrographs of pathologic lesions were shown. By 1916, only four of the original 39 founding fellows still lived—Thomas Emmet, J. T. Johnson, John C. Reeve, and William L. Richardson.

The program of the Society meeting in 1917 reflects major emphasis on endocrinology. Robert Frank organized a symposium on the endocrine organs, and several prominent physicians and professors from various disciplines participated. Emil Goetsch of Long Island College Hospital, Brooklyn, spoke on the pituitary gland. Carey Pratt McCord discussed the pineal gland. Carl Voegtlin presented a guest lecturer's paper on the parathyroid glands, while Leo Loeb of New York discussed the ovary, uterus, and breasts. William P. Graves of Boston and Frank Martin of Chicago discussed human ovarian transplantation. Graves was of the opinion that the ovaries served no useful purpose after hysterectomy, could only be troublesome, and should be removed at the time of hysterectomy. Martin by this time had concluded that only autotransplantation of human ovaries was of value. In his experience with heterotransplantation of ovaries, all had been rejected by the hosts. C. Jeff Miller of New Orleans presented a paper on the use of radium for treatment of benign uterine disease and Frederick Taussig of St. Louis gave his first of many papers on vulval cancer at the 1917 meeting.

At the annual meeting in 1919, Franklin H. Martin was president. He spoke in favor of gynecology as a separate discipline, while Whitridge Williams favored unification of obstetrics and gynecology into one department. Williams was not able to accomplish unification in his lifetime even though he was dean at Johns Hopkins University as well as professor of obstetrics. J. Morris Slemmons read a paper on nutrition of the fetus, which is the first suggestion of fetal medicine being a concern of members of the American Gynecological Society. Hugo Ehrenfest presented a paper at that meeting on diet during pregnancy. Thomas Emmet, a founder, died in 1919.

Benjamin P. Watson gave a report (1920) titled "Induction of Labor: Indications and Methods With Specific Reference to the Use of Pituitary Extract" (Transactions 1920;45:31). He had first started publishing articles on this subject in 1913 and this was a definitive article on the advantages of pituitary extract for elective induction of labor. It was not until 1949 that Louis Hellman introduced the administration of intravenous oxytocic solution for the correction of dysfunctional uterine contractions during labor (Am J Obstet Gynecol 1949;57:364).

Another significant paper appeared in 1920, "The Prophylactic Forceps Operation" (Transactions 1920;45:66), by Joseph B. De Lee. This was a radical concept and stimulated considerable debate among the membership. Whitridge Williams discussed De Lee's paper and started out by saying, "I am sorry to say that there are only two things in Dr. De Lee's paper with which I entirely agree. The first is to allow the cervix to undergo spontaneous dilation, and the second is the correctness of the general anatomical considerations which he has addressed. With the rest of it I do not agree." Williams disagreed with De Lee on all other counts, which included the use of routine episiotomy and forceps delivery, and De Lee's active management of the third stage of labor. De Lee advocated routine episiotomy and forceps delivery of primiparous patients in order to preserve the anatomic integrity of the pelvic muscles and fasciae and in order to prevent trauma to the fetal head. De Lee and Williams represented opposite poles in philosophy of obstetric practice. Williams often accused De Lee of making a normal physiologic event pathologic and of considering all pregnant patients ill. Williams belonged to the conservative school of obstetrics, whereas De Lee was more of an activist. De Lee was very inventive, always introducing new obstetric instruments, and he very soon adopted moving pictures to illustrate his operations. He often showed his movies at the annual meetings.

William Graves presented the first of many papers that would provide a source for continuing debate within the Society for another 35 years. His paper was entitled "Operation or Radium for Operable Cases of Cervical Cancer" (Transactions 1920;45:367). Significantly, Graves was from Harvard and in later years Joseph V. Meigs, Langdon Parsons, and Howard Ulfelder, all of Harvard, would carry on this debate.

The Council of the Society discussed at length whether women could be elected to fellowship in the American Gynecological Society. The Council unanimously recommended women be eligible for membership, inasmuch as there was nothing in the Constitution to forbid it. Lilian K. P. Farrar of Woman's Hospital, New York, was elected as the first woman member of the Society (1921). It would be another 50 years, in 1971, before a second woman was elected to fellowship. Georgeanna Seegar Jones of Baltimore was elected as a fellow in 1971. In 1977, Mary Jane Gray became a fellow, and Gloria Sarto and Peggy J. Whalley were elected to fellowship in 1980. Honorary fellowship was accorded to Edith L. Potter, the obstetric and gynecologic pathologist, in 1964; to Elizabeth M. Ramsey, the placental scholar, in 1975; and to Beatrice Mintz, the specialist in the biology of cancer, in 1975. The Society's slowness in incorporation of women into membership should change in the future, since one third of present medical students are women and 50% of residents training in obstetrics and gynecology are women.

By the forty-sixth year in the life of the Society, there were seven members located west of the Mississippi river, including Robert Frank who had moved from New York to Denver during his wife's recuperation from tuberculosis.

The annual meeting of 1921 witnessed the presentation of John Sampson's classic paper on "Perforating Hemorrhagic (Chocolate) Cysts of the Ovary" (Transactions 1921;46:162). This paper was judged by Emil Novak in his presidential address (1948) as being one of the two original contributions to gynecology presented to the Society up to that time. His other citation was of the work on tubal insufflation by Isador Rubin.

The Society was by 1921 involving itself to some degree in matters of national health. Fred L. Adair reported to the membership on activities of the American Association for Child Hygiene and Maternal Welfare. The Sheppard-Towner Bill was before Congress, a bill that would provide funds for maternal and child welfare. The Society voted not to support that legislation because lay people were in charge; others felt it a beginning of socialized medicine.

Rudolph W. Holmes, in discussion, opposed surgical delivery for eclamptic patients at this date (1921); he did, however, believe there was some justification for cesarean section for placenta previa in selected cases. Walter Chipman, the president, in his address, reminded the audience that Walter Burnham of Lowell, Massachusetts, in 1853 was the first to remove a uterus for fibromyomas. Burnham thought he was removing a large ovarian cyst, but amputated a fibroid uterus instead. Arthur H. Curtis presented his classic work titled "Bacteriology and Pathology of Fallopian tubes Removed at Operation" (Transactions 1921;46:242).

By 1922, the Society and its Committee on Cancer Education had become quite active. Howard Taylor (Transactions 1922;47:264) gave a condensed report of the work of the American Society for the Control of Cancer since its organization. In cooperation with the American Surgical Association and other organizations and with financial aid from the Commonwealth Foundation and the Lasker Foundation, the American Society for control of Cancer was organized with chapters in each of the states. The original organizational work had been started by the American Gynecological Society in January 1914. The first motion for the beginning of this work was made by Reuben Peterson at the business meeting of the AGS in 1912. The American Society for the Control of Cancer became the American Cancer Society.

Alfred C. Beck (1922) gave a paper titled "Is Interference Justifiable After 24 Hours of Labor When no Other Indication is Present?" (Transactions 1922;47:303). The answer was "no"; cesarean section and other operative procedures were at that time more dangerous than waiting.

In 1922, Robert Frank, a fellow of the Society living temporarily in Denver, proposed Clarence B. Ingraham's name so that he became one of the few westerners who gained fellowship.

John Sampson was president in 1923. He observed in his address that J. Marion Sims was the first surgeon to operate for gallstones and that Lawson Tait had perfected abdominal surgery. Sampson said the gynecologists were the first to perform abdominal surgery and had gradually turned abdominal surgery over to the general surgeons, and there is some truth in this. The early abdominal surgeons were primarily gynecologists. Indeed, J. Marion Sims was the first to advocate surgery for gunshot wounds of the abdomen, which had previously carried a 100% mortality rate.

Brooke M. Anspach of Philadelphia (Transactions 1923;48:96) presented a paper entitled "The Trend of Modern Obstetrics: What is the Danger? How Can it be Changed?" He said that 1.5% to 2% of term infants were unavoidably stillborn and that Irving Potter of Buffalo with his prophylactic internal version operation and delivery was reporting a 6.7% fetal mortality rate. Anspach condemned Potter's methods and results. At this same meeting Frederick Taussig read "Contributions to the Pathology of Vulval Disease," which has become a landmark paper (Transactions 1923;48:115). Taussig discussed the precancerous nature of leukoplakia of the vulva and outlined management of leukoplakic lesions of the vulva. He emphasized the necessity of vulval biopsy as a guide to prognosis and treatment. He also related chronic granulomatous lesions of the vulva to the later development of cancer of the vulva.

Robert L. Dickinson was ahead of his time in his work on contraception and human sexuality. In 1924, he presented the paper "Contraception: A Medical Review of the Situation" (Transactions 1924;49:95). Before this he had popularized sex education and research while at Long Island College Hospital. His experiments and interviews with patients and reports on their sexual responses so enraged the board of trustees of the hospital that he was asked to go elsewhere. In those days sex was not a proper medical subject; nevertheless his pioneer work is often quoted even now and accepted as sound.

At this same meeting Emil Novak and Karl Martzloff presented a paper titled "Hyperplasia of the Endometrium," which was the first of a series of many presented to the Society by Emil Novak. Novak was the son of parents from Bohemia, then part of the Austro-Hungarian Empire, who settled in Baltimore. He grew to manhood in a neighborhood populated with other families from Bohemia that had settled in Baltimore. He did not enjoy the luxuries of private schools, but took full advantage of public school education. Even as a child he was an avid reader. He graduated from Baltimore Medical College when he was 20 years old and began the general practice of medicine immediately. He had all the appearance, knowledge, and ability of one who had had the richest of backgrounds that might be available. He was author of a textbook of gynecology, as well as a textbook of obstetric and gynecologic pathology. He was a very distinguished-

looking man with white hair who spoke with clarity and ease. His speech carried a slight accent that added to his charm, the accent being carried from a childhood spent with immigrant Bohemians who lived in a cluster in Baltimore. Emil Novak gradually limited his practice to gynecology and in 1915, began work as a volunteer in the gynecologic pathology laboratory at Johns Hopkins Hospital where Thomas Cullen was the professor of gynecology. He began teaching gynecologic and obstetric pathology to resident and students and continued to do so until his final illness. He became a world authority in gynecologic pathology, and at each annual meeting of the American Gynecological Society, after his election as a fellow, he presented a paper on some facet of gynecologic pathology; not only did he present the pathology of the entity, he spent a great deal of effort in clinical correlation of his subject. He was a great friend and admirer of Robert Meyer, the eminent German gynecologic pathologist. Emil Novak traveled widely and spoke before many audiences in this country and abroad, but was always willing to speak before the smallest local medical society. In addition to his scholarly work, travel, teaching, and writing, he was a busy gynecologist in private practice.

Franklin S. Newell of Boston was president for the fiftieth year of the Society. At this meeting George Kosmak expressed the wish that by the year 1976 obstetrics and gynecology be a united specialty in medical schools and hospitals. It took approximately that long before his wish was fulfilled, the last to merge being the departments at Johns Hopkins and Harvard Universities.

At the forty-eighth annual meeting in 1924, De Lee talked about low cervical cesarean section, and at the 1926 meeting J. M. Munro-Kerr gave a paper entitled “The Technic of Cesarean Section With Special Reference to the Lower Uterine Segment Scar” (Transactions 1926;51:254). Introduction of the low cervical cesarean section revolutionized the practice of obstetrics in the United States and elsewhere in the world. German obstetric surgeons were the first to advocate incision into the lower uterine segment and covering of the incision with the bladder reflection of the peritoneum. Alfred Beck of the Long Island College Hospital was the first in the United States to report on the use of the operation (Am J Obstet Gynecol 1921;1:586). Joseph De Lee published a paper on the same subject a year later (JAMA 1922;79:109). Munro-Kerr, an honorary fellow from Glasgow, did a great deal to popularize the low cervical section. He advocated a transverse incision through the lower uterine segment. The introduction of postoperative peritonitis and to prevention of uterine rupture during a subsequent pregnancy because it provided a better uterine scar than did classic cesarean section.

“The Treatment of Placenta Previa by Prophylactic Blood Transfusion and Cesarean Section” was presented in 1927 by Arthur H. Bill of Cleveland (Transactions 1927;52:40). Bill was one of the first to practice cesarean section for management of placenta previa. Bill’s paper was discussed by Edmund B. Piper, Benjamin Watson, and Joseph De Lee, all of whom agreed that blood transfusions followed by immediate cesarean section gave the best maternal and infant results. Rudolph Holmes, Pierce Rucker, and Alfred Beck favored vaginal operative methods over cesarean section in the management of most patients with placenta previa. Bill’s recommendations for use of blood transfusions and cesarean section for management of placenta previa gradually became the standard form of management and brought the maternal mortality rate from placenta previa from 12% to 15% to essential zero. The perinatal loss associated with vaginal operations for management of placenta previa averaged from 50% to 70%. The vaginal methods of treatment included internal version operation, or a Voorhees hydrostatic bag, or Willett forceps. Arthur Bill advocated cesarean section for maternal indications in order to prevent trauma to the lower uterine segment, uterine rupture, and death from hemorrhage. In advocating cesarean section to improve the prognosis for the mother, results for the infant were also improved, but that was an unexpected dividend. Some of the fellows agreed with Bill while others thought his approach too radical.

At this meeting in 1927, James C. Masson presented a paper on “Total Versus Subtotal Abdominal Hysterectomy” (Transactions 1927;52:252), which began a debate that continued for many years. Masson reported 229 total abdominal hysterectomies performed at the Mayo Clinic in 1926 with the loss of three patients (1.3%). The same year 217 subtotal hysterectomies were performed and four patients died (1.8%). Masson felt that the total operation could be performed by an experienced surgeon and that it had the



advantage of removing the cervix so that latent cervical cancer could not be a problem as it was after the subtotal operation. Frank A. Pemberton of Boston discussed Dr. Masson's paper and stated that from 1894 to 1926, 2066 supravaginal hysterectomies for nonmalignant disease were performed in his hospital and, in the same period, only 22 total hysterectomies for nonmalignant conditions. He found 19 cases of cancer of the cervix after subtotal hysterectomy. Masson of the Mayo Clinic and Edward H. Richardson of Johnson Hopkins Hospital developed the surgical techniques for total abdominal hysterectomy that re used today. They not only developed the techniques but demonstrated the relative safety of the total operation compared to supracervical hysterectomy.

At the annual meeting of 1928, Edward Richardson presented "A Simplified Technic for Abdominal Panhysterectomy" (Transactions 1928;53:148). His paper was accompanied by 11 excellent anatomic illustrations drawn by Max Brödel, the famous medical illustrator from Johns Hopkins University, who had illustrated Howard Kelly's gynecologic textbooks. Richardson's technique for performance of total abdominal hysterectomy with very few modifications is still the standard.

John O. Polak, in 1928, presented a resolution to the effect that the American Gynecological society support The American Association of Obstetricians and Gynecologists and Abdominal Surgeons in the formation of the American Board of Obstetrics and Gynecology. Walter Dannreuther proposed a similar resolution at a meeting of the American Association of September 1927. This was the first cooperative venture of the two organizations, and as a result of this effort the American Board of Obstetrics and Gynecology was formed in 1930, as the second specialty board in the United States. It was preceded only by the American Board for Ophthalmic Examiners in 1917 whose name was changed to the American Board of Ophthalmology in 1933. Polak of Brooklyn and Dannreuther of New York both graduated from the Long Island College of Medicine and were close friends. As its first official act the American Board of Obstetrics and Gynecology made all members of the American Gynecological Society, The American Association of Obstetricians and Gynecologists, and the Section of Obstetrics and Gynecology of the American Medical Association certified specialists and diplomats of the Board. Then the directors of the Board were chosen, three each from the American Gynecological Society, the American Association, and the AMA's Section on Obstetrics and Gynecology. Dannreuther became the Board's first president, a position he held for 25 years. The American Board of Obstetrics and Gynecology immediately became important as a certifying agency of competence as a specialist for those physicians who passed the examinations. In 1932, George Gray Ward of New York made a motion at the business meeting of the Society that prospective fellows be required to be diplomats of the American Board of Obstetrics and Gynecology before election; the motion, however, was defeated and never became a prerequisite to fellowship.

Whitridge Williams presented his classic paper "Regeneration of the Uterine Mucosa After Delivery, With Special Reference to the Placental Site" in 1931 (Transactions 1931;56:53). Through study of the human uteri removed at various stages of the early puerperium, Williams was able to reconstruct the morphologic changes that occurred at the placental site as healing and endometrial regeneration occurred; this natural phenomenon had been studied histologically for the first time.

A year later Joseph Baer of Chicago reported a study of "The Present Position of Version and Extraction, an Analysis of the Shifting Incidence of Version and Extraction, High Forceps and Cesarean Section at Michael Reese Hospital" (Transactions 1932;57:18). It was concluded from this study that the margin of safety for mother and child was greater with version and extraction than the cesarean section. The period of study covered 1927 to 1931. Even though William Lusk had shown in 1887 that elective cesarean section could be performed with minimal risk of peritonitis, and the low cervical cesarean section had been introduced first by Alfred Beck in 1921 and then by Joseph De Lee in 1922, abdominal delivery in the period of Baer's study still carried a serious risk of peritonitis for the mother unless cesarean section was performed by early in labor. It was because of this risk that during the period of his study, Baer found internal version and extraction of the fetus was better or both mother and child. It would not be many years before versions

and extraction would become outmoded as an obstetric procedure, because the introduction of antibiotics made it possible to extend the indications for cesarean section so that this procedure became much safer than version and extraction for both mother and child.

William Richardson, last of the founding fellows, died October 30, 1932, at 90 years of age. He had been professor of obstetrics and dean of medicine at Harvard University and was also a Harvard overseer.

W. E. Caldwell and H. C. Moloy presented their classic study at the 1933 annual meeting, "Anatomical Variations in the Female Pelvis and Their Effect in Labor, With a Suggested Classification" (Transactions 1933;58:196). This study set the standard for classification of the female pelvis in clinical and x-ray pelvimetry. At the same meeting William J. Dieckmann gave the first of many reports on his studies of eclampsia and preeclampsia. His efforts were directed at understanding the physiopathology of the syndrome through study of body fluids. His paper was entitled "Comparative Studies of the Blood in the Nonconvulsive Toxemia of Pregnancy" (Transactions 1933;58:40). Dieckmann did more than any other investigator during his time to lay foundations of knowledge about the toxemias of pregnancy. Very little was done elsewhere before Dieckmann's research.

Frank W. Lynch of San Francisco was president of the American Gynecological Society in 1934. He quoted from Fordyce Barker's presidential address when he said,

"The status of the Society in the scientific world will be determined by the character and value of the papers published in its Transactions and by the tone and ability of its discussions. Fellowship should be restricted to those who have won a conceded personal and professional eminence and not to those who give promise as to the future, as they can afford to wait until time has demonstrated that the buds and blossoms of youth have developed to a fruit which ripens in an established reputation with the profession at large. Honors cheapened by being made common are but slightly esteemed."

This is late nineteenth century oratory but expresses the ideals of the Society. The members were sometimes too harsh in their selection processes and expected qualities in candidates that no one could match or fulfill. Lynch reminded the members that in 1873, three years before the formation of the Society, the mortality from abdominal surgery was 75% and that in the same year, Washington Atlee had performed surgery for removal of 264 ovarian tumors with an operative mortality of 30%. Lynch pointed out that the mortality rate from abdominal surgery had dropped to near 1% in the passage of less than 60 years.

An outstanding paper given at this meeting by H. J. Stander of New York, "Blood Chemistry in Preeclampsia and Eclampsia" (Transactions 1934;59:123), described the first time that a laboratory method became available to differentiate the eclamptogenic syndrome from primary kidney disease. Both Stander and Dieckmann were outstanding contributors of new knowledge about preeclampsia and eclampsia. The Society had an active Maternal Welfare Committee, formed in 1917, that studied maternal deaths throughout the country. George Kosmak of New York was chairman of the Committee and kept the Society informed of progress in this endeavor throughout the United States.

Brooke Anspach of Philadelphia, in his presidential address of 1935, reminded the members that Lawson Tait was only 31 years old when the Society was founded and that Tait became an honorary fellow in 1882. Sir Spencer Wells of England, the famous ovariologist, was 58 years old when elected to honorary fellowship. Joseph Lister, although never a fellow of the Society, was 49 years old in 1876 when the Society was founded. Sir Spencer performed his first ovariectomy in 1856 and had done more than 1000 oophorectomies by 1880. Although McDowell is considered the father of abdominal surgery, it was Lawson Tait of Birmingham who pioneered abdominal surgery. He was the first to recognize the symptoms and signs of ectopic pregnancy and to report a number of surgical cures after proper preoperative diagnosis had been made. Tait was not sympathetic to Listerian principles and emphasized speed and skill instead of antisepsis and asepsis. Tait's results were excellent, judged by his reports, in spite of his antagonism to Lister and his principles. He failed to see the relationship between bacteria and disease, and pointed with pride to the fact that he never used antiseptic technique in his operations other than simple cleanliness. His success was

attributed to his surgical dexterity and skill, plus the use of boiled water to wash out the abdomen, a form to antiseptis. Anspach reviewed the accomplishments of Lister, Tait, and Wells to show how far abdominal surgery had progressed from the time of the founding of the American Gynecological Society in 1876 to 1935, the year of his presidency.

Significant papers read at the annual meeting of 1935 included "Clinical and Bacteriologic Observations on *Trichomonas Vaginitis*" by Edward Allen of Chicago and others (Transactions 1935;60:62) and "Experiences With Amniotin in the Treatment of Gonococcal Vaginitis in Children" by Richard TeLinde of Baltimore (Transactions 1935;60:221). Both of these reports were important because they dealt with serious clinical problems for which no satisfactory treatment had been available. TeLinde, through the estrogenic effects of Amniotin vaginal suppositories, introduced a method for care of gonococcal vaginitis in the child. He knew that the gonococcus could attack the vagina of the prepubertal child while it was unable to cause infection in the vagina of the adult. Through use of Amniotin (estrogenic) suppositories, he was able to temporarily convert the immature vaginal epithelium of the child to that of an adult, and in doing so, cure gonococcal vaginitis. *Trichomonas vaginalis* vaginitis was discovered in 1837 by Donne, a parasitologist, but gynecologists did not understand its natural history or treatment for another 125 years. Treatment of *Trichomonas vaginalis* vaginitis was empiric and unsatisfactory until 1959, when nitroimidazole was introduced (Cosar C, Julou L: Ann Int Pasteur Paris 1959;96:238). Carl Henry Davis of Milwaukee gave a paper at the annual meeting of the Society in 1929 title "*Trichomonas vaginalis*, Donne" in which he reported his clinical experience in the diagnosis and treatment of *Trichomonas vaginalis* vaginitis. His paper was discussed by Carey Culbertson, Frederick Holden, Hugo Ehrenfest, Joseph De Lee, Joseph Baer, N. P. Sears, and E. D. Plass, all of whom recognized *Trichomonas vaginalis* in their practices but had difficulty in preventing its recurrence.

In 1937, the Council recommended that the Society no longer participate in the meetings with the Congress of American Physicians and Surgeons. This had been a fragile relationship since its beginning in 1888. The Council also created at this time the category of life fellows instead of following the practice of transferring active fellows to honorary fellowship after retirement. At this meeting Harvey Matthews of Brooklyn presented a paper entitled "The Continuous Auscultation of the Fetal Heart by Means of an Amplifying Stethoscope" (Transactions 1937;62:75). This is the first time this subject was presented at a Society meeting and 32 years elapsed before continuous fetal heart rate monitoring would again be discussed. Edward Hon of New Haven presented a paper on electronic fetal heart monitoring, after which continuous monitoring of the fetal heart during labor gradually became standard practice. It was not possible in 1969, when Hon read his paper, to predict the impact his innovation would have on the practice of obstetrics.

Paul Titus (Transactions 1938;62:189) presented a new subject, "A New, Nonirritating Opaque Medium for Uterosalphingography." Isador Rubin had presented "Uterine Endoscopy, Insufflation," a related technique, at the fiftieth annual meeting of the Society (Am J Obstet Gynecol 1925;10:3), and had earlier, at the annual meeting of the American Medical Association, presented his classic paper "The Non-operative Determination of Potency of Fallopian Tubes by Means of Intrauterine Inflation with Oxygen and the Production of an Artificial Pneumoperitoneum" (JAMA 1920;74:1017). The work of Rubin and of Titus permitted systematic study of the patency of the oviducts in cases of infertility.

In 1939, reproductive endocrinology began to appear more often as a subject of reports. C. F. Fluhmann of San Francisco presented a paper titled "Estrogenic and Gonadotrophic Hormones in the Blood of Climacteric Women and Castrates" (Transactions 1939;64:187), while at the same meeting Howard Taylor, Jr., gave a report on "The Relationship of the Estrogen and Other Placental Hormones to Sodium and Potassium Balance at the End of Pregnancy and in the Puerperium" (Transactions 1939;64:195). During this period two theories concerning the cause of preeclampsia were prominent; one was related to the placental hormones and the other focused on fluid and electrolyte balance as an etiologic factor. The study by Taylor presented evidence that placental estrogens were probably related to sodium retention during pregnancy.

While his study did not provide the elusive answer to the question of the cause of preeclampsia, it did demonstrate that estrogens were somehow involved in fluid retention, not only in pregnancy, but during the menstrual cycle, and with estrogen administration.

Herbert Thoms of New Haven, in 1940, presented a paper titled “Roentgen Pelvimetry as a Routine Prenatal Procedure” (Transactions 1940;64:80). Forty more years elapsed before roentgen pelvimetry faded from the practice of obstetrics; in its time, however, it was important. Contracted pelvis and obstructed labor were common complications of pregnancy when Thoms, Caldwell, and Moloy were studying x-ray measurement of the pelvis. Cesarean section as performed before the discovery and use of effective antibiotics carried a considerable maternal risk after several hours of labor and ruptured membranes, and it was important to detect cephalopelvic disproportion before the onset of labor when possible. Second, rachitic pelvis and other forms of contracted pelvis secondary to a life of poor nutrition were very common, particularly in the large cities of America, during the early years of the twentieth century. By 1984, very few x-ray pelvimetry studies were being ordered by obstetricians, but during the period 1940 through 1970, elaborate programs existed for obtaining x-ray pelvimetry for a long list of indications. Now, usually only breech presentation requires x-ray measurement of the pelvis before vaginal delivery is selected. This same year William Dieckmann presented another of his reports on his research into the nature of preeclampsia and eclampsia, “Edema in Preeclampsia and Eclampsia” (Transactions 1940;65:105), in which he showed that serum protein levels in edematous patients with preeclampsia were lower than in women with normal pregnancies. These studies revealed no new insights into the cause of the eclamptogenic syndrome, but added to the knowledge we have about profound metabolic changes that characterize preeclampsia and eclampsia.

William Danforth was president in 1942. He noted that during its first 26 years, the American Gynecological Society had met in large cities and each third year in conjunction with the Congress of American Physicians and Surgeons, but that in the past 20 years the Society had tended to hold its meetings in summer resorts, except for years when the meetings were in Washington. The resort hotel meeting became the pattern up to and including 1981, the time of union of the Society and The American Association of Obstetricians and Gynecologists into the American Gynecological and Obstetrical Society. The Council of the American Gynecological Society, at the meeting in 1942, recommended exploration of the idea of a Federation of Gynecological and Obstetrical Societies. This is of historical interest since the Federation when formed evolved gradually into The American Academy of Obstetrics and Gynecology and finally into the American College of Obstetricians and Gynecologists.

Three landmark papers were read at the 1942 meeting. These were “Some Aspects of Early Human Development” by John Rock and Arthur T. Hertig (Transactions 1942;67:93); “The Effect of Progesterone on Adolescent Girls and Young Women With Functional Uterine Bleeding” by Willard Allen and George L. Heckel (Transactions 1942;67:119); and “Gonorrhoea in the Female and Its Treatment With Sulfonamides” by R. Gordon Douglas and others. Rock and Hertig’s studies on early human implantation and embryogenesis remain classics. Allen and Heckel’s demonstration of the therapeutic value of progesterone for functional uterine bleeding introduced a new era. George W. Corner and Willard Allen isolated progesterone from the ovary in 1929 and laid the foundation for its therapeutic application (Am J Physiol 1929;88:326).

The paper by Douglas and associates on the chemical treatment of gonorrhoea marked the beginning of effective treatment of infectious diseases in gynecology and obstetrics. No other papers on chemical or antibiotic therapy were presented to the Society until 1949. Leonard Colebrook and Meave Kenny of London had demonstrated the miraculous value of sulfanilamides in the treatment of puerperal infection at Queen Charlotte’s Maternity Hospital in 1936 (Lancet 1936;1:1279); and E. Chain, H. W. Florey, and others purified penicillin for clinical use in 1940 (Lancet 1940;2:226). However, World War II delayed the widespread application of these great discoveries until the war ended, but Douglas studied the use of sulfanilamides while the war was in progress. Although the introduction of effective chemical and antibiotic therapy into the practice of obstetrics and gynecology progressed slowly after the war, their use had a profound and beneficial effect on disease processes with which physicians had struggled for centuries. Among diseases for which physicians now had specific treatment where none had existed previously were

puerperal sepsis, intrapartum infection, mastitis, wound infections, peritonitis, pyelonephritis, gonorrhea, syphilis, granuloma inguinale, lymphogranuloma venereum, and chancroid. Septic abortion remained a serious problem even after the introduction of antibiotics because of illegal abortions complicated by peritonitis, septicemia, and septic shock. The recognition and reporting of the syndrome of placental bacteremia in septic abortion by William E. Studdiford, Jr., and Gordon W. Douglas in 1956 (*Am J Obstet Gynecol* 1956;71:842) led to new concepts in the management of infection accompanying abortions. They proposed that the infected products of conceptions be removed from the uterus by dilation and curettage as part of the treatment of septic abortion. Before their work septic abortion had been treated conservatively by waiting for nature to wall off the infection within the uterus, while the patient was given antibiotics and intravenous fluids. In 1967, when the abortion laws in the United States were gradually liberalized, the problem of septic abortion became a rarity.

The Council and membership in 1942 established the Ovarian Tumor Registry under the chairmanship of Emil Novak. The Ovarian Tumor Registry served as a diagnostic and consultative center and was housed at the Johns Hopkins Hospital. It was a valuable service in education of gynecologists, pathologists, and other clinicians. From the case material submitted, Emil Novak and others wrote many instructive papers on ovarian tumors, their behavior and classification. It is of some interest that at this meeting dues were reduced from \$30 to \$25 a year.

The year 1944 marked the acceptance of carcinoma in situ of the cervix as a precursor of invasive cervical cancer. Richard TeLinde and Gerald Galvin presented an important paper, "The Minimal Histological changes in Biopsies to Justify a Diagnosis of Cervical Cancer" (*Transactions* 9144;68:170). Although the concept of carcinoma in situ of the cervix as a preinvasive lesion was described as early as 1908 by Schauenstein (*Arch Gynaekol* 1908;85:576) and by Isador C. Rubin in 1910 (*Am J Obstet* 1910;62:668), TeLinde and Galvin's work was required to encourage gynecologists and pathologists to accept carcinoma in situ as a disease process that in time could become cancer. TeLinde introduced a modified radical hysterectomy for the treatment of patients with carcinoma in situ of the cervix, but time proved that such a radical operation was more surgery than was required to cure the patient of her disease. At approximately the same time as TeLinde and Galvin announced their findings in regard to the evolution of invasive cancers of the cervix from precancerous lesions, vaginal cytology, as introduced by George N. Papanicolaou and Herbert F. Traut, appeared as a diagnostic technique (*Am J Obstet Gynecol* 1941;42:193). Papanicolaou was elected an honorary fellow in 1959. The widespread use of vaginal cytology as a screening test for detection of early neoplasia of the cervix resulted in the discovery of many precancerous lesions of the cervix that could be treated effectively in early stages by hysterectomy or by conization of the cervix. As clinicians concentrated on detection of early lesions of cervical carcinoma in situ, the modified radical operation originally proposed by TeLinde became unnecessary since traditional total hysterectomy or even cone biopsy alone cured most lesions. The cervical lesions containing carcinoma in situ originally identified by TeLinde and Galvin were very extensive lesions; many were bordering on early invasion.

There was no meeting in 1945 because of World War II.

At the sixty-ninth annual meeting the subject of Rh isoimmunization appeared in two reports. The first mention was by Newell W. Philpott of Montreal in a paper entitled "Review of Cases of Rh Iso-immunization During the Past Five Years in the Royal Victoria Montreal Maternity Hospital"; the second, "Some Clinical Aspects of the Rh Factor in Obstetrics" by E. L. King of New Orleans. Of further interest is that the admission policy on election of new fellows was liberalized so that a two-thirds affirmative vote of those present became the rule instead of the magic eight negative votes that had been so damaging to prospective candidates, engendering a failure rate of approximately 50%. As Ludwig Emge said, "It is only by the help of friends and by the Grace of God that anyone gets voted into fellowship in the American Gynecological Society." The next year, however, after much argument, the Society returned to the eight negative vote method, which set the clock back again. Walter Dannreuther was chairman of the committee that recommended return to the eight negative vote system. The other members were Leroy Calkins and Samuel

Cosgrove. The system would not be liberalized a gain until 1951. In the meanwhile at least three later presidents and many other outstanding candidates who later became fellows of the Society received the blackball.

# CHAPTER IV

## *AGS: The Later Years*

### *1947-1981*

Tiffany J. Williams of Charlottesville presented a revolutionary paper in 1947 titled “The Expectant Management of Placenta Previa” (Transactions 1947;70:62). Some members present found this practice difficult to accept, since most clinicians believed that a patient with placenta previa should be delivered of her infant before a secondary hemorrhage occurs. C. H. G. Macaffee of Belfast and H. W. Johnson of Houston had published separate reports in 1945 on the expectant treatment of placenta previa. These two authors and Williams, through their publications, brought about a gradual change in the treatment of placenta previa. Their practice was to admit the patient to the hospital and await fetal maturity before cesarean section was performed. This method reduced perinatal loss to 10% without adding maternal risk. Unfortunately, Tiffany Williams died a relatively young man, before his election to fellowship in the American Gynecological Society. His son, Tiffany Williams, Jr., is a member of the obstetric and gynecologic staff of the Mayo Clinic.

The meeting of 1948 at Williamsburg, chaired by President Emil Novak, was the first that I attended. I was the guest of Clarence Ingraham of Denver. I recall being introduced to Arthur Curtis, Arthur Bill, John Brewer, Bayard Carter, Conrad Collins, Ludwig Emge, John Rock, and Nicholson Eastman. The scientific papers that I particularly remember and that have been useful to me all my life include “The Physiopathology of Eclampsia” by William Mengert, “Urethral Diverticulum in the Female: A Clinical Study” by Virgil Counseller, “Vascular congestion and Hyperemia: Their Effect on Structure and Function in the Female Reproductive System” by Howard Taylor, Jr., and “Plasma Volume and Extravascular Fluid Volume During Pregnancy and the Puerperium” by Duncan Reid. This meeting was particularly stimulating because the stresses on teachers and clinicians brought about by World War II had ceased. The fellows now had time to devote to research and creative clinical work.

The banquet was special event because Emil Novak introduced a guest at the speakers’ table as a visiting professor of obstetrics and gynecology from a university in Poland. This impressive gentleman rose to his feet to speak and in his heavy Polish accent made gracious remarks to his host, Emil Novak, and to the Society and guests. Then he proceeded to rage against the American system of medical care and practice because of its financially grasping ways. The dinner guests were stunned, and Joseph Baer and John Rock arose in protest and spoke in rebuttal in emotional terms. In a few minutes the charade ended, the speaker was reintroduced as a professional entertainer who did impersonations, and the whole party ended happily.

In 1948, the Society awarded Isador Rubin the Ortho Research Foundation Award for his work in infertility. This was a check for \$1000, which Rubin graciously accepted and immediately presented as a gift to the Society. The next year John Rock and Arthur Hertig were joint recipients of the same award.

In 1949, the constitution was changed so as to express the object of the Society as “the promotion of knowledge in all that relates to the Diseases of Woman and Obstetrics,” deleting the words “Abdominal Surgery.”

Duncan Reid of Boston presented a new concept in a paper at the 1950 meeting of the Society titled “Coagulation Defects With Intrauterine Death From Rh Isosensitization” (Transactions 1950;73:73). This was the first of a series of papers in which Reid and his coworkers gradually defined the various obstetric complications that could lead to afibrinogenemia and disseminated intravascular coagulation. Coagulation defects had been described in clinical case reports by Joseph De Lee (1901) and Foster Kellogg of Boston (1948), but not until Reid’s reports on this subject were causes, mechanisms, prevention, and treatment understood.

At the 1950 meeting a proposal was made that a photo album of the fellows be published as part of the celebration of the seventy-fifth anniversary year. The first album was published in 1900 under the direction of Robert L. Dickinson and contained the biography and photograph of every active and honorary fellow since formation of the Society. The second album was published in 1918 under the editorship of Le Roy Broun, and the third, in 1930, was edited by Floyd Keene. A fourth album has never appeared. The subject of possible publication of a fourth album occupied many hours of debate in business sessions of the Society starting in 1950 and extending through 1960. The older members of the Society were much in favor of a fourth volume, the younger against. Ludwig Emge felt so strongly in favor of a fourth album that he offered to bear the entire expense himself. The main argument against publication of the album embodied the heavy costs involved. Finally, in 1960, the motion was defeated and no more talk of an album for the Society occurred, but there were many who felt sad about this decision. Estimates of costs of production and distribution of a new album were \$50 per volume.

George Corner received the Ortho Prize Award in 1951. At this meeting a committee consisting of Emil Novak, chairman, E. L. King, and George Gardner was appointed to review the bylaws, particularly in regard to admission of new members, since there was such a division within the Society about election of new fellows. Many felt that the bylaws were too restrictive in this regard.

The seventy-fifth annual meeting was held at the Waldorf-Astoria Hotel, New York, under the presidency of Frederick C. Irving of Boston. In addition to the scientific program, the highlight of the meeting consisted of an after-dinner program commemorating the founders and a program representing the first meeting of the Society. Those participating dressed in the style of 1876. Frederick Irving played the part of Fordyce Barker, first president, while Samuel Cosgrove, as Thomas Addis Emmet, presented a paper entitled "Etiology of Uterine Flexures With Proper Mode of Treatment Indicated." John Brewer acted the part of Edward Peaslee, who chaired the original organizational meeting in June 1876. Robert Ross, with his rich southern accent, was Robert Battey of Rome, Georgia. Ross gave excerpts from "Extirpation of the Functionally Active Ovaries for the Remedy of Otherwise Incurable Diseases." Robert Kimbrough represented William Goodell; John Rock played James Chadwick; Ralph Reis was A. J. C. Skene; Edward Schumann acted as Emil Noeggerath and gave Noeggerath's famous paper as presented at that first meeting. Emil Novak, in his portrayal of J. Marion Sims, completed the group. The picture of these nine member-actors appears in volume 74 of the Transactions as do abstracts of the selected memorable papers presented in 1876 at the first annual meeting. At the business meeting, President Irving, who was a man of great poise and social distinction, urged the members not to be too hard on the nominees for fellowship proposed by the Council. He spoke in these words:

"Before we proceed to ballot on these men, I want to ask your indulgence for a brief time because there is a certain situation that has arisen in the Society during the past few years that has distressed some of us. On a number of occasions young men whose scientific and professional attainments have in every way qualified them have not been accepted as Fellows of this Society. The older group feels that there has not been enough attention paid to the scientific and professional attainments of some of these candidates but too much emphasis has been placed on their social abilities. No harm has been done, but if that attitude is allowed to persist, this Society will soon cease to be what it has always stood for. It has been our feeling—and I think I can speak for the others—that membership in this Society has improved everyone who has become a Fellow, and that a man's disqualification because of social disability will soon disappear after association with the individuals who make up the Fellowship of this Society. It is not my affair how you vote but I think this is the thing to think about. We have done ourselves an injury by refusing Fellowship to some very promising young men."



Five candidates were proposed for ballot and five were elected. This caused Howard Taylor, Jr., to call for the floor with the following statement; "With this evident change toward humanitarianism, does the Council think it their duty to review those candidates who have been rejected previously?" The eight adverse vote rule persisted, however. When Charles McLennan became president in 1973, he reviewed his personal history of presentation of a paper for fellowship, rejection, and final election at a later date. He wryly observed that he must have been rejected for social shortcomings. His professional and scientific accomplishments were excellent, as evidenced by the fact that another candidate in a later year gave essentially the same paper as he had given and was elected. It is difficult to decide why the Society became so very restrictive for a period of several years, but it is evident that interinstitutional and intercity competition in the Eastern centers had something to do with the high failure rate of candidates. As J. Marion Sims had said almost three quarters of a century earlier, a clique was running the society, and it persisted for many years. That small group thought they were doing right as they saw it, but they were blinded by interest in their own candidates. The constitution was changed the next year so that a three-fourths majority of those present and voting would elect a new fellow. The committee that proposed this change in bylaws consisted of Emil Novak, E. L. King, and George Gardner. From then on the process of election of fellows became much more orderly, and when a prospective fellow had passed the screening ballots and had presented a paper, election became the rule.

In 1952, Arthur Hertig of Boston and John L. McKelvey of Minneapolis debated the topic "What is Cancer-in-Situ of the Cervix? Is it the Preinvasive Form of True Cancer?" Hertig said "yes": McKelvey had his doubts. Hertig felt that carcinoma in situ of the cervix in most cases could be identified, and if left untreated for a number of years the lesion would progress to squamous cell cancer of the cervix. He agreed that different competent and experienced pathologists might often disagree as to whether a particular microscopic section represents carcinoma in situ or an atypical cervical lesion that is benign. McKelvey was convinced that many atypical epithelial lesions of the cervix were being mistakenly called carcinoma in situ when in fact they were quite benign, and that the patient in the former instance was therefore being over-treated and unnecessarily frightened. McKelvey further believed that if a given superficial lesion had all the criteria for a diagnosis of cancer, the patient should receive full irradiation treatment or radical surgery and not be treated in a lesser fashion. Time has shown that there is such a lesion as carcinoma in situ of the cervix that will become invasive cancer if it is not treated, and time has also shown that not all lesions that have the morphologic characteristics of a precancerous lesion progress to invasive cancer of the cervix. The problem is that even the best pathologists cannot tell from looking at microscopic sections of cervical tissue which will progress and which will regress. At this meeting William Dieckmann gave a paper titled "Pre-eclampsia Does Not Cause Later Hypertension." Carcinoma in situ of the cervix and the relationship of pre-eclampsia to later hypertension represented clinical problems on which authorities held differing opinions, and presentation and discussions of these two subjects helped to clarify the thinking of all obstetricians and gynecologists.

The Society was always short of the funds required to perform important tasks. The Ovarian Tumor Registry was initially financed by a grant from the American Cancer Society, and when its funds were no longer available the Society applied for a financial grant to The Academy of Obstetricians and Gynecologists. This same year (1952) Frederick L. Hisaw received the Ortho Award for his basic work in reproductive science.

The 1953 meeting of the American Gynecological Society was held at the Lake Placid Club, Essex County, New York. Among significant papers presented that year were two: "What are the Earliest Changes to Justify a Diagnosis of Endometrial Cancer?" by Richard TeLinde, Howard Jones, Jr., and Gerald Galvin (*Transactions* 1953;76:41); and "Does the Administration of Diethylstilbestrol During Pregnancy Have any Therapeutic Value?" by William Dieckmann and others (*Transactions* 1953;76:134). Dieckmann and group thought not. The paper by TeLinde, Jones, and Galvin stimulated clinical thought about the precursors of and the early diagnosis of endometrial cancer, as had Saul B. Gusberg's report in 1947 (*Am J Obstet Gynecol* 1947;54:905). Dieckmann's report was of a prospective study at the University of Chicago where one group

of prenatal patents received diethylstilbestrol tablets on a daily basis from the twentieth week of pregnancy to term, while a second group of pregnant patients received a placebo. Dieckmann could show no differences in the results of pregnancies when the two study groups were analyzed. This paper was important because it served to dampen the enthusiasm of those who had advocated the administration of diethylstilbestrol during pregnancy for the prevention of fetal losses, prematurity, and stillbirths. Olive W. Smith, George Van S. Smith, and David Hurwitz had reported earlier that diethylstilbestrol when administered to pregnant women with poor reproductive histories was capable of improving perinatal results (*Am J Obstet Gynecol* 1946;51:411 and 1949;58:994), and this led to the widespread administration of diethylstilbestrol, particularly in early pregnancy in an attempt to prevent abortion. Clyde Randall of Buffalo and Willard Allen of St. Louis discussed Dieckmann's paper and reported that they had found no benefit for their patients who were given diethylstilbestrol during pregnancy. They found the drug had not reduced the incidence of abortion, prematurity, or toxemia as had been reported by Smith and associates. No harm appeared to have occurred from the ingestion of diethylstilbestrol during pregnancy until lightning struck in 1971, with a report entitled "Adenocarcinoma of the Vagina: Association of Maternal Stilbestrol Therapy With Tumor Appearance in Young Women" by Arthur Herbst and others (*N Engl J Med* 1971;284:878). It was also shown that adenocarcinoma of the cervix, vaginal adenosis, deformities of the cervix, and abnormalities of the upper genital tract were frequent complications of early fetal exposure to estrogenic substances. R. H. Kaufman and others demonstrated anatomic abnormalities of the upper genital tract among young women who had been exposed to exogenous estrogenic substances during the early months of fetal life (*Am J Obstet Gynecol* 1977;128:51). The rate of malignant tumor development among young women exposed to exogenous estrogenic substances during early fetal was approximately one in 1000.

At the 1953 meeting, Howard Taylor, Jr., proposed the formation of a committee to study obstetrics and gynecology as an academic discipline. In his presidential address, Patrick Healy recalled the early use of radium in 1916 by Howard Kelly and Curtis Burnam and by Baily in 1917. These men were pioneers in the use of radium for treating malignancies of the cervix, uterus, and vagina.

Lewis C. Scheffy, in 1955, presented a paper entitled "An Experimental Program in Colposcopy," which was the first time this subject was presented to a major scientific body in this country, although Hans Hinselmann of Germany did the initial work with the colposcope in 1924. It was several years after the work of Hinselmann and Scheffy that the colposcope found its way into clinical gynecology; and it was not until approximately 1963 that American gynecologists began to use the colposcope with any degree of frequency.

The cost of publication of the annual volume of the Transactions was of increasing concern to the Society. In 1957, 41% of the annual budget went to publication of the Transactions. The membership of active fellows was only 94 of the limit of 100 set by the constitution, and with the rising price of printing and the other costs of operation for the Society, income from dues from such a small group proved insufficient. The dues were \$50 a year and there was no inclination to raise them.

Some aspects of the business meetings were quite amusing. At this particular meeting a statement by Robert Kimbrough should be recalled. One had to have known Kimbrough to understand the humor in his statement, for there was no one who liked being in the company of women more than he, and the women enjoyed his presence. His statement follows:

"About twenty years ago when I was a little boy in knee pants in this Society there were only two wives who came to this meeting. One had an invalid husband and the other husband had no control over his wife. If my wife were not here, I would not dare say what I am saying and I think many of you have evidence that I am not unfriendly to the various wives, daughters, and nieces whom you bring to the Society meetings. But I would like for you to think about the time some years ago when we would bring neophytes here—our residents and junior staff members and experts—and we had a lot more opportunity to know the Fellows whose names we respected. We were not told then by our wives that 'I have ac-

cepted Mrs. So-and-So's invitation to cocktails and you must hurry home.' I do not want to make a motion but I would like to leave this thought in the minds of you thoughtful fellows."

Norman Miller, the president, listened but expressed an opposite opinion. Thereafter, the matter of wives at the annual meeting never arose and they continued to come as they wished in future years. Robert Kimbrough's words were wasted and it is very doubtful that he would have wished to return to former days when a men-only policy existed. The annual meetings, starting in the early 1940s, became much more social than in past decades when scientific sessions lasted all day, each day, and into the evenings. For the past 25 years there have been no afternoon or evening scientific sessions and even the business meetings have been crowded into the morning.

In honor of Emil Novak, who died in 1957, the Ovarian Tumor Registry was named the Emil Novak Ovarian Tumor Registry. He had been the moving force behind the Registry from its inception. The Emil Novak Ovarian Tumor Registry continued until 1981 when it was discontinued because of lack of funds.

Partial relief to the financial problems of the Society was obtained in 1957 when the publisher of the Transactions agreed to assume half the cost of publication of the annual volume. This relief was only temporary, however, as increasing costs of operation of the Society again caused financial shortages.

New subjects introduced at the 1958 scientific session marked the beginning of biochemical and biophysical evaluation of fetal well-being. The first was "Measurements of Placental Function" by Paul D. Bruns and others (Transactions 1958;81:53); the second was "Studies of Fetal-Well-Being: Variations in Fetal Heart Rate" by L. M. Hellman and others (Transactions 1958;81:53,68). Biochemical methods for monitoring of fetal health were gradually replaced by biophysical methods, which included electronic and ultrasonic measurements of fetal heart rate patterns, fetal breathing movements, and fetal movements. With the remarkable improvement in maternal mortality rates that had occurred over the past 75 years, obstetricians turned their attention to problems of the fetus to a much greater extent than in the past.

In 1959, at the annual meeting, it was decided to discontinue evening scientific sessions. This was done after much debate, and many felt evening sessions should be continued rather than "travel 2000 miles to see a movie at night."

Charles H. Hendricks presented a paper entitled "The Pharmacologic Control of Excessive Uterine Activity With Isoxsuprine" in 1961, which initiated the gradual use tocolytic agents in obstetric practice in this country (Transactions 1961;84:104). Tocolytic agents for arrest of premature uterine contractions became a very popular form of treatment in Europe and the United States. The effectiveness of such agents for prevention of premature delivery is still controversial, however.

The Macy Report on "Obstetrics and Gynecology as an Academic Discipline" was completed in 1959. This became a very important document in that it served as a guide and a stimulus to academic departments of obstetrics and gynecology in this country. The results of the study indicated that obstetrics and gynecology as an academic discipline was not attracting the best young minds into the residency programs for the principal reason that research was not receiving a high priority in most university departments of obstetrics and gynecology. The Report pointed out the necessity to correct these deficiencies and stimulated beneficial reform in many departments throughout the country. Howard Taylor, Jr., was chairman of the Josiah Macy, Jr., Foundation Study and other members of the committee were George Gardner, Daniel Morton, and Allan Barnes.

Charles E. Ford of London gave the second Fred Lyman Adair Lecture in 1961. It was titled "The Cytogenetic Analysis of Some Disorders of Sex Development." The Adair family established the award to honor Fred Lyman Adair who was a fellow of the American Gynecological Society from 1915 until his death in 1972. The lectureship was continued through 1973.

The Society decided, beginning in 1962, as a result of the Macy Report, to devote some part of the scientific program to the subject of undergraduate and graduate education in obstetrics and gynecology. This was continued in the form of seminars, special reports, and finally guest lectures on subjects related to

the basic sciences of reproductive biology and pathology. The Society took a strong position that the new branch of the National Institutes of Health, the Institute for Child Health and Human Development, include in its title words such as woman, maternal, women's diseases, obstetrics, or gynecology. The messages in this regard from the Society to the National Institutes of Health fell on deaf ears.

In 1977, Benjamin Watson, oldest fellow of the Society, died after being a member for 62 years, longer than any other fellow. Palmer Findley was a fellow for 60 years, Carl Henry Davis for 59 years, Robert Latou Dickinson for 58 years, Howard Atwood Kelly for 56 years, William L. Richardson for 56 years, and only three others were fellows for more than 50 years.

At the annual meeting of 1964, the subject of "Ultrasound Diagnostic Techniques in Obstetrics and Gynecology" appeared on the scientific program in a paper given by Stewart Taylor of Denver (Transactions 1964;87:95); coauthors were Joseph Holmes, Horace Thompson, and Kenneth Gottesfeld, who did much of the basic work. This introduced a new diagnostic technique to the fellows. In a relatively few years ultrasound, through the work of many, provided an accurate method for measurement of the fetal biparietal diameter, localization of the placenta, diagnosis of intrauterine death of the fetus, the diagnosis of hydatidiform mole, and the prenatal diagnosis of several fetal anomalies. Ian Donald of Glasgow was the first to use ultrasonic diagnostic techniques in obstetrics and gynecology (Lancet 1958;1:1188), and he advanced this new diagnostic technique rapidly through his research. Louis Hellman of Brooklyn also made significant contributions in the clinical application of ultrasonic techniques to obstetrics.

Two important papers were read at the annual scientific session of 1965 that indicated new approaches to the practice of obstetrics and gynecology. The first was by Raymond Vande Wiele of New York, "The Use of Human Menopausal and Chorionic Gonadotropin in Patients With Infertility Due to Ovulatory Failure" (Transactions 1965;88:30); the second by Watson Bowes, Jr., and Paul Bruns of Denver was titled "Amniocentesis and Intrauterine Fetal Transfusion in Erythroblastosis" (Transactions 1965;88:174). Carl Gemzell had published a paper in 1962, "The Induction of Ovulation With Human Pituitary Gonadotrophins" (Fertil Steril 1962;13:153). Before Gemzell's report no reliable methods were available for induction of ovulation in women who had anovulatory menstrual periods or who had absent or defective pituitary gonadotropic function. After Gemzell's discovery, clomiphene citrate and human gonadotropic hormone preparations for successful induction of ovulation appeared in rapid succession. A. W. Liley (Br Med J 1963;2:1107) was the first to perform intrauterine transfusion of the fetus, and this procedure was the first example of successful intrauterine surgery.

At the business meeting of 1965, the treasurer of the American Gynecological Society announced that expenditures for the year had exceeded income and that the Society's assets were only \$4650.90. He felt that something had to be done to increase revenue. This borderline financial condition of the Society was a recurring theme throughout the years.

The total membership of active fellows was increased to 120 by a change in the constitution. This occurred in 1967 and was the first increase since 1892, when a constitutional change brought the permitted active fellowship list to 100 instead of 60. William Paul of Toronto presented a paper entitled "Assessment of Fetal Scalp Sampling in Labor" at the 1967 annual meeting (Transactions 1967;90:124). This technique had been introduced by E. Saling of Germany (Arch Dis Child 1966;41:472) and was tested by Paul. Fetal blood scalp sampling thereafter became an important adjunct to continuous fetal heart rate monitoring during labor. When continuous fetal heart rate monitoring became very popular in the 1970s, the application of this new diagnostic technique for detection of fetal distress led to an abrupt increase in the cesarean section rate for presumed fetal distress. When fetal blood sampling for detection of fetal acidosis was used as an additional diagnostic method to be applied when an abnormal fetal heart rate was detected, the incidence of fetal distress as an indication for emergency cesarean section fell. The two methods used together proved to be a more sensitive indicator of fetal asphyxia than when fetal heart rate monitor tracings were used as the only indicator of fetal distress.

Another significant report given at the 1967 meeting was by Robert Barter and Cecil Jacobson, "Intrauterine Diagnosis and Management of Genetic Defects" (Transactions 1967;90:175). This paper marked the beginning of prenatal genetic diagnostic procedures for detection of fetal chromosomal and enzymatic disorders. Several scientific, social, and legal events came together to make genetic amniocentesis useful and practical. The first of these was the discovery by Murray L. Barr of the sex chromatin body in the cells of females (Nature 1949;163:676), which made it possible to detect the sex of the fetus by amniocentesis. The second was J. H. Tijo and A. Levan's identification of 46 chromosomes as the normal human karyotype (Hereditas 1956;42:1). The third was the change in the public's attitude toward abortion and the liberalization of the abortion laws. Colorado was the first state to liberalize its laws controlling abortion (1967); in the next four years 17 other states followed suit. Finally, in 1973, the United States Supreme Court rendered its decision, which took from the states the power to prohibit abortion, except after fetal viability. In 1967, it was possible to detect several serious genetic diseases of the fetus and advise patients found to have a defective fetus of their right to have the pregnancy terminated. This added a new dimension to prenatal care and obstetric practice.

In 1969, the Society designated a representative to a committee for organization of subspecialties in obstetrics and gynecology. Within a few years subspecialties in gynecologic oncology, endocrinology, and infertility and in maternal and fetal medicine were established by the American Board of Obstetrics and Gynecology and by various university departments. Subspecialization had become an established pattern of practice and teaching. Some doubt remains whether division of the discipline of obstetrics and gynecology into subspecialties has been of benefit to obstetrics and gynecology.

In 1969, Mrs. Studdiford, widow of William Studdiford, Jr. (a fellow from 1938 to 1964), presented to the Society the biography of Ephraim McDowell, written by McDowell's granddaughter in 1890.

Another significant event this year was presentation of a paper by Edward H. Hon titled "Observation of Fetal Heart Rate and Fetal Biochemistry. I. Base Deficit" (Transactions 1969;92:71). This marked the beginning of a new practice in obstetrics of major importance. Hon and Edward Quilligan, both of New Haven and later of Los Angeles, established continuous electronic fetal heart monitoring as a standard practice in obstetrics through their clinical trials and published reports.

The Adair Award was given to Professor G. W. Harris of Oxford at this meeting. It is also of interest that the Society was solvent this year, not spending more than its income. Rupert E. Billingham of Philadelphia, the research immunologist, received the Adair Award in 1970. Dr. Billingham spoke on the subject to which he had devoted his research career, immunology in pregnancy.

The Society, through no effort of its own, received a benefit from The C. V. Mosby Company, publishers of the Transactions. The publication of the annual volume of the Transactions had long been a drain on the funds of the Society. Mosby had previously assumed half the cost of publication, but in 1970, agreed to assume all the costs. This action on the part of Mosby was precipitated by a letter from William Passano, President of The Williams & Wilkins Company of Baltimore, publishers of medical books and journals. Mr. Passano offered to publish the Transactions at no cost to the Society if the American Gynecological Society would permit the *Obstetrical and Gynecological Survey*, a Williams & Wilkins medical journal, to publish the scientific papers from the annual meetings of the American Gynecological Society. This would have meant that the *American Journal of Obstetrics and Gynecology*, published by Mosby, would no longer have for publication the scientific articles presented at the annual meeting. The same offer was made to The American Association of Obstetricians and Gynecologists. Had not Mr. Passano of Williams & Wilkins intervened, the C. V. Mosby Company would not have responded with a counteroffer of assumption of all costs of publication of the Transactions.

Ernest Page became president of the American Gynecological society in 1972 on the death of S. Leon Israel, who had been elected president. This tragedy was followed by the death of John L. Parks (1972), who was succeeded as president by Charles E. McLennan since he was vice-president. The third successive loss by death of an elected president was Duncan Reid (1973). His presidential role was filled by David Danforth.

During the business meeting of 1972, considerable discussion of honorary fellowship for Alan Guttmacher developed. Seymour Romney, supported by several other fellows of the Society, brought the matter to the floor for discussion and action. The Council had not acted favorably on Romney's letter of nomination. According to the constitution the membership could vote on new fellows, active and honorary, only after recommendation by the Council. The Council did not recommend, so technically a vote by the full membership could not elect Alan Guttmacher. Guttmacher had been a strong advocate of legislative change in the laws that had limited the ability of a woman to choose an abortion if she desired. He more than any one person was responsible for the legal and philosophic changes that led to legal abortions in the United States. He was a very talented obstetrician and gynecologist in all other ways, but this accomplishment, making abortion available when desired, was too much for many older conservative gynecologists in the Society. Although Romney and others tried in succeeding years to honor Alan Guttmacher by an honorary membership, it was not possible and the matter was dropped. The Society was ready to elect honorary members for scientific accomplishment but not for social reform.

The presidential address was a tradition of the annual meeting of the American Gynecological Society from the beginning of its history. Fordyce Barker, first president, established the precedent, and each year at 12:00 noon on Friday, the president gives his address. These addresses have tended to group themselves by subject matter into philosophic addresses, biographic reviews of leaders in the Society several years after the subject's death, status reports about the health of the specialty, or historic reviews of progress made in obstetrics and gynecology as the speaker looked backward. Some have even been brave enough to predict the future. These addresses as published in the Transactions have been of immeasurable value in constructing this history.

Some addresses by presidents stand out, such as the one made by Charles E. McLennan in 1973. He despaired of presidential addresses, but felt he had to give one since it was such a strong tradition. He started by saying he had found it difficult to choose a subject that was new and had "decided to cast caution to the winds, and talk about myself." It was a very interesting talk, complete with pictures. McLennan told of his three-day train ride from San Francisco to Montreal to present his initial paper by invitation to the Society and then, after a three-day meeting, his return to San Francisco where he waited a year to find he had not been voted into membership. He decided he had been rejected for social reasons. He had over the years collected many photographs of members that he projected as he talked.

By 1973, talks of amalgamation of the American Gynecological Society and The American Association of Obstetricians and Gynecologists were continuing in the Councils of both organizations.

R. G. Edwards of Cambridge University was the recipient of the Adair Award in 1973 and spoke to the Society at its annual meeting on the subject "Studies on Human Conception." Edwards presented basic physiologic work that was later applied by Steptoe and Edwards in human in vitro fertilization programs that results in successful term pregnancies. Georgeanna Seegar Jones and Howard Jones, Jr., of Norfolk and formerly of Baltimore successfully initiated in vitro fertilization in this country. In vitro fertilization has advanced our knowledge of human conception, particularly as it applies to ovulation, detection of ovulation, and stimulation of human ovulation.

David Danforth became president in 1974 after the death of president-elect Duncan Reid. Danforth gave the presidential address, contrasting the lives and works of Joseph De Lee and John Whitridge Williams. Danforth also presented a paper in addition to his presidential address that has been frequently quoted in the medical literature when speculations as to the cause of the onset of labor in human beings are discussed. The title of this report is "The Effect of Pregnancy and Labor on the Human Cervix: Changes in Collogen, Glycoproteins and Glycosaminoglycans" (Transactions 1974;97:65).

One who has read the Transactions and attended many business meetings of the Society could deduce that there existed an urge by the membership to exert national leadership in obstetrics and gynecology in practice, education, and research. Elaborate plans were often made to form a committee or committees to answer these purposes, but a year or more later all that had occurred was an interim meeting followed by a report. The results were inevitably disappointing and frustrating to the committees and the membership.

The reasons for the frustrations were that no full-time staff and no budget were available to carry out ambitious plans. The American College of Obstetricians and Gynecologists and the American Board of Obstetrics and Gynecology had these assets and could perform functions in leadership, education, and governmental relations much better than the American Gynecological Society. For some reason many fellows could not accept a lesser roll than primacy by the Society in obstetrics and gynecology in the United States. Others were satisfied to meet once a year as a Society, listen to and discuss good scientific papers, attend a stimulating meeting, enjoy the sociability of the event, and let matters of statesmanship fall to others. Time finally proved that the American Gynecological Society as an organization could not act as an effective political-action or leadership organization in such matters as undergraduate and graduate training, or in governmental policy relating to health and research. Its individual members did, however, provide excellent leadership and service to organizations such as the National Institutes of Health, the American Board of Obstetrics and Gynecology, and the American college of Obstetricians and Gynecologists, all of which had important national missions, and for practical purposes, members of the American Gynecological Society were the leaders in these other organizations. This did not satisfy many members who, despite the Society's limited budget, a small membership, and no full-time staff, wished to be at the top of the pyramid.

The centennial meeting of 1976 was held at The Homestead. Membership was increased to 150 active fellows that year, and a straw ballot was approved to test the sentiment of the fellows about amalgamation with The American Association of Obstetricians and Gynecologists. Gordon W. Douglas was president for the centennial year and John Brewer was chairman of the Centennial Planning Committee. The Gynecological Visiting Society of Great Britain and Ireland and the Central European Travel Club attended the centennial meeting of the Society and several of their members participated in the program. Many guests representing foreign countries attended and took part in the scientific and social events. A plaque commemorating the one-hundredth anniversary of the founding of the American Gynecological Society was placed on the outside wall of The Homestead at the right of the main entrance. In addition to the scientific program, a historic review of the life of the Society and a review of the contributions to medicine by its members were presented.

At the next meeting in 1977, the results of a straw ballot taken from among the members indicated that the fellows were overwhelmingly in favor of merger with the American Association. From this point forward, plans for formal unification of the two organizations proceeded rapidly and a committee was appointed to effect amalgamation.

T. N. Evans was president in 1979 and was succeeded by J. Robert Willson, the last fellows to serve as president of the American Gynecological Society. The next year, on September 2, the Council of the Society met in joint session with the council of The American Association of Obstetricians and Gynecologists at The Homestead. The corporation of the American Gynecological Society dissolved voluntarily and the members of the Council attended the meeting of the Association. In the process of unification of the two organizations, it had been decided not to hold the usual spring 1980 meeting of the American Gynecological Society; consequently, Willson continued in the office of president for another year. The one-hundred fourth and last meeting of the American Gynecological Society was held at Le Chateau Champlain, Montreal, May 19 through 23, 1981, under the presidency of Dr. Willson. This was a joint meeting with The American Association of Obstetricians and Gynecologists. On May 22, 1981, the formal motion was made and passed to change the name of The American Association of Obstetricians and Gynecologists to the American Gynecological and Obstetrical Society and to admit all members of the American Gynecological Society effective May 22, 1981. The new organization named John Van S. Maeck of Vermont as its first president and Edgar L. Makowski of Colorado as its president-elect.

In its 105 years of the life the American Gynecological Society developed many traditions; its Transactions record the history of obstetrics and gynecology in this country; and its fellows were leaders in the specialty. The scientific content of the programs can roughly be divided into thirds. The first third of the Society's life included scientific subjects in its programs that were largely anatomic in nature. Subjects such

as malpositions of the uterus, repair of perineal lacerations, and surgical cure of vesicovaginal fistulas were reported. During the second one-third of the Society's life, pathology and bacteriology lent new understanding to obstetrics and gynecology; and new obstetric and gynecologic procedures were introduced. In the last third of its 105 years, the emphasis was on physiology and endocrinology.

When the Society was first organized, the annual meetings were held in major cities of the East such as New York, Boston, Washington, and Philadelphia. After the 1930s, the annual meetings were held in resort hotels such as The Homestead, Sky Top Lodge (Hershey, Pennsylvania), The Greenbrier in West Virginia, The Broadmoor (Colorado Springs), and The Arizona Biltmore (Phoenix). From 1967 forward, it was decided to hold a four-day annual meeting instead of the traditional Thursday, Friday, and Saturday meeting once a year. This was for the purpose of allowing four morning scientific sessions and three afternoons of relaxation.

Until approximately 1960, the traditions in dress were fairly rigid. Noon-hour cocktail parties were unheard of until the early 1960s, but soon thereafter became standard social events. No one appeared at a scientific or business session without coat and tie. This tradition gradually gave way to sports clothes and the open collar for some members. The older members tended to dress in business suits as their forebears had. Candidates, even at the last, when making their inaugural presentations, continued to wear coat and tie. The dark business suit in the 1950s through to 1970 seems to have been almost an unwritten law for candidates who were presenting their first paper before the Society. In late years the dark business suit was often exchanged for one of a lighter color, but it took a long time for the tradition of the dark suit to die.

It is of interest that there were five father-son combinations who were fellows: These were J. Marion Sims and H. Marion Sims; William E. Studdiford, and William E. Studdiford, Jr.; Howard C. Taylor and Howard C. Taylor, Jr.; William C. Danforth and David N. Danforth; and Herbert Little and Brian Little. There were three sets of brothers who were fellows: John L. Atlee and Washington L. Atlee; C. Jeff Miller and Hilliard E. Miller; and Conrad G. Collins and Jason H. Collins.

Opposite the title page of the first volume of the Transactions, and repeated for many years thereafter, the following quotation from Goethe in German appears. As translated it reads:

Like the star,  
Without haste  
But without rest,  
Everyone should turn himself  
To his own tasks.

The fellows of the American Gynecological Society turned themselves to their own tasks, and through their efforts and written record have made important contributions to the health of women and the children they bore. Through their work it is possible to trace the development of obstetrics and gynecology in America and indeed throughout the world. In recording this history, scientific papers published in the Transactions that appear to have represented new thought and new directions in practice are particularly mentioned. This gives the reader a view of how the specialty grew over the years 1876 through 1981. In the 105 years from 1876 to 1981, 586 were elected as fellows and honorary fellows of the American Gynecological Society. The list includes the outstanding clinicians, teachers, authors, and investigators who, each in his own way, contributed to the advancement of obstetrics and gynecology in this country and abroad.



# APPENDIXES I-II

## APPENDIX I. Members of the American Gynecological Society, 1876-1981

Name	Year elected	Category when elected	Location when elected	Resigned	Year of death
Fred Lyman Adair	1915	Active	Minneapolis, Minn.	1972	
Albert H. Aldridge	1934	Active	New York, N.Y.	1983	
Edward D. Allen	1936	Active	Chicago, Ill.	1971	
Willard M. Allen	1946	Active	St. Louis, Mo.		
Richard Harold Andresen	1961	Active	Chicago, Ill.	1977	
Frank Taylor Andrews	1906	Active	Chicago, Ill.	1923	
Brooke Melancthon Anspach	1909	Active	Philadelphia, Pa.	1951	
Axel Normal Arneson	1948	Active	St. Louis, Mo.		
Thomas A. Ashby	1888	Active	Baltimore, Md.	1916	
William Esterly Ashton	1895	Active	Philadelphia, Pa.	1932	
Nicholas S. Assali	1971	Active	Los Angeles, Calif.		
John Light Atlee	1877	Honorary	Lancaster, Pa.	1885	
Washington Lee Atlee	1876	Founder	Philadelphia, Pa.	1878	
Carl Bachman	1942	Active	Philadelphia, Pa.	1980	
Benjamin Franklin Baer	1886	Active	Philadelphia, Pa.	1920	
Joseph Louis Baer	1921	Active	Chicago, Ill.	1954	
Harold Capron Bailey	1916	Active	New York, N.Y.	1929	
William Henry Baker	1882	Active	Boston, Mass.	1915	
John Montgomery Baldy	1889	Active	Philadelphia, Pa.	1934	
George Granville Bantock	1884	Honorary	London, England	1913	
A. H. Freeland Barbour	1921	Honorary	Edinburgh, Scotland	1927	
David L. Barclay	1976	Active	Little Rock, Ark.		
Tom P. Barden	1980	Active	Cincinnati, Ohio		
Fordyce M. Barker	1876	Founder	New York, N.Y.	1891	
Allan C. Barnes	1951	Active	Cleveland, Ohio	1982	
Robert Barnes	1876	Honorary	London, England	1907	
Murray L. Barr	1966	Honorary	London, Ont.		
Channing Whitney Barrett	1917	Active	Chicago, Ill.	1926	

Donald H. Barron	1966	Honorary	New Haven, Conn.	
Robert H. Barter	1959	Active	Washington, D.C.	
Rudolph A. Bartholomew	1937	Active	Atlanta, Ga.	1969
Robert Battey	1876	Founder	Rome, Ga.	1895
Woodard David Beacham	1951	Active	New Orleans, La.	
Alfred C. Beck	1923	Active	Brooklyn, N.Y.	1979
R. Peter Beck	1975	Active	Edmonton, Alta.	
Charles A. Behney	1934	Active	Philadelphia, Pa.	1976
William Blair Bell	1922	Honorary	Liverpool, England	1936
Fritz K. Beller	1972	Active	New York, N.Y.	
Ralph C. Benson	1959	Active	Portland, Ore.	
Kurt Berinschke	1966	Honorary	San Diego, Calif.	
Arthur Holbrook Bill	1928	Active	Cleveland, Ohio	1961
John Shaw Billings	1878	Honorary	Washington, D.C.	1913
Edward H. Bishop	1969	Active	Philadelphia, Pa.	
Douglas Bissell	1908	Active	New York, N.Y.	1935
George H. Bixby	1876	Founder	Boston, Mass.	1901
Jack N. Blechner	1975	Active	New Britain, Conn.	
Eugene Boise	1896	Active	Grand Rapids, Mich.	1928
Hermann J. Boldt	1888	Active	New York, N.Y.	1943
Victor Bonney	1937	Honorary	London, England	1953
John Wesley Bovée	1897	Active	Washington, D.C.	1927
Nathan Bozeman	1878	Active	New York, N.Y.	1886
James T. Bradbury	1966	Honorary	Iowa City, Iowa	
Joseph Brettauer	1909	Active	New York, N.Y.	1941
John I. Brewer	1943	Active	Chicago, Ill.	
Samuel Max Brickner	1913	Active	New York, N.Y.	1916
LeRoy Brown	1905	Active	New York, N.Y.	1925
Thomas Kenneth Brown	1940	Active	St. Louis, Mo.	1951
Willis E. Brown	1952	Active	Little Rock, Ark.	1969
Bennet Bernard Browne	1881	Active	Baltimore, Md.	1912
Paul D. Bruns	1962	Active	Denver, Colo.	
Charles E. Buckingham	1876	Founder	Boston, Mass.	1877
A. Harper Buckmaster	1894	Active	Brooklyn, N.Y.	1908
Harry Clifton Burgess	1925	Active	Montreal, Que.	1940

Curtis Field Burnam	1919	Active	Baltimore, Md.	1947
Walter L. Burrage	1898	Active	Brookline, Mass.	1935
Richard L. Burt	1961	Active	Winston-Salem, N.C.	1978
Samuel C. Busey	1876	Founder	Washington, D.C.	1901
C. Lee Buxton	1956	Active	New Haven, Conn.	1969
Henry Turman Byford	1889	Active	Chicago, Ill.	1938
William H. Byford	1876	Founder	Chicago, Ill.	1890
John Byrne	1876	Founder	Brooklyn, N.Y.	1902
William Edgar Caldwell	1923	Active	New York, N.Y.	1943
Leroy Adelbert Calkins	1930	Active	Kansas City, Kan.	1960
James Chalmers Cameron	1910	Honorary	Montreal, Que.	1912
Alexander MacKenzie Campbell	1927	Active	Grand Rapids, Mich.	1954
Henry F. Campbell	1876	Founder	Augusta, Ga.	1891
Douglas Cannell	1957	Active	Toronto, Ont.	1979
Thomas Benjamin Carroll	1921	Active	Pittsburgh, Pa.	1941
Francis Bayard Carter	1943	Active	Durham, N.C.	1977
Dewitt Ballinger Casler	1921	Active	Baltimore, Md.	
Denis Cavanaugh	1971	Active	St. Louis, Mo.	
James Read Chadwick	1876	Founder	Boston, Mass.	1905
Sidney A. Chalfant	1915	Active	Pittsburgh, Pa.	1943
Louis Arthur Alphonse Charpentier	1889	Honorary	Paris, France	1889
Leon Chesley	1964	Honorary	Brooklyn, N.Y.	
Charles Gariner Child, Jr.	1913	Active	New York, N.Y.	1929
Walter William Chipman	1903	Active	Montreal, Que.	1950
C. Donald Christian	1973	Active	Tucson, Ariz.	
Luis A. Cibils	1976	Active	Chicago, Ill.	
John Goodrich Clark	1903	Active	Philadelphia, Pa.	1927
Samuel M. D. Clark	1916	Active	New Orleans, La.	1925
Clement Cleveland	1889	Active	New York, N.Y.	1934
Henry Clark Coe	1888	Active	New York, N.Y.	1940
John Scott Coleman	1888	Active	Augusta, Ga.	1892
Conrad G. Collins	1947	Active	New Orleans, La.	1971
Jason H. Collins	1963	Active	New Orleans, La.	1877

Willard Richardson Cooke	1936	Active	Galveston, Texas	1966	
George W. Corner	1942	Honorary	Baltimore, Md.	1981	
Samuel Allison Cosgrove	1940	Active	Jersey City, N.J.	1960	
Virgil S. Counsellor	1949	Active	Rochester, Minn.	1977	
Edward Bradford Cragin	1896	Active	New York, N.Y.	1918	
Marion Carlyle Crenshaw	1975	Active	Durham, N.C.		
Roland S. Cron	1953	Active	Milwaukee, Wis.	1979	
Harry Sturgeon Crossen	1909	Active	St. Louis, Mo.	1951	
Carey Culbertson	1921	Active	Chicago, Ill.	1942	
Thoms Stephen Cullen	1904	Active	Baltimore, Md.	1953	
Charles James Cullingworth	1893	Honorary	London, England	1908	
Andrew Fay Currier	1889	Active	New York, N.Y.	1937	
Arthur H. Curtis	1914	Active	Chicago, Ill.	1955	
Ernest Watson Cushing	1893	Active	Boston, Mass.	1916	1916
John C. Dalton	1877	Honorary	New York, N.Y.	1889	
David N. Danforth	1955	Active	Chicago, Ill.		
William Clark Danforth	1920	Active	Chicago, Ill.	1949	
Walter Taylor Dannreuther	1933	Active	New York, N.Y.	1960	
Kedarnath Das	1923	Honorary	Calcutta, India	1936	
Frances Henry Davenport	1889	Active	Boston, Mass.	1936	
Ezra C. Davidson	1979	Active	Los Angeles, Calif.		
Carl Henry Davis	1920	Active	Milwaukee, Wis.	1979	
Edward Parker Davis	1891	Active	Philadelphia, Pa.	1938	
Russell Ramon DeAlvarez	1951	Active	Seattle, Wash.		
Edwin J. DeCosta	1953	Active	Chicago, Ill.		
D. Anthony D'Esopo	1956	Active	New York, N.Y.		
Joseph Bolivar DeLee	1918	Active	Chicago, Ill.	1942	
J. M. DePaul	1877	Honorary	Paris, France	1883	
Robert Latou Dickinson	1892	Active	Brooklyn, N.Y.	1950	
William Dieckmann	1934	Active	Chicago, Ill.	1957	
William J. Dignam	1970	Active	Los Angeles, Calif.		
Preston Dilts, Jr.	1980	Active	Memphis, Tenn.		
Jacques Amedee Doleris	1878	Honorary	Paris, France	1938	
Ian Donald	1974	Honorary	Glasgow, Scotland		

John C. Donovan	1973	Active	Rochester, N.Y.	1976
Alban Henry Griffiths Doran	1909	Honorary	London, England	1927
Gordon Watkins Douglas	1960	Active	New York, N.Y.	
R. Gordon Douglas	1946	Active	New York, N.Y.	
William Droegemueller	1979	Active	Tucson, Ariz.	
Thomas Murray Drysdale	1876	Founder	Philadelphia, Pa.	1904
Augustus Palmer Dudley	1888	Active	New York, N.Y.	1905
Emilius Clark Dudley	1886	Active	Chicago, Ill.	1928
Edward Louis Duer	1879	Active	Philadelphia, Pa.	1917
J. Matthews Duncan	1878	Honorary	London, England	1890
James William Duncan	1929	Active	Montreal, Que.	1952
Alexander Dunlap	1877	Active	Cincinnati, Ohio	1894
Leo J. Dunn	1975	Active	Richmond, Va.	
Nicholson J. Eastman	1937	Active	Baltimore, Md.	1973
George M. Edebohls	1891	Active	New York, N.Y.	1908
Thomas Watts Eden	1920	Honorary	London, England	1946
James Clifton Edgar	1893	Active	New York, N.Y.	1939
Hugo Ehrenfest	1907	Active	St. Louis, Mo.	1942
Ludwig A. Emge	1935	Active	San Francisco, Calif.	1982
Bache McEvers Emmet	1887	Active	New York, N.Y.	1921
John Duncan Emmet	1895	Active	New York, N.Y.	1909
Thomas Addis Emmet	1876	Founder	New York, N.Y.	1919
George Julius Engelmann	1876	Founder	St. Louis, Mo.	1903
James Henry Etheridge	1890	Active	Chicago, Ill.	1899
Tommy N. Evans	1961	Active	Ann Arbor, Mich.	
Joseph Adams Eve	1876	Honorary	Augusta, Ga.	1886
Houston Everett	1970	Active	Baltimore, Md.	1975
Frederick H. Falls	1941	Active	Chicago, Ill.	1973
Lilian Ketura Pond Farrar	1921	Active	New York, N.Y.	1962
Robert L. Faulkner	1946	Active	Cleveland, Ohio	1973
Palmer Findley	1904	Active	Omaha, Neb.	1964
Charles E. Flowers	1967	Active	Houston, Texas	
C. Frederic Fluhmann	1933	Active	San Francisco, Calif.	1966

Willis E. Ford	1889	Active	Utica, N.Y.	1931
Frank P. Foster	1881	Active	New York, N.Y.	1911
Collin Foulkrod	1913	Active	Philadelphia, Pa.	1939
Robert Tilden Frank	1912	Active	New York, N.Y.	1949
John Roger Fraser	1924	Active	Montreal, Que.	1959
Carlton C. Frederick	1902	Active	Buffalo, N.Y.	1911
Eduard G. Friedrich, Jr.	1980	Active	Gainesville, Fla.	
Henry D. Fry	1890	Active	Washington, D.C.	1919
Fritz Fuchs	1968	Active	New York, N.Y.	
Gerald A. Galvin	1956	Active	Baltimore, Md.	1975
Edgar Garceau	1909	Active	Boston, Mass.	1913
Celso-Ramon Garcia	1978	Active	Philadelphia, Pa.	
Sprague H. Gardiner	1962	Active	Indianapolis, Ind.	
George H. Gardner	1941	Active	Chicago, Ill.	1984
William Gardner	1905	Honorary	Montreal, Que.	1926
Henry Jacques Garrigues	1876	Founder	New York, N.Y.	1913
Eugène Charles Géhrung	1914	Honorary	St. Louis, Mo.	1927
Eugene M. K. Geiling	1942	Honorary	Chicago, Ill.	1971
Samuel H. Geist	1929	Active	New York, N.Y.	1943
George Gelhorn	1904	Active	St. Louis, Mo.	1936
Arthur Gemmell	1936	Honorary	Liverpool, England	1960
Carl A. Gemzell	1976	Honorary	Brooklyn, N.Y.	
Albert B. Gerbie	1973	Active	Chicago, Ill.	
Walter R. Gillette	1881	Active	New York, N.Y.	1889
J. Riddle Goffe	1891	Active	New York, N.Y.	1931
Francis Colquhoun Goldsborough	1927	Active	Buffalo, N.Y.	1956
James Robert Goodall	1911	Active	Montreal, Que.	1947
William Goodell	1876	Founder	Philadelphia, Pa.	1894
Robert C. Goodlin	1978	Active	Omaha, Neb.	
John Goodman	1877	Active	Louisville, Ky.	1912
Clifford P. Goplerud	1977	Active	Iowa City, Iowa	
Seth Chase Gordon	1888	Active	Portland, Maine	1921
Egbert Henry Grandin	1890	Active	New York, N.Y.	1913
William Phillips Graves	1913	Active	Boston, Mass.	1933

Mary Jane Gray	1977	Active	Chapel Hill, N.C.	
Charles Montraville Green	1886	Active	Boston, Mass.	1928
John W. Green, Jr.	1970	Active	Lexington, Ky.	
Frank Christian Greiss, Jr.	1972	Active	Winston-Salem, N.C.	
Saul B. Gusberg	1957	Active	New York, N.Y.	
Charles B. Hammond	1980	Active	Durham, N.C.	
Horace Tracy Hanks	1887	Active	New York, N.Y.	1900
Guy M. Harbert, Jr.	1980	Active	Charlottesville, Va.	
Virgil O. Hardon	1891	Active	Atlanta, Ga.	1904
John Warton Harris	1932	Active	Madison, Wis.	1955
Philander A. Harris	1895	Active	Patterson, N.J.	1924
Robert P. Harris	1889	Honorary	Philadelphia, Pa.	1899
George Tucker Harrison	1894	Active	New York, N.Y.	1925
David Berry Hart	1899	Honorary	Edinburgh, Scotland	1920
Carl G. Hartman	1957	Honorary	Raritan, N.J.	1968
Arthur L. Haskins	1973	Active	Baltimore, Md.	
T. Terry Hayashi	1971	Active	Pittsburgh, Pa.	
William Patrick Healy	1924	Active	New York, N.Y.	1954
Noble Sproat Heaney	1913	Active	Chicago, Ill.	1955
Andre E. Hellegers	1970	Active	Washington, D.C.	1979
Louis M. Hellman	1955	Active	Brooklyn, N.Y.	
Donald Nelson Henderson	1953	Active	Toronto, Ont.	1981
Charles H. Hendricks	1959	Active	Chapel Hill, N.C.	
William Belfry Hendry	1926	Active	Toronto, Ont.	1939
Erle Henriksen	1950	Active	Los Angeles, Calif.	
Fernand Henrotin	1894	Active	Chicago, Ill.	1906
Arthur L. Herbst	1981	Active	Chicago, Ill.	
Walter L. Herrmann	1974	Active	Seattle, Wash.	
Arthur Tremain Hertig	1947	Active	Boston, Mass.	
H. Close Hesseltine	1944	Active	Chicago, Ill.	
Lawrence L. Hester, Jr.	1969	Active	Charleston, S.C.	
William Morse Graily Hewitt	1888	Honorary	London, England	1893
J. Braxton Hicks	1881	Honorary	London, England	1897
Barton Cooke Hirst	1891	Active	Philadelphia, Pa.	1935



C. Paul Hodgkinson	1959	Active	Detroit, Mich.	
Max Hofmeier	1909	Honorary	Wurzberg, Germany	1927
Frederick C. Holden	1916	Active	New York, N.Y.	1944
Eardley Holland	1938	Honorary	London, England	1967
Roy G. Holly	1961	Active	Omaha, Neb.	
Horatio Reese Holmes	1892	Active	Portland, Ore.	1896
Rudolph Wieser Holmes	1918	Active	Chicago, Ill.	1953
Emil G. Holmstrom	1955	Active	Salt Lake City, Utah	1960
William Travis Howard	1876	Founder	Baltimore, Md.	1907
Carl Parker Huber	1946	Active	Indianapolis, Ind.	1974
Raleigh R. Huggins	1913	Active	Pittsburgh, Pa.	1938
Edward C. Hughes	1955	Active	Syracuse, N.Y.	1977
John Mason Hundley, Jr.	1937	Active	Baltimore, Md.	1965
Guy LeRoy Hunner	1916	Active	Baltimore, Md.	1957
Arthur B. Hunt	1954	Active	Rochester, Minn.	
James B. Huner	1885	Active	New York, N.Y.	1989
Henry Talbot Hutchins	1916	Active	Boston, Mass.	1960
Donald L. Hutchinson	1968	Active	Pittsburgh, Pa.	1973
Phineas Henry Ingalls	1891	Active	Hartford, Conn.	1933
James V. Ingham	1876	Founder	Philadelphia, Pa.	1924
Clarence Bancroft Ingraham	1921	Active	Denver, Colo.	1960
Frederick Carpenter Irving	1924	Active	Boston, Mass.	1957
S. Leon Israel	1954	Active	Philadelphia, Pa.	1971
A. Reeves Jackson	1877	Active	Chicago, Ill.	1892
Charles Jacobs	1895	Honorary	Brussels, Belgium	1927
Robert B. Jaffe	1974	Active	San Francisco, Calif.	
William Wright Jaffard	1889	Active	Chicago, Ill.	1896
Joseph Edward Janvrin	1886	Active	New York, N.Y.	1911
George Wallace Jarman	1895	Active	New York, N.Y.	1917
Carl T. Javert	1953	Active	New York, N.Y.	1975
Norman Jeffcoate	1974	Honorary	Liverpool, England	
Edward Watrous Jenks	1876	Founder	Detroit, Mich.	1903
Charles Jewett	1885	Active	Brooklyn, N.Y.	1910

Joseph Taber Johnson	1876	Founder	Washington, D.C.	1921
Wayne L. Johnson	1976	Active	Buffalo, N.Y.	1979
Arthur Weir Johnstone	1886	Active	Danville, Ky.	1905
Georgeanna Seegar Jones	1971	Active	Baltimore, Md.	
Harold Oakland Jones	1933	Active	Chicago, Ill.	1950
Howard W. Jones, Jr.	1955	Active	Baltimore, Md.	
Howard L. Judd	1980	Active	Los Angeles, Calif.	
Irwin H. Kaiser	1968	Active	Salt Lake City, Utah	
Harold A. Kaminetzky	1975	Active	Newark, N.J.	
George Kamperman	1939	Active	Detroit, Mich.	1961
Nathan Kase	1973	Active	New Haven, Conn.	
Raymond H. Kaufman	1979	Active	Houston, Texas	
John M. Keating	1892	Active	Philadelphia, Pa.	1894
Floyd Elwood Keene	1920	Active	Philadelphia, Pa.	1938
William C. Keettel	1962	Active	Iowa City, Iowa	1981
Thomas Keith	1888	Honorary	London, England	1895
Howard Atwood Kelly	1887	Active	Baltimore, Md.	1943
John M. Munro-Kerr	1912	Honorary	Glasgow, Scotland	1960
Gilman Kimball	1887	Active	Lowell, Mass.	1892
Robert A. Kimbrough	1935	Active	Philadelphia, Pa.	1967
Robert Arthur Hugil Kinch	1970	Active	Montreal, Que.	
Albert Freeman Africanus King	1886	Active	Washington, D.C.	1914
Edward Lacy King	1927	Active	New Orleans, La.	1963
James E. King	1917	Active	Buffalo, N.Y.	1947
Theodore M. King	1975	Active	Baltimore, Md.	
Cyrus A. Kirkley	1892	Active	Toledo, Ohio	1934
Thomas H. Krischbaum	1972	Active	Lansing, Mich.	
Cornelius Kollock	1887	Active	Cheraw, S.C.	1897
George William Kosmak	1918	Active	New York, N.Y.	1954
Normal R. Kretzchmar	1942	Active	Ann Arbor, Mich.	1943
Florian Krug	1891	Active	New York, N.Y.	1924
Charles Carroll Lee	1881	Active	New York, N.Y.	1893
Christian G. Leopold	1891	Honorary	Dresden, Germany	1912

George C. Lewis, Jr.	1966	Active	Philadelphia, Pa.	
John L. Lewis, Jr.	1972	Active	New York, N.Y.	
Graham C. Liggins	1976	Honorary	Auckland, New Zealand	
A. Bryan Little	1972	Active	Cleveland, Ohio	
Herbert Melville Little	1913	Active	Montreal, Que.	1934
William A. Little	1972	Active	Miami, Fla.	
Jennings Crawford Litzenberg	1916	Active	Minneapolis, Minn.	1948
Frank Roy Lock	1951	Active	Winston-Salem, N.C.	1979
James A. Low	1978	Active	Kingston, Ont.	
Curtis J. Lund	1952	Active	Rochester, N.Y.	1979
William T. Lusk	1876	Founder	New York, N.Y.	1897
George H. Lyman	1876	Founder	Boston, Mass.	1891
Frank W. Lynch	1916	Active	San Francisco, Calif.	1945
Milton L. McCall	1954	Active	Pittsburgh, Pa.	1963
Charles P. McCartney	1965	Active	Chicago, Ill.	
Alfred H. McClintock	1876	Honorary	Dublin, Ireland	1881
James R. McCord	1930	Active	Atlanta, Ga.	1960
John A. McGlinn	1913	Active	Philadelphia, Pa.	1946
Harold Mack	1957	Active	Detroit, Mich.	1982
Donald G. McKay	1965	Honorary	San Francisco, Calif.	
John Leyland McKelvey	1943	Active	Minneapolis, Minn.	
Archibald MacLaren	1891	Active	Minneapolis, Minn.	1903
Malcolm McLean	1892	Active	New York, N.Y.	1924
Charles E. McLennan	1953	Active	Palo Alto, Calif.	
Beverly MacMonagle	1892	Active	San Francisco, Calif.	1912
Lewis Samuel McMurtry	1916	Active	Louisville, Ky.	1924
John Van S. Maeck	1970	Active	Burlington, Vt.	
Edgar L. Makowski	1973	Active	Denver, Colo.	
George D. Malkasian	1980	Active	Rochester, Minn.	
Matthew Derbyshire Mann	1892	Active	Buffalo, N.Y.	1921
Walter Porter Manton	1901	Active	Detroit, Mich.	1925
Andrew A. Marchetti	1950	Active	Washington, D.C.	1970
John R. Marshall	1979	Active	Torrance, Calif.	
August Martin	1888	Honorary	Berlin, Germany	1933

Franklin H. Martin	1898	Active	Chicago, Ill.	1935
Karl Henry Martzloff	1929	Active	Portland, Ore.	1978
James Carruthers Masson	1923	Active	Rochester, Minn.	1975
Luigi Mastroianni	1973	Active	Philadelphia, Pa.	
Harvey Burleson Matthews	1924	Active	Brooklyn, N.Y.	1961
Richard F. Mattingly	1971	Active	Milwaukee, Wis.	
Richard Brooke Maury	1883	Active	Memphis, Tenn.	1919
Joseph Vincent Meigs	1942	Active	Boston, Mass.	1963
Gerald Carlton Melhado	1937	Active	Montreal, Que.	1975
William f. Mengert	1943	Active	Dallas, Texas	1976
James A. Merrill	1967	Active	Oklahoma City, Okla.	
Giacomo Meschia	1979	Honorary	Denver, Colo.	
Robert Meyer	1933	Honorary	Berlin, Germany	1948
Abe Mickal	1975	Active	New Orleans, La.	
C. Jeff Miller	1916	Active	New Orleans, La.	1936
Gideon Broun Miller	1909	Active	Washington, D.C.	1937
Hilliard Eve Miller	1929	Active	New Orleans, La.	1954
James R. Miller	1937	Active	Hartford, Conn.	1971
Normal F. Miller	1933	Active	Ann Arbor, Mich.	
Daniel R. Mishell, Jr.	1974	Active	Los Angeles, Calif.	
George W. Mitchell, Jr.	1963	Active	Boston, Mass.	
Kamtran S. Moghissi	1976	Active	Detroit, Mich.	
John Chassar Moir	1974	Honorary	Oxford, England	1977
Howard C. Moloy	1941	Active	New York, N.Y.	1953
Edward Emmet Montgomery	1894	Active	Philadelphia, Pa.	1927
John Barrick Montgomery	1950	Active	Philadelphia, Pa.	
Thaddeus L. Montgomery	1939	Active	Philadelphia, Pa.	
J. George Moore	1962	Active	Los Angeles, Calif.	
John H. Moore	1947	Active	Grand Forks, N.D.	1963
Ottavio Morisani	1892	Honorary	Naples, Italy	1914
George W. Morley	1977	Active	Ann Arbor, Mich.	
William Horace Morley	1912	Active	Detroit, Mich.	1953
John McLean Morris	1964	Active	New Haven, Conn.	
Arthur Henry Morse	1921	Active	New Haven, Conn.	1950
Daniel Green Morton	1943	Active	San Francisco, Calif.	1980

William Edward Moseley	1891	Active	Baltimore, Md.	1916
Paul Fortunatus Mundé	1876	Founder	New York, N.Y.	1902
Robert A. Munsick	1975	Active	Albuquerque, N.M.	1978
Robert Alexander Murray	1890	Active	New York, N.Y.	1909
Robert Daniel Mussey	1942	Active	Rochester, Minn.	1958
Wilhelm Nagel	1912	Honorary	Berlin, Germany	1937
James H. Nelson	1974	Active	Brooklyn, N.Y.	
Franklin S. Newell	1909	Active	Boston, Mass.	1949
Henry Parker Newman	1894	Active	Chicago, Ill.	1937
Michael Newton	1976	Active	Chicago, Ill.	
William R. Nicholson	1916	Active	Philadelphia, Pa.	1951
Kenneth R. Niswander	1974	Active	Davis, Calif.	
Charles P. Noble	1891	Active	Philadelphia, Pa.	1936
George H. Noble	1902	Active	Atlanta, Ga.	1932
Emil Noeggerath	1876	Founder	New York, N.Y.	1895
James F. Nolan	1957	Active	Los Angeles, Calif.	1983
Charles Camblos Norris	1914	Active	Philadelphia, Pa.	1961
Richard Cooper Norris	1893	Active	Philadelphia, Pa.	1937
Emil Novak	1925	Active	Baltimore, Md.	1957
Robert Olshausen	1891	Honorary	Berlin, Germany	1915
Ernest W. Page	1953	Active	San Francisco, Calif.	
Charles Pajot	1877	Honorary	Paris, France	1899
Chauncey D. Palmer	1880	Active	Cincinnati, Ohio	1917
George N. Papanicolaou	1959	Honorary	New York, N.Y.	1962
William Henry Parish	1885	Active	Philadelphia, Pa.	1903
Roy T. Parker	1967	Active	Durham, N.C.	
John Parks	1948	Active	Washington, D.C.	1972
Langdon Parsons	1956	Active	Boston, Mass.	1980
Theophilus Parvin	1876	Founder	Indianapolis, Ind.	1898
Carl J. Pauerstein	1979	Active	San Antonio, Texas	
William Morris Paul	1968	Active	Toronto, Ont.	
Karl Pawlik	1901	Honorary	Prague, Czechoslovakia	1914

Franklin Limer Payne	1938	Active	Philadelphia, Pa.	1982	
Warren H. Pearse	1970	Active	Omaha, Neb.		
Edward Randolph Peaslee	1876	Founder	New York, N.Y.	1878	
Ben Miller Peckham	1958	Active	Madison, Wis.		
Charles H. Peckham	1942	Active	Baltimore, Md.	1981	
John Peel	1974	Honorary	London, England		
Thomas Christian Peightal	1938	Active	New York, N.Y.	1978	
Frank Arthur Pemberton	1928	Active	Boston, Mass.	1952	
Charles Bingham Penrose	1895	Active	Philadelphia, Pa.	1912	1925
Richard A. F. Penrose	1876	Founder	Philadelphia, Pa.	1908	
Reuben Peterson	1897	Active	Ann Arbor, Mich.	1942	
J. Pfannenstiel	1908	Honorary	Kiel, Germany	1909	
Louis Eusebe Phaneuf	1936	Active	Boston, Mass.	1953	
Newell W. Philpott	1947	Active	Montreal, Que.		
Edmund Broun Piper	1923	Active	Philadelphia, Pa.	1935	
Roy M. Pitkin	1976	Active	Iowa City, Iowa		
Everett Dudley Plass	1930	Active	Iowa City, Iowa	1956	
William Smoult Playfair	1885	Honorary	London, England	1903	
Earl R. Plunkett	1976	Active	London, Ont.		
John Osborn Polak	1908	Active	Brooklyn, N.Y.	1931	
William M. Polk	1881	Active	New York, N.Y.	1918	
Ralph Hayward Pomeroy	1917	Active	Brooklyn, N.Y.	1925	
Edith L. Potter	1964	Honorary	Chicago, Ill.		
Samuel Pozzi	1891	Honorary	Paris, France	1918	
Jean Paul Pratt	1938	Active	Detroit, Mich.	1981	
William Overend Priestley	1888	Honorary	London, England	1900	
Jack A. Pritchard	1961	Active	Dallas, Texas		
William Rice Pryor	1892	Active	New York, N.Y.	1904	
Harry Prystowsky	1965	Active	Gainesville, Fla.		
John T. Queenan	1976	Active	Louisville, Ky.		
Edward Quilligan	1969	Active	Los Angeles, Calif.		
Elizabeth M. Ramsey	1971	Honorary	Baltimore, Md.		
Clyde L. Randall	1952	Active	Buffalo, N.Y.		

Lawrence M. Randall	1948	Active	Rochester, Minn.	1969	
Reginald M. Rawls	1915	Active	New York, N.Y.	1936	
Charles D. Read	1952	Honorary	London, England	1957	
Thaddeus A. Reamy	1877	Active	Cincinnati, Ohio	1909	
Charles Alfred Lee Reed	1916	Active	Cincinnati, Ohio	1928	1928
John Charles Reeve	1876	Founder	Dayton, Ohio	1920	
Duncan E. Reid	1949	Active	Boston, Mass.	1973	
Ralph A. Reis	1947	Active	Chicago, Ill.	1978	
Edward Reynolds	1890	Active	Boston, Mass.	1928	1936
John Phillips Reynolds	1877	Active	Boston, Mass.	1896	1909
S. M. R. Reynolds	1966	Honorary	Chicago, Ill.	1982	
Edward H. Richardson	1920	Active	Baltimore, Md.	1971	
William Lambert Richardson	1876	Founder	Boston, Mass.	1932	
Louis Carnac Rivett	1947	Honorary	London, England	1947	
Park Ritchie	1892	Active	Minneapolis, Minn.	1894	
Hunter Robb	1896	Active	Cleveland, Ohio	1940	
John Rock	1939	Active	Boston, Mass.	1984	
Seymour L. Romney	1964	Active	New York, N.Y.		
Griff T. Ross	1977	Honorary	Bethesda, Md.		
Robert A. Ross	1939	Active	Durham, N.C.	1973	
Grandison D. Royston	1936	Active	St. Louis, Mo.	1983	
Isidor Clinton Rubin	1923	Active	New York, N.Y.	1958	
Marvin Pierce Rucker	1925	Active	Richmond, Va.	1953	
Stephen Rushmore	1926	Active	Boston, Mass.	1960	
Keith P. Russell	1965	Active	Los Angeles, Calif.		
William Wood Russell	1917	Active	Baltimore, Md.	1924	
Felix Rutledge	1967	Active	Houston, Texas		
Kenneth J. Ryan	1967	Active	Boston, Mass.		
Max Saenger	1901	Honorary	Prague, Czechoslovakia	1903	
John A. Sampson	1916	Active	Albany, N.Y.	1946	
Edward W. Sawyer	1881	Active		1899	
Freidrich Wilhelm Scanzoni	1887	Honorary	Wurzburg, Germany	1891	
Lewis C. Scheffy	1936	Active	Philadelphia, Pa.	1969	

Benjamin R. Schenck	1911	Active	Detroit, Mich.	1920	
Herbert E. Schmitz	1948	Active	Chicago, Ill.	1960	
Carl L. E. Schroeder	1876	Honorary	Berlin, Germany	1887	
Edward A. Schumann	1914	Active	Philadelphia, Pa.	1971	
Otto Henry Schwarz	1927	Active	St. Louis, Mo.	1935	
John J. Sciarra	1976	Active	Minneapolis, Minn.		
John Scott	1879	Active		1886	
Roger B. Scott	1954	Active	Cleveland, Ohio	1960	
William A. Scott	1923	Active	Toronto, Ont.	1960	
Nathan P. Sears	1941	Active	Syracuse, N.Y.	1946	
Paul Segond	1896	Honorary	Paris, France	1912	
Joseph N. Seitchik	1969	Active	San Antonio, Texas		
William Fletcher Shaw	1935	Honorary	Manchester, England	1962	
Alfred I. Sherman	1978	Active	Detroit, Mich.		
Gustav Simon	1876	Honorary	Heidelberg, Germany	1876	
Alexander Russell Simpson	1888	Honorary	Edinburgh, Scotland	1916	
Frank F. Simpson	1907	Active	Pittsburgh, Pa.	1948	
H. Marion Sims	1886	Active	New York, N.Y.	1901	
J. Marion Sims	1876	Founder	New York, N.Y.	1883	1883
Alexander D. Sinclair	1876	Founder	Boston, Mass.	1882	1911
Alexander Johnston C. Skene	1876	Founder	Brooklyn, N.Y.	1900	
Josiah Morris Slemons	1914	Active	San Francisco, Calif.	1925	
Albert Holmes Smith	1876	Founder	Philadelphia, Pa.	1885	
Arthur Laphorn Smith	1892	Active	Montreal, Que.	1912	
George Van S. Smith	1939	Active	Boston, Mass.	1984	
Richard Root Smith	1905	Active	Grand Rapids, Mich.	1990	
Klaas de Snoo	1939	Honorary	Utrecht, Holland	1949	
Alfred Baker Spalding	1918	Active	San Francisco, Calif.	1942	
William N. Spellacy	1973	Active	Gainesville, Fla.		
Herbert R. Spencer	1909	Honorary	London, England	1941	
Leon Speroff	1980	Active	Portland, Ore.	1980	
John Stallworthy	1974	Honorary	Oxford, England		
Henricus J. Stander	1932	Active	New York, N.Y.	1948	
Richard W. Stander	1971	Active	Cincinnati, Ohio		
Morton A. Stenchever	1975	Active	Seattle, Wash.		



Isaac Scott Stone	1898	Active	Washington, D.C.	1918
Martin L. Stone	1968	Active	New York, N.Y.	
William S. Stone	1905	Active	New York, N.Y.	1946
David Humphreys Storer	1876	Founder	Boston, Mass.	1891
George L. Streeter	1940	Honorary	Baltimore, Md.	1949
Charles P. Strong	1891	Active	Boston, Mass.	1893
William Emery Studdiford	1909	Active	New York, N.Y.	1925
William Emery Studdiford, Jr.	1938	Active	New York, N.Y.	1964
Somers Hayes Sturgis	1955	Active	Boston, Mass.	
Rhodes Stansbury Sutton	1879	Active	Pittsburgh, Pa.	1906
Donald P. Swartz	1975	Active	Albany, N.Y.	
Richard E. Symmonds	1973	Active	Rochester, Minn.	
Lawson Tait	1882	Honorary	Birmingham, England	1899
Luther M. Talbert	1978	Active	Chapel Hill, N.C.	
S. Tarnier	1881	Honorary	Paris, France	1897
Howard J. Tatum	1966	Active	Portland, Ore.	
Frederick J. Taussig	1906	Active	St. Louis, Mo.	1943
Edward Stewart Taylor	1953	Active	Denver, Colo.	
Howard Canning Taylor	1905	Active	New York, N.Y.	1949
Howard Canning Taylor, Jr.	1936	Active	New York, N.Y.	1985
Isaac E. Taylor	1876	Founder	New York, N.Y.	1889
Melvin L. Taymor	1969	Active	Boston, Mass.	
Richard W. TeLinde	1931	Active	Baltimore, Md.	
Benjamin Tenney	1956	Active	Boston, Mass.	1984
Henry A. Hiede	1969	Active	Rochester, N.Y.	
Theodore Gaillard Thomas	1876	Founder	New York, N.Y.	1903
John D. Thompson	1973	Active	Atlanta, Ga.	
John Franklin Thompson	1898	Active	Portland, Maine	1922
Herbert Thoms	1927	Active	New Haven, Conn.	1972
John Knowsley Thornton	1882	Honorary	London, England	1904
William Norman Thornton, Jr.	1960	Active	Charlottesville, Va.	
Paul Titus	1933	Active	Pittsburgh, Pa.	1951
James Dowling Trask	1876	Founder	Brooklyn, N.Y.	1883
Herbert F. Traut	1940	Active	San Francisco, Calif.	1963

Dyre Trolle	1976	Honorary	Copenhagen, Denmark	
Theodore Tuffier	1901	Honorary	Paris, France	1929
George M. Tuttle	1891	Active	New York, N.Y.	1896
Gray H. Twombly	1961	Active	New York, N.Y.	
Howard Ulfelder	1960	Active	Boston, Mass.	
John C. Ullery	1955	Active	Columbus, Ohio	
J. W. Underhill	1879	Active	Cincinnati, Ohio	1886
Edward Ely Van de Warker	1876	Founder	Syracuse, N.Y.	1910
Raymond L. Vande Wiele	1966	Active	New York, N.Y.	1883
William A. van Niekerk	1976	Honorary	Capetown, South Africa	
Norris Wistar Vaux	1924	Active	Philadelphia, Pa.	1958
Claude Villee	1966	Honorary	Boston, Mass.	
Hiram N. Vineberg	1897	Active	New York, N.Y.	1945
Franz Von Winckel	1881	Honorary	Munich, Germany	1912
W. Francis B. Wakefield	1903	Active	San Francisco, Calif.	1934
James Walker	1978	Honorary	Dundee, Scotland	
John A. Wall	1958	Active	Houston, Texas	1982
Ellerslie Wallace	1876	Founder	Philadelphia, Pa.	1885
Edward E. Wallach	1979	Active	Philadelphia, Pa.	
George Gray Ward	1909	Active	New York, N.Y.	1950
H. Hudnall Ware	1950	Active	Richmond, Va.	1973
James C. Warren	1976	Active	St. Louis, Mo.	
William Hutson Wathen	1891	Active	Louisville, Ky.	1913
Raymond Watkins	1937	Active	Portland, Ore.	1945
Thomas J. Watkins	1896	Active	Chicago, Ill.	1925
Benjamin P. Watson	1915	Active	Toronto, Ont.	1977
John Clarence Webster	1898	Active	Montreal, Que.	1950
Allan B. Weingold	1976	Active	Washington, D.C.	
Brooks Hugh Wells	1902	Active	New York, N.Y.	1917
Thomas Spencer Wells	1876	Honorary	London, England	1897
Xavier Oswald Werder	1916	Active	Pittsburgh, Pa.	1919
Peggy J. Whalley	1980	Active	Dallas, Texas	
Lawrence R. Wharton	1947	Active	Baltimore, Md.	1974

Frank E. Whitacre	1952	Active	Nashville, Tenn.	1971
James P. White	1876	Founder	Buffalo, N.Y.	1881
George D. Wilbanks	1976	Active	Chicago, Ill.	
J. Whitridge Williams	1892	Active	Baltimore, Md.	1931
Philip Francis Williams	1930	Active	Philadelphia, Pa.	1970
J. Robert Willson	1951	Active	Philadelphia, Pa.	
Ellwood Wilson	1877	Active	Philadelphia, Pa.	1889
Henry P. C. Wilson	1876	Founder	Baltimore, Md.	1897
Karl Miller Wilson	1925	Active	Rochester, N.Y.	1971
J. Donald Woodruff	1964	Active	Baltimore, Md.	
Marmaduke B. Wright	1876	Honorary	Cincinnati, Ohio	1879
Walker Gill Wylie	1918	Honorary	New York, N.Y.	1923
Ralph M. Wynn	1973	Active	Chicago, Ill.	
Samuel S. C. Yen	1977	Active	San Diego, Calif.	
Ernest Boyden Young	1917	Active	Boston, Mass.	1923
Joseph Znader	1876	Honorary	Munich, Germany	
Bernhard Zondek	1935	Honorary	Jerusalem, Israel	1966
Frederick Paul Zuspan	1968	Active	Chicago, Ill.	

## APPENDIX II. Officers of the American Gynecological Society, 1876-1981

Year	President	Vice-President	Vice-President	Secretary	Treasurer
1876	†Fordyce Barker	†Washington L. Atlee	†William H. Byford	†James R. Chadwick	†Paul F. Mundé
1877	†Fordyce Barker	†Washington L. Atlee	†William H. Byford	†James R. Chadwick	†Paul F. Mundé
1878	†Edmund R. Peaslee	†William Goodell	†Isaac E. Taylor	†James R. Chadwick	†Paul F. Mundé
1879	†T. Gaillard Thomas	†D. Humphrey Storer	†Henry P. C. Wilson	†James R. Chadwick	†Paul F. Mundé
1880	†J. Marion Sims	†W. T. Howard	†Robert Battey	†James R. Chadwick	†Paul F. Mundé
1881	†W. H. Byford	†T. A. Reamy	†H. F. Campbell	†James R. Chadwick	†Paul F. Mundé
1882	†Thomas Addis Emmet	†George H. Lyman	†Emil Noeggerath	†James R. Chadwick	†Paul F. Mundé
1883	†Gilman Kimball	†Albert H. Smith	†Theophilus Parvin	†Frank P. Foster	†Matthew D. Mann
1884	†Albert H. Smith	†James R. Chadwick	†Samuel C. Busey	†Frank P. Foster	†Matthew D. Mann
1885	†William T. Howard	†William L. Richardson	†Paul F. Mundé	†Frank P. Foster	†Matthew D. Mann
1886	†Thaddeus A. Reamy	†Theophilus Parvin	†Geo. J. Engelmann	†Joseph T. Johnson	†Matthew D. Mann
1887	†Alex J. C. Skene	†John C. Reeve	†Ellwood Wilson	†Joseph T. Johnson	†Matthew D. Mann
1888	†Robert Battey	†A. Reeves Jackson	†James R. Chadwick	†Joseph T. Johnson	†Matthew D. Mann
1889	†Henry P. C. Wilson	†William T. Lusk	†Edward W. Jenks	†Joseph T. Johnson	†Matthew D. Mann
1890	†John P. Reynolds	†William M. Polk	†Ely Van de Warker	†Joseph T. Johnson	†Matthew D. Mann
1891	†A. Reeves Jackson	†Joseph T. Johnson	†William H. Baker	†Henry C. Coe	†Matthew D. Mann
1892	†John Byrne	†Richard B. Maury	†Cornelius Kollock	†Henry C. Coe	†Matthew D. Mann
1893	†Theophilus Parvin	†William H. Parish	†William H. Baker	†Henry C. Coe	†Matthew D. Mann
1894	†William T. Lusk	†Samuel C. Busey	†Bache McE. Emmett	†Henry C. Coe	†Matthew D. Mann
1895	†Matthew D. Mann	†Geo. J. Engelmann	†Clement Cleveland	†Henry C. Coe	†J. Montgomery Baldy
1896	†William M. Polk	†James H. Etheridge	†Fernand Henrotin	†Henry C. Coe	†J. Montgomery Baldy
1897	†James R. Chadwick	†R. Stansbury Sutton	†Henry J. Garrigues	†J. Riddle Goffe	†J. Montgomery Baldy
1898	†Paul F. Mundé	†Emilius C. Dudley	†Arthur W. Johnstone	†J. Riddle Goffe	†J. Montgomery Baldy
1899	†Joseph T. Johnson	†Howard A. Kelly	†A. F. A. King	†J. Riddle Goffe	†J. Montgomery Baldy
1900	†Geo. J. Engelmann	†Edward L. Duer	†Seth C. Gordon	†J. Riddle Goffe	†J. Montgomery Baldy
1901	†Ely Van de Warker	†Charles Jewett	†Richard D. Baury	†J. Riddle Goffe	†J. Montgomery Baldy
1902	†Seth C. Gordon	†George M. Edenbohls	†Edward Reynolds	†J. Riddle Goffe	†J. Montgomery Baldy
1903	†Joseph E. Janvrin	†Edward W. Jenks	†A. Palmer Dudley	†J. Riddle Goffe	†J. Montgomery Baldy
1904	†Edward Reynolds	†J. Whitridge Williams	†Edward P. Davis	†J. Riddle Goffe	†J. Montgomery Baldy
1905	†E. C. Dudley	†Henry D. Fry	†Henry C. Coe	†J. Riddle Goffe	†J. Montgomery Baldy
1906	†Richard B. Maury	†Howard A. Kelly	†Reuben Peterson	†J. Riddle Goffe	†J. Montgomery Baldy
1907	†Clement Cleveland	†Willis E. Ford	†J. Clifton Edgar	†J. Riddle Goffe	†J. Montgomery Baldy
1908	†J. Montgomery Baldy	†I. S. Stone	†Eugene Boise	†J. Riddle Goffe	†Charles P. Noble
1909	†J. Riddle Goffe	†Howard A. Kelly	†Malcolm McLean	†Le Roy Broun	†J. Wesley Bovée
1910	†Edward P. Davis	†Seth C. Gordon	†Edward Reynolds	†Le Roy Broun	†J. Wesley Bovée
1911	†Reuben Peterson	†John F. Thompson	†John G. Clark	†Le Roy Broun	†J. Wesley Bovée
1912	†Howard A. Kelly	†Richard R. Smith	†John A. Sampson	†Le Roy Broun	†J. Wesley Bovée
1913	†Henry C. Coe	†George H. Noble	†George Gellhorn	†Le Roy Broun	†J. Wesley Bovée
1914	†J. Whitridge Williams	†Thomas J. Watkins	†Howard C. Taylor	†Le Roy Broun	†J. Wesley Bovée
1915	†Thomas J. Watkins	†Frank Farrow Simpson	†Howard C. Taylor	†Le Roy Broun	†J. Wesley Bovée
1916	†J. Wesley Bovée	†Robert L. Dickinson	†George Gillhorn	†Le Roy Broun	†Brooke M. Anspach
1917	†Frank Farrow Simpson	†Le Roy Broun	†W. Francis B. Wakefield	†George Gray Ward	†Brooke M. Anspach
1918	†John G. Clark	†Henry T. Byford	†Brooks H. Wells	†George Gray Ward	†Brooke M. Anspach
1919	†Franklin H. Martin	†Edward E. Montgomery	†Wm. E. Studdiford	†George Gray Ward	†Brooke M. Anspach
1920	†Robert L. Dickinson	†J. Clarence Webster	†J. C. Litzenberg	†George Gray Ward	†Brooke M. Anspach

1921	†Walter W. Chipman	†Henry P. Newman	†Hugo Ehrenfest	†George Gray Ward	†Brooke M. Anspach
1922	†George Gray Ward	†Barton C. Hirst	†Walter P. Manton	†Arthur H. Curtis	†Brooke M. Anspach
1923	†John A. Sampson	†Brooke M. Anspach	†Frank W. Lynch	†Arthur H. Curtis	†Charles C. Norris
1924	†Barton Cooke Hirst	†John Osborn Polak	†Herbert M. Little	†Arthur H. Curtis	†Charles C. Norris
1925	†Howard C. Taylor	†Franklin S. Newell	†Frederick J. Taussig	†Arthur H. Curtis	†Charles C. Norris
1926	†Franklin S. Newell	†Hiram Vineberg	†C. Jeff Miller	†Arthur H. Curtis	†Charles C. Norris
1927	†Arthur H. Curtis	†Frank W. Lynch	†James R. Goodall	†Floyd E. Keene	†Fred L. Adair
1928	†Joseph Brettauer	†Charles C. Norris	†Alfred B. Spalding	†Floyd E. Keene	†Fred L. Adair
1929	†C. Jeff Miller	†Richard C. Norris	†William C. Danforth	†Floyd E. Keene	†Fred L. Adair
1930	†Charles C. Norris	†Frederick C. Holden	†Joseph B. DeLee	†Floyd E. Keene	†Fred L. Adair
1931	†William P. Graves	†Benjamin P. Watson	†Noble Sproat Heaney	†Floyd E. Keene	†Fred L. Adair
1932	†George Gellhorn	†Emil Novak	†Palmer Findley	†Otto H. Schwarz	†George W. Kosmak
1933	†Floyd E. Keene	†Wm. B. Hendry	†Karl M. Wilson	†Otto H. Schwarz	†George W. Kosmak
1934	†Frank W. Lynch	†James E. King	†John R. Fraser	†Otto H. Schwarz	†George W. Kosmak
1935	†Brooke M. Anspach	†Carl Henry Davis	†Edward H. Richardson	†Otto H. Schwarz	†George W. Kosmak
1936	†Benjamin P. Watson	†John A. McGlinn	†Wm. A. Scott	†Otto H. Schwarz	†William C. Danforth
1937	†Frederick J. Taussig	†George W. Kosmak	†Sidney A. Chalfant	Richard W. TeLinde	†William C. Danforth
1938	†Nobel Sproat Heaney	†Norris W. Vaux	†Frederick C. Irving	Richard W. TeLinde	†William C. Danforth
1939	†Frederick C. Holden	†Frank A. Pemberton	†William R. Nicholson	Richard W. TeLinde	†William C. Danforth
1940	†Fred L. Adair	†Joseph L. Baer	†Edward A. Schumann	Richard W. TeLinde	†William C. Danforth
1941	†Jennings C. Litzenberg	†Wm. E. Caldwell	†James W. Duncan	Richard W. TeLinde	†Philip F. Williams
1942	†William C. Danforth	†Henricus J. Stander	†Clarence B. Ingraham	†Howard C. Taylor, Jr.	†Philip F. Williams
1943	†George W. Kosmak	†William P. Healy	†Curtis F. Burnam	†Howard C. Taylor, Jr.	†Philip F. Williams
1944	†George W. Kosmak	†William P. Healy	†Curtis F. Burnam	†Howard C. Taylor, Jr.	†Philip F. Williams
1945	†Edward A. Schumann	†Norris W. Vaux	†James C. Masson	†Howard C. Taylor, Jr.	†Philip F. Williams
1946	†Edward A. Schumann	†Norris W. Vaux	†James C. Masson	†Howard C. Taylor, Jr.	†Philip F. Williams
1947	†Norris W. Vaux	†M. Pierce Rucker	†Walter T. Dannreuther	Norman F. Miller	†James R. Miller
1948	†Emil Novak	†Jean Paul Pratt	†Isidor C. Rubin	Norman F. Miller	†James R. Miller
1949	†Ludwig A. Emge	†Frederick C. Irving	†Isidor C. Rubin	Norman F. Miller	†James R. Miller
1950	†Joseph L. Baer	†Louis E. Phaneuf	†Paul Titus	Norman F. Miller	†Robert Kimbrough, Jr.
1951	†Frederick C. Irving	†Edward L. King	†Otto Schwarz	Norman F. Miller	†Robert Kimbrough, Jr.
1952	†Walter T. Dannreuther	†Philip F. Williams	†Harvey B. Matthews	John I. Brewer	†Robert Kimbrough, Jr.
1953	†William P. Healy	Richard W. TeLinde	†Edward D. Allen	John I. Brewer	†Robert Kimbrough, Jr.
1954	†Richard W. TeLinde	†Karl H. Martzloff	†Arthur H. Bill	John I. Brewer	†Robert Kimbrough, Jr.
1955	†Philip F. Williams	Newell W. Philpott	†Thomas C. Peightal	John I. Brewer	†Robert Kimbrough, Jr.
1956	†Isidor C. Rubin	†Lewis C. Scheffey	†Willard R. Cooke	John I. Brewer	†John Parks
1957	Norman F. Miller	†Albert H. Aldridge	†George H. Gardner	†Andrew A. Marchetti	†John Parks
1958	†Howard C. Taylor, Jr.	†William J. Dieckmann	†C. Frederic Fluhmann	†Andrew A. Marchetti	†John Parks
		†Houston S. Everett (interim term)			
1959	†Lewis C. Scheffey	†Frederick H. Falls	†Robert A. Ross	†Andrew A. Marchetti	†John Parks
1960	†Karl H. Martzloff	†Samuel A. Cosgrove	Louis M. Hellman	†Andrew A. Marchetti	†Frank R. Lock
1961	†Albert H. Aldridge	†Conrad G. Collins	†H. Hudall Ware, Jr.	†Andrew A. Marchetti	†Frank R. Lock
1962	†Robert Kimbrough, Jr.	†Edward D. Allen	J. Robert Willson	†Curtis J. Lund	†Frank R. Lock
1963	†George H. Gardner	†Rudolph A. Bartholomew	John B. Montgomery	†Curtis J. Lund	†Frank R. Lock
				<b>Assistant Secretary</b>	
1964	†Nicholson J. Eastman	†F. Bayard Carter	Gordon W. Douglas	†Curtis J. Lund	†Frank R. Lock
1965	John I. Brewer	†John Rock	Gordon W. Douglas	†Curtis J. Lund	Jack A. Pritchard
1966	†F Bayard Carter	†M. Edward Davis	Gordon W. Douglas	†Curtis J. Lund	Jack A. Pritchard
1967	†Andrew A. Marchetti	†Douglas E. Cannell	Ben M. Peckham	Gordon W. Douglas	Jack A. Pritchard

1968	†Daniel G. Morton	Axel N. Arneson	Ben M. Peckham	Gordon W. Douglas	Jack A. Pritchard
1969	†Frank R. Lock	†William C. Keettel	Ben M. Peckham	Gordon W. Douglas	Jack A. Pritchard
1970	†Conrad G. Collins	Ralph C. Benson	W. Norman Thornton, Jr. Tommy N. Evans	Ben M. Peckham	James A. Merrill
1971	†Curtis J. Lund	Howard W. Jones, Jr.	Tommy N. Evans	Ben M. Peckham	James A. Merrill
1972	†S. Leon Israel Ernest W. Page	Ernest W. Page	Tommy N. Evans	Ben M. Peckham	James A. Merrill
1973	†John L. Parks Charles E. McLennan	Charles E. McLennan	J. George Moore	Tommy N. Evans	James A. Merrill
1974	†Duncan E. Reid †David N. Danforth	David N. Danforth	J. George Moore	Tommy N. Evans	James A. Merrill
1975	†Louis M. Hellman	E. Stewart Taylor	J. George Moore	Tommy N. Evans	George W. Mitchell, Jr.
1976	Gordon W. Douglas	Charles H. Hendricks	A. Brian Little	J. George Moore	George W. Mitchell, Jr.
1977	Clyde L. Randall	Russell R. De Alvarez	A. Brian Little	J. George Moore	George W. Mitchell, Jr.
1978	Ben M. Peckham	Paul D. Bruns	A. Brian Little	J. George Moore	George W. Mitchell, Jr.
1989	T. N. Evans	E. J. Quilligan	T. Terry Hayashi	A. Brian Little	George W. Mitchell, Jr.
1980	J. Robert Willson	E. J. Quilligan	T. Terry Hayashi	A. Brian Little	George W. Mitchell, Jr.
1981	J. Robert Willson	E. J. Quilligan	T. Terry Hayashi	A. Brian Little	George W. Mitchell, Jr.

THE AMERICAN ASSOCIATION  
OF OBSTETRICIANS  
AND GYNECOLOGISTS  
1888-1981





# CHAPTER V

## *AAOG: The Early Years*

### *1888-1910*

On April 19, 1888, Albert Vander Veer of Albany called a meeting at the Niagara Hotel in Buffalo for the purpose of organizing The American Association of Obstetricians and Gynecologists. William W. Potter of Buffalo acted as temporary secretary, a position he was to hold on a permanent basis for 23 years. Those invited to form the new organization were:

\*HENRY B. ALLEN, Baldwinsville, New York  
WASHINGTON H. BAKER, Philadelphia, Pennsylvania  
\*ROLLIN L. BANTA, Buffalo, New York  
F. E. BECKWITH, New Haven, Connecticut  
\*JAMES P. BOYD, Albany, New York  
N. B. CARSON, St. Louis, Missouri  
\*J. H. CARSTENS, Detroit, Michigan  
CLINTON CUSHING, San Francisco, California  
J. M. DUNHAM, Columbus, Ohio  
\*HAMPTON E. HILL, Saco, Maine  
EDWARD J. ILL, Newark, New Jersey  
GEORGE C. JARVIS, Hartford, Connecticut  
\*THOMAS LOTHROP, Buffalo, New York  
THOMAS J. MAXWELL, Keokuk, Iowa  
\*A. B. MILLER, Syracuse, New York  
\*E. E. MONTGOMERY, Philadelphia, Pennsylvania  
W. H. MYERS, Fort Wayne, Indiana  
\*THOMAS OPIE, Baltimore, Maryland  
\*WILLIAM WARREN POTTER, Buffalo, New York  
JOSEPH PRICE, Philadelphia, Pennsylvania  
GEORGE R. SHEPHERT, Hartford, Connecticut  
\*BYRON STANTON, Cincinnati, Ohio  
MELANETHORE STORRS, Hartford, Connecticut  
\*WILLIAM H. TAYLOR, Cincinnati, Ohio  
\*FRANKLIN TOWNSEND, Albany, New York  
\*ALBERT VANDER VEER, Albany, New York  
WILLIAM H. WATHEN, Louisville, Kentucky  
N. W. WEBBER, Detroit, Michigan  
\*X. O. WERDER, Pittsburgh, Pennsylvania

\*Those present at the meeting in Buffalo, April, 1888.

Thomas Opie was appointed temporary chairman. The motives for formation of the new organization were two: first, intellectual stimulation of the members through the organization and second, the formation of an organization of obstetricians and gynecologists from various sections of the country that could represent the specialty at the meeting of the Congress of American Physicians and Surgeons in Washington on September 18 through 20, 1888.

At the organization meeting of the Association, William H. Taylor was elected president; E. E. Montgomery, vice-president; J. H. Carstens, vice-president; William Warren Potter, secretary; and X. O. Werder, treasurer. In the first business session the members voted to make application for admission to the Congress of American Physicians and Surgeons.

The 29 founders of the American Association came from upper New York State, New England, Philadelphia, Baltimore, the midwestern states, and one from California. It is notable that there were no members among the founders from New York City or Boston. Twelve of 29 founders were professors in medical schools, while the remaining 17 were outstanding clinicians in their respective communities. Henry Allen was professor of obstetrics at Syracuse University; James Boyd was professor at Albany Medical School; J. H. Carstens was professor at the Detroit College of Medicine; C. Cushing was professor of gynecology, Cooper Medical College, San Francisco; J. M. Dunham was professor, Columbus Medical College; Thomas Lothrop was professor, Niagara University; Thomas J. Maxwell was professor of obstetrics and gynecology, Keokuk Medical School, Iowa; E. E. Montgomery was professor of obstetrics, Jefferson Medical College, Philadelphia; Thomas Opie was professor of obstetrics, University of Maryland; William H. Taylor was professor of obstetrics and dean, Miami Medical College in Cincinnati; William H. Wathen was professor of obstetrics and dean, Kentucky School of Medicine; while N. W. Webber was professor of gynecology and obstetrics, Detroit College of Medicine.

The first annual meeting of the American Association was held in Washington, September 18 through 20, 1888, at the National Medical College Building. The annual dues were \$25 and the entire expenses for the first meeting was \$207.20. The scientific program consisted of the following papers:

- “Drainage in Abdominal Surgery: by Joseph Price
- “A Contribution to the Study of Pelvic Abscess” by Clinton Cushing
- “The Relation of the Abdominal Surgeon to the Obstetrician and Gynecologist” by Albert Vander Veer
- “Surgical Treatment for Lacerations of the Perineum and Pelvic Floor” by William H. Wathen
- “The Perineum: Its Anatomy, Physiology and Methods of Restoration After Injury” by Henry O. Marey
- “Double Ovariectomy During Pregnancy; Subsequent Delivery at Term” by William Warren Potter
- “Vaginal Tamponnement in the Treatment of Prolapsed Ovaries” by Walter P. Manton
- “Note on the Treatment of Endometritis by Injections of Pure Nitric Acid” by A. Cordes (Paris)
- “Induction of Premature Labor” by Byron Stanton
- “Is the Frequent Use of Forceps Abusive?” by Thomas Opie
- “Reflex Neurosis of Pregnancy With a Case of Aphasia Graviditatis” by Gratz Ashe Moses
- “Intraperitoneal Hematocele With Suppuration” by J. H. Scarrff
- “An Unusual Case of Subserous Uterine Fibroid, With Operation” by Hampton E. Hill
- “Treatment of Certain Cases of Salpingitis” by Augustus P. Clarke
- “The Influence of the Sexual Life of Women in the Etiology of Certain Diseases of the Ear” by Thomas E. McArdle
- “Desmoid (Fibroid) Tumor of the Abdominal Walls” by Edward J. Ill
- “Some Diseases of the Skin Associated With Disorders of the Female Sex Organs” by George H. Rohé

- “The Resuscitation of the Asphyxiated Newborn Infant by the Suspension Method” by L. Eliot
- “Report of 63 Cases of Alexander’s Operation” by John H. Kellog
- “Fibroid Tumors of the Abdominal Wall” by Charles A. L. Reed
- “Some Minute but Important Details of the Management of Continuous Current in Gynecology” by A. Laphorn Smith
- “Hyaline Metamorphosis of the Placenta, Postpartum” by William H. Welch
- “Hysterectomy for Malignant Disease of the Uterus” by William H. Wathen
- “Removal of the Uterine Appendages” by Frank A. Glasgow
- “Diagnosis and Treatment of Uterine Fibroids” by Thomas J. Maxwell
- “Heart Failure in the Puerperium” by Thomas Lothrop
- “A New Operation for Repair of the Perineum” by Bernard Burns
- “Symposium—Extra-uterine Pregnancy”

Not all the papers listed on the program were read at the meeting and many of the authors were absent. The paper by Joseph Price pertaining to the surgical drainage of the abdomen was the first of many papers on the subject that he was to present at meetings of the Association. He was a strong believer in drainage and irrigation of the abdominal cavity as the most important element of the treatment of generalized peritonitis. He held firmly to this belief for the duration of his professional career. The symposium on extrauterine pregnancy was extremely interesting for it was in this period that the debate about surgical treatment versus electrical treatment occurred. How anyone ever cured ectopic pregnancy with electrical currents is hard to understand in modern times, but many of these men were completely serious about its advantages over surgery.

William Taylor, as first president, set the precedent for the annual address at high noon of the second day of the meeting. In his address he said that abdominal operations were good procedures when performed by the right hands, but he expressed the opinion that they were done too often. He was against the performance of abortion and castigated the unscrupulous who involved themselves and their patients in this practice. He dwelt upon the social habits of women who stayed in the home, away from exercise and fresh air, and thereby reduced their reproductive capabilities. He felt also that it was an exaggeration to blame the ovaries for most of women’s ills. He stated the ovariectomy for epilepsy was a poor practice and should be discontinued. Taylor deplored the shortage of nurses and thought men should be recruited into the profession. He spent some time in a plea for the use of more analgesia for laboring women.

The members learned to their dismay, at the first meeting of the Association, that they had been politely but firmly rejected for membership in the Congress of American Physicians and Surgeons. Their application was returned with the statement from the Congress that their application for membership would not be considered until the new Association had held at least two annual meetings. This was disturbing news to the members of the Association since anticipation of membership in the Congress was one of the principal reasons that this organization had been formed. The members were angry since the leaders of the Congress had informed the organizers informally that the Association would be the representative of the specialty of obstetrics and gynecology in the Congress in company with organizations representing the other major specialties within medicine. The officers and members felt betrayed, and it helped matters little that the American Gynecological Society after first refusing membership in the Congress then accepted membership as a representative of the discipline of obstetrics and gynecology.

The year the American Association was founded Benjamin Harrison ran for president of the United States against Grover Cleveland, who was seeking a second term. Cleveland received a plurality of popular votes but Harrison was elected president because he received the most electoral votes. In 1888, the Treasury of the United States had a \$100 million surplus that was attributable to high protective tariffs, and Cleveland campaigned on a platform to reduce tariffs in order to help the laboring class, but lost the election. There were 38 states in the Union in 1888, and the population was approximately 61 million.

It is of medical interest that Max Sänger introduced suture closure of the uterine incision in 1885 as part of the cesarean section operation as a means to control hemorrhage, and the same year William Stewart Halsted introduced conduction anesthesia. In 1886, Reginald Heber Fitz described appendicitis for the first time. Wilhelm Konrad Roentgen discovered x-rays on December 28, 1895. These were the medical advances that were made about the time the founders of the American Association began making medical history themselves.

The constitution of the Association set the membership goal as 100 active fellows. At the second annual meeting the members elected to honorary foreign fellowship W. A. Freund of Strassburg, G. Leopold of Dresden, Max Sänger of Prague, and Lawson Tait of Birmingham. Several interesting points of information about obstetrics and gynecology may be found in volume II of the Transactions of 1889. The mortality rate of ovariectomy was stated to be 10%; hysterectomy for cancer of the uterus was associated with an 11% postoperative mortality; while the operative mortality for uterine myomas was stated to be 24%. Death from postpartum hemorrhage was estimated to occur once in each 200 deliveries; Porro cesarean section carried a maternal mortality of 19%; while Max Sänger's transperitoneal cesarean section followed by suture closure of the uterus was associated with a 26% mortality rate.

The third annual meeting was held in the Hall of the College of Physicians of Philadelphia, September 16 through 18, 1890, under the presidency of E. E. Montgomery. Montgomery reviewed the present state of the practice of obstetrics and gynecology in his address and made the statement that electrolysis was no longer an acceptable treatment for ectopic pregnancy. In his review he said the maternal death rate from placenta previa was 23% to 35% in the various major cities and institutions, while perinatal loss from this complication of pregnancy ranged from 50% to 75%.

G. H. Rhoe gave a paper at the meeting of 1890 titled "The Practical Teaching of Obstetrics in the United States." He was professor of obstetrics and hygiene at the College of Physicians and Surgeons in Baltimore. Rhoe urged teaching of medical students under supervision at home deliveries and spoke strongly against medical school graduates being licensed to practice medicine after receiving only lecture room experience in normal and abnormal obstetrics.

The fourth annual meeting of the Association was held in the Hall of the Academy of Medicine in New York, September 17, 18, and 19, 1891. The membership was still fuming at the Congress of American Physicians and Surgeons and the American Gynecological Society for excluding the American Association from membership in the Congress. At the business meeting, after considerable discussion, the members voted to drop their application to the Congress with dignity and proceed with their work within their own Association. Further evidence that their anger did not last long became evident when the Association passed a motion in tribute to Fordyce Barker, found and first president of the American Gynecological Society. Re-elected for a second consecutive term, he died in 1891. The tribute reads, "One of the grandest and noblest physicians the world has ever seen."

The only memorable scientific paper given at the meeting in 1891 was by Llewellyn Eliot of Toronto. Its title was "Is a Child Viable at Six and a Half Month?" Eliot presented clinical data to prove that it was possible for a child born at six and one-half months' gestation to survive.

L. S. McMurtry of Louisville was present in 1893, and while he did not dwell on matters concerning the Congress of American Physicians and Surgeons and their rejection of the American Association's application for membership, he did make reference to the American Gynecological Society that was not entirely friendly. He said in his address, "It is contrary to the genius of our American institutions and opposed to the broad catholic spirit of science, as it were, to claim the prerogative of a national organization, and debar from membership honorable members of the profession, capable and desirous of advancing science. The exclusive methods of the American Gynecological Society, and the abuse of the blackball in secret session, necessitated the establishment of a society upon a broader and more liberal basis." He concluded by suggesting that the Association adopt a policy of unlimited membership.

William B. Dewees of Salina, Kansas, the inventor of the Dewees forceps, gave a paper at the annual meeting in 1894. The paper was entitled "A New Axis-Traction and Anti-craniotomy Forceps" (Transactions 1894;7:477). Ninety years later the Dewees forceps, with solid but gently curved blades, are still popular with many obstetricians. It is interesting to note that Dewees came from a small Kansas town and not from a large medical center.

During the early years of the American Association the fellows were obstetricians, gynecologists, and general surgeons. Men like George W. Crile of Cleveland, John F. Erdmann of New York, Thomas B. Noble of Indianapolis, Joseph Price of Philadelphia, John B. Deaver of Philadelphia, and John Benjamin Murphy of Chicago were well-known and highly respected general surgeons who became members. Later, William Wayne Babcock of Philadelphia and Thomas Evans Jones of Cleveland, general surgeons, became members of the Association. Price, Crile, Erdmann, and Babcock each served as president of the Association. The annual programs of the Association during the early years contained many papers on abdominal surgery ranging from the upper abdomen to the pelvis. Thyroid gland surgery, breast surgery, and hernial repairs were also frequently discussed. The patients discussed were male as well as female.

In 1897, Thomas J. Maxwell of Keokuk, Iowa, presented a paper of some interest titled "Senile Irritable Uterus" (Transactions 1897;10:358). From reading his report it is evident that he was describing atrophic vaginitis for which there was no satisfactory treatment at that time.

The program of 1898 contained several papers in which the signs and symptoms of floating kidney were discussed; and criteria for diagnosis of the problem and description of surgical methods for its cure were presented. At this same meeting, B. Sherwood Dunn read a paper entitled "The Relations of Diseases of the Female Generative Organs to the Nervous and Mental Affections" (Transactions 1898;11:190), while W. H. Humiston followed with a report on "The Graver Nerve Disturbances Due to Changes in the Genital Organs" (Transactions 1898;11:216). Humiston's thesis was that pelvic problems were a principal cause of hysteria.

While the scientific programs continued during the early years to feature papers on gallbladder surgery, appendicitis, bowel obstruction, diaphragmatic injuries, and peritonitis; gynecologic operations, obstetric subjects, and social aspects of obstetrics and gynecology were discussed. For instance, Edward J. Ill, in his presidential address, talked of "The Rights of the Unborn—the Prevention of Conception." He expressed horror in finding some of his patients were practicing conception control and was firmly against abortion except in the most extreme medical problems. The next year (1900), Rufus B. Hall addressed the Association as president and chose as his subject "The Education of the Laity Upon Sexual Matters: When Shall They be Taught, and to What Extent?" Hall stated that sex education should begin in high school as a preventive against pelvic infections and allied problems. He made no mention of birth control techniques or prevention of pregnancy; he believed in abstinence.

A report by Edwin Ricketts of Cincinnati, a found, generated multiple and lengthy discussions. His paper was titled "House-to-House Operating" (Transactions 1899;12:58). The author was enthusiastic about kitchen table surgery and presented his excellent results from patients operated on for ectopic pregnancy, ruptured uterus, bowel obstruction, and oophorectomy. Many members present spoke against surgery in the patient's home and favored a hospital environment. Ricketts' opinion was that the home was cleaner than the hospital environment.

By 1899, papers were being given on the subjects of abdominal and vaginal hysterectomy. B. Sherwood Dunn felt that in the case of abdominal hysterectomy, the cervix should be left in place if it has no pathologic lesions (Transactions 1899;12:218). Showing an enlightened surgical and obstetric attitude as early as 1901, E. Gustav Zinke presented a paper justifying cesarean section as a method for treatment of placenta previa (Transactions 1901;14:137). Zinke's report was 26 years ahead of that of Arthur Bill, who is usually credited with originating the practice of cesarean section for the treatment of placenta previa.

The annual meeting of 1901 was held in Cleveland and those in attendance were saddened by the death of President William McKinley by an assassin's bullet fired while he attended the Pan-American Exposition in Buffalo. The President died on September 14, 1901, having suffered two revolver shots at close range

that perforated his stomach and pancreas. Surgeons were able to close the perforation of the stomach, but death followed traumatic pancreatic necrosis and its complications. Matthew D. Mann of Buffalo performed the surgery and it is of interest that Charles McBurney, a well-known New York surgeon, saw the President in consultation on the morning of the third day after the tragedy. The members of the Association held a memorial service in Cleveland to honor the memory of their dead President.

In keeping with the attitude of members about theirs being a national organization with wide representation, a committee was appointed to explore the possibility of the American Association uniting with the Southern Surgical and Gynecological Association. The proposal was reported and laid on the table for a year, not to rise again.

Edwin Ricketts was president in 1902 and presented a gavel to the Association that was thereafter passed from president to president. His words of presentation are as follows:

“The head is from wood taken from one of the poplar girders in the old home of Ephraim McDowell, and has the marks of the builder’s strip-saw. The handle was made from hickory wood taken from one of the joists in the double log house near Greenfield, Ohio, in which Alexander Dunlop performed his first ovariectomy, the subject being Susan Rosen, September 17, 1843, just 59 years ago tomorrow. This handle, fortunately, bears one mark as coming from the edge of the woodman’s axe.”

John B. Deaver, a colorful pioneer surgeon from Philadelphia, inventor of the Deaver retractor, gave a paper titled “Diagnosis” (Transactions 1905;18:193). This was more of a philosophic essay than a scientific paper, and in it one of his lasting aphorisms is quoted, “He who would cure well must diagnose well.” Deaver said many things that are repeated today, among which are “Without a proper diagnosis there can be no intelligent treatment” and, speaking to a surgical assistant, “Hold onto this retractor until I tell you to let go or until you drop dead.” These things we remember while forgetting the other contributions he made.

By 1907, the membership had voted to raise the constitutional limit on membership from 100 to 150. William Potter had been secretary of the Association from its inception and the membership recognized his devotion, efficiency, and services by a resolution, presentation of a gold watch, and his nomination to presidency of the organization, an honor that he humbly declined. William Potter’s response after hearing of these honors is quoted here:

“I am extremely grateful but it is utterly impossible for me to consider the honor of the presidency at this time, and certainly hope it proceeds to a final conclusion. It would please me very much under other circumstances to preside over the deliberations of the Association; but my heart has been in the work for so many years, that I feel suited to detail work, and I am not gifted with that kind of executive ability to preside over such a distinguished body.”

William Potter was secretary of the Association for 23 years, a quarter of the life of the organization. From his remarks on declining the office of president, it is evident that he wished to continue as secretary but hoped to have another chance at the presidency. Unfortunately that did not happen because he died as secretary in 1911. Irving Potter of Buffalo, who became a fellow in 1914, was the son of William Potter’s cousin, Milton G. Potter. Irving became known for his enthusiastic practice of elective internal version and extraction of the fetus as a preferred method of delivery, and he was a very active participant in scientific programs of the Association, particularly concerning version and extraction. He died in 1956 and I remember his attendance at annual meetings during my early years of membership. By this time, Irving W. Potter was not participating in the program but enjoyed the social activities. Milton Grosvenor Potter, son of Irving W. Potter, was a fellow of the Association from 1935 to 1970, and often accompanied his father to the meetings. Milton Potter’s two sons, Grosvenor and Paul, now practice obstetrics and gynecology in Buffalo.

E. Gustav Zinke was president in 1907, and in his address he stated there had been no improvement for the last 20 years in maternal and fetal mortality rates, except in hospital clinics and maternity hospitals. He predicted that cesarean section would become the preferred method for delivery for the patient with contracted pelvis, feeling that it was preferable to high forceps operations, craniotomy, induction of premature labor, or prophylactic internal version. He did state, however, that the maternal mortality rate from elective cesarean section was 2%.

Asa B. Davis of New York was famous for his high fundal incision for cesarean section and was a firm advocate of his operation. In 1910, he presented a paper entitled "Cesarean Section by the Small Median Incision Above the Umbilicus"; his study included 124 patients with a mortality of 6.45%. The principal cause of death was sepsis. Davis felt that his operation was a better choice for delivery of infants than the high forceps operation, internal version, or pubiotomy. He also believed cesarean section at term or during labor to be a better choice than early induction of labor as a method to avoid complications of contracted pelvis.

Albert Vander Veer of Albany, a founder, presented a paper in 1910 titled "What Has Been Accomplished by Our Association?" He said that in the 23 years of the life of the Association physicians had come to understand the diagnosis and treatment of pelvic abscess as well as ectopic pregnancy. Other advances that he mentioned were the surgical treatment of uterine myomas with supracervical hysterectomy and the satisfactory surgical treatment of lacerations of childbirth.

Julius H. Jacobson of Toledo presented a paper in 1910 titled "Recent Advances in the Technic of the Radical Abdominal Operation for Cancer of the Uterus." He was speaking about cancer of the uterine cervix. Jacobson's radical hysterectomy was not the extended radical surgical procedure as introduced by John Clark of Johns Hopkins Hospital in 1895 or the procedure later advocated by Wertheim; it was a total abdominal hysterectomy and bilateral salpingo-oophorectomy with removal of some upper vaginal tissues. Sixty-five percent of the cases of cancer of the cervix that he had seen were operable and the primary surgical mortality was 20%. The cure rate two to six and one-half years after surgery was 21%.

James W. Kennedy of Philadelphia became a fellow of the Association in 1910 and was one of its most active and distinguished members. He died in 1957 and was by then the oldest fellow, both in age and term of membership, in the Association. His initial paper was entitled "The Pathological Era Versus the Physiological in the Surgical Treatment of Intraabdominal Infections." Kennedy was espousing the teachings of his mentor Joseph Price, whose assistant he was for 11 years. The thesis of Kennedy's paper was that in cases of peritonitis the abdomen should be opened, the diseased part should then be removed, the exudate drained, all abrasions carefully sewn, and the entire peritoneum completely cleaned.

James Kennedy was born in Chambersburg, Pennsylvania, in 1869; when he was two years of age his family homesteaded a farm near Junction City, Kansas. The house on the farm, a beautiful two-story house with a long porch, was named Liberty Hall. Kennedy left the farm to attend the College of Physicians and Surgeons of Chicago, now the Abraham Lincoln Medical School of the University of Illinois, but he soon transferred to Jefferson Medical College of Philadelphia, from which he was graduated in 1899. James Kennedy established a remarkable student and mentor relationship with Joseph Price, a relationship that never faded. Kennedy never tired of praising the professional accomplishments and personal qualifications of Joseph Price. Kennedy became chief surgeon in charge of the Price Memorial Hospital after the death of Joseph Price, a position he held until his retirement in 1950 when the city of Philadelphia purchased and razed the hospital to make room for a freeway. This last act is of some significance to the Association for the city paid a considerable sum of money to James Kennedy for the hospital building and its site, and most of this sum was eventually bequeathed to The American Association of Obstetricians and Gynecologists Foundation, Inc.

Kennedy was well-known for his clamp method of performing vaginal hysterectomy, an operation that he could complete in 10 minutes. The technique involved use of the famous Kennedy clamps, which he placed on the broad ligaments on either side of the uterus; he then cut the uterus free and finally packed the

vagina with gauze, but left the clamps in place. The next day he removed the pack and the clamps and placed a light fresh pack in the vagina. No sutures were involved and the patient experienced a remarkably benign course.

Kennedy did not marry until he reached age 65, when (1934) he married his operating room nurse, Jean C. Kennedy, who was 40 years younger than he. In 1950, the Kennedys moved from Philadelphia to his boyhood home, Liberty Hall in Kansas, to retire. They hired a farmer and stockman to supervise the activities of the farm, which both James and Jean Kennedy pursued with keen interest. In 1927, James Kennedy established the Joseph Price Oration in memory of his beloved preceptor. Not only was James Kennedy's purpose to honor Joseph Price's memory, but he was eager that members of the Association meet leading clinicians, teachers, and investigators from abroad in order that they might have friends and colleagues in foreign countries. The Joseph Price Oration has been an outstanding feature of the annual scientific program and has fulfilled the hopes of its founder in introducing members of the Association to outstanding leaders from abroad. The Price Oration continues through funds provided by James Kennedy and his estate. Price Orators have each been elected to honorary fellowship in the Association, an honor that has added to the prestige of the invitation. The president of the Association has the privilege of choosing and inviting the Price Orator each year. James Kennedy and his wife were faithful attendants at all meetings of the Association. He was a tall, thin, handsome athletic man. Mrs. Kennedy was small, demure, attractive. She was soft-spoken and rather timid. Until 1960 when he died, Herbert Schmitz of Chicago was Mrs. Kennedy's gynecologist, after which Mrs. Kennedy became my patient, partly because Denver was a direct train ride from Junction City and partly because I was at that time secretary of the Association. In the next few years Mrs. Kennedy experienced two serious illnesses for which she had to be hospitalized in Denver. My wife and I came to know her quite well during the period of 1957 to 1966, the latter being the year she died. She would take a drawing room on the train, come the Brown Palace Hotel in Denver, engage a room, see me as her gynecologist, and see any other physicians I would refer her to. She would entertain us at dinner in a private dining room at the Brown Palace Hotel and talk to us about James Kennedy and their plans for giving their estate to the Association through the Foundation. In 1960, Mrs. Kennedy established the James W. Kennedy Memorial Travel Fellowship, which continued for three years. The James W. Kennedy estate willed \$2,036,120.59 to the Foundation in 1966. For the Kennedys, the Association was their entire life. They had no children of their own, Mrs. Kennedy told me that James Kennedy had provided financial sponsorship for two students at Jefferson Medical College each year when they lived in Philadelphia. The Kennedy funds have been used by the Foundation for support of the Joseph Price Orations and for workshops for the improvement of undergraduate education in obstetrics and gynecology. Mrs. Kennedy was elected to honorary fellowship in the Association in 1962 in recognition of her great contribution to the Association. Unfortunately, she died in her home, Liberty Hall, on February 5, 1966. She was devoted to the memory of her husband and determined in every way to carry out his wishes concerning his estate and the Association. Soon after James Kennedy's death in 1957, the Council of the American Association voted to change the name of the Joseph Price Oration to the Joseph Price-James W. Kennedy Oration. Mrs. Kennedy would not permit this change, her reason being that "her Jim" wanted to honor Joseph Price through the lectureship he had established.



## CHAPTER VI

### *AAOG: The Middle Years*

### *1911-1946*

The period from 1911 through 1946 embraced many changes in obstetrics and gynecology. Maternal mortality rates fell remarkably, blood transfusions became a normal helpful adjunct to surgery and obstetrics, infections came under successful treatment programs, and cesarean section became a relatively safe operation, as did abdominal surgery and other major gynecologic operations. A means for prevention and detection of preinvasive cancer of the cervix was introduced, effective radiotherapy was discovered for treatment of cervical and endometrial cancer, and a radical operative procedure for treatment of cancer of the cervix was perfected. During these same years full-time academic departments of obstetrics and gynecology merged as one discipline in many of the medical schools throughout the country. Nevertheless some surgeons within obstetrics and gynecology continued to practice general abdominal surgery. Johns Hopkins Medical School had the first full-time department of obstetrics in the United States. Henry Schwarz at Washington University in St. Louis was the chairman of the second full-time department of obstetrics.

By 1913, it was recognized that cesarean section was the treatment of choice for central placenta previa and was superior to high forceps or embryotomy in cases of contracted pelvis. The next year Irving Potter of Buffalo presented a paper on vaginal cesarean section for eclampsia. Potter became a fellow of The American Association of Obstetricians and Gynecologists in 1914 and presented many papers in subsequent years on his favorite subject, vaginal delivery after internal version. His practice of version operation was controversial from the beginning, but he persisted in its use and wrote many papers on the subject.

J. F. Percy of Galesburg, Illinois, and later of San Diego, introduced heat as a form of treatment for cancer of the cervix in 1916. Percy's cautery enjoyed a flare of popularity in the treatment of cancer of the cervix when it was introduced, but was soon replaced by radium. Hugo O. Pantzer of Indianapolis was president during this year and Pantzer noted that clinics and laboratories of the medical schools of the United States were far less progressive than those of Europe. He also lamented that obstetrics and gynecology in the United States existed as separate specialties in most schools and that gynecology still had great difficulty in obtaining an identification separate from general surgery. Ross McPherson of New York presented a paper posing the question, "Is the Operation of Cesarean Section Indicated in the Delivery of Breech Presentation?"; the conclusion was "no." One has to recall that the mortality rate from cesarean section in this period was 6% to 9% and the risk of breech delivery was placed on the fetus.

In 1918, Albert Goldspohn of Naperville, Illinois, was president of the organization, and in his presidential address he suggested that residencies in obstetrics and gynecology or preceptorships should be established for training of young specialists. He thought standards for training and eventual qualification should be established. In his speech he gave a preview of a specialty board that would not be discussed again until 1929.

In order to realize the progress that has been made in the treatment of uterine and cervical cancer, a paper by Magnus A. Tate of Cincinnati titled "Does Surgery Ever Cure a Case of Cancer?" should be read. Tate concluded that it was possible to cure some cases of cancer by surgery in 1918, the year he gave his report; however, some of those discussing his report disagreed with him. Surgery was still the primary treatment at this time, although galvanocautery, electric cautery, and radium were being used.

George Kosmak of New York became the editor of the *Journal of Obstetrics* in 1918, a position he held until 1954. In 1920, the *American Journal of Obstetrics* became the *American Journal of Obstetrics and Gynecology*. He Journal was the official organ for publication of the scientific programs of both the American Association and the American Gynecological Society. Examination of past volumes of the *American*

*Journal of Obstetrics* and its successor the *American Journal of Obstetrics and Gynecology* will permit the reader to find the published manuscripts and the discussions of papers by the members and guests as presented at the various annual meetings of both organizations.

“Twilight sleep,” morphine and scopolamine analgesia, became very popular in the United States after World War I. Several papers were published on this subject. Henry Schwarz of St. Louis was an advocate of painless childbirth and he was joined by many others. It took a few years for obstetricians to learn that “painless childbirth” was associated with high fetal and neonatal costs.

In 1919, a motion was made at the business meeting of the Association to change the name of the organization to the American Association of Abdominal Surgeons, Obstetricians and Gynecologists. The motion had to remain on the table for one year as directed by the constitution. The next year (1920) the membership voted to change the name of the organization to the American Association of Obstetricians, Gynecologists, and Abdominal Surgeons. One must recall that many of the leaders of the Association at this time were general surgeons, among whom were George Crile of Cleveland, Wayne Babcock of Philadelphia, Walter C. G. Kirshner of Missouri, Arthur E. Hertzler of Halstead, Kansas, and John F. Erdmann of New York. An attempt was made in 1938 to amend the title of the organization by deleting the words “Abdominal Surgeons” but the maker of the resolution, George Kosmak, withdrew his motion since it caused so much ill will among the fellows. It was 1953 before the organization became The American Association of Obstetricians and Gynecologists. On September 11 of that year Leroy Calkins of Kansas City, Kansas, made the motion to rename the organization The American Association of Obstetricians and Gynecologists, dropping the term “Abdominal Surgeons.” Calkins explained to the fellows at the business meeting that he had consulted James Kennedy about deleting “Abdominal Surgeons” from the name of the Association and had received his blessing. Kennedy was present and he spoke in favor of return to the original name. In earlier years Kennedy had opposed the change. The fellowship of the Association had changed considerably in the 15 years between 1938 and 1953, since many of those who had been general and abdominal surgeons had retired or died. Fellows elected after 1938 were specialists in obstetrics and gynecology and the programs of the Association reflected their primary interests. From 1918 through 1933, general surgeons played an important role in the affairs of the Association. During this period it was not unusual for fellows to report clinical problems they had seen among their male patients.

Until after World War II the papers read were mostly reviews of clinical experience. The discussions were often long and at times heated, and most statements expressed convictions based on personal experience; very few speakers quoted the literature and one subjected their reported results and conclusions to statistical analysis. In fact, it was very rare that the pertinent medical literature on the subject being presented was quoted. The problems were clinical, the presentations involved little or no laboratory work, and the results were measured in terms of how many patients lived or died. Surgical techniques and surgical approaches to clinical problems dominated these men’s thinking and their actions. Practitioners of obstetrics and gynecology, and medicine in general, were not at the point of being concerned about physiologic mechanisms.

Transplantation of human organs is an extremely active field of surgery in 1985 and it is of interest that William S. Bainbridge of New York presented an enthusiastic report in 1922 titled “Transplantation of Human Ovaries; Present Status and Future Possibilities.” This has not been tried since the 1920s, but in vitro fertilization and transfer of human ova from donor to recipient patient has become a well-accepted practice in modern gynecology.

By 1922, the Association had initiated a Maternal Welfare Committee with the goal of reducing maternal mortality rates throughout the United States. Maternal mortality rates before 1900 were approximately one maternal death for each 150 to 200 deliveries, and infection, hemorrhage, and toxemia were the principal causes. There had been no reduction in the maternal mortality rate in the United States for the previous 20 years and the United States was fourteenth from the top of the list of countries with the lowest maternal mortality rates. Of the developed countries, only Spain and Belgium ranked below the United States on the list.

John Deaver of Philadelphia was a colorful, inventive, and capable general surgeon who felt that specialty of gynecology should be phased out and replaced by general surgery. Although he was a fellow of the Association, he felt that gynecologic surgery should be performed by general surgeons.

Men who would become well-known as specialists in obstetrics and gynecology became fellows in 1923; they were Walter T. Dannreuther, Foster Standish Kellogg, and Louis E. Phaneuf.

Roland E. Skell of Los Angeles presented a paper in 1924 in which he reviewed advances in obstetrics, a paper of interest because it describes the thinking of obstetricians during that period. Skell stated that the modern obstetrician was as concerned about the life of the infant as that of the mother, that cesarean section had become a safe operation, that vesicovaginal fistula had become a rare obstetric complication, that high forceps operations were no longer acceptable in practice, and that third-degree lacerations of the perineum were a rarity. He said that blood transfusions were a safe treatment and emphasized that obstetrics was a surgical specialty.

Henry Schmitz of Chicago presented a paper in 1924 on irradiation dosimetry curves for treatment of cancer of the cervix (Transactions 1924;37:89). This was pioneer work because before his work, treatments of cancer of the cervix with radium had been empiric. Dosimetry studies gradually became very sophisticated because of the involvement of computers, but Schmitz's work was the beginning of scientific calculation of tissue depth dosage.

The Association first met at The Homestead, Hot Springs, Virginia, in 1925, a location to which the members would return periodically until 1939, when The Homestead became the regular fall meeting place for the remaining life of the Association. Clyde Randall writes:

“When my chief, James E. King, took me to the fall meeting at Hot Springs in 1939, practically everyone came on the train—either by way of Philadelphia, Cincinnati, or Atlanta. The majority took a train to Clifton Forge then up to the ‘Hot’ by auto. Some managed to get on a Pullman car that could be connected onto a train of two or three cars switched off at Clifton Forge and pushed up the mountain at Hot Springs—arriving at 8 a.m. For those already at The Homestead the puffing and wailing whistle of the engine coming up the mountain in the early morning always meant it was time to be down for breakfast. Several times in the pre-war 1940s, I took the train from Buffalo to New York to catch one of the Pullman cars from Boston to Clifton Forge. Fellows and their guests would get on a Philadelphia, Baltimore, or Washington, after which the conversations lasted far into the night. Profound bits of logic were spawned enroute, such as an argument regarding management of the third stage of labor in which a frustrated Fellow asked Sam Cosgrove—“What do you think is the most logical management of the third stage?”—to which the master replied, — ‘The most logical thing would be to pull on the cord, but I do not recommend it.’ After an overnight ride on the train we would arrive at Clifton Forge about 7 a.m.

“One feature of the earlier meetings was the way Fellows gathered on the front porch of The Homestead as they were checking out, saying—“Goodbye—see you next year.’ Those farewells impressed me so because in those days I regarded most of them as so old I marveled at their confidence that they would be back next year!

“For year the Association devoted the mornings to a scientific program and the afternoons were free. Every year there were informal golf and tennis tournaments in the afternoons. Some of my cherished friendships and most treasured memories of Hot Springs relate to incidents on the golf course.

“After World War II a number of the Fellows started bringing their wives and children. As a result there grew a warmth of friendships among families which made the Association a very special gathering. Several families would come a few days early or remain a few days after the meeting. One feature we looked forward to was to attend the church services early Sunday morning, held in the dining room, primarily for employees of The

Homestead. The service was conducted by Hudson, the long-time major domo of the dining room, a tall black man who ran the dining room like the proverbial tight ship. On Sunday morning when Hudson, attired in a well-fitting black suit, stood in front of all those white clad employees, raised his long arms and boomed—‘Let us pray,’ it was a memorable experience.

“It was a unique experience to belong to the Association and I hope you can record the warmth of the relationships which have been treasured for so many years.”

Indeed the privilege of seeing one’s friends at the annual meeting at The Homestead, the first weekend after Labor Day, year after year, was a wonderful experience for the fellows. Not only did fellows and their families learn to know each other, but to know the employees of The Homestead who had devoted their lives to the institution. The return to the same place each year, the familiarity of the place, and the friendliness of our hosts all added to the treasured memories.

In 1926, the president of the Association, George Clark Mosher of Kansas City, appointed James Kennedy (chairman), George Crile, Paul Titus, George C. Mosher, and John W. Keefe to the Joseph Price Lecture Foundation Committee. Kennedy pledged \$500 to the Price Foundation Committee and thereafter supported the annual Joseph Price Oration directly or through gifts to the Association. The first Joseph Price Oration was given in September 1928 by Professor of Pathology Aldred Scott Warthin of the University of Michigan. The Price Orators are listed for each succeeding year in the various volumes of the Transactions of the Association. The annual Price Oration became a very important part of the scientific meetings of the Association.

Perhaps the most significant legacy of the Association is the American Board of Obstetrics and Gynecology. Walter Dannreuther told me this story about its birth. Dannreuther and John Polak, president of The American Association of Obstetricians and Gynecologists occupied the same compartment on the train going from New York to Asheville, North Carolina, for the annual meeting. Dannreuther had in his pocket a written resolution and he told Polak he would like to read it to him for his approval, he hoped, or his disapproval if that were the case. If Polak approved, Dannreuther planned to present the resolution to the fellows of the Association at the meeting. Dannreuther’s resolution was to the effect that the American Association join with the American Gynecological Society and the American Medical Association’s Section of Obstetrics and gynecology to sponsor the formation of the American Board of Obstetrics and Gynecology for the examination and certification of specialists in obstetrics and gynecology. The motion was presented to the Association and adopted, and that was the beginning of the American Board of Obstetrics and Gynecology. This was probably the most important contribution of the American Association when the influence of the American Board of Obstetrics and Gynecology on the practice of the specialty in the United States is considered. Dannreuther became president of the American Board of Obstetrics and Gynecology and Paul Titus of the Association became secretary to the Board. The third representative from the Association was Grandison Royston.

A second significant contribution of the Association was the establishment of a foundation for educational purposes. The Foundation of the American Association of Obstetricians, Gynecologists, and Abdominal Surgeons was incorporated July 29, 1929, under the laws of the State of Michigan. Fellows of the American Association contributed funds to the Foundation, which in turn paid the expenses of the Price Oration and the Prize Award for the best scientific paper contributed to the Association by a nonmember. In its first year of organization the Foundation received \$15,060 in contributions from the Fellows. Kennedy contributed \$2000 and Polak contributed \$1000. In October 1929, the Great Depression gripped the country and gifts to the Foundation became few until economic recovery occurred, after World War II; nevertheless Kennedy continued to give in order to make possible the Joseph Price Oration each year.

The Foundation has had three principal activities. These are support of the Joseph Price Orations, the Foundation Prize Awards, and the Kennedy-Dannreuther Committee on Education. The Joseph Price Orators have come from England, Scotland, Ireland, Canada, Sweden, Norway, Germany, France, Hungary,

Venezuela, Hong Kong, Switzerland, Uruguay, Australia, South Africa, and the United States. I will not list all the Orators and their subjects here, but I want to mention a few for both the personalities of the speakers and the messages they brought. Bethel Solomons, master of the Rotunda Hospital of Dublin, spoke on the toxemias of pregnancy. Solomons was one of the great obstetricians of his day. Charles D. Read of London, a leader in obstetrics and gynecology in the United Kingdom, was also one of the great pelvic surgeons of his time. He spoke to the Association about fascial sling operations beneath the urethra as a cure for patients with recurrent urinary stress incontinence. John Stallworthy of Oxford was the Price Orator in 1950. He spoke about "The Dangerous Placenta," the posteriorly located placenta previa, since known as the Stallworthy placenta. James Heyman, director of the Radiumhemmet, Stockholm, was the Price Orator in 1954; unfortunately illness prevented his personal appearance, but his address on cancer of the cervix was read for him by John Brewer. Heyman did more than any other person to bring about a method for staging cancer of the cervix and for collation of clinical results after treatment of the disease. J. Chassar Moir of Oxford was Price Orator in 1955 and spoke on his extensive experience in the surgical cure of vesicovaginal fistula. Moir, before becoming professor at Oxford, had spent several years in Africa where he had the opportunity to undertake the surgical cure of many patients with severe vesicovaginal fistula that had resulted from neglected and obstructed labor. Another outstanding Price Oration was given in 1959 by Stanley Way from Newcastle on Tyne. His subject was carcinoma of the vulva, a disease for which he established the operative procedure that became the standard technique for its treatment. The next year H. L. Sheehan, the famous obstetric and gynecologic pathologist from Liverpool, was the Price orator. Other world-famous gynecologists who spoke to the Association were John Peel of London, the Queen's obstetrician, and Hans Kottmeier, Heyman's successor at the Radiumhemmet. Peel presented the Association with a silver tray on which the signatures of all succeeding presidents of the Association from his visit forward were later engraved. Ian Donald of Glasgow, the father of obstetric and gynecologic ultrasonic diagnostic techniques, spoke about this subject as Price Orator in 1968. Charles Read, John Stallworthy, John Peel, T. N. A. Jeffcoate, Hector MacLennan, C. J. Dewhurst, Stanley Clayton, and Lance Townsend were later knighted by Queen Elizabeth II for outstanding services and contributions to the United Kingdom in obstetrics and gynecology. The fellows of the American Association rejoiced when these honors were bestowed on this select group of honorary fellows. The Joseph Price Oration continues to be an outstanding event of the annual meeting. In addition to the message of the lecture, the social graces and the humor of these speakers have given a special flavor and delight to the events of the annual formal dinner. The financial legacy left by James Kennedy to the Foundation should provide funds for continuation of the Price Oration for decades in the future.

A second educational activity of the Foundation, the Foundation Prize Award Essay, was started in 1935. The Prize Award Essay contest was announced annually in medical journals and in letters to departments of obstetrics and gynecology. Contestants submitted their essays to a committee and the contestant was required to use an assumed name and not to identify his institution of origin. A panel of judges selected the best essay from among those submitted. Infrequently no prize essay was selected in a given year if no outstanding manuscript emerged. Young men, often doing their first investigative work in the discipline, were the most frequent contributors. The list of Prize Award Essays, authors, and years of presentation can be found in each annual volume of the Transactions. The Prize consisted of a cash award and a trip to The Homestead, all expenses paid, by the Foundation. The author read his paper before the membership of the Association at an annual meeting. The list of Prize Award recipients is impressive and some of their names bear mention because many in later years advanced to important academic posts and gave papers that represented the introduction of a subject for which they would later become famous. Among these are Harold C. Mack, professor at Wayne State University; Leon C. Chesley, professor at Downstate medical School, State University of New York; Irwin H. Kaiser, professor at University of Utah; Kermit E. Krantz, professor, University of Kansas; Allan C. Barnes, professor, Johns Hopkins University; Howard J. Tatum, professor, University of Oregon; Charles H. Hendricks, professor, University of North Carolina; Harry S. McGaughey, professor, University of North Carolina; Henry A. Thiede, professor, University of Rochester; Donald L. Hutchinson, professor, University of Pittsburgh; Luis A. Cibils, professor, University of Chi-

cago; and Arthur L. Herbst, professor, University of Chicago. This impressive list of names, the work they did, and distance they traveled are a tribute to the men and to the American Association of Obstetricians and Gynecologists Foundation, Inc. One of the original goals of the Foundation was to encourage research in obstetrics and gynecology, particularly among young clinical investigators. This goal has surely been attained.

The third major activity of the Foundation was established on receipt of the large bequest from the James Kennedy estate and from the estate of Walter Dannreuther. A James W. Kennedy—Walter Dannreuther Memorial Committee with Charles Hunter as chairman was appointed in 1969. Other members of the committee were Robert Munsick, Donald Woodruff, Ralph Wynn, and Leo Dunn. This committee took as its task the improvement of undergraduate and postgraduate education in obstetrics and gynecology in United States and Canada. Charles Hunter had been professor at the University of Washington before becoming professor at the University of Indiana. Hunter came from an academic family; his father had been a university professor in undergraduate faculties. While Hunter was at the University of Washington, he became impressed that teachers in the School of Education had something to teach medical faculties about the art and science of teaching. The members of the Kennedy-Dannreuther Committee established regional meetings throughout the country and invited faculties of obstetrics and gynecology to send representatives. As a result of several of these meetings a basic curriculum for undergraduate students in obstetrics and gynecology evolved. Not only was a curriculum guide established, but methods for testing students' knowledge in reproductive biology before entry into the clerkship were proposed. Students were tested again after completion of the clerkship to determine whether the objectives of the curriculum had been attained. The Foundation then circulated to all departments of obstetrics and gynecology a suggested basic curriculum for undergraduate teaching along with suggestions on testing procedures. Over the next seven years the committee increased its effectiveness by sponsoring regional meetings for faculty members for discussion and improvement in teaching techniques. A subcommittee under Robert Munsick gave particular attention to undergraduate teaching methods, while a separate subcommittee under Leo Dunn studied the education content and requirements of residency training. The committee and its subcommittees worked closely with the Association of Professors of Gynecology and Obstetrics, the Residency Review Committee, and the American College of Obstetricians and Gynecologists to establish the Committee on Resident Education in Obstetrics and Gynecology. This latter organization has been very influential in establishing educational goals for the various levels of resident training. As a result of their examination procedures, candidates for specialty certification by the American Board of Obstetrics and Gynecology are much better prepared than in former years and residents are stimulated to study as well as do clinical training while in a residency program. Program directors have found the examinations of the Committee on Resident Education in Obstetrics and Gynecology to be very helpful to them in their positions of leadership and teaching. The efforts of Charles Hunter and his committee have had far-reaching beneficial effects on undergraduate and specialty education in this country and in Canada. Sadly, Dr. Hunter died at the zenith of his brilliant career. He was not only a great teacher and clinician, he had a missionary zeal to do the best possible job in passing information from one generation to the next. I think he was able to do this in his lifetime, and while it was short his work continues. The Foundation has other projects in mind such as the improvement of training in gynecologic surgery, continuing education for specialists, and financial sponsorship of fellowships in the subspecialties. There is no doubt that the generosity of James Kennedy, Walter Dannreuther, Bay Jacobs, and others has created great potential to help needy medical students, residents, and postgraduate fellows.

On March 11 and 12, 1929, the American Association held its first midyear clinical meeting. The meeting was held in Columbus, Ohio. These midyear clinical meetings became an annual tradition of the Association. The Council met on Thursday and the clinical meetings occurred on Friday and Saturday. All members of the Association were invited to attend and the usual total attendance was 30 to 40 fellows. The programs varied depending on where the meeting was held. The host or hosts usually represented a medical school. If the hosts' city had more than one medical school, these schools shared the program. If the meeting was held in New York, Boston, Philadelphia, Chicago, or New Orleans, the group in attendance would be

transported by bus from institution to institution. The members had dinner together on Friday evening, usually in the best hotel or restaurant in the city. On Thursday evening the hosts of the city entertaining usually invited the group for dinner at a member's home, a hotel or a club. Those in charge of the clinical program delayed treatment of patients scheduled for elective surgical procedures so they could demonstrate that procedure to the audience. I remember that Herbert Schmitz of Chicago performed a vaginal hysterectomy by morcelization of a fibromyomatous uterus that filled the pelvis and reached to the level of the umbilicus. The procedure was performed with skill and minimal blood loss. At that meeting I recall Maurice Davis, University of Chicago, announcing before starting an elective cesarean section that he intended to demonstrate how a cesarean section could be performed with but two teaspoonfuls of blood loss. The patient lost a little more than two teaspoonfuls, but when the operation was completed the drapery sheets were hardly soiled. He indeed performed a masterly operation and showed how cesarean section could be performed with minimal blood loss. The surgical clinics that characterized the midyear meetings were a high point and were the main attraction of the meetings from their beginning until approximately 1965, after which operative clinics for visitors were gradually replaced by multiple short scientific sessions. While the scientific programs were interesting and informative about new work being done in the various departments, they could not compete with the formerly held operative clinics. Those fellows who performed the operations were usually master surgeons, but on occasion one of them would find himself in trouble because of inadvertent entry into the bladder or bowel in a particular case. No permanent harm came to the patient because the accidental opening into bladder or bowel was properly closed, but to see a master in a human role did give the viewers a certain sense of perverse joy. The midyear clinical meeting continued as a function of the organization through 1981, but was discontinued as a function of the new American Gynecological and Obstetrical Society. The midyear meeting was discontinued because the members other than the Council gradually stopped attending. The reasons for poor attendance were multiple and might be enumerated as follows: Surgical techniques gradually became standardized to the extent that there was little gain for many of the fellows to travel to a meeting to see someone else do operation that he could do or see at home; the scientific programs while interesting would soon be published or given elsewhere at a national meeting; so many organization of obstetrics and gynecology evolved that one often heard the same scientific material from several platforms; and finally, subspecialization was accompanied by a division of interest among the fellows.

A very interesting and new subject was presented in 1929 by Q. U. Newell, Edgar Allen, J. P. Pratt, and L. J. Bland in a paper titled "The Time of Ovulation in the Menstrual Cycle as Checked by the Recovery of Ova From the Fallopian Tubes" (Transactions 929;42:151). This and other studies helped to evolve an understanding of human fertility.

The Association became active in maternal mortality studies and supported activities of states and cities in the study of maternal deaths. The maternal mortality rate in the United States in 1927 was 2.5 maternal deaths per 1000 live births. Arthur Bill, president of the American Association in 1931, reviewed the progress of obstetrics and described the newer obstetrics as it existed at that time. Bill emphasized the general adoption of prenatal care and the treatment of complications of pregnancy instead of termination of pregnancy complicated by medical problems such as tuberculosis, heart disease, and other diseases. He pointed out that such procedures as manual dilation of the cervix, vaginal cesarean section, craniotomy, and pubiotomy were no longer practiced. In his address he told of the value and safety of blood transfusions in obstetrics and the relative safety of cesarean section and how this operation was replacing high forceps deliveries, pubiotomy, and craniotomy. In Bill's time asepsis, rubber gloves, analgesia in labor, pituitary extract, and prophylactic outlet forceps had become standard tools in obstetric practice. Finally, he explained that specialization in obstetrics and gynecology and deliveries in hospitals instead of at home had contributed significantly to reduction of maternal and perinatal mortality rates.

It is of interest that Jennings Litzenberg, as president, addressed the Association in 1933 on "The Challenge of the Falling Birth Rate." That year marked the depth of the depression, and married couples were limiting family size since economic conditions were a powerful negative force on population growth.

Litzenberg believed that physicians should encourage larger families for the good of the country. It would be barely another 20 years before obstetricians and gynecologists along with demographers became alarmed about uncontrolled population growth in the United States and in the entire world.

A committee was appointed by the Council in 1935 to study the possible effects of irradiation on human offspring. After a thorough study of the question the committee made its report to the Association in 1940. Their conclusion was that irradiation was dangerous to the ovaries and to fetal tissues, particularly the gonads. These observations were prophetic and antedated by at least a decade general acceptance of their conclusions.

Every medical student has heard about Meigs' syndrome of ovarian fibroma associated with ascites and hydrothorax. Joe Meigs presented this subject at a meeting of the American Association in 1936 (Transactions 1936;49:29). Meigs became president of the organization in 1959.

The first paper on the treatment of infections with sulfonamides was presented in 1941 by Dudley R. Smith and Rogers Deakin of St. Louis. The paper was titled "Treatment of Gonorrhoea in the Female With Sulfathiazole" (Transactions 1941;54:60). Following this introduction of successful chemotherapy, later generations of antibiotic agents evolved so that many infections previously resistant to treatment could be treated successfully.

The idea for a biographic book of the fellows was discussed during the business session of the annual meeting of 1941, but the matter was deferred because of World War II. After the war the subject was not discussed again and no album or biographic book was published.

Edward J. Ill, the last of the founding fellows, died in 1942 in his eighty-ninth year after practicing 66 years and after performing surgery until age 84. He was president of the organization in 1899; he spent his professional life in Newark.

Waldo B. Edwards and Robert A. Hingson of the United States Public Health Service presented their classic paper "Management of Obstetrical Labor and Delivery With Continuous Caudal Analgesia" by invitation at the 1942 annual meeting (Transactions 1942;55:168). Following the introduction of this new and revolutionary technique, these clinicians traveled to most of the medical schools of United States in order to introduce and promote their technique. Caudal anesthesia was very popular in this country for 30 years, but finally gave way to epidural anesthesia and analgesia. Edwards and Hingson, however, deserve a great deal of credit for improvement of pain relief in labor.

Joe Meigs of Boston presented in 1943 a paper on his experience with the Wertheim operation for cancer of the cervix. His report marked the renaissance in this country of surgical treatment of cancer of the cervix and marked the beginning of a debate that would last for a quarter of a century about which is superior, surgery or irradiation, for the treatment of cancer of the cervix. Before 1915, galvanocurrent, cautery, and primary surgery were the only treatments available for this lesion. After 1915, radium and later radium and external pelvic irradiation became the treatments of choice for cancer of the cervix, until 1943 when Meigs popularized surgery.

There were no meeting of the Association in the year 1944 and 1945 because of travel restrictions in force during World War II and because the fellows were by busy teaching, doing clinical work, or serving as members of the armed services.

After the war the Association returned in September 1946 to The Homestead, where the members continued to meet each year. During this meeting the Albert Mathieu Chorio-epithelioma Registry was established by a gift of \$1000 from Albert W. Holman of Portland, Oregon, given as a memorial to his friend Albert Mathieu, a fellow from Portland who died in 1939. Mathieu had studied malignancies of the trophoblast and given several reports on this subject to the Association, and he had done much to differentiate chorioadenoma from choriocarcinoma by use of clinical and histopathologic criteria. Emil Novak was appointed chairman of the Registry, which was located in the pathology laboratory of the department of gynecology at Johns Hopkins Hospital. Fellows as well as nonmembers of the Association submitted specimens of problem cases of trophoblastic disease to the Registry for diagnosis and consultation. In 1958, after the death of Emil Novak, the Registry was moved to Northwestern Medical School under the chairmanship



of John Brewer. Novak and Brewer wrote several excellent and important scientific papers based on choriocarcinoma, chorioadenoma, and hydatidiform mole. Their subject material was derived from specimens submitted to the Registry. Brewer, through his interest in trophoblastic disease and as chairman of the Albert Mathieu Chorio-epithelioma Registry, established a Center for the Treatment of Trophoblastic Disease, which was subsequently named the John I. Brewer Center for Trophoblastic Diseases, at Northwestern University. The Registry was later moved to California Medical Center in Los Angeles under the chairmanship of James Nolan. Within a few years the Registry was discontinued as an activity of the Association because it was no longer needed as a diagnostic or consultative service.

The Association, at its business meeting in 1946, honored three of its fellows by special resolutions. George Kosmak was recognized for 25 years of service as editor of the *American Journal of Obstetrics and Gynecology*, and Nicholson Eastman and Emil Novak were honored by a motion of appreciation for their editorship of the *Obstetrical and Gynecological Survey*.

It is of interest that by the year 1946 the assets of the Foundation were valued at \$1,035,214; most of this was in the form of gifts from James Kennedy.

By the end of this period (1946) younger fellows were becoming new members of the Association. The scientific sessions during the middle years were almost entirely clinical in nature. Very few full-time academic departments of obstetrics and/or gynecology existed in the country, and the few were: Johns Hopkins Medical School, Cornell University, University of Rochester, University of Chicago, University of Iowa, and Washington University. A very few others were staff by two to five members. After the war many academic departments were established in medical centers throughout the country, and not only did departments multiply, but professional staffs within departments grew. Many departments developed strong research programs in basic and clinical sciences. The major clinical problems had been settled by the end of the war, and the current challenge was in understanding the mechanism of disease. Basic scientists were brought into clinical departments. These changes from clinical observation, treatment, and reporting of results brought a different kind of program to the annual meetings of the Association and the changes were troubling to some of the older members who were primarily clinicians, and very good clinicians. Papers now appeared on the physiology of pregnancy, the physics of irradiation, and electrolytic problems. These studies emanated from the new fellows and from departments that emphasized research. The clinical care given by the young members was equal to that of the past, but they found it more interesting to report laboratory correlations than to reevaluate clinical problems their elders had struggled over and solved.



# CHAPTER VII

## *AAOG: The Later Years*

### *1947-1981*

After serving 13 years as secretary of the Association, James R. Bloss of Huntington, West Virginia, became president-elect of the organization in 1948. Leroy Calkins was the assistant secretary for the 13 years from 1935 to 1948 and succeeded Bloss as secretary. Secretaries enjoyed long terms in the first 60 years of the Association's life. William Potter, the first secretary, served 23 years in the office and died while still secretary. The second secretary, Ernest Gustav Zinke of Cincinnati, held the office for 11 years and was followed by James Davis of Dexter, Michigan, who served for seven years. Magnus A. Tate of Cincinnati was fourth secretary and he held this office for five years. Arthur M. Mendenhall of Indianapolis succeeded Tate and unfortunately died after one year as secretary. Bloss was therefore only the sixth fellow to hold the office of secretary. After Bloss's period in office the secretaries held office for three years, after which time the assistant secretary moved to the position of secretary. Their long stewardships during the first six decades of the Association's life permitted the secretaries to exercise considerable intellectual leadership in the organization through selection of program material and nomination of new members.

The traditions of The American Association of Obstetricians and Gynecologists became well established as exemplified by the constant choice of The Homestead as an annual meeting place. In 1951, another tradition was established through the thoughtfulness and devotion of J. Bay Jacobs of Washington. Jacobs offered for presentation to all past living presidents gavels carved from a walnut tree felled on his Virginia property. The tree from which the gavels were made had given shade to Union soldiers guarding Washington during the Civil War. Bay Jacobs had a special craftsman make these beautiful gavels in sufficient quantities so that each living past president was presented with one. Each gavel had a silver neck on which was inscribed the president's name, the year, and the letters "AAOG." Each year thereafter, at the banquet, the new president presented the retiring president with a gavel made from the walnut tree on Bay Jacobs' farm.

Bay Jacobs became a fellow of the Association in 1936 and practiced obstetrics and gynecology for many years in Washington, where he was an active and valued member of the volunteer faculty of Georgetown University. He is retired from practice and teaching, but has maintained an active interest in medicine. While he practiced many of his patients were from families of prominent elected officials in government. He became acquainted with many members of government through his practice and enjoyed their company and confidence. On December 20, 1983, Bay Jacobs deeded his house and adjoining land in Arlington County, Virginia, to the Foundation. This includes 4.2 acres of land adjacent to Washington, D.C. It is estimated that this is the largest single gift received by the Foundation. It is the wish of Bay Jacobs that the deeded property become headquarters for the American College of Obstetricians and Gynecologists and other national organizations of obstetrics and gynecology.

The annual banquet on Friday evenings was the high point of the social activities of the Association. The fellows and their ladies dressed formally. The food and the service represented the best of the South. No one will forget the dessert course when all the lights were turned out and waiters, marching in time to the music, carried trays on their heads that held flaming cherries jubilee desserts. Inevitably the dinner guests broke into a rhythmic applause to go with the music. For several years, beginning at least in 1947, the president arranged for an after-dinner speaker. This was a hazardous experience. If the speaker was humorous, on his feet for a few minutes, and not too intent on earning his supper, the event was enjoyed. If, on the other hand, the after-dinner speaker chose to deliver a lecture, the audience became quite restless. I remember one after-dinner speaker particularly well, the Very Reverend James T. Hussey, president of Loyola

University of Chicago, whom Herbert Schmitz had invited to give the banquet talk. The talk was good and not too long, but some of the fellows and guests had had too much to drink during the cocktail hour. One fellow, somewhat stunned by his drinks, rose unsteadily to his feet and in a loud voice asked the guest speaker if he believed in the infallibility of the Pope. Dead silence reigned. President Schmitz had the presence of mind to state simply that it was not customary for the audience to discuss the after-dinner speaker's presentation and brought the banquet to a close by an announcement of adjournment.

In an attempt to give the reader some idea of the changing pattern of practice of obstetrics and gynecology during this period, I have chosen to mention papers given at annual meetings that concerned new subjects and that were later shown to be important milestones in obstetrics and gynecology. One such paper titled "Nitrogen Mustard and X-ray in the Treatment of Pulmonary Metastasis From Choriocarcinoma" was written by Clayton T. Beecham and others (Transactions 1954;65:48). Two patients with choriocarcinoma were treated with nitrogen mustard and radiation; one survived, the other died. This report represented the beginning of successful chemotherapy for malignancies of the trophoblast. It would be 1956 before M. C. Li, Roy Hertz, and D. R. Spencer would introduce methotrexate as an agent for treatment of malignancies of the trophoblast (Proc Soc Exp Biol Med 1956;93:361).

A year later Thomas R. Goethals of Boston, son of George W. Goethals, chief engineer in charge of construction of the Panama Canal, presented a paper titled "Cesarean Section as the Method of Choice in Management of Breech Delivery" (Transactions 1955;66:72). Cesarean section was chosen in only 11.2% of breech deliveries, but in 71% of cases where any cephalopelvic disproportion was diagnosed before labor. I estimate that by 1984 70% or more of infants in breech presentation were delivered by cesarean section.

In 1956, the Council changed its policy for election of new members. After reading a paper or discussing a paper before the Association, each candidate's name, curriculum vitae, and bibliography were circulated to the membership for a mail ballot. Fifteen negative votes comprised rejection, but fortunately this rarely happened. After nomination, a screening ballot, and presentation of a paper, or a discussion of a paper, election to fellowship was essentially assumed.

Robert H. Barter of Washington and others presented a paper entitled "Surgical Closure of the Incompetent Cervix During Pregnancy" (Transactions 1957;68:49). V. N. Shirodkar of Bombay had introduced the cerclage operation in 1955 as a cure for midtrimester loss secondary to incompetence of the internal cervical os (*Tendances Actuelle in Gynecologique et Obstetrique Libraire de l'Universite. Geneva. Georg et Cie, S.A., 1955, p 350*). The placement of a suture around the cervix to prevent loss of pregnancy was a new concept; however, A. F. Lash had described the syndrome of the incompetent internal os earlier (*Am J Obstet Gynecol 1950;59:68*). Lash's surgical care of this problem consisted of taking a wedge of tissue out of the cervix at the level of the internal os and suturing the cut edges together when the patient was not pregnant. Shirodkar and Barter had the courage and imagination to place a pursestring suture around the cervix during pregnancy to prevent loss of the pregnancy.

Irving Potter died on September 17, 1956, having been a fellow since 1914. I remember him as a large, tall man, very genial, but when I knew him he had passed the period of giving or discussing papers. Clyde Randall was a resident at Buffalo General Hospital and stayed in Buffalo to practice and teach. Randall tells the following story:

"I sat opposite Irving Potter at a medical society dinner when Potter was at his prime. When Potter heard that I was interested in obstetrics and gynecology and a resident at Buffalo General he exclaimed, 'My boy you can not learn anything about obstetrics in that place—over there they still believe the stork brings babies.'

"Several nights later Potter sent his chauffeur, after midnight, to pick me up and take me to his hospital, the Millard Fillmore Hospital, to see Potter do a delivery. After the delivery, Potter took me for a pancake breakfast at Child's Restaurant after which he dropped me off at the Buffalo General Hospital in time for work the next day.

“Whenever visitors came to watch Potter he insisted on one rule: ‘I’ll show you how to do an internal version operation if we do not discuss indications’. When James King of Buffalo was president of the Association, the Mid-year Clinical meeting was held in Buffalo in 1939. As part of the program the Fellows attending watched Irving Potter and his son Milton’s operative clinic in the Millard Fillmore Hospital during a three hour period. Potter, with his son Milton assisting, delivered three infants presenting by the vertex by internal podalic versions and two others by cesarean hysterectomies. All five infants were at term and were in good condition. The hysterectomies were of particular interest because the Potters removed the cervix and uterus before opening the uterus on a second table prepared to receive the newborn. This technique had been Irving Potter’s preference for years and the demonstrations of the afternoon sparked lively discussion that evening. The Transactions from 1917 forward for many years include repeated reports and discussions of Irving’s and Milton’s practice of elective internal podalic version. While they did not convince other Fellows or revolutionize obstetrical practice, they were master showmen and widely respected for their technical skills. Irving Potter died September 17, 1956, and his son Milton Grosvenour Potter, also a Fellow, died in 1970.

The early days of chemotherapy for control of disseminated disease from ovarian cancer occurred in the mid-1950s. J. George Moore of Los Angeles presented a paper titled “Evaluation of Chemotherapy in Ovarian and Cervical Cancer by Tissue Culture Methods” (Transactions 1958;69:88). The success of chemotherapy in the treatment of ovarian cancer has improved very little in the past 25 years, and chemotherapy as an adjuvant for treatment of advanced cervical cancer has been abandoned.

John Rock and other presented their experience in the use of oral contraceptive pills in 1959 (Transactions 1959;70:138). This innovation marked the beginning of the sexual revolution in the United States, which has continued to have a profound influence on population growth, sexual freedom, and gynecology and obstetrics. The introduction to the world of the oral contraceptive steroid preparations by John Rock and coworkers of Boston in 1959 was perhaps the most revolutionary and dramatic event of the twentieth century for obstetrics and gynecology (Proceedings of the Sixth International Conference, Planned Parenthood, New Delhi, India. London: The International Planned Parenthood Federation, 1959:chap 4). The widespread use of this method of birth control has been of far-reaching social and medical importance in reduction of family size, in prevention of unwanted pregnancies, and in propelling the sexual revolution. Through reduction in family size obstetric complications such as prematurity, spontaneous uterine rupture, transverse presentation, and placenta previa have become much less frequent.

The oral contraceptive pills were soon followed by successful hormonal methods for induction of ovulation in women who previously had failed to ovulate. C. Lee Buxton and Walter Herrmann of New Haven presented a paper to the Association titled “Induction of Ovulation in the Human With Human Gonadotropins” (Transactions 1960;71:172). Since that date induction of ovulation with human gonadotropin extracted from urine of postmenopausal women has become an established pattern of practice throughout the world.

In 1967, the Council for the Association appointed a committee consisting of Henry Darner, Harold Morgan, Ray Savage, Woodard D. Beacham, and Isadore Dyer, as chairman, to develop a history of the Association. The committee held several meetings and recommended that Isadore Dyer, as chairman, consult with the head of the history department of Tulane University as to how such a project should be accomplished. Dyer did this and reported the substance of his consultation with the professor of history. The professor told him that the task would be long and difficult, that it should be done by a medical historian, and that the cost would be an estimated \$10,000. Dyer reported his finding to the Council and the idea of a history at that time was dropped. I am not a medical historian, and neither is the cost \$10,000. In fact this is the work of a volunteer. My only hope is that it will be interesting and helpful even if written at minimal cost by a nonhistorian.

Eight who were fellows of both the American Association and the American Gynecological Society were elected to the presidency of each organization. These fellows were Walter Dannreuther, Jennings Litzenberg, Nicholson Eastman, Bayard Carter, John Parks, Clyde Randall, Frank Lock, and John Brewer.

The Association came to the unification of the two organizations with a financial endowment of more than \$2 million, most of which was the result of gifts from James Kennedy and his wife Jean. Walter Dannreuther had also been a generous donor, as have other fellows along the way, since incorporation of the Foundation in 1929. One must be impressed by the generous spirit of the members of the Association who have demonstrated their devotion to the organization through their gifts. For legal reasons the Foundation has retained its name, The American Association of Obstetricians and Gynecologists Foundation, Incorporated, and although it has its own officers and board of trustees the Foundation supports the educational activities of the American Gynecological and Obstetrical Society. Many fellows regretted the discontinuation of the annual fall meeting of the Association and its close friendships among the fellows and their families, but the majority of the fellows felt the time had come to make one organization from the two very good groups.

# APPENDIXES III-IV

### APPENDIX III. Members of the American Association of Obstetricians and Gynecologists, 1876-1981

Name	Year elected	Category when elected	Location when elected	Resigned	Year of death
Fred Lyman Adair	1928	Active	Minneapolis, Minn.	1942	1972
Ludwig Adler	1931	Honorary	New York, N.Y.	1958	
Alec Agnew	1957	Active	Vancouver, B.C.	1959	
Albert Herman Aldridge	1955	Active	New York, N.Y.	1983	
Henry B. Allen	1888	Founder	Baldwinsville, N.Y.	1904	
Willard M. Allen	1952	Active	St. Louis, Mo.		
E. A. J. Alment	1974	Honorary	Northampton, England		
Edward Thomas Alrams	1902	Active	Dollar Bay, Mich.	1918	
Mason C. Andrews	1975	Active	Norfolk, Va.		
William Cooke Andrews	1974	Active	Norfolk, Va.		
Axel Normal Arneson	1953	Active	St. Louis, Mo.		
William James Asdale	1890	Active	Beaver Falls, Pa.	1912	
Hervy E. Averette	1976	Active	Miami, Fla.		
William Wayne Babcock	1920	Active	Philadelphia, Pa.	1963	
Joseph Barnes Bacon	1895	Active	Chicago, Ill.	1937	
Washington H. Baker	1888	Founder	Philadelphia, Pa.	1904	
James Fairchild Baldwin	1895	Active	Columbus, Ohio	1936	
John William Ballantyne	1899	Honorary	Edinburgh, Scotland	1923	
Rollin L. Banta	1888	Founder	Buffalo, N.Y.	1906	
Hugh R. K. Barber	1975	Active	New York, N.Y.		
A. H. Freeland Barbour	1921	Honorary	Edinburgh, Scotland	1927	
David L. Barclay	1976	Active	Little Rock, Ark.		
Tom P. Barden	1980	Active	Cincinnati, Ohio		
Allan Campbell Barnes	1951	Active	Cleveland, Ohio	1982	
William Raymond Barney	1931	Active	Cleveland, Ohio	1981	
Channing W. Barrett	1911	Active	Richmond, Va.		
David Nye Barrows	1934	Active	New York, N.Y.	1965	
Robert H. Barter	1957	Active	Washington, D.C.		



Greer Baughman	1913	Active	Richmond, Va.	1941
Woodard Davis Beacham	1950	Active	New Orleans, La.	
John W. Beazley	1979	Honorary	Liverpool, England	
F. E. Beckwith	1888	Founder	New Haven, Conn.	1907
Clayton Tremain Beecham	1947	Active	Philadelphia, Pa.	
S. J. Behrman	1969	Active	Ann Arbor, Mich.	
John Norval Bell	1907	Active	Detroit, Mich.	1942
Fritz K. Beller	1972	Active	New York, N.Y.	
Ralph Creswell Benson	1958	Active	Portland, Ore.	
John McFarland Bergland	1939	Active	Baltimore, Md.	1963
Oscar Beuttner	1899	Active		1930
Arthur Holbrook Bill	1914	Active	Cleveland, Ohio	1961
William T. Black	1935	Active	Memphis, Tenn.	1938
John B. Blaikley	1964	Honorary	London, England	1976
Stuart B. Blakely	1936	Active	Birmingham, N.Y.	1952
P. Brooke Bland				1940
Jack N. Blechner	1975	Active	Farmington, Conn.	
James Ramsdell Bloss	1928	Active	Huntington, Va.	1951
Frederick Blume	1913	Active	Pittsburgh, Pa.	1918
L. Boisliniere	1892	Active	St. Louis, Mo.	1896
Charles Lybrand Bonifield	1900	Active	Cincinnati, Ohio	1932
Richard C. Boronow	1978	Active	Jackson, Miss.	
Lewis C. Boshier	1896	Active	Richmond, Va.	1920
James P. Boyd	1888	Founder	Albany, N.Y.	1931
Joseph H. Branham	1889	Active	Baltimore, Md.	1937
James L. Breen	1970	Active	Livingston, N.J.	
John I. Brewer	1949	Active	Chicago, Ill.	
George Van Amber Brown	1912	Active	McAllen, Texas	1943
John Young Brown	1894	Active	St. Louis, Mo.	1919
Willis E. Brown	1949	Active	Little Rock, Ark.	1969
John Campbell McClure Browne	1963	Honorary	London, England	1978
O'Donel Thornley D. Browne	1948	Honorary	Dublin, Ireland	1952
Paul D. Bruns	1956	Active	Denver, Colo.	
Frederick Edward Bryans	1964	Active	Vancouver, B.C.	
Richard Daniel Bryant	1955	Active	Cincinnati, Ohio	

John Christopher Burch	1961	Honorary	Nashville, Tenn.	1977
Herbert J. Buchsbaum	1979	Active	Dallas, Texas	
R. Clay Burchell	1977	Active	Hartford, Conn.	
Karl Burger	1939	Honorary	Würzburg, Germany	1962
Bernard Burns	1889	Active	Allegheny, Pa.	1892
Samuel H. Buteau	1908	Active	Oakland, Calif.	1927
Bertram Harrington Buxton	1939	Active	Providence, R.I.	1947
C. Lee Buxton	1961	Active	New Haven, Conn.	1969
Roberto Caldeyro-Barcia	1958	Honorary	Montevideo, Uruguay	
Leroy Adelbert Calkins	1928	Active	Kansas City, Kan.	1960
Alexander M. Campbell	1928	Active	Grand Rapids, Mich.	1954
Archibald Donald Campbell	1934	Active	Montreal, Que.	1970
Ralph Emerson Campbell	1935	Active	Madison, Wis.	1970
Douglas Edward Cannell	1952	Active	Toronto, Ont.	1979
Elsie R. Carrington	1962	Active	Philadelphia, Pa.	
Benjamin H. Carroll	1928	Active	Toledo, Ohio	1969
N. B. Carson	1888	Founder	St. Louis, Mo.	1916
J. H. Carstens	1888	Founder	Detroit, Mich.	1920
Francis Bayard Carter	1936	Active	Durham, N.C.	1976
Rupert Frankly Carter	1931	Active	New York, N.Y.	1952
Bender Z. Cashman	1928	Active	Pittsburgh, Pa.	1948
Denis Cavanuagh	1977	Active	Tampa, Fla.	
Just Lucas Championniere	1890	Honorary	Paris, France	1913
George Fletcher Chandler	1914	Active	Kingston, N.Y.	1964
David Charles	1976	Active	Huntington, W.Va.	
Louis Arthur Alphonse Charpentier	1889	Honorary	Paris, France	1899
Walter Chipman	1933	Active	Montreal, Que.	1950
Edmund D. Clark	1915	Active	Indianapolis, Ind.	1938
Stanley Clayton	1975	Honorary	London, England	
Walter Coles	1890	Active	St. Louis, Mo.	1892
Conrad Green Collins	1949	Active	New Orleans, La.	1971
Jason H. Collins	1958	Active	New Orleans, La.	1977
J. B. Collip	1947	Honorary	London, Ont.	1965
Emmett Durham Colvin	1939	Active	Atlanta, Ga.	1976

Willard Richardson Cooke	1927	Active	Galveston, Texas	1966	
Auguste Cordes	1888	Honorary	Geneva, Switzerland	1914	
Edward Lyman Cornell	1930	Active	Chicago, Ill.	1950	
James Albet Corscaden	1934	Active	New York, N.Y.	1954	
Hiram Corson	1890	Active	Plymouth Meeting, Pa.	1896	
Waring Gerald Cosbie	1950	Active	Toronto, Ont.		
Robert A. Cosgrove	1956	Active	Jersey City, N.J.		
Samuel Allison Cosgrove	1935	Active	Jersey City, N.J.	1960	
Virgil Sheetz Counsellor	1926	Active	Rochester, Minn.	1977	
William A. Coventry	1924	Active	Duluth, Minn.	1953	
Abraham Nowell Creadick	1938	Active	Durham, N.C.	1956	
Robert N. Creadick	1957	Active	Durham, N.C.	1966	
George W. Crile	1901	Active	Cleveland, Ohio	1943	
Ronald S. Cron	1929	Active	Milwaukee, Wis.	1978	
J. Halliday Croom	1889	Honorary	Edinburgh, Scotland	1923	
Warren M. Crosby	1977	Active	Oklahoma City, Okla.		
Harry S. Crossen	1905	Active	St. Louis, Mo.	1909	1951
Andre Crotti	1912	Active	Columbus, Ohio	1958	
C. Cushing	1888	Founder	San Francisco, Calif.		
Walter Taylor Dannreuther	1923	Active	New York, N.Y.	1960	
William E. Darnall	1912	Active	Atlantic City, N.J.	1938	
Henry Luran Darner	1944	Active	Washington, D.C.		
Kedarnath Das	1914	Honorary	Calcutta, India	1936	
Val Davajan	1978	Active			
Asa Barnes Davis	1911	Active	New York, N.Y.	1930	
Carl Henry Davis	1930	Active	Milwaukee, Wis.	1979	
James Ethelbert Davis	1915	Active	Dexter, Mich.	1958	
John D. S. Davis	1903	Active	Birmingham, Ala.	1936	
William Elias Davis	1889	Active	Birmingham, Ala.	1903	
Russell Ramon De Alvarez	1952	Active	Seattle, Wash.		
John B. Deaver	1896	Active	Philadelphia, Pa.	1910	1920
David Garrison Decker	1967	Active	Rochester, Minn.		
Edwin J. De Costa	1957	Active	Chicago, Ill.		

Edward Henry Dennen	1934	Active	New York, N.Y.	1973
Dimitri Oskarovic De Ott	1910	Honorary	Leningrad, Russia	1930
Eamonn De Valera	1968	Honorary	Dublin, Ireland	
P. Hubert De Wattville	1856	Honorary	Geneva, Switzerland	
C. J. Dewhurst	1971	Honorary	London, England	
William Gordon Dice	1910	Active	Toledo, Ohio	1927
Gordon K. Dickinson	1909	Active	Jersey City, N.J.	1930
Albert W. Diddle	1948	Active	Knoxville, Tenn.	
William J. Dieckmann	1953	Active	Chicago, Ill.	1957
Thomas F. Dillon	1974	Active	New York, N.Y.	
Preston V. Dilts, Jr.	1980	Active	Memphis, Tenn.	
A. Louis Dipple	1942	Active	Houston, Texas	
Philip J. Di Saia	1979	Active	Orange, Calif.	
Ian Donald	1969	Honorary	Glasgow, Scotland	
James F. Donnelly	1964	Active	Raleigh, N.C.	
John C. Donovan	1972	Active	Rochester, N.Y.	1976
E. Lee Dorsett	1920	Active	St. Louis, Mo.	1967
Walter Blackburn Dorsett	1892	Active	St. Louis, Mo.	1915
Daniel Dougal	1937	Honorary	Manchester, England	1948
Frederick M. Douglas	1920	Active	Toledo, Ohio	1950
Gordon Watkins Douglas	1959	Active	New York, N.Y.	
Louis Harriman Douglas	1944	Active	Baltimore, Md.	1961
Robert Gordon Douglas	1948	Active	New York, N.Y.	
William Droegemueller	1978	Active	Tucson, Ariz.	
John Milton Duff	1892	Active	Pittsburgh, Pa.	1904
Cameron Duncan	1938	Active	Brooklyn, N.Y.	1956
J.M. Dunham	1888	Founder	Columbus, Ohio	1917
Alexander Dunlop	1889	Active	Springfield, Ohio	1894
James C. Dunn	1898	Active	Pittsburgh, Pa.	1907
Leo J. Dunn	1973	Active	Richmond, Va.	
Lehman Herbert Dunning	1892	Active	Indianapolis, Ind.	1906
Isadore Dyer	1957	Active	New Orleans, La.	1985
William E. Easterling	1979	Active	Chapel Hill, N.C.	
Nicholson Joseph Eastman	1936	Active	Baltimore, Md.	1973

Thomas Barker Eastman	1899	Active	Indianapolis, Ind.	1919
Arthur Willesley Edis	1888	Honorary	London, England	1993
Josiah Reamer Eisaman	1939	Active	Pittsburgh, Pa.	1979
Abraham Fredrik Eklund	1889	Honorary	Stockholm, Sweden	1998
Oscar H. Elbrecht	1904	Active	St. Louis, Mo.	1930
Ludwig A. Emge	1951	Honorary	San Francisco, Calif.	1982
John Frederick Erdmann	1906	Active	New York, N.Y.	1954
T. N. Evans	1963	Active	Detroit, Mich.	
Houston Spencer Everett	1951	Active	Baltimore, Md.	1975
Frederick H. Falls	1926	Active	Chicago, Ill.	1974
Robert Emmett Farr	1920	Active	Minneapolis, Minn.	1932
Robert Lee Faulkner	1947	Active	Cleveland, Ohio	1973
Jean Louis Faure	1906	Honorary	Paris, France	1948
Alexander Hugh Ferguson	1895	Active	Chicago, Ill.	1911
James Henry Ferguson	1958	Active	Miami, Fla.	1976
Juan Santos Fernandez	1891	Honorary	Havana, Cuba	1922
David P. Findley	1945	Active	Omaha, Neb.	1953
Palmer Findley	1911	Active	Omaha, Neb.	1964
George Jackson Fisher	1891	Active	Sing Sing, N.Y.	1893
Charles E. Flowers	1963	Active	Birmingham, Ala.	
Curtis C. Foster	1910	Active	Pittsburgh, Pa.	1930
Ludwig Fraenkel	1926	Honorary	Montevideo, Uruguay	1951
Lewis Frankil	1923	Honorary	Vienna, Australia	1938
Carlton Cassius Frederick	1890	Active	Buffalo, N.Y.	1911
James Roy Freeland	1913	Active	Pittsburgh, Pa.	1917
Henry Clay Frick II	1973	Active	New York, N.Y.	
Eduard G. Fredrich, Jr.	1980	Active	Miami, Fla.	
Henry Dawson Furniss	1912	Active	New York, N.Y.	1942
Harold Lawrence Gainey	1944	Active	Kansas City, Mo.	
Sprague H. Gardiner	1959	Active	Indianapolis, Ind.	
George Henry Gardner	1954	Active	Chicago, Ill.	1984
Alexander Y. Peyton Garnett	1921	Active	Washington, D.C.	1954
James McFadden Gaston	1896	Active	Atlanta, Ga.	1896

Albert B. Gertie	1973	Active	Chicago, Ill.	
Henry Gibbons, Jr.	1891	Active	San Francisco, Calif.	1912
William J. Gillette	1902	Active	Toledo, Ohio	1925
David Todd Gillian	1912	Active	Columbus, Ohio	1923
Raymond A. D. Gillis	1929	Active	Pittsburgh, Pa.	1970
Thomas Rodman Goethals	1939	Active	Boston, Mass.	1962
Albert Goldspohn	1895	Active	Naperville, Ill.	1929
James Robert Goodall	1936	Active	Montreal, Que.	1947
George E. Goodfellow	1904	Active	Los Angeles, Calif.	1910
Sylvester Jacob Goodman	1912	Active	Columbus, Ohio	1945
Clifford P. Goplerud	1973	Active	Iowa City, Iowa	
Charles Albert Gordon	1927	Active	Brooklyn, N.Y.	1958
Frank D. Gray	1913	Active	Jersey City, N.J.	1916
Thomas H. Green, Jr.	1972	Active	Boston, Mass.	1980
Traill Green	1892	Active	Easton, Pa.	1897
John William Greene, Jr.	1965	Active	Lexington, Ky.	
Ronald R. Greene	1953	Active	Chicago, Ill.	
J. P. Greenhill	1930	Active	Chicago, Ill.	1975
Frank Christian Greiss, Jr.	1974	Active	Winston-Salem, N.C.	
Herbert Spohn Griffin	1891	Active	Hamilton, Ont.	1921
Saul Bernard Gusberg	1968	Active	New York, N.Y.	
Gerald Williams Gustafson	1936	Active	Indianapolis, Ind.	1954
Alan F. Guttmacher	1957	Active	New York, N.Y.	1974
David Hadden	1913	Active	San Francisco, Calif.	1951
William David Haggard, Sr.	1892	Active	Nashville, Tenn.	1901
George A. Hahn	1956	Active	Philadelphia, Pa.	
Magnus Haines	1957	Honorary	London, England	1978
David Goodrell Hall III	1971	Active	Columbia, Mo.	
Rufus Bartlett Hall	1889	Active	Cincinnati, Ohio	1936
Buford G. Hamilton	1931	Active	Kansas City, Kan.	1952
Charles B. Hammond	1980	Active	Durham, N.C.	
Bernard J. Hanley	1940	Active	Los Angeles, Calif.	1968
Calvin Richards Hannah	1924	Active	Dallas, Texas	1940
Guy M. Harbert, Jr.	1980	Active	Charlottesville, Va.	

Joseph Arnold Hardy	1951	Active	St. Louis, Mo.	1971	
Paul Tompkins Harper	1921	Active	Albany, N.Y.	1931	
James Aitken Harrar	1910	Active	New York, N.Y.	1971	
Louis Marshall Harris	1949	Active	Newport, R.I.	1955	
Arthur L. Haskins	1959	Active	Baltimore, Md.		
William F. T. Haultain	1947	Honorary	Edinburgh, Scotland	1958	
T. Terry Hayashi	1980	Active	Pittsburgh, Pa.		
Herman Emil Hayd	1894	Active	Buffalo, N.Y.	1944	
Douglas M. Haynes	1963	Active	Louisville, Ky.		
Louis M. Hellman	1953	Active	Brooklyn, N.Y.		
Donald Nelson Henderson	1942	Active	Toronto, Ont.	1981	
Harold Henderson	1952	Active	Detroit, Mich.	1967	
Charles H. Hendricks	1962	Active	Chapel Hill, N.C.		
James Patrick Hennessy	1949	Active	New York, N.Y.	1975	
Arthur L. Herbst	1977	Active	Chicago, Ill.		
Arthur Tremain Hertig	1959	Honorary	Boston, Mass.		
Eugene Hertoghe	1914	Honorary	Antwerp, Belgium	1927	
Roy Hertz	1962	Honorary	Washington, D.C.		
Arthur E. Hertzler	1924	Active	Halstead, Kan.	1930	1937
H. Close Hesseltine	1950	Active	Chicago, Ill.		
Lawrence L. Hester, Jr.	1964	Active	Charleston, S.C.		
James Ernst Heyman	1954	Honorary	Stockholm, Sweden	1956	
Hampton E. Hill	1888	Founder	Saco, Maine	1894	
John Cooke Hirst	1939	Active	Philadelphia, Pa.	1981	
C. Paul Hodgkinson	1956	Active	Detroit, Mich.		
John Frederick Hofmeister	1962	Active	Milwaukee, Wis.		
Roy G. Holly	1958	Active	Omaha, Neb.		
Albert W. Holman	1936	Active	Portland, Ore.	1952	
Walter Richard Holmes	1942	Active	Atlanta, Ga.	1975	
Albert Steuben Hotaling	1912	Active	Syracuse, N.Y.	1913	
Henry Howitt	1891	Active	Toronto, Ont.	1934	
Carl Parker Huber	1950	Active	Indianapolis, Ind.	1974	
R. R. Huggins	1905	Active	Pittsburgh, Pa.	1938	
Edward Charles Hughes	1949	Active	Syracuse, N.Y.	1976	
William Henry Humiston	1895	Active	Cleveland, Ohio	1943	

John Mason Hundley, Jr.	1949	Active	Baltimore, Md.	1965
Arthur Bishop Hunt	1947	Active	Rochester, Minn.	
Charles A. Hunter, Jr.	1963	Active	Seattle, Wash.	1981
Harry Ralph Huston	1931	Active	Dayton, Ohio	1969
Donald L. Hutchinson	1968	Active	Pittsburgh, Pa.	1973
Mortimer N. Hyams	1934	Active	New York, N.Y.	1965
Joel W. Hyde	1898	Active	Brooklyn, N.Y.	1907
Charles L. Ill	1901	Active	Newark, N.J.	1939
Edward J. Ill	1888	Founder	Newark, N.J.	1942
Francis M. Ingersoll	1958	Active	Boston, Mass.	
Henry Downer Ingraham	1897	Active	Buffalo, N.Y.	1904
James M. Ingram	1975	Active	Tampa, Fla.	
John H. Isaacs	1975	Active	Evanston, Ill.	
Leon Israel	1959	Active	Philadelphia, Pa.	1971
Delbert L. Jackson	1928	Active	Boston, Mass.	1933
Charles Jacobs	1894	Honorary	Brussels, Belgium	1924
J. Bay Jacobs	1936	Active	Washington, D.C.	
Julius H. Jacobson	1909	Active	Toledo, Ohio	1919
George C. Jarvis	1888	Founder	Hartford, Conn.	1900
Walter Addison Jayne	1894	Active	Denver, Colo.	1898
T. N. A. Jeffcoate	1966	Honorary	Liverpool, England	1918
James Thomas Jelks	1892	Active	Hot Springs, Ark.	1902
Nathan Jenka	1910	Active	Detroit, Mich.	1916
C. Gordon Johnson	1955	Active	New Orleans, La.	1984
Herman Walter Johnson	1940	Active	Houston, Texas	1958
John W. Johnson	1978	Active	Baltimore, Md.	
Wayne L. Johnson	1973	Active	Buffalo, N.Y.	1979
William Oscar Johnson	1942	Active	Louisville, Ky.	1960
Robert Alexander Johnston	1945	Active	Houston, Texas	1972
R. W. Johnstone	1929	Honorary	Edinburgh, Scotland	1970
Arthur Thoms Jones	1910	Active	Providence, R.I.	1939
Georgeanna Seegar Jones	1971	Honorary	Baltimore, Md.	
Howard W. Jones, Jr.	1971	Honorary	Baltimore, Md.	



Thomas Evans Jones	1930	Active	Cleveland, Ohio	1949
William Nicholson Jones	1953	Active	Birmingham, Ala.	
William Oscar Jones	1942	Active	Louisville, Ky.	1960
Michael J. Jordan	1958	Active	New York, N.Y.	1982
Howard L. Judd	1980	Active	Los Angeles, Calif.	
Conrad G. Julian	1977	Active	Nashville, Tenn.	1979
Harold A. Kaminetzky	1973	Active	Newark, N.J.	
Howard Francis Kane	1931	Active	Washington, D.C.	1946
Raymond H. Kaufman	1977	Active	Houston, Texas	
John William Keefe	1902	Active	Providence, R.I.	1935
William Charles Keettel	1955	Active	Iowa City, Iowa	1981
Thomas Keith	1889	Honorary	London, England	1896
Robert J. Keller	1951	Honorary	Edinburgh, Scotland	1981
J. H. Kellog	1904	Active	Battle Creek, Mich.	1925
Foster Standish Kellogg	1923	Active	Boston, Mass.	1923
Royer Dyke Kempers	1977	Active	Rochester, Minn.	
James William Kennedy	1910	Active	Philadelphia, Pa.	1957
Jean Kennedy	1962	Honorary	Junction City, Kan.	1966
Robert Alexander Kimbrough, Jr.	1951	Active	Philadelphia, Pa.	1967
Robert Arthur Hugil Kinch	1965	Active	Montreal, Que.	
Edward Lucy King	1934	Active	New Orleans, La.	1963
Gordon King	1953	Honorary	South Perth, Western Australia	
James E. King	1911	Active	Buffalo, N.Y.	1947
Raymond Charles King	1938	Active	Toledo, Ohio	1962
Theodore M. King	1975	Active	Baltimore, Md.	
Walter C. G. Kirchner	1908	Active	St. Louis, Mo.	1961
Arnold Klopper	1972	Honorary	Aberdeen, Scotland	
Per Kolstad	1973	Honorary	Oslo, Norway	
George W. Kosmak	1918	Active	New York, N.Y.	1954
Hans Kottmeier	1963	Honorary	Stockholm, Sweden	1982
Otto St. Clair Krebs	1932	Active	St. Louis, Mo.	1963
Philip J. Krupp, Jr.	1978	Active	New Orleans, La.	
Horace Manley Lane	1903	Honorary	São Paulo, Brazil	1912

Burnley Langford	1921	Active	Norfolk, Va.	1926
Abraham F. Lash	1958	Active	Chicago, Ill.	
J. P. A. Larvasen	1961	Active	Montreal, Que.	
Rae Thornton La Vake	1928	Active	Minneapolis, Minn.	1975
Lucien Amaron Le Doux	1950	Active	New Orleans, La.	1961
Adam Phillips Leighton	1914	Active	Portland, Maine	1958
G. Leopold	1889	Honorary	Dresden, Germany	1913
George C. Lewis, Jr.	1965	Active	Philadelphia, Pa.	
John L. Lewis, Jr.	1973	Active	New York, N.Y.	
Walter Rodman Lincoln	1901	Active		1932
Montgomery Linville	1900	Active	New Castle, Pa.	1910
A. Brian Little	1975	Active	Cleveland, Ohio	
Herbert M. Little	1928	Active	Montreal, Que.	1934
William A. Little	1971	Active	Miami, Fla.	
Jennings C. Litzenberg	1915	Active	Minneapolis, Minn.	1948
Frank Roy Lock	1949	Active	Winston-Salem, N.C.	1979
Wendell McLean Long	1941	Active	Oklahoma City, Okla.	1947
Howard William Longyear	1890	Active	Detroit, Mich.	1921
Thomas Lothrop	1888	Founder	Buffalo, N.Y.	1902
Henry Stokes Lott	1910	Active	Winston-Salem, N.C.	1936
Donald Mackintosh Low	1937	Active	Kingston, Ont.	1983
James A. Low	1970	Active	Kingston, Ont.	
David Boyd Ludwig	1944	Active	Pittsburgh, Pa.	1958
Clifford Bill Lull	1941	Active	Philadelphia, Pa.	1951
Curtis J. Lund	1952	Active	Rochester, N.Y.	1979
John A. Lymys	1896	Active	Chicago, Ill.	1919
Frederick James Lynch	1942	Active	Boston, Mass.	1957
Milton L. McCall	1957	Active	Pittsburgh, Pa.	1963
James McCann	1891	Active	Pittsburgh, Pa.	1893
Thomas McCann	1898	Active	Pittsburgh, Pa.	1903
Benjamin Rush McClellan	1910	Active	Chicago, Ill.	1943
William T. McConnell	1939	Active	Louisville, Ky.	1929
James Robert McCord	1939	Active	Atlanta, Ga.	1960
Charles O. McCormick	1936	Active	Indianapolis, Ind.	1957

Thomas W. McElin	1964	Active	Evanston, Ill.	1982
Kenneth Turville MacFarlan	1949	Active	Montreal, Que.	
Theodore A. McGraw	1905	Active	Detroit, Mich.	1920
Henry Thomas Machell	1891	Active	Toronto, Ont.	1930
Harold Carl Mack	1955	Active	Detroit, Mich.	1982
Lacke L. MacKenzie	1954	Active	New York, N.Y.	1977
Donald Maclean	1894	Active	Detroit, Mich.	1894
Hector Mac Lennan	1967	Honorary	Glasgow, Scotland	1975
Frank L. McPhail	1952	Active	Great Falls, Mont.	1977
Russ A. McPherson	1910	Active	New York, N.Y.	1935
John Van S. Maeck	1972	Active	Burlington, Vt.	
Edgar L. Makowski	1973	Active	Denver, Colo.	
George D. Malkasian, Jr.	1980	Active	Rochester, Minn.	
Emery Manuel	1911	Active	Atlantic City, N.J.	1920
Douglas Jeffrey Marchant	1972	Active	Boston, Mass.	
Andrew A. Marchetti	1951	Active	Washington, D.C.	1970
C. McIntosh Marshall	1952	Honorary	Liverpool, England	1955
August Martin	1890	Honorary	Berlin, Germany	1934
Claudius Henry Mastin	1895	Active	Mobile, Ala.	1898
Albert Mathieu	1939	Active	Portland, Ore.	1939
Harvey Burleson Matthews	1941	Active	Brooklyn, N.Y.	1961
Richard F. Mattingly	1969	Active	Milwaukee, Wis.	
George B. Maughan	1962	Active	Montreal, Que.	
Charles Hampton Mauzy, Jr.	1954	Active	Winston-Salem, N.C.	1961
Thomas J. Maxwell	1888	Founder	Keokuk, Iowa	
Joe Vincent Meigs	1935	Active	Boston, Mass.	1963
Arthur Monroe Mendenhall	1920	Active	Indianapolis, Ind.	1934
William F. Mengert	1941	Active	Dallas, Texas	1976
James A. Merrill	1966	Active	Oklahoma City, Okla.	
Robert H. Messer	1977	Active	Albuquerque, N.M.	
Abe Mickal	1972	Active	New Orleans, La.	
John J. Mikuta	1977	Active	Philadelphia, Pa.	
A. B. Miller	1888	Founder	Syracuse, N.Y.	1925
James Raglan Miller	1931	Active	Hartford, Conn.	1971
John D. Miller	1905	Active	Cincinnati, Ohio	1940

Bentrice Minz	1980	Honorary	Philadelphia, Pa.	
Daniel R. Mishall, Jr.	1977	Active	Los Angeles, Calif.	
George W. Mitchell, Jr.	1965	Active	Boston, Mass.	
James Russell Moe	1945	Active	Duluth, Minn.	1953
Kamran S. Moghissi	1980	Active	Detroit, Mich.	
Roy William Mohler	1944	Active	Philadelphia, Pa.	1964
John Chassav Moir	1955	Honorary	Oxford, England	1977
E. E. Montgomery	1888	Founder	Philadelphia, Pa.	1927
John B. Montgomery	1961	Active	Philadelphia, Pa.	
Thaddeus Lemert Mongtomery	1930	Active	Philadelphia, Pa.	
Fletcher D. Mooney	1896	Active	St. Louis, Mo.	1897
Robert Daniel Mussey	1924	Active	Rochester, Minn.	1958
James H. Nelson, Jr.	1974	Active	Brooklyn, N.Y.	
Quitman U. Newell	1929	Active	St. Louis, Mo.	1940
Robert Lewis Newman	1952	Active	Kansas City, Mo.	
Michael Newton	1967	Active	Chicago, Ill.	
Julius Nicolaysen	1889	Honorary	Oslo, Norway	1889
Kenneth Robert Niswander	1975	Active	Davis, Calif.	
George Henry Noble	1894	Active	Atlanta, Ga.	1911
Thomas Benjamin Noble	1903	Active	Indianapolis, Ind.	1903
James F. Nolan	1962	Active	Los Angeles, Calif.	1983
James Francis Norton	1945	Active	Jersey City, N.Y.	1950
Emil Novak	1935	Active	Baltimore, Md.	1957
Joseph W. O'Connor	1935	Active	Erie, Pa.	1967
Thomas Opie	1888	Founder	Baltimore, Md.	1908
Edmund W. Overstreet	1958	Active	San Francisco, Calif.	1983
Richard Paddock	1934	Active	St. Louis, Mo.	1962
Ernest Winslow Page	1952	Active	San Francisco, Calif.	
Hugo Otto Pantzer	1889	Active	Indianapolis, Ind.	1936
George N. Papanicolaou	1959	Honorary	New York, N.Y.	1962
Roy T. Parker	1962	Active	Durham, N.C.	
John Louis Parks	1948	Active	Washington, D.C.	1972

Langdon Parsons	1959	Active	Boston, Mass.	1980
Roland A. Pattillo	1976	Active	Milwaukee, Wis.	
Carl J. Pauerstein	1976	Active	San Antonio, Texas	
Franklin Limer Payne	1954	Active	Philadelphia, Pa.	1980
Waverly R. Payne	1951	Active	Hampton, Va.	1977
Newlin Fill Paxton	1955	Active	Philadelphia, Pa.	1982
Warren H. Pearse	1971	Active	Omaha, Neb.	
George Augustus Peck	1916	Active	New York, N.Y.	1926
Ben Miller Peckham	1963	Active	Madison, Wis.	
John Peel	1963	Honorary	London, England	
Thomas Christian Peightal	1953	Active	New York, N.Y.	1952
George Franklin Pendleton	1925	Active	Kansas City, Mo.	1958
James Fulton Percy	1916	Active	Los Angeles, Calif.	1946
Orange G. Pfaff	1899	Active	Indianapolis, Ind.	1927
William Pfeiffer	1921	Active	Brooklyn, N.Y.	1928
Louis E. Phaneuf	1923	Active	Boston, Mass.	1953
Miles H. Phillips	1937	Honorary	South Wales, Australia	1965
E. Pietravera	1891	Honorary	Buenos Aires, Argentina	1947
Roy M. Pitkin	1979	Active	Iowa City, Iowa	
Everett Dudley Plass	1928	Active	Iowa City, Iowa	1956
John Osborn Polak	1920	Active	Brooklyn, N.Y.	1931
Miles F. Porter	1898	Active	Ft. Wayne, Ind.	1933
William D. Porter	1902	Active	Cincinnati, Ohio	1935
Alfred Latimer Potter	1952	Active	Providence, R.I.	1983
Irving White Potter	1914	Active	Buffalo, N.Y.	1956
Milton Grosvenor Potter	1935	Active	Buffalo, N.Y.	1970
William Warren Potter	1888	Founder	Buffalo, N.Y.	1911
John Wilson Poucher	1903	Active	Poughkeepsie, N.Y.	1948
Jean Paul Pratt	1938	Active	Detroit, Mich.	1981
Joseph Hyde Pratt	1961	Active	Rochester, Minn.	
Konrad A. Prem	1979	Active	Minneapolis, Minn.	
Joseph Price	1888	Founder	Philadelphia, Pa.	1911
William Thomas Pride	1935	Active	Memphis, Tenn.	1952
Jack A. Pritchard	1959	Active	Dallas, Texas	
Harry Prystowsky	1972	Active	Gainesville, Fla.	

Lucien Robert Pyle	1948	Active	Topeka, Kan.	
John T. Queenan	1976	Active	Louisville, Ky.	
James Knight Quigley	1919	Active	Rochester, N.Y.	1964
Edward J. Quilligan	1971	Active	Los Angeles, Calif.	
Clyde Lamb Randall	1944	Active	Buffalo, N.Y.	
Lawrence Merrill Randall	1931	Active	Rochester, Minn.	1969
Charles David Read	1949	Honorary	London, England	1957
Francis Reder	1904	Active	St. Louis, Mo.	1938
Charles Alfred Lee Reed	1924	Active	Cincinnati, Ohio	1928
Thomas Kevin Reeves	1938	Active	Pittsburgh, Pa.	1947
Duncan Ear Reid	1955	Active	Boston, Mass.	1973
Ralph A. Reis	1950	Active	Chicago, Ill.	1978
James Leonard Reycraft	1932	Active	Cleveland, Ohio	1983
Robert Barnwall Rhett	1896	Active	Charleston, S.C.	1901
George Henry Rhoe	1889	Active	Baltimore, Md.	1899
Ralph M. Richart	1978	Honorary	New York, N.Y.	
Edward Ricketts	1888	Founder	Cincinnati, Ohio	1912
H. L. Riva	1961	Active	Newark, N.J.	
Joseph Rivieue	1926	Honorary	Paris, France	1948
Melvin Andrew Roblee	1947	Active	St. Louis, Mo.	
John Rock	1958	Honorary	Boston, Mass.	1984
John W. Roddick, Jr.	1971	Active	Springfield, Ill.	
Abraham Jacob Rongy	1913	Active	New York, N.Y.	1949
Marcus Rosenwasses	1892	Active	Cleveland, Ohio	1910
James F. W. Ross	1890	Active	Toronto, Ont.	1911
Robert Alexander Ross	1934	Active	Durham, N.C.	1973
Grandison Delney Royston	1920	Active	St. Louis, Mo.	1983
Isador C. Rubin	1935	Active	New York, N.Y.	1958
Marvin Pierce Rucker	1920	Active	Richmond, Va.	1953
Joseph Phineas Runyan	1902	Active	Little Rock, Ark.	1930
Keith P. Russell	1959	Active	Los Angeles, Calif.	
Felix N. Rutledge	1965	Active	Houston, Texas	

James Edgar Sadlier	1903	Active	Poughkeepsie, N.Y.	1939
Max Saenger	1889	Honorary	Prague, Czechoslovakia	1903
K. Isadore Sanes	1909	Active	Pittsburgh, Pa.	1925
Gloria E. Sarto	1980	Active	Chicago, Ill.	
John Edward Savage	1950	Active	Baltimore, Md.	
Thomas Savage	1890	Honorary	Birmingham, Ala.	1907
Henry Schmitz	1921	Active	Chicago, Ill.	1939
Herbert Eugene Schmitz	1936	Active	Chicago, Ill.	1960
Ferdinand J. Schoeneck	1939	Active	Syracuse, N.Y.	1971
Henry William Schoeneck	1938	Active	Syracuse, N.Y.	1956
Harold Schulman	1979	Active	New York, N.Y.	1901
Bernard Sigmund Schultz	1889	Honorary	Jena, Germany	1919
Edward Armin Schumann	1942	Honorary	Philadelphia, Pa.	1970
Henry Schwarz	1904	Active	St. Louis, Mo.	1935
Otto H. Schwarz	1918	Active	St. Louis, Mo.	1950
Raymond Allen Schwegler	1955	Active	Lawrence, Kan.	
John J. Sciarra	1974	Active	Minneapolis, Minn.	1981
William Allen Scoggin	1976	Active	Augusta, Ga.	
James S. Scott	1970	Honorary	Leeds, England	1969
Roger Burdette Scott	1954	Active	Cleveland, Ohio	1960
William Albert Scott	1928	Active	Toronto, Ont.	1946
Nathan P. Sears	1933	Active	Syracuse, N.Y.	1980
A. Elmore Seeds, Jr.	1977	Active	Cincinnati, Ohio	1960
Ward F. Seeley	1936	Active	Detroit, Mich.	1913
Paul Segond	1890	Honorary	Paris, France	
Joseph Seitchik	1967	Active	San Antonio, Texas	
Thomas Benton Sellers	1934	Active	New Orleans, La.	1977
William Wotkyns Seymour	1889	Active	Troy, N.Y.	1904
Harold Lemming Sheehan	1961	Honorary	Liverpool, England	
George R. Shepherd	1888	Founder	Hartford, Conn.	1912
George Marsden Shipton	1935	Active	Pittsfield, Mass.	1978
Manning Simons	1902	Active	Charleston, S.C.	1911
William Japp Sinclair	1889	Honorary	Manchester, England	1913
Arthur Julius Skeel	1912	Active	Cleveland, Ohio	1942
Roland E. Skell	1901	Active	Los Angeles, Calif.	1925

E. P. Sloan	1922	Active	Bloomington, Md.	1935	
Lewis Frederick Smead	1910	Active	Toledo, Ohio	1949	
Charles J. Smith	1956	Active	Chicago, Ill.		
Dudley Reeves Smith	1938	Active	St. Louis, Mo.	1949	
Frank Raymond Smith	1936	Active	New York, N.Y.	1979	
J. Greig Smith	1888	Honorary	Bristol, England	1897	
Julian P. Smith	1980	Active	Detroit, Mich.		
Lewis W. Smith	1913	Active	Pittsburgh, Pa.	1917	
Bethel Solomons	1932	Honorary	Dublin, Ireland	1965	
Anna L. Southham	1966	Active	New York, N.Y.	1973	
Francis Washington Sovak	1938	Active	New York, N.Y.	1939	
Edward Speidel	1920	Active	Louisville, Ky.	1948	
William N. Spellacy	1975	Active	Gainesville, Fla.		
Leon Speroff	1980	Active	Portland, Ore.		
John Stallworthy	1950	Honorary	Oxford, England		
Martin Stamm	1913	Active	Freemont, Ohio	1918	
Henricus Johannes Stander	1931	Active	New York, N.Y.	1937	1948
Richard W. Stander	1966	Active	Cincinnati, Ohio		
Byron Stanton	1888	Founder	Cincinnati, Ohio	1923	
Edwin MacDonald Stanton	1929	Active	Schenectady, N.Y.	1959	
Silas H. Starr	1951	Active	Louisville, Ky.	1977	
Kronid Staviansky	1894	Honorary	St. Petersburg, Russia	1898	
Howard Cecil Stearns	1949	Active	Portland, Ore.		
Morton A. Stenchever	1975	Active	Salt Lake City, Utah		
George Miller Sternberg	1896	Honorary	Washington, D.C.	1915	
Charles A. Stillwagen	1911	Active	Pittsburgh, Pa.	1921	
Martin L. Stone	1971	Active	New York, N.Y.		
Melancthn Storrs	1888	Founder	Hartford, Conn.	1900	
August Adrian Strusser	1914	Active	Arlington, N.J.	1918	
Paul Strassmann	1930	Honorary	Berlin, Germany	1938	
William Kemp Strother	1953	Active	Dallas, Texas	1965	
William Emery Studdiford	1951	Active	New York, N.Y.	1964	
John Asbury Sutcliffe	1917	Active		1931	
Richard E. Symmonds	1966	Active	Rochester, Minn.		



Lawson Tait	1888	Honorary	Birmingham, England	1899
Luther M. Talbert	1973	Active	Chapel Hill, N.C.	
Magnus A. Tate	1901	Active	Cincinnati, Ohio	1940
Howard Jams Tatum	1962	Active	Portland, Ore.	
Edward Stewart Taylor	1950	Active	Denver, Colo.	
Howard Cunning Taylor, Jr.	1954	Active	New York, N.Y.	1985
William H. Taylor	1888	Founder	Cincinnati, Ohio	1910
Benjamin Tenney	1954	Active	Boston, Mass.	1984
William Pelton Tew	1929	Active	London, Ont.	1976
Henry A. Thiede	1976	Active	Rochester, N.Y.	
Walter Lee Thomas	1950	Active	Durham, N.C.	1970
John D. Thompson	1975	Active	Atlanta, Ga.	
William Benbow Thompson	1951	Active	Los Angeles, Calif.	1965
J. Knowsley Thornton	1900	Honorary	Cambridge, England	1904
William Norman Thornton, Jr.	1953	Active	Charlottesville, Va.	
Paul Titus	1920	Active	Pittsburgh, Pa.	1951
Donald Gasman Tollefson	1954	Active	Los Angeles, Calif.	1963
Percy Walthall Toombs	1922	Active	Memphis, Tenn.	1933
Gaston Torrance	1908	Active	Birmingham, Ala.	1940
Harold M. Tovell	1976	Active	New York, N.Y.	
David William Tovey	1917	Active	New York, N.Y.	1941
Janet Elizabeth Towne	1954	Active	Chicago, Ill.	1960
Franklin Townsend	1888	Founder	Albany, N.Y.	1895
Lance Townsend	1976	Honorary	Melbourne, Australia	1983
Stephen Edward Tracy	1919	Active	Norristown, Pa.	1956
Alec C. Turnbull	1980	Honorary	Oxford, England	
John Calvin Ullery	1953	Active	Columbus, Ohio	
Paul B. Underwood, Jr.	1977	Active	Charlottesville, Va.	
Jacques I. Van Campenhour	1980	Active	Montreal, Que.	1981
A. Morgan Vance	1907	Active	Louisville, Ky.	1915
Albert Vander Veer	1888	Founder	Albany, N.Y.	1929
Edgar Albert Vander Veer	1913	Active	Albany, N.Y.	1953
Raymond L. Vande Wiele	1976	Active	New York, N.Y.	1983

William Van Niekerk	1977	Honorary	Cape Providence, South Africa	
Herman Van Wyck	1930	Active	Toronto, Ont.	1952
William Hans Vogt	1940	Active	St. Louis, Mo.	1945
F. Von Winkle	1889	Honorary	Munich, Germany	1912
Edwin Walker	1891	Active	Evansville, Md.	1923
John Alexander Wall	1957	Active	Houston, Texas	1982
John Gormley Walsh	1940	Active	Providence, R.I.	1961
Clifford Vincent Ward	1948	Active	Montreal, Que.	1971
Harry Hudnall Ware, Jr.	1948	Active	Richmond, Va.	1973
James C. Warren	1975	Active	St. Louis, Mo.	
William H. Wathen	1888	Founder	Louisville, Ky.	1913
Stanley Way	1959	Honorary	New Castle on Tyne, England	
Gustav C. E. Weber	1901	Active	Willoughby, Ohio	1912
N. W. Webber	1888	Founder	Detroit, Mich.	1912
Allan B. Weingold	1979	Active	Washington, D.C.	
William H. Weir	1931	Active	Cleveland, Ohio	1964
Edward Aloysius Weiss	1907	Active	Washington, D.C.	1926
Thurston Scott Welton	1914	Active	Brooklyn, N.Y.	1961
X. O. Werder	1888	Founder	Pittsburgh, Pa.	1919
James Nephew West	1904	Active	New York, N.Y.	1930
Willis Foreman Westmoreland	1921	Active	Atlanta, Ga.	1937
Frederick Stephen Wetherell	1921	Active	Syracuse, N.Y.	1962
Peggy J. Whalley	1980	Active	Dallas, Texas	
J. Taylor Wharton	1979	Active	Houston, Texas	
Charles A. White, Jr.	1978	Active	Morgantown, W.Va.	
Frank Edward Whitsine	1949	Active	Nashville, Tenn.	1971
George D. Wilbanks, Jr.	1975	Active	Chicago, Ill.	
John Bart Williams	1888	Honorary	Cardiganshire, Wales	1928
J. Robert Willson	1949	Active	Philadelphia, Pa.	
Lester Arnauld Wilson	1930	Active	Charleston, S.C.	1963
Lucius A. Wing	1916	Active	New York, N.Y.	1946
Samuel A. Wolfe	1930	Active	Brooklyn, N.Y.	1975
J. Donald Woodruff	1963	Active	Baltimore, Md.	
Adam Henry Wright	1898	Active	Toronto, Ont.	1932

Thew Wright	1923	Active	Tucson, Ariz.	1958
Walter Wyman	1905	Active	Washington, D.C.	1911
Ralph M. Wynn	1974	Active	Chicago, Ill.	
Herbert Maxwell Nash Wynne	1928	Active	Boston, Mass.	1977
H. Wellington Yates	1909	Active	Detroit, Mich.	1940
James Young	1936	Honorary	London, England	1963
Charles Edward Ziegler	1907	Active	Pittsburgh, Pa.	1950
Ernest Gustave Zinke	1900	Active	Cincinnati, Ohio	1922
Frederick Zuspan	1968	Active	Chicago, Ill.	
Erwin Zweifel	1934	Honorary	Munich, Germany	1949

## APPENDIX IV. Officers of the American Association of Obstetricians and Gynecologists, 1888-1981

Year	President	Vice-President	Vice-President	Secretary	Assistant Secretary	Treasurer
1888	†Taylor, Wm. H.	†Montgomery, E. E.	†Carstens, J. H.	†Potter, Wm. W.	—	†Werder, X. O.
1889	†Montgomery, E. E.	†Myers, W. H.	†Banta, R. L.	Potter, Wm. W.	—	Werder, X. O.
1890	†Wright, A. H.	†Rohé, G. H.	†Hall, R. B.	Potter, Wm. W.	—	Werder, X. O.
1891	†Vander Veer, A.	†Hill, H. E.	†Morris, R. T.	Potter, Wm. W.	—	Werder, X. O.
1892	†McNurtry, L. S.	†Ill, Edward J.	†Longyear, H. W.	Potter, Wm. W.	—	Werder, X. O.
1893	†Rhoe, George H.	†Manton, W. P.	†Hulbert, George F.	Potter, Wm. W.	—	Werder, X. O.
1894	†Carstens, J. H.	†Davis, W. E. B.	†Howitt, H.	Potter, Wm. W.	—	Werder, X. O.
1895	†Price, Joseph	†Cordier, Al. H.	†Peck, G. S.	Potter, Wm. W.	—	Werder, X. O.
1896	†Ross, J. F. W.	†Johnston, G. B.	†Sexton, J. C.	Potter, Wm. W.	—	Werder, X. O.
1897	†Reed, C. A. L.	†Douglas, R.	†Dorsett, W. B.	Potter, Wm. W.	—	Werder, X. O.
1898	†Ill, Edward J.	†Ricketts, E.	†Miller, A. B.	Potter, Wm. W.	—	Werder, X. O.
1899	†Hall, R. B.	†Dunning, L. H.	†Crofford, T. J.	Potter, Wm. W.	—	Werder, X. O.
1900	†Davis, W. E. B.	†Walker, Ed.	†Goldspohn, A.	Potter, Wm. W.	—	Werder, X. O.
1901	†Ricketts, E.	†Cumston, C. G.	†Porter, M. F.	Potter, Wm. W.	—	Werder, X. O.
1902	†Dunning, L. H.	†Rosenwasser, M.	†Hayd, H. E.	Potter, Wm. W.	—	Werder, X. O.
1903	†Dorsett, W. B.	†Miller, A. B.	†Haggard, W. D.	Potter, Wm. W.	—	Werder, X. O.
1904	†Longyear, H. W.	†Gilliam, D. T.	†Brown, J. Y.	Potter, Wm. W.	—	Werder, X. O.
1905	†Brown, J. Y.	†West, J. N.	†Simpson, F. G.	Potter, Wm. W.	—	Werder, X. O.
1906	†Morris, R. T.	†Crile, G. W.	†Bomfield, C. L.	Potter, Wm. W.	—	Werder, X. O.
1907	†Zinke, E. G.	†Keefe, J. W.	†Sellman, W. A. B.	Potter, Wm. W.	—	Werder, X. O.
1908	†Humiston, Wm. H.	†Sadlier, J. E.	†Davis, J. D. S.	Potter, Wm. W.	—	Werder, X. O.
1909	†Miller, A. B.	†Smith, C. N.	†Huggins, R. R.	Potter, Wm. W.	—	Werder, X. O.
1910	†Hayd, H. E.	†Schwartz, H.	†Morris, L. C.	Potter, Wm. W.	—	Werder, X. O.
1911	†Werder, X. O.	†Frank, L.	†Tate, M. A.	†Zinke, E. G.	—	†Hayd, H. E.
1912	†Porter, M. F.	†Smith, C. N.	†Sadlier, J. E.	Zinke, E. G.	—	Hayd, H. E.
1913	†Smith, C. N.	†Pantzer, H. O.	†Branham, J. H.	Zinke, E. G.	—	Hayd, H. E.
1914	†Bonifield, C. L.	†Davis, Asa B.	†Sanes, K. I.	Zinke, E. G.	—	Hayd, H. E.
1915	†Pantzer, H. O.	†Dickinson, G. K.	†Pfaff, O. G.	Zinke, E. G.	—	Hayd, H. E.
1916	†Keefe, J. W.	†Ill, Charles L.	†Pfaff, O. G.	Zinke, E. G.	—	Hayd, H. E.
1917	†Goldspohn, A.	†Bainbridge, W. S.	†Jones, A. T.	Zinke, E. G.	—	Hayd, H. E.
1918	†Erdmann, J. F.	†Weiss, E. A.	†Yates, H. W.	Zinke, E. G.	—	Hayd, H. E.
1919	†Crile, G. W.	†Findley, Palmer	†Hadden, D.	Zinke, E. G.	—	Hayd, H. E.
1920	†Schwarz, H.	†McClellan, B. R.	†King, J. E.	Zinke, E. G.	†Davis, J. E.	Hayd, H. E.
1921	†Skeel, R. E.	†Vander Veer, E. A.	†Bill, A. H.	Zinke, E. G.	Davis, J. E.	Hayd, H. E.
1922	†Dickinson, G. K.	†Brown, G. Van Amber	†Harrar, J. A.	†Davis, J. E.	†Brown, G. Van Amber	†Dice, W. G.
1923	†Baldwin, James F.	†Poucher, J. W.	†Mosher, George Clark	Davis, J. E.	Brown, G. Van Amber	Dice, W. G.
1924	†Davis, Asa B.	†Darnall, Wm. E.	†Schmitz, Henry	Davis, J. E.	Brown, G. Van Amber	Dice, W. G.
1925	†Mosher, George Clark	†Clark, Edmund D.	†Findley, Palmer	Davis, J. E.	Brown, G. Van Amber	Dice, W. G.
1926	†Polak, John Osborn	†Reder, Francis	†Speidel, Edward	Davis, J. E.	Brown, G. Van Amber	Dice, W. G.
1927	†Findley, Palmer	†Heyd, Charles Gordon	†Babcock, Wm. W.	Davis, J. E.	Brown, G. Van Amber	†Smead, Lewis F.
1928	†Brown, G. Van Amber	†Cleland, Frederick A.	†Royston, Grandison D.	Davis, J. E.	†Schwartz, Otto H.	Smead, Lewis F.
1929	†Vander Veer, E. A.	†Toombs, Percy W.	†Tate, Magnus A.	†Tate, M. A.	†Mendenhall, A. M.	Smead, Lewis F.
1930	†Bill, Arthur H.	†Hannah, C. R.	†Chandler, G. F.	Tate, M. A.	Mendenhall, A. M.	Smead, Lewis F.
1931	†Dannreuther, W. T.	†Crotti, Andre	†Little, Herbert M.	Tate, M. A.	Mendenhall, A. M.	Smead, Lewis F.

1932	†Litzenberg, J. C.	†Bland, P. Brooke	†Wetherell, Frederick S.	Tate, M. A.	Mendenhall, A. M.	Smead, Lewis F.
	President-Elect					
1933	†Babcock, W. W.	†Hendry, W. B.	†Rucker, M. P.	Tate, M. A.	Mendenhall, A. M.	Smead, Lewis F.
1934	†Rucker, M. P.	†Weir, W. H.	†Phaneuf, L. E.	†Mendenhall, A. M.	†Bloss, J. R.	Smead, Lewis F.
1935	†Phaneuf, L. E.	†Falls, F. H.	†Kennedy, James W.	†Bloss, J. R.	†Calkins, L. A.	Smead, Lewis F.
1936	†Kennedy, James W.	†Cooke, Willard R.	†Titus, Paul	Bloss, J. R.	Calkins, L. A.	Smead, Lewis F.
1937	†Titus, Paul	†Mathieu, Albert	†King, James E.	Bloss, J. R.	Calkins, L. A.	Smead, Lewis F.
1938	†King, James E.	†Quigley, James K.	†McCord, James R.	Bloss, J. R.	Calkins, L. A.	Smead, Lewis F.
1939	†McCord, James R.	†Campbell, Archibald D.	†Falls, Frederick H.	Bloss, J. R.	Calkins, L. A.	Smead, Lewis F.
1940	†Falls, Frederick H.	†Mussey, Robert D.	†Royston, Grandison D.	Bloss, J. R.	Calkins, L. A.	Smead, Lewis F.
1941	†Royston, Grandison D.	†Scott, W. A.	†Cooke, Willard R.	Bloss, J. R.	Calkins, L. A.	Smead, Lewis F.
1942-43	†Cooke, Willard R.	†LaVake, R. T.	†Smead, Lewis F.	Bloss, J. R.	Calkins, L. A.	†Seeley, Ward F.
1944-46	†Smead, Lewis F.	†Novak, Emil	†Campbell, Archibald D.	Bloss, J. R.	Calkins, L. A.	Seeley, Ward F.
1947	†Campbell, Archibald D.	†Leighton, Adam P.	†Mussey, Robert D.	Bloss, J. R.	Calkins, L. A.	Seeley, Ward F.
1948	†Mussey, Robert D.	†Coventry, William A.	†Bloss, James R.	†Calkins, L. A.	†Mengert, Wm. F.	Seeley, Ward F.
1949	†Bloss, James R.	†Ross, Robert A.	†Cosgrove, Samuel A.	Calkins, L. A.	Mengert, Wm. F.	Seeley, Ward F.
1950	†Cosgrove, Samuel A.	†Sellers, Thomas B.	†Quigley, James K.	Calkins, L. A.	Mengert, Wm. F.	Seeley, Ward F.
1951	†Quigley, James K.	†Schmitz, Herbert E.	†Calkins, L. A.	†Mengert, Wm. F.	†Lock, Frank R.	Seeley, Ward F.
1952	†Calkins, L. A.	†Smith, Frank R.	†Eastman, Nicholson J.	Mengert, Wm. F.	Lock, Frank R.	Seeley, Ward F.
1953	†Eastman, Nicholson J.	Montgomery, Thaddeus L.	†Schmitz, Herbert E.	Mengert, Wm. F.	Lock, Frank R.	Seeley, Ward F.
1954	†Schmitz, Herbert E.	†Lynch, Frederick	Montgomery, Thaddeus L.	Lock, Frank R.	Taylor, E. Stewart	Seeley, Ward F.
1955	Montgomery, Thaddeus L.	†Barrows, David N.	†Randall, Lawrence M.	Lock, Frank R.	Taylor, E. Stewart	Seeley, Ward F.
1956	†Randall, Lawrence M.	†Gillis, Raymond A. D.	†Carter, F. Bavard	Lock, Frank R.	Taylor, E. Stewart	Seeley, Ward F.
1957	†Carter, F. Bavard	†Reycraft, James L.	†Mengert, Wm. F.	Taylor, E. Stewart	Randall, Clyde L.	Seeley, Ward F.
1958	†Mengert, Wm. F.	Jacobs, J. Bay	†Meigs, Joe V.	Taylor, E. Stewart	Randall, Clyde L.	Gainey, Harold L.
1959	†Meigs, Joe V.	†Dennen, Edward H.	†Ross, Robert A.	Taylor, E. Stewart	Randall, Clyde L.	Gainey, Harold L.
1960	†Ross, Robert A.	†Colvin, Emmett D.	†Parks, John L.	Randall, Clyde L.	Beecham, Clayton T.	Gainey, Harold L.
1961	†Parks, John L.	†Henderson, Donald N.	Douglas, Robert Gordon	Randall, Clyde L.	Beecham, Clayton T.	Gainey, Harold L.
1962	Douglas, R. Gordon	Armeson, Axel N.	†Smith, Frank R.	Randall, Clyde L.	Beecham, Clayton T.	Gainey, Harold L.
1963	†Smith, Frank R.	†Ware, H. Hudnall	†Randall, Clyde L.	Beecham, Clayton T.	Wilson, Robert B.	Gainey, Harold L.
1964	Randall, Clyde L.	Darner, Henry L.	†Reis, Ralph A.	Beecham, Clayton T.	Wilson, Robert B.	Gainey, Harold L.
1965	†Reiss, Ralph A.	Pyle, Lucien	†Lock, Frank R.	Beecham, Clayton T.	Wilson, Robert B.	Gainey, Harold L.
1966	†Lock, Frank R.	†Johnson, C. Gordon	Gainey, Harold L.	Wilson, Robert B.	Danforth, David N.	Thornton, W. Norman, Jr.
1967	Gainey, Harold L.	†Starr, Silas H.	Beecham, Clayton	Wilson, Robert B.	Danforth, David N.	Thornton, W. Norman, Jr.
1968	Beecham, Clayton T.	Savage, John E.	Brewer, John I.	Wilson, Robert B.	†Hunter, Charles A., Jr.	Thornton, W. Norman, Jr.
1969	Brewer, John I.	†Mack, Harold C.	Thornton, W. Norman, Jr.	Wilson, Robert B.	Hunter, Charles A., Jr.	Hall, J. Edward
1970	Thornton, W. Norman, Jr.	†Keettel, William C.	Taylor, E. Stewart	†Hunter, Charles A., Jr.	Woodruff, J. Donald	Hall, J. Edward
1971	Taylor, E. Stewart	Beacham, Woodard D.	†Keettel, William C.	Hunter, Charles A., Jr.	Woodruff, J. Donald	Hall, J. Edward
1972	†Keettel, William C.	Diddle, Albert W.	Wilson, Robert B.	Hunter, Charles A., Jr.	Woodruff, J. Donald	Hall, J. Edward
1973	Wilson, Robert B.	†Morgan, Harold S.	†Hughes, Edward C.	Woodruff, J. Donald	Mitchell, George W., Jr.	Hall, J. Edward
1974	†Hughes, Edward C.	Hahn, George A.	†Hunter, Charles A., Jr.	Woodruff, J. Donald	Mitchell, George W., Jr.	Hall, J. Edward
1975	†Hunter, Charles A., Jr.	Bruns, Paul D.	Russell, Keith P.	Woodruff, J. Donald	Mitchell, George W., Jr.	Hall, J. Edward
1976	Russell, Keith P.	Benson, Ralph C.	Woodruff, J. Donald	Mitchell, George W., Jr.	Symmonds, Richard E.	Hall, J. Edward
1977	Woodruff, J. Donald	Ingersoll, Francis M.	†McElin, Thomas W.	Mitchell, George W., Jr.	Symmonds, Richard E.	Hall, J. Edward
1978	†McElin, Thomas W.	Hall, J. Edward	Gusberg, Saud B.	Mitchell, George W., Jr.	Makowski, Edgar L.	Seitchik, Joseph
1979	Gusberg, Saul B.	Montgomery, John B.	Mitchell, George W., Jr.	Makowski, Edgar L.	Mattingly, Richard F.	Seitchik, Joseph
1980	Mitchell, George W., Jr.	Flowers, Charles E.	—	Makowski, Edgar L.	Mattingly, Richard F.	Seitchik, Joseph
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†Deceased.

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