

Furthering the Profession: The Early Years of the American Gynecological Club and Its First European Tours

Michael W. Eby, MD, and
Lawrence D. Longo, MD

Departments of Obstetrics and Gynecology, and Physiology, and the Center for Perinatal Biology, Loma Linda University, School of Medicine, Loma Linda, California

Beginning early in the 20th century, a group of North American leaders in obstetrics and gynecology met annually to promote the furtherance of the specialty. The American Gynecological Club held its meetings at academic medical centers, spending 2 to 4 days viewing the latest diagnostic and operative techniques and hearing presentations by investigators at that institution. On several occasions, club members spent 1 month visiting the foremost medical centers in Great Britain and continental Europe, where they observed surgical procedures, attended clinics, and established friendships that transcended national boundaries. The early years of the American Gynecological Club represent a somewhat idyllic and bygone era in medicine and obstetrics and gynecology. (Obstet Gynecol 2002;99:308–15. © 2002 by the American College of Obstetricians and Gynecologists.)

Before the advent of contemporary, rapid communication, physicians learned of advances in medicine in their specialties chiefly through journals and meetings of medical societies. It is difficult to appreciate the degree of isolation in which many physicians worked during the early years of the 20th century. Even in such major centers as New York, Philadelphia, and Chicago, there was not a great deal of contact or interchange of ideas among physicians. By today's standards, the state of obstetrics and gynecology was appalling. Five to 10 of every 1000 mothers died in childbirth. Operative mortality with cesarean section was 5% to 10%. Gynecology consisted largely of managing menstrual disorders, flexions and displacements of the uterus, cervical lacerations and discharges, and pelvic aches and pains. Treatment consisted of little more than clysters, pessaries, purging, and anodynes. In an effort to improve this situation, the American Gynecological Club (AGC) was formed to foster exchange of the most current information and

Address reprint requests to: Lawrence D. Longo, MD, FACOG, FRCOG, Center for Perinatal Biology, Loma Linda University, School of Medicine, Loma Linda, CA 92350; E-mail: llongo@som.llu.edu.

ideas with national and international colleagues. Thus, for "the general advancement of obstetrics, gynecology, and abdominal surgery," AGC members met annually at leading academic medical centers in the United States and Canada, and on several occasions in Europe.¹

BEGINNINGS

The American Gynecological Club was formed at the May 1911 meeting of the American Gynecological Society in Atlantic City, New Jersey, at the suggestion of Howard Canning Taylor (1868–1949) of New York. In accordance with its *raison d'être*, meetings were held annually and included 2- to 3-day visits to the leading academic medical centers in North America, where physicians at the host institutions demonstrated the latest diagnostic and surgical techniques.

In August 1911, letters were sent to several dozen prominent gynecologists, inviting them to become members of the AGC. Many of those on the list of charter members are still well known, including Thomas Stephen Cullen (1868–1953) and John Whitridge Williams (1866–1931) of Baltimore, Maryland; Franklin H. Martin (1856–1935) and Thomas James Watkins (1863–1925) of Chicago, Illinois; Reuben Peterson (1862–1942) of Ann Arbor, Michigan; John Osborn Polak (1870–1931) of Brooklyn, New York; and John Albertson Sampson (1873–1946) of Albany, New York.¹

Frank Farrow Simpson (1868–1948) of the University of Pittsburgh hosted the club's inaugural meeting in January 1912. Eighteen AGC members participated in demonstrations at Allegheny General, St. Francis, Mercy, and Pittsburgh hospitals (Table 1). These "clinics" encompassed the entirety of the specialty: gynecologic surgery, abdominal surgery, and pathology in addition to obstetrics and clinical gynecology. This pattern of patient presentations and observation of surgical procedures became the template for future meetings.

At the January 1912 meeting, the members drafted a set of bylaws which became the AGC Constitution. The by-laws delineated the Club's purpose as:

... provid[ing] for its members the opportunity of observing in institutions other than their own—whether college, hospital or laboratory—the educational, clinical, and experimental work of fellow members and others engaged in the practice of obstetrics, gynecology, and abdominal surgery. . . . The aim of the Club shall be to stimulate among its members informal discussion and a free interchange of ideas instead of formal presentation of written communications.

Members of the Club were given the opportunity ". . . to demonstrate in their own institutions, their operative

Table 1. Meeting Sites of the American Gynecological Club

Year	Meeting site
1912	University of Pittsburgh, Pittsburgh, PA First European tour, to Germany, Austria, and The Netherlands
1913	McGill University, Montreal, Quebec, Canada
1914	Western Reserve University, Cleveland, OH, and Mayo Clinic, Rochester, MN Second European tour, to France and England
1915	Washington University, St. Louis, MO
1916	Tulane University and Louisiana State University, New Orleans, LA
1917	Several university hospitals, New York, NY
1920	University of Toronto, Toronto, Ontario, Canada
1921	Several university hospitals, Philadelphia, PA
1922	Johns Hopkins University, Baltimore, MD
1923	Several university hospitals, Chicago, IL
1924	Several university hospitals, Boston, MA
1925	Several university hospitals, New York, NY
1926	University of Michigan, Ann Arbor, Grand Rapids, and Battle Creek, MI Third European tour to Scandinavia, Scotland, and England
1927	McGill University, Montreal, Quebec, Canada
1928	Tulane University and Louisiana State University, New Orleans, LA
1929	Several university hospitals, Chicago, IL
1930	Washington University, St. Louis, MO

methods and technic [sic], their plan of instruction, and the results of their investigations.”¹

To ensure that members were actively involved in the specialty and to decrease stagnation without sacrificing the experience of the more senior members, three classes of membership were created: active, senior, and honorary. Active membership was limited to 50 members who, at age 65, became senior members.¹

Little is recorded about meetings subsequently held in the United States and Canada. The club’s history to 1947, privately published by George Gray Ward (1868–1951) of New York, includes some details of the 1912, 1914, and 1926 trips to Europe.¹ During World War I and II, the meetings were canceled.

FIRST EUROPEAN TOUR

To expose US academicians to the latest thinking and advances in Europe, members embarked on a junket in July 1912 to visit the leading continental medical centers, to meet some of the most renowned obstetricians and gynecologists, and to see the work of these physicians first-hand. The first European tour of the AGC is documented in an album with a daily log by George Gellhorn (1870–1936) of St. Louis, Missouri, and photographs by Richard Root Smith (1869–1940) of Grand Rapids,

Michigan.² The album includes more than 200 snapshots of AGC members, their European hosts, hospitals, and scenic views. On July 2, 1912, 15 members (with 8 spouses and 1 daughter) sailed from New York aboard the *S.S. Rotterdam* (Figure 1). En route, at least 1 hour per day was devoted to planning some of the details of their excursion and reviewing the scientific contributions of their hosts.

On July 12, 1912, the party landed in Rotterdam, where they were met by their courier guide from Thomas Cook and Son. After a brief tour of the city, they traveled by train to Amsterdam. Figure 2 is a map of their itinerary in The Netherlands, Germany, and Austria. In Amsterdam, the club was hosted by Professor Hector Treub (1856–1920) of the Wilhelmina Hospital, where members witnessed an operation and other clinical demonstrations. After the demonstrations, the party took a whirlwind tour of Amsterdam. They then departed by train for Bonn, Germany, where they visited the gynecologic clinic of Professor Otto von Franque (1867–1937) and the surgical clinic of Professor Carl Garré (1857–1928). On July 15, 1912, the club visited Heidelberg, where Geheimrat Professor Vincenz Czerny (1842–1916), noted for his expertise in vaginal hysterectomy, gave a private tour of the cancer hospital, the Samariter Haus. Members also observed several gynecologic operations by Professor Carl Menge (1864–1945) (Figure 3). On July 16 and 17 in Freiburg, the club was hosted by Professor Bernard Krönig (1863–1917), a pioneer in gynecologic surgery, and his staff (Figure 4). At Krönig’s clinic, an essayist noted they “. . . had a thrill a minute . . .”, observing a birth with “twilight sleep,” radiographic treatment of fibroids, and other demonstrations. Special mention was also made of a lecture on gynecologic pathology by Professor Karl Albert Ludwig Aschoff (1866–1942). On July 18, AGC members and guests enjoyed an automobile trip that carried them through the picturesque Black Forest to Tübingen, where they met Professor Hugo Sellheim (1871–1936), who worked to develop extraperitoneal cesarean section and other procedures.

The next few days were spent in Munich attending lectures and demonstrations, witnessing operations, and attending a lecture to medical students by Professor Albert Sigmund Gustav Döderlein (1860–1941), another pioneer in pelvic surgery. July 25 found the group in Vienna, where Professor Friedrich Schauta (1849–1919) performed several operations (Figure 5), including a radical vaginal hysterectomy for cervical carcinoma. They also saw an operation by Professor Josef von Halban (1870–1937) and observed Professor Ernst Wertheim (1864–1920) perform pelvic exenteration on two patients with cancer of the cervix.



Figure 1. Members of the American Gynecological Club and their guests aboard the *S.S. Rotterdam*. From left to right: George Gray Ward, Hermann J. Bolt, Mrs. Ward, J. Riddle Goffe, Mrs. Watkins, Howard C. Taylor, William E. Studdiford, Mrs. Taylor, Thomas J. Watkins, Mrs. Smith, John O. Polak, Mrs. Cleveland, Clement Cleveland, Ms. Alice Brinsmade, Robert L. Dickinson, Ms. Dorothy Dickinson, George Gellhorn, Mrs. Martin, William B. Brinsmade, Mrs. Polak, Franklin H. Martin, Ms. Zorka Polak, Samuel Lewis McMurtry, Frank F. Simpson, and LeRoy Broun.

Eby and Longo. The American Gynecological Club. Obstet Gynecol 2002.

On July 29 in Berlin, Professor Ernst von Bumm's (1858–1925) first assistant demonstrated the Wertheim surgical technique for cancer. The rest of the day was spent touring the city, and the following morning, Professor Karl Franz (1870–1926) demonstrated several operations. On July 31, the final day of the official itinerary, the group visited the wards and clinics of the large and impressive Rudolf Virchow Krankenhaus. They then observed Professor Alwin Karl Mackenrodt (1859–1925) perform vaginal plastic operations at his private hospital (Figure 6). At the Kaiserhof Café, the site of the afternoon's festivities, Mackenrodt hosted a luncheon, at which Studdiford and Martin sang the official club song:

And when I die, don't bury me at all, Just pickle my bones in alcohol. Put a bottle of rum at my head and feet, And then I know that I shall keep.²

Thus ended the club's first European trip.

In 1913, the club met at McGill University in Montreal, Quebec, and in 1914 at Western Reserve in Cleveland, Ohio, with a short visit to the Mayo Clinic in Rochester, Minnesota (Table 1).

SECOND EUROPEAN TOUR

Because of the resounding success of the 1912 trip, a second European tour was planned for the summer of 1914. The itinerary was to include England, Scotland, France, Switzerland, and Germany. On the return trip through England, they planned to join the American College of Surgeons at a large surgical meeting in London. This second European tour began with a July 1, 1914, departure from New York aboard the *S.S. Aquitania*. On July 7, club members landed in Liverpool, where, during the morning, they witnessed operative techniques in orthopedics at the Royal Southern Hospital. The next morning, they departed by train for Manchester, where



Figure 2. Itinerary of the American Gynecological Club's 1912 trip to The Netherlands, Germany, and Austria.
Eby and Longo. The American Gynecological Club. Obstet Gynecol 2002.

Professors Archibald Donald (1860–1937) and William Edward Fothergill (1865–1926) demonstrated their operations for vaginal prolapse.

July 9 found club members in Scotland at the Univer-

sity of Edinburgh Midwifery Department, where Henry Gray Barbour (1886–1943) and John Addison Fordyce (1858–1925) demonstrated the anatomy of labor. Barbour, D. Berry Hart (1850–1920), and other staff mem-



Figure 3. Members of the American Gynecological Club observing an operation by Carl Menge, Heidelberg, Germany.
Eby and Longo. The American Gynecological Club. Obstet Gynecol 2002.



Figure 4. *Geheimrat* Professor Bernard Krönig and his staff in Freiburg, Germany.
Eby and Longo. The American Gynecological Club. Obstet Gynecol 2002.

bers also presented operative clinics. On July 12, the group members participated in many demonstrations at the University of Glasgow, the Royal Infirmary, and the

Royal Samaritan Hospital for Women. After this strenuous day, George Stewart composed a short poem that summarized the group's feelings at that time:



Figure 5. Professor Friedrich Schauta operating at his clinic in Vienna, Austria.
Eby and Longo. The American Gynecological Club. Obstet Gynecol 2002.



Figure 6. *Geheimrat* Professor Alwin Karl Mackenrodt operating at his hospital in Berlin, Germany.
Eby and Longo. The American Gynecological Club. Obstet Gynecol 2002.

What makes the A. G. C.'s look sad Said Files on parade? They're fighting mad, they're fighting mad Was what Frank Simpson said, They are following a schedule, They are doing one night stands, They are sticking to timetables, This devoted little band, In one week and twenty minutes They have been in forty lands, And they're starting for another In the morning.¹

Club members then traveled to Paris, where, from July 16 to 18, they observed demonstrations of various clinical and operative techniques. They spent July 22 to 24 in Bern, Switzerland, where Emil Theodor Kocher (1841–1917) demonstrated his thyroid operation and other procedures. The club revisited Bernard Krönig's clinic in Freiburg on July 25. That evening's dinner party was interrupted by news of Austria's declaration of war after the assassination of Archduke Franz Ferdinand (1863–1914). Specific mention was made that after this announcement, the German students sang many patriotic songs with enthusiasm, as the war for which they had been preparing was now upon them.

Early on the morning of July 26, club members departed for Nancy, and they returned to London on July 28. This date marked the official end of the tour. The following days were "... hectic as war was in the air" (and was declared on 1 August).¹ It proved impossible to book passage for the entire group on any one liner because an estimated 1,100 doctors, who had been attending the Clinical Congress of Surgeons and other

meetings, were stranded in England. Ward records that in those troubled times, the official camera and papers were lost, and some details of the tour were reconstructed from memory and the printed itinerary.¹ (Nonetheless, one of us [LDL] has an album containing more than 200 photographs taken by R.R. Smith on that trip.)

SUBSEQUENT MEETINGS

During the next decade, meetings were held at several eastern and midwestern medical centers in the United States (Table 1). In June 1926, 18 members of the AGC and 18 guests boarded the *S.S. Resolute* for the club's third European tour. The itinerary of this trip was full: In just over 1 month, the group visited Germany, Denmark, Sweden, Norway, Scotland, and England.

During this trip, in Liverpool, members met Professor William Blair-Bell (1871–1936) and members of the Gynaecological Visiting Society of Great Britain. Professor Blair-Bell had founded the Gynaecological Visiting Society of Britain in 1911, the same year in which the American Gynecological Club began.³

In the following decade, the AGC held annual meetings at academic medical centers in the eastern and midwestern United States (Table 1). World War II forced cancellation of the 1942 and 1943 meetings; however, meetings were resumed in 1944. Ward's record of the club extends only to 1947,¹ and little is recorded after

that. In October and November 1951, members of the Gynaecological Visiting Society of Great Britain came to North America to meet with AGC members in several cities.³ In turn, in July 1954, AGC members visited London for a joint meeting with the Gynaecological Visiting Society of Great Britain and then went on to Europe.³

The AGC remains active today and meets annually at major medical centers; however, little history of these meetings is in the public domain. The current Secretary-Treasurer is Donald R. Coustan, FACOG, of the Department of Obstetrics and Gynecology, Women's and Infant's Hospital of Rhode Island, Providence, Rhode Island.

PERSPECTIVE

The latter decades of the 19th century and the first half of the 20th century were periods of incredible growth and advancement in the medical sciences. However, it was often difficult for physicians to communicate their ideas to one another and thereby increase the breadth and depth of human knowledge. Because of the relative slowness of communication, sharing of information had to be facilitated. One solution was the formation of professional visiting societies, such as the AGC. Several other groups were formed along similar lines. For instance, the Society of Clinical Surgery had been formed in 1903 as a "surgical travel club,"⁵ and an album of their 1925 trip to Europe is in the historical collections of the College of Physicians of Philadelphia, Philadelphia, Pennsylvania.⁶ The Gynaecological Visiting Society of Great Britain had been formed in 1911³; the general format of its meetings was similar to those of the AGC.

These clubs had active participants, most of whom were relatively young, ambitious members of academic departments at leading institutions. Typically, they held annual meetings at a rotating venue. Rather than presentation of scientific papers, the primary object of these meetings was to visit the clinics and operating rooms of some of the best departments, to discuss cases, and to see first-hand their colleagues at work. On three occasions during the first decades of the 20th century, the AGC toured Europe to learn more about how their specialty was advancing elsewhere. Each of these trips lasted 4 or 5 weeks, and the costs of such an odyssey must have been substantial.

The early meetings of the AGC provide a glimpse into another era, in that some physicians and their guests had the time and resources to make extended trips to Europe. These trips also represented a return to centers in Germany or other countries in which many AGC members had done part of their early postdoctoral education.

During the last decades of the 19th century, Germany was the world center for scientific research, including that of medicine. American and Canadian graduates who wished to be at the forefront of their field worked in Berlin, Munich, Vienna, and other centers of excellence before returning to a position in North America.⁷ By allowing prominent members of the specialty to share ideas and information, the AGC helped to mold the specialty of obstetrics and gynecology into what it is today. The latest ideas on such topics as cancer diagnosis and treatment, complications of pregnancy, and obstetric anesthesia were transmitted from one center to another. Undoubtedly, this was vital to the improvement in patient care and education during this period. The AGC was also important for its role in developing friendships among the members and with their European hosts. In addition to learning new ideas and techniques in medicine, the members enjoyed entertainment and hospitality on the part of their hosts and gained a greater understanding of European culture. Members of the AGC have included contemporary and future editors of the *American Journal of Obstetrics and Gynecology* and founders of the American Board of Obstetrics and Gynecology (1930) and the American College of Obstetrics and Gynecology (1950).^{8,9}

In an era without forms of rapid communication, the best method of sharing information was to have face-to-face meetings with another person and to witness new techniques first-hand. Herein lies the importance of the AGC and similar organizations: They offered physicians the ability to obtain knowledge and to share it with colleagues and students who could not make such journeys. In many ways, the early years of the AGC represent a bygone era in US medicine and obstetrics and gynecology.

REFERENCES

1. Ward GG. The American Gynecological Club, 1911-1947. A Brief History. New York: Privately printed, 1947.
2. Gellhorn G, Smith RR. Album. German-Austrian tour of the American Gynecological Club, 1912. Privately printed, 1912.
3. Peel J. The Gynaecological Visiting Society, 1911-1971. Dorchester (UK): Dorset Press, 1992.
4. Smith RR. The American Gynecological Club, a Visit to Chicago, February 22 and 23, 1929. Chicago: Privately printed, 1929.
5. Shumacker HB Jr. History of the Society of Clinical Surgery. Indianapolis, IN: Benham Press, 1977.
6. Good WW. Surgeons abroad: The 1925 European tour of the Society of Clinical Surgery. In: Fugitive leaves. Philadelphia: College of Physicians of Philadelphia, 1992;3-6.

7. Bonner TN. American doctors and German universities. A chapter in international intellectual relations, 1870-1914. Lincoln, NE: University of Nebraska Press, 1963.
8. Mengert WH. History of the American College of Obstetricians and Gynecologists, 1950-1970. Chicago: American College of Obstetricians and Gynecologists, 1970.
9. Pearse WH. History of the American College of Obstetricians and Gynecologists. Washington, DC: American College of Obstetricians and Gynecologists, 2001.

Received June 27, 2001. Received in revised form October 15, 2001. Accepted October 25, 2001.