OBSTETRICS & GYNECOLOGY
IN AMERICA
A 20th Century History

Obstetrical and Gynecological Assembly of Southern California
April 15, 2011
Roy M. Pitkin
US MEDICINE IN 1900

- At least 160 Medical Schools, nearly all proprietary; 2-3 years of 20-30 weeks each
- 120,000 physicians, virtually all generalists
- A few “specialists,” all self-proclaimed
- No postgraduate training except for a few in-hospital “internships”
ISSUES 1900-1933

• Defining the specialty: One discipline or two?
• Certification of specialists
DEFINING THE SPECIALTY

- The few specialists were self-proclaimed and part-time
- Nearly all were either obstetricians or gynecologists
- Medical school departments were usually separate (e.g., Department of Obstetrics and Diseases of Children); Gynecology often part of Surgery
CONCEPT OF A UNIFIED SPECIALTY

• German model: Frauenartz and Frauenklinik
• Promoted by those who had studied abroad; few but influential
• 1921: AMA Committee on Graduate Training in Gynecology and Obstetrics; chaired by J. Whitridge Williams
• Advocated unified specialty and 3 year residency, both revolutionary ideas
TOWARD UNIFICATION

• 1929 AMA Directory: 2531 Obstetrics, 1358 Gynecology, 2164 Both
• 1934: 60% of medical schools had unified dept
• 1952: 82% of medical schools had unified departments or programs
• 1959 and 1960: Last medical schools to have unified depts, Harvard and Hopkins, resp.
AN EXCEPTION: JOHNS HOPKINS

- Founded 1893; university-based med sch
- Teaching hospital and residency programs
- Full-time, research-oriented faculty

SERVED AS MODEL FOR REFORM OF MED EDUC
Kelly appt Prof G&O 1893; separated in 1899 with Williams Prof Obstetrics.

NOT UNIFIED UNTIL 1960
HOWARD ATWOOD KELLY and JOHN WHITRIDGE WILLIAMS
SPECIALIST CERTIFICATION

• American Board of Obstetrics and Gynecology incorporated 1930 (Ophth 1917, Oto 1924)
• Nine directors, three from each of three organizations (AMA, AGS, AAOG)
• First meeting Sept 14, 1930

From outset, ABOG indicated strong preference for a unified specialty: “subjects which should be inseparably interwoven”
ABOG FOUNDERS 1930
GRANDFATHER PROBLEM

• Prominent practitioners offered certification without examination; 156 accepted
• Practiced O and/or G 10 yrs: Practical exam
• Practiced O and/or G 5 yrs: Case list, practical
• 3 yr acceptable training (residency or preceptorship): written and practical exams

CANDIDATE COULD REQUEST EXAM IN O or G
CERTIFICATION REFINEMENTS

• 1938: All to be examined in O and G
• 1941: Written exam by all
• 1950: Training must include minimum of 12 months in O and 12 months in G
• 1955: At least 12 months in hospital program
• 1962: No more preceptorship credit
ISSUES 1934-1967

• Accreditation of training (residency)

• A professional organization of all obstetricians and gynecologists
ACCREDITATION

• 1927: First AMA Directory of grad programs
• 1931: ABOG formed Graduate Educational Committee to inspect and approve programs (83 programs with 170 positions in 1931)
• 1956-7: Residency Review Committee (parents Council on Medical Education of AMA, ABOG, and American College of Surgeons; ACOG replaced ACS in 1968)
A PROFESSIONAL ORGANIZATION

• Even though ABOG was one of first boards, no organizational “home” until quite late
• Two national orgs but they were selective; several regional orgs; many joined ACS
• Finally, in 1951: American Academy of Obstetrics and Gynecology
ESTABLISHING AAOG/ACOG

- Grandfathers: stated interest main criterion
- Name change 1956: AAOG to ACOG (Note -ics to –icians and -ology to –ologists)
- 1963: Successful completion of examination “acceptable to the Exec Board” (ACOG) required for Fellowship
GROWTH AND DEVELOPMENT

• Much greater interest than many anticipated; 2334 Fellows 1 year after founding
• Green Journal appeared in January 1953
• Incredible expansion of activities: education, standard setting, and increasingly political action (move from Chgo to Washington 1981)
ISSUES 1967-2000

- Subspecialization
- Primary care
- Feminization
SUBSPECIALIZATION

• Early 1970s: ABOG formed divisions for GO, MFM, RE(I)
• Grandfather problem in GO with case lists
• First exam 1974: 66 GO, 16 MFM, 22 RE cert
• Originally Certificate of Special Competence; later changed to Added Qualifications
SUBSPEC TRAINING 1980-2000

• GO: 25-40 programs; 20-30 grads/yr
• MFM: 75-80 programs; 30>80 grads/yr
• REI: 45-50 programs; 10>45 grads/yr
• Female Pelvic Medicine and Reconstructive Surgery (joint with Urology) added after 2000
PRIMARY CARE

• Women’s main reason to seek medical care due to obstetric or gynecologic matter

• Concern arose in 1980s, motivated more by political concerns (access, financial support)

• Residency curriculum modified and CME programs developed

• Effect and effectiveness?
## WOMEN IN THE SPECIALTY

<table>
<thead>
<tr>
<th>YEAR</th>
<th>RESIDENTS</th>
<th>ACOG FELLOWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>46.5%</td>
<td>13.3%</td>
</tr>
<tr>
<td>1995</td>
<td>57.9%</td>
<td>21.5%</td>
</tr>
<tr>
<td>2000</td>
<td>69.6%</td>
<td>28.5%*</td>
</tr>
</tbody>
</table>

*43% in 2009
CONCLUSION

• 1930s and 1940s: residency should be individualized (O or G) to address individual desires and plans

• 2000 and later: “tracking” in residency

PLUS ÇA CHANGE, PLUS C’EST LA MEME CLOSE
(Jean-Baptiste Alphonse Karr, January 1849)