

Looking Back

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Every society celebrates its past in one way or another. European countries have their festive days and quirky ceremonies (that is, quirky to outsiders), Asian countries their monuments and observations, and Australia and New Zealand have Anzac Day. Here in Canada we have Canada Day and a variety of special observations—some specific to Quebec, some specific to First Nations, and so on.

Groups within a society also enjoy celebrating their past, and those of us who are involved in reproductive health are no different—although we often have difficulty finding the time to celebrate, and when we do, we have difficulty agreeing how it should be done. A frequent and traditional method is to acknowledge our past and recent activities at a scientific symposium; such symposia can be used as an opportunity to celebrate the career of a colleague who is retiring. How gratifying that must be for the honoree! However, in today's determinedly egalitarian world, such a celebration is uncommon, and professional retirement is more likely to be marked by a dinner and possibly a "roast"—to my mind, a downscale version of celebrating someone's achievements.

Notwithstanding Canada's reputation for finding the middle ground, the growth of obstetrics and gynaecology in this country has had numerous high and low points. The specialty began at the lowest possible point: that is, without professional recognition. What we would now think of as gynaecological surgical procedures were performed by general surgeons, and physicians who practised obstetrics were pariahs. In the words of the President of the Royal College of Physicians (of England), "the practice of midwifery is an art foreign to the habits of gentlemen of enlarged academic education."¹ When the Royal College of Physicians and Surgeons of Canada was incorporated in 1929 (coincidentally, the year in which the Royal College of Obstetricians and Gynaecologists was established in the United Kingdom), obstetrics and gynaecology was assigned to the Surgery Division rather than being an entity in itself. Examinations

for admission to Fellowship in the Royal College for the specialty were developed largely by general surgeons. The inauguration of the Society of Obstetricians and Gynaecologists of Canada (SOGC) in 1944 appears to have been a catalyst for change, because in 1946 the then-President of the SOGC was invited to recommend members to serve on the Royal College's Committee for Certification in Obstetrics and Gynaecology. Examining for specialist certification in obstetrics and gynaecology since then has been in the hands of the appropriate people, and professional recognition of the specialty has advanced steadily.

This advance required a lot of goodwill on the part of specialists throughout the country. There was the inevitable fractiousness among them arising from geography and language and the perpetual disdain of academics for clinicians. The disputes arising from these differences had to be settled quickly in order to present a united and progressive image to other physician groups and to policy-makers. Then, once united and organized, obstetrician-gynaecologists had to accept that to outside viewers their practice was seen as not very scientific. This culminated in 1979 in the notorious award by Archie Cochrane of the "wooden spoon" to the specialty of obstetrics for having the fewest evidence-based practices of any medical discipline. To their credit, obstetricians (and especially Canadian obstetricians) took this chastisement seriously, and through the 1980s, led by the McMaster group, their practice evolved to become a leading example of evidence-based medicine. The "wooden spoon" was withdrawn by Cochrane in 1989.² Canadian obstetrician-gynaecologists still contribute enormously to the body of randomized controlled trials that guide current obstetrical and gynaecological practice.

In this issue of the Journal, we publish the first contribution from the SOGC's History and Archives Committee. Although the Committee's name might suggest that its function is to record the activities of the SOGC, in fact it functions as a voice for the history of obstetrics and gynaecology in Canada. Canada has contributed in no small way to gynaecology as well as obstetrics (think of Cullen's sign, the Ayre spatula, the Barr body³), and Dr Jacques-

Émile Rioux, the subject of this first essay, has been a pioneer in laparoscopic techniques. We are very pleased to be publishing this Committee's periodic contributions, because they will show us how richly endowed Canada has been in the tools for developing advances in obstetrics and gynaecology. By looking back we equip ourselves to leap forward.

REFERENCES

1. Oxorn H. The Society of Obstetricians and Gynaecologists of Canada: The First Fifty Years 1944–1994. New York: Parthenon Publishing;1994:2.
2. King JF. A short history of evidence-based obstetric care. Best Pract Res Clin Obstet Gynaecol 2005;19:3–14.
3. Baskett TF, ed. Pages of History in Canadian Obstetrics and Gynaecology. Toronto: Rogers Media;2003.

ERRATUM

Vol. 28, No. 7, July 2006, Case Report entitled: “Chronic Pelvic Pain Due to Neuropathy: A Case Report,” p. 603-7. An incorrect version of the figure was printed. The correct version appears below. We regret the error and apologize for any inconvenience caused.

