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The Danish Society of Obstetrics and Gynaecology (DSOG) and its history

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The founding of DSOG

On a dark evening on October 5th, 1898, the "Forening for Gynækologi og Obstetrik i København, Association for Gynaecology and Obstetrics in Copenhagen", was founded at a meeting in the Fødselsstiftelsen [Institution for Delivery] in Amaliegade in Copenhagen. The association was the first association for a medical specialty in Denmark, preceding all other medical specialties. Birth assistance has evidently been practiced since the very beginning of mankind, although only much more recently as an obstetric discipline by doctors and midwives. The specialty of gynaecology was in 1898 relatively new, and the boundary between surgery and gynaecology was still being discussed. In 1960 the name of the association was changed to Danish Society of Obstetrics and Gynaecology (DSOG) and for the sake of consistency, this name will mostly be used in this narration. At the founding meeting in 1998 eighteen middle-aged or elderly men attended. New members needed to be invited - one could not just register as you do today. Two founding fathers will be emphasized.

Frantz Howitz (1828-1912) was the father of gynaecology in Denmark. Howitz worked at Frederiksberg Hospital and at several private clinics and in 1863 he performed the first ovariotomy in an apartment downtown rented for the specific occasion. The patient died a couple of weeks after the operation, but the procedure initiated operative gynaecology in Denmark. Howitz was a very skillful clinician and surgeon and he enjoyed to be called "Master" by his associates. Howitz, however, made life difficult for himself by proposing the establishment of an investigative commission to review puerperal fever in the Royal Institution for Delivery in Copenhagen. The proposal lacked support from other doctors and contributed to Howitz losing in the competition for the professorate at the Institution of Delivery. Later in life, however, Howitz was awarded the title of professor. On Frederiksberg, the road Lampevej, named after the lamp that the midwife living there had lit every night, was renamed Howitzvej. An

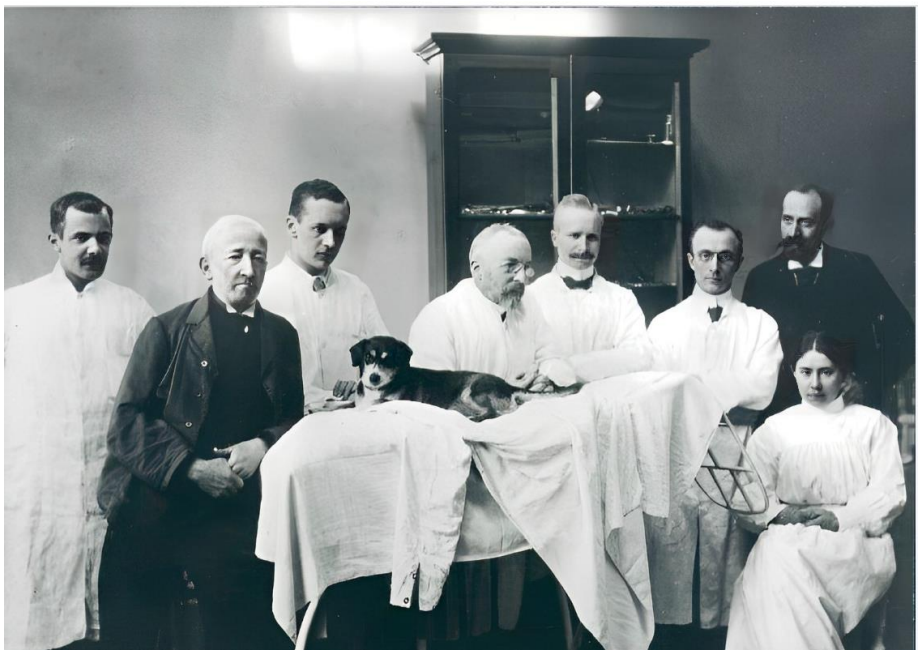

Figure 1: Professor Frantz Howitz (second from the left) with the staff of Frederiksberg Fødehjem anno 1903. The dog belonged to Howitz and was called Nugge (Frederiksberg Stadsarkiv – Public domain).

honor that has not been awarded to any succeeding gynaecologist and obstetrician in Denmark. Among Frantz Howitz´ pupils was Leopold Meyer.

Leopold Meyer (1852-1918) was a pupil of Howitz´s and the two men had a close friendship. Meyer was a man of the world, intellectual and proficient in languages. Meyer had undertaken study travels to Germany, France, England and the USA and studied with the best known doctors of the time. Scientifically he was very active and became professor at the Institution for Delivery in 1897. Meyer was an obstetrician, possibly because he was not proficient as a surgeon. He complained that he had been shaped with small feet and much too large hands. Meyer wrote many much-used textbooks and succeeded Howitz as the Nestor of obstetric practice in Denmark. Meyer created and maintained an international network, not least in Scandinavia.

Meetings

Right at the foundation of the association it was decided that meetings should be held the first Wednesday in the months of November to March, alternating between Frederiksberg Hospital and the Institution for Delivery. In 1903 the old Frederiksberg Hospital was closed and thereafter all meetings were held at the Institution for Delivery until the opening in 1910 of Rigshospitalet. Later they were held in Domus Medica. Since then, meetings have been held in various settings and places. The Christmas meetings in Domus Medica with spouses and invited celebratory speakers before the dinner and the dance following the dinner, were for many years very popular and well attended. Personally, I remember an evening with gymnastics educator Helle Gotved who talked enthusiastically about pelvic exercises. From my place in the back row, I could watch the heads of the sitting women and men, young and old, go up and down in accordance with the pelvic exercise instructions from Helle Gotved. All of us exercising our pelvic muscles, dressed up in tuxedos and long dresses. It was like waves in the ocean. Another year journalist and writer Malin Lindgren was the celebratory speaker. She opened her speech saying that she had regretted accepting this invitation. But then she said that she was probably not the first woman to stand before a gynaecologist regretting that she had said yes. Touché.

At present DSOG has a spring meeting and annual general assembly at Hindsgavl Castle in Funen and an autumn meeting, dinner and dance in Copenhagen. With an ample number of participants. The Association of Younger Gynaecologists and Obstetricians (FYGO) are active participants, both in arranging and debating, as well as enduring partygoers.

Chairmen

Frantz Howitz was in 1898 the natural choice as the first chairman. He held the position until 1902. But Howitz was a fierce opponent of female doctors. In 1902 the first two female members of DSOG were proposed. Frantz Howitz did not participate in the meeting that accepted the two female doctors into DSOG and Howitz withdrew immediately from the chairmanship. After Howitz, Leopold Meyer was the obvious choice as chairman. Meyer was elected in 1902 and remained chairman until 1918. Meyer was an eminent chairman, active, knowledgeable, and participating. After Meyer´s death it was in 1919 decided that the chairman´s term of office should be restricted to two years. On the other hand, in 1924 it was decided that a deputy chairman should not be elected. Instead, the outgoing chairman should continue as deputy chairman for two years. In 2023 it does not seem a clever arrangement and it has since then been changed (1). Although it may not be crystal clear from the present articles of the association, all chairmen since Leopold Meyer have had a term of office of two years. The only exception to this rule, is with the present chairman Annemette Wildfang Lykkebo (born 1968) whose term runs from 2020 to 2023 due to COVID restrictions. The two-year rule has, however, had the advantage that a significant number of members of DSOG have had the chance and the privilege of trying their hand at being chairman and have skillfully executed their duties (Table 1). The first 45 chairmen were men, the first female (Charlotte Wilken-Jensen (born 1952)) was elected in 2002, and since then 6 women and 3 men have been chairmen.

Women and men

The association which became DSOG was founded by 18 males. I hardly think that anyone can realize the opposition that at that time met women who wanted to become doctors. But DSOG can be proud of relatively quickly having accepted women. The first two were Alvilda Hoff and Eline Møller. Dr. Hoff graduated as a doctor in

Figure 2: The original DSOG logo, which depicts the goddess of childbirth called Juno Lucina (Ivnoni Lvcinae) by the Romans or Ilithia by the Greeks, on a large bronze coin. Lucina refers to light of the moon, by which female fertility and duration of pregnancy were measured.

1895, became a general practitioner and acquired gynaecological experience. In 1899 she married councillor of the state Hans Hoff and thereafter was fired by hospital director Ludvig Borup. But she became a member of DSOG, of Copenhagen Citizens Representation, deputy chairman of the City Council and councillor. Eline Møller also graduated from the medical faculty in 1895 and defended her thesis Partus praematurus artificialis (sic!) in 1906 thus becoming the first female Dr. Sci. in Denmark. In 1918 she achieved specialist recognition in surgery, obstetrics and gynaecology. In 1913 Eline (Eli) Møller married fellow obstetrician gynecologist Alfred Helsted. Before these two first DSOG members Nielsine Mathilde Nielsen had graduated in 1885 as the first female doctor in Denmark, establishing herself as a general practitioner in Copenhagen in 1889 and working as a most capable gynaecologist and venerologist. She never acquired specialist recognition; she herself was of the opinion that Howitz had been the obstructor. But she became a DSOG member in 1904.

Since then, everything has changed. In 1978 Tove Wisborg (born 1932) became the first female chief physician in gynaecology and obstetrics, in Holbæk Hospital. The rest is history. By 2022 80% of DSOG members were women and 20% men, as judged from their Central Person Registration Numbers which are exclusively binary (2). Most of the head physicians and the deputy head physicians and also the professors of gynaecology and obstetrics are female, and any mention of quotas has been silenced. Considering the age distribution between the sexes it is evident that the proportion of men will decrease in the coming years. But I gladly wave the flag for the young men who still enter the specialty: I am sure that you will have a good, amusing and rewarding career. As we did.

FYGO

The Association of Trainees in Gynaecology and Obstetrics (Foreningen af yngre gynækologer og obstetrikere, FYGO) was planned at a meeting in Odense on December 7th, 1982, and founded on March 12th 1982. Henning Kvist Poulsen (born 1944) was elected as the first chairman and worked diligently together with the rest of the board to achieve influence within the specialty. Jørgen Falck Larsen (1931-2023) was at the time chairman of DSOG and Falck Larsen and the rest of the board of DSOG were most welcoming and accommodating towards FYGO. The chairman of FYGO got a seat in the board of DSOG and representatives of FYGO were welcomed into DSOG´s committees. FYGO was one of the first specialty trainees' associations in Denmark. In the first years the Association of Junior Doctors in Denmark arranged meetings for all the trainees' associations in Domus Medica calling them sandbox meetings (sandkassemøder).

The Tampax case

In 1939 DSOG was asked by the Danish Health Authority about an opinion about the menstrual tampon Tampax®. DSOG stated that the vagina was by nature meant for relatively brief visits from corpora alieni (probably only membrum virile) and not as a permanent place of residence for a foreign appliance. Seen from our time, this was probably not the finest hour of DSOG. But following the advice of DSOG, the Danish Health Authority in 1939 prohibited manufacturing and marketing of Tampax® in Denmark. The issue came up again in 1952 when large studies in England and USA documented that tampons were safe, effective, and preferred by many women. As we all know, tampons came back. But as case reports of toxic shock syndrome appeared in the 1970ies, DSOG´s warnings in 1939 did not seem completely unwarranted.

Although the proper answer probably should have been better instructions to the users.

Contraception

The sale and use of condoms was made legal in Denmark in the 1880´s, but condoms were not an issue for DSOG. In the 1920´s a public discussion in Denmark arose advocating voluntary motherhood as being a euphemism for the availability of contraception. The discussion took place in papers and pamphlets, not within the medical profession. In contrast, contraceptive advice was provided in store backrooms by individuals without any professional insight. The methods were different types of pessaries. The couple of Eli Møller and Alfred Helsted proposed that the issue should be discussed in DSOG and a meeting was scheduled in 1923. Helsted introduced the subject emphasizing that none of the methods provided a guaranteed protection and there were risks of complications. This information, Møller and Helsted said, should be available to the public. The DSOG members present at the meeting persistently rejected their proposal with utter disgust. It was their opinion DSOG should ignore the issue of contraception altogether. Already at the 50 year anniversary of DSOG in 1948, this decision in 1923 was described as inappropriate and cowardly. We now need say no more. And in later years, contraception was often the topic of DSOG meetings.

Abortion

In 1931 DSOG suggested to the Danish Health Authority that cases of abortion should be registered. In the years 1919-1927 a maximum of 9 terminations were performed per year in Denmark, in 1928 14, in 1930 26. By 1931 there were 36 terminations performed. Most were performed in women with pulmonary tuberculosis, but in 12 women the indication was depressio mentis. This provoked discussions which led to a law on abortions in 1937. In 1946 a presentation of the numbers in Copenhagen showed an increase to 3000 annually. Of these 3000 women, 16 died. Half of the women had infections. After several commissions appointments and discussions, a new law about abortions was passed in 1956 emphasizing that the evaluation of the health risks for the woman should take into consideration all aspects, including the circumstances under which the women were living. Mødrehjælpen [Maternity care], – a social-humanitarian organization who offers support and counselling to pregnant women, was asked to investigate if the women applying for termination met the criteria in the law. As a result once again the law was changed in 1970, allowing termination to women with 4 children below the age of 18 living at home. Women aged 38 before the expiration of pregnancy week 12 also qualified. All others had to apply through Mødrehjælpen. A couple years later it was seen that more that 90% of the women applying for termination had in fact received permission and in 1973 the present law about abortion giving all women the right to termination until week 12. A system to consider later terminations for women with medical, social or mental issues, fetal diseases or malformations was simultaneously set up. In 2022, the 12 weeks limit is once again up for discussion in the Danish Council on Ethics.

Maternity

The first antenatal hospital clinic in Denmark was opened in 1921 at Rigshospitalet and received patients a couple of days per week. In 1933 Erik Hart Hansen (1906-2000) presented his visions for antenatal care for DSOG, visions for which he had received a gold medal from the University of Copenhagen. Erik Hart Hansen saw antenatal care as the efforts that doctors, midwifes, and their coworkers performed in order to monitor pregnant women with the purpose of detecting upcoming dangers at an early stage and enable action against them. But Hart

Hansen also clearly realized the need for actions from the state and other public authorities to ensure conditions to optimize the chances for a healthy pregnant woman to go through a healthy pregnancy and deliver a healthy infant. This was a defining moment for DSOG. Hart Hansen stated that the tasks for the midwives were by nature preventive. However, when curative measures were needed, the midwife should call upon the family doctor who in turn could admit the patient to a hospital. In 1933 the peripartum fetal mortality was 50 per 1000 newborns. Svend Aage Gammeltoft (1883-1954) would trust the midwives to examine the pregnant women´s urine for protein but was doubtful about their capabilities for measuring blood pressure.

Units and Departments of Obstetrics and Gynaecology

In 1921 almost all deliveries took place in the home of the woman. But at that time the discussion about private delivery homes arose. No criteria were proposed for small delivery homes admitting only one woman at a time, whereas it was required that larger facilities should have a delivery room and an isolation room, bright, clean rooms with varnished floors, toilets and 30 m^2 of space per bed. A nurse or a midwife should be responsible for the daily running of the facilities. Subsequently a large number of midwife-led delivery homes were established in Denmark. I myself was born in 1951 in a delivery home in Flintholm in Copenhagen and I am certain many of my contemporaries, colleagues and fellow citizens also were born in midwife- or nurse led delivery units.

During a 1934 DSOG meeting the Danish situation was summarized. There were then 39 obstetricians and gynaecologists in the country, of whom 29 were living in Copenhagen. There were three obstetrical departments, Rigshospitalet, Aarhus and Sønderborg, the latter with 95 (sic!) beds. After this time, the number of departments of obstetrics and gynaecology increased dramatically to over 40 in the next half century. In later years the number of delivery departments was reduced as the Danish Health Authority recommended that hospital deliveries should only take place in hospitals with a blood transfusion service, with anesthesiology and neonatology services. In 2023 the number of delivery units is about 20, one per 300,000 inhabitants. The last delivery homes were closed in 1983, but home deliveries were always an option. About 1% of pregnant women previously chose to deliver at home with the assistance of midwives from the hospitals, but at present in 2023 the number has increased to 3%. Also, delivery homes have re-opened in parts of the country, in some places as a part of the obstetrical departments, elsewhere independently outside the hospitals. Some of these are funded publicly, others are entirely private.

Recent developments in obstetrics and gynaecology

Since the 100th anniversary of DSOG in 1998, much has changed. And mostly for the better.

Denmark is a model example for epidemiological research with numerous registers linked to the Personal Identification Numbers that we all have. Clever researchers (Lidegaaard (born 1954), Løkkegaard (born 1965) and others) have used these large databases in a number of ways, for instance to elucidate the effects of hormonal contraceptives and menopausal hormonal therapies on a number of outcomes. The results have been widely published and have led to major changes in the use of such treatments.

The treatment of gynaecological cancer has been centralized to a limited number of centers resulting in improvements in survival rates and disease-free years.

Urogynaecology (Møller Bek (born 1950), Lose (born 1948)) has also been centralized, examination, medication, and operations have developed tremendously for the benefit of the aging population.
Denmark has also been in the forefront for the treatment of infertility. Numerous Danish doctors and scientists have been active in this field, but the name of Anders Nyboe Andersen (born 1948) needs to be mentioned as a pioneer, a counsellor and an international ambassador. The fertility community has kept records of treatments throughout the years. Denmark has maintained successful pregnancy rates even when the clinics have succeeded in reducing multiple pregnancy rates by the wide adoption of single embryo transfer (SET).
Prenatal diagnosis with amniocentesis in women over the age of 35 was introduced in 1978, primarily advocated for by John Philip (born 1930). Since then, the field has exploded, and new opportunities appear by the day.

Practicing specialists

In Denmark (pop 6,000,000), the specialty of obstetrics and gynaecology is practiced at approximately 20 district and university hospitals. But we have also around 100 practicing specialists (a.k.a. office gynaecologists). We call them private practicing specialists, but actually they are not. They are part of the public sector. They have an agreement with the five Danish communities and each month they send their invoices to the community. Treatment in specialty practice is cheaper than treatment in hospital. Much cheaper in most cases. Efforts are being made to transfer services from the hospital sector to the practicing specialists in order to take a load off the hospital sector. The issue here is to streamline the remuneration for the practicing gynaecologists.

COVID

In March 2020 the SARS-Cov-2 pandemic hit the World. The consequences of infection in pregnancy were unknown. DSOG in collaboration with the Danish Midwifery Society (Jordemoderforeningen) quickly developed a national guideline that could assist obstetricians across the country. With nationally and internationally evidence emerging, this guideline has become the most frequently updated DSOG guideline to date, currently in its 12th edition (Anna Aaagaard (born 1980)).

Congresses

The Nordic Federation of Obstetrics and Gynecology (NFOG) was founded in 1921. The first NFOG Congress I attended was in Odense in the mid 1980ies where I held a lecture and actually received a prize. I remember a colleague of mine saying to our mutual boss the morning after the congress dinner: "Oh my god, you look just as tired as I feel". And he did.
The largest congress of obstetrics and gynaecology ever to take place in Denmark was the FIGO congress in 1997. FIGO is the World organization of obstetrics and gynaecology holding triannual meetings around the World´s five sectors. In 1988 Jørgen Falck Larsen and I represented Denmark at the FIGO general assembly during the congress in Rio de Janeiro. The 1991 congress was to be in Singapore and the 1994 congress was decided to be in Montreal. The location for the 1997 congress was to be finalized in Singapore in 1991, but both Brussels and Rome, our competitors in Europe, were certain that they would win. After coming home, in 1988, Falck Larsen and I decided to form a committee to try to get the congress to Copenhagen. We acquired national and Nordic support and managed to convince the FIGO General Assembly in 1991, that Copenhagen was the city to choose. The Victor Borge video mentioned below could have been a determining factor. Also, two

members of the Tivoli Guard parading with us through the Singapore Congress Center at noon every day could have had impact.

Thereafter six busy years followed, and in 1997 6000 congress participants and 1500 accompanying persons plus exhibitors and press attended the Bella Center in Copenhagen. It was at the time the greatest medical congress that had been held in Scandinavia. The weather was wonderful. The Evening for All in Tivoli was a perfect success with thrilling fireworks and never have more busses been ready in Tietgensgade to drive participants back to their hotels.

The following year, in 1998, DSOG hosted another successful NFOG congress in Aarhus with Niels Jørgen Secher (1941-2017) as Congress President. Also a great success in Aarhus Congress Center.

In 2010 Denmark again hosted the NFOG congress in the Bella Center in Copenhagen with me as congress president. We developed a rather daring congress program design based on Danish church chalk paintings from the middle ages. It was a well-attended congress with good sessions. At the end we had contracted a sausage stand (pølsevogn) which turned out to be most popular, so all were well fed before leaving.

In 2018 it was again Odense´s turn to host the NFOG Congress with Bjarne Rønde Kristensen (born 1957) as congress president. Again, a very successful congress with high scientific levels and an impressive social arrangement. Our pedometers after the walking to and from the congress dinner clearly made up for the hours spent sitting in the congress halls.

Figure 3: The author, Peter Hornnes, giving the main toast during the DSOG's centennial jubilee at the Holmen School of Architecture in Copenhagen (currently the Royal Danish Academy). Dr. Hornnes was the chairman of the organizational committee. Behind him is a painting of Dr. Johann F. Struensee.

Jubilees

In 1923 DSOG turned 25 years. A 256 page issue of Acta Gynaecologica Scandinavica was produced by inter alia Svend Aage Gammeltoft, presenting in English a number of professional publications, also translated into German and French. The jubilee was celebrated by a grand fete. In 1948 DSOG turned 50 years. Again, Svend Aage Gammeltoft edited and wrote a historical publication summarizing his salutations with "Crescat, vivat, floreat Societas Gynecologica et Obstetricia Hafniencis". A gala party was held during which Svend Aage Gammeltoft held a historical lecture about former over-accoucheurs emphasizing the need for more delivery departments around the country. Thereafter dancing commenced. A personal note: there is a wonderful picture of Mrs. Per Schou, wife of the gynaecologist at Sankt Lukas Hospital, whom I knew well in my childhood.

In 1973 time was up for the 75th jubilee. A publication was produced by Jørgen Falck Larsen, Finn Lundvall (1924-2016) and Erik Fangel Poulsen (born 1934). The history of obstetrics and gynaecology was described as well as the history of the society and development of the specialty. The jubilee festivity was initiated at the former Frederiks Hospital where Professor Dyre Trolle (1914-2002) gave a lecture about the history of cesarean section. Later that evening, a dinner was held at the Langelinie pavilion. There an exhibition of precious medical instrument was displayed. Insurance of the display was beyond the means of DSOG, so it was decided to leave it uninsured. At the party a song was sung, where the first verse goes like this (in the original Danish with an English translation):

Frederiks i Bredegade
Er nu atter fyldt af glade
Gæster i de gamle sale.
De vil høre Trolle tale.
Trolle, han er høj og flot,
Og han taler også godt.
Når til slut han siger stop,
Vågner alle friske op.

[Frederiks Hospital at Bredegade
Again filled with joy
Visitors in the old halls.
They will hear Trolle speak.
Trolle, he is tall and handsome,
And he is good with words.
In the end when he says stop,
Everyone wakes up refreshed.]

There are five more verses, but I will spare you the reading of those.

In 1998 there was the centennial jubilee. Torsten Sørensen (1943-2014) wrote the defining book about the history of DSOG upon which this narration relies heavily. There was also a more contemporary book edited by Erik Fangel Poulsen, Kirstine Münster (1951-2015) and Beth Lilja Pedersen (born 1954). The jubilee took place 2nd to 3rd October 1998. On Friday, we assembled more than 300 of us in the School of Architecture at Holmen. All ready for the grand occasion. Musical introduction by Marylin Mazur, Michala Petri, Kenneth Knudsen and Michaela Fukatjova. Lennart Nilsson's movie A child is born. A video with Victor Borge dressed up in surgical dress delivering a baby piano from a grand piano (Poul Jaszczak (born 1945)). Speeches from Danish authors Suzanne Brøgger and Klaus Rifbjerg and one from yours truly as no society Nestor accepted the invitation. After this a reception and several sponsored symposia about ovarian stimulation, urinary incontinence and hormone replacement therapy. Thereafter we were transported through the pitch-black Copenhagen waters by a number of harbor tourist ferries

to the location of one of the sponsoring pharmaceutical companies. There, all sponsors provided dinner and entertainment.
On Saturday there were historical lectures and future perspectives at the School of Architecture all day. And in the evening, there was a grand party (+500) at Base Camp in Holmen, invited colleagues from the other
Nordic countries taking part. There were two bands playing alternately. The high point of the evening, however, was a show with numerous Danish gynaecologists obstetricians performing, singing, dancing all dressed up as you would never have believed it, directed by Charlotte Wilken-Jensen.
And now it is time for the 125 years´ jubilee. Congratulations to the old lady, the Danish Society of Obstetrics and Gynaecology.
-Peter Hornnes, MD, Dr. Sci., FRCOG

References

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2. Personal communication from DSOG secretary *Marie Søgaard*

About the author:
Peter Hornnes graduated medical school in 1977 and defended his doctorate dissertation in 1985 granting him the title of Doctor of Medical Science (Dr.Sci.). Once becoming a specialist within gynecology and obstetrics in 1987, he worked at the Rigshospitalet in Copenhagen until 2002, leaving the position as Department Chief of Obstetrics. He was then a consultant and Department Chief of OBGYN at Hvidovre Hospital Copenhagen until 2013, becoming the Department Chief of OBGYN at Nordsjællands Hospital Hillerød, Denmark until 2021. He was the Chairman of DSOG in the years 2000-2002, then as chairman of NFOG in 2002-2006, the president of EBCOG (European Board and College of Obstetrics and gynecology) in 2008-2011 and before that a board member and the cashier of EBCOG.
Peter has had a private gynecological practice in Copenhagen since 1989 where he still works part-time, but has retired from hospital work.

	Born - Deceased	Years as chairman
Frantz Howitz	1828-1912	1898-1902
Leopold Meyer	1852-1918	1902-1918
Erik Hauch	1871-1945	1919-1920
Niels Peter Ernst	1868-1922	1921-2922
Viggo Esmann	1864-1931	1922-1924
Johan Peter Hartmann	1873-1942	1924-1926
Svend Aage Gammeltoft	1883-1954	1926-1928
Egil Frølich	1879-1961	1928-1930
Axel Tofte	1883-1959	1930-1932
Christian Victor Heinrich Albeck	1869-1933	1932-1933
Otto Carl Aagaard	1883-1970	1933-1935
Johan Peter Hartmann	1873-1942	1935-1937
Erik Wilhelm Rydberg	1891-1978	1937-1939
Erik Hauch	1871-1945	1939-1941
Ekkert Petersen	1887-1971	1941-1943
Svend Felding	1893-1973	1943-1945
Otto Nyeborg	1895-1954	1945-1947
Axel Olsen	1887-1973	1947-1949
Hans Ebbe Brandstrup	1898-1996	1949-1951
Poul Kühnel	1892-1974	1951-1953
Michael Nielsen	1891-1962	1953-1955
Peter Verning	1885-1970	1955-1957
Erling Østergaard	1907-1981	1957-1959
Valdemar Madsen	1902-1976	1959-1961
Teit Kærn	1908-1991	1961-1963
Mogens Ingerslev	1913-1992	1963-1965
Søren Stamer	1906-1976	1965-1966
Carl Svenstrup	1909-1982	1966-1968
Halfdan Lefèvre	1909-1982	1968-1970
Georg Stakemann	1920-2009	1970-1972
Erik Brandt-Nielsen	1910-1981	1972-1974
Mogens Osler	1926-2019	1974-1976
Per Lange	1917-?	1976-1978
Finn Lundvall	1924-2016	1978-1980
Knud Alling Møller	1929-2008	1980-1982
Jørgen Falck Larsen	1931-2023	1982-1984
Karl Kristoffersen	1920-2011	1984-1986
John Philip	1930	1986-1988
Niels Hahnemann	1929-2016	1988-1990
Johannes Ernst Bock	1936-2020	1990-1992
Jørgen Wiese	1937-2016	1992-1994
Wiggo Fischer-Rasmussen	1935-2022	1994-1996
Aksel Peter Lange	1942	1996-1998
Jan Blaakær	1952	1998-2000
Peter Jacob Hornnes	1951	2000-2002
Charlotte Wilken-Jensen	1952	2002-2004
Lone Hvidman	1952	2004-2006
Helle Meinertz	1957-2018	2006-2008
Morten Lebech	1960	2008-2010
Charlotte Søgaard	1961	2010-2012
Kresten Rubeck Petersen	1955	2012-2014
Karen Reinhold Wøjdemann	1963	2014-2016
Thomas Larsen	1970	2016-2018
Hanne Brix Westergaard	1963	2018-2020
Annemette Wildfang Lykkebo	1968	2020-2023

Table 1: List of DSOG Chairmen.