

Bulkley (L. D.)

SPECIALTIES,

INDEX
MEDICUS

And their Relation to the

MEDICAL PROFESSION.

By L. DUNCAN BULKLEY, A.M., M.D.

Attending Physician for Skin and Venereal Diseases at the New
York Hospital, Out-Patient Department, etc.

Read before the American Academy of Medicine, at its Annual Meeting at
Baltimore, Md., Oct. 29, 1884; approved for publication
by the Council.

Reprinted from the Journal of the American Medical Association,
December 13, 1884.

CHICAGO:
REVIEW PRINTING CO.
1885.



With the Compliments
of L. S. Bulkley M.D.

SPECIALTIES, AND THEIR RELATION TO THE
MEDICAL PROFESSION.¹



The title chosen for this paper is purposely a little ambiguous and possibly a trifle ungrammatical; but it was desired to express by means of the title certain aspects of the subject of specialism in medicine which are worthy of consideration, and which are better indicated by this title than by one worded differently. The topic is not "*specialists*, and their relation to the members of the medical profession," but the broader one of specialism, or the concentration of thought and work in one direction, however it is accomplished. Nor is the topic "*specialties*, and their relation to the *science of medicine*," but is broader even than this, and looks toward the relations which those who are practicing and advancing medicine should bear toward the development of its science and art, by developing the separate or special portions of that science and art.

The thoughts to be presented in regard to specialties in medicine may be grouped under several quite distinct heads:

1. Specialties—what they are.
2. Why they exist.
3. The relations they bear to the progress of medicine.
4. The relations they bear to general medical practice.
5. Specialists, or those limiting their practice to a single branch of medicine, or class of diseases.

¹Read before the American Academy of Medicine, Baltimore, October 29, 1884, and ordered to be printed by the Council.

6. The education necessary for the proper practice of a specialty.

7. The future of medical specialism.

First, as to what medical specialties really are.

A specialty is defined by Webster to be "that which is the special or particular mark of any person or business: that for which a person is distinguished, or which he makes an object of special attention." A specialty in medicine is some particular branch of the science or art, or even some individual disease, to which especial attention has been given, or with which, from any circumstance, a medical man is exceptionally well acquainted. In the broadest sense, every one practicing medicine is more or less of a specialist, for it is impossible to have knowledge and experience so evenly acquired that they should not be relatively greater in one or more directions. This is certainly so in every other branch of science.

Now, the step from having special knowledge and experience in any one direction to making advances in this line, is not, or should not be, very great, and with this increased interest in and study of a branch, the further step into concentrating more and more of energy and thought upon the special subject which has become of interest, is most natural and fitting. Thus it is that specialties have grown in medicine in earlier times; thus it is that out of the general mass of those engaged in the study and practice of medicine, one and another has in times past emphasized and developed one portion and another of the vast field in which all have labored. Thus, from the conglomerate mass of diseases, individual ones have been carefully differentiated, groups and classes have been established, and the field of general medicine and surgery has been greatly cleared, and much light has shone through what was almost impenetrable darkness two hundred years ago.

This development of the science and art of medicine gives in part the answer to our second question :

2. Why do medical specialties exist ?

The answer to this is comparatively simple : First, It is because the entire field of medical knowledge has become so vast, and the advances in it so great, that it is an absolute impossibility for any one mind to perfectly grasp the former, or to follow and comprehend the latter ; and unconsciously the choice is made by every one, whereby certain things are specially considered and certain others are slighted. It is with difficulty now that even a specialist can keep thoroughly posted in all that is accomplished in his own line of practice, and it is utterly out of the question, even if it were desirable, for him to read all that is written in his branch alone. Second, Medical specialties but follow the lead of other branches of science, which are all divided and subdivided so that no scientist pretends to grasp the whole perfectly. In the other professions the same has taken place ; in the law the lines of knowledge and practice are distinct between civil and criminal law, real estate, patent-office, international, and other departments of the legal profession ; in mechanics, naval, mining, mechanical, and civil engineering are all quite separate departments of work ; and so on of many other professions and occupations. Third, Medical specialties exist because there is a public demand for them, and the supply follows accordingly. The public wish, and are willing to pay for, the highest attainable knowledge and skill in regard to each and everything relating to the practice of medicine, and successful dealing with diseases which have previously proved obstinate or distressing under treatment, will inevitably lead to increased confidence in the individual who gives relief, and invariably tend to enlarged opportunities in the same direction. Thus, were the entire profession at any one time to be placed on a perfect equality of

knowledge in a community, a greater or less degree of special practice would unconsciously develop, and certain members would, before long, stand more prominent than others in particular lines of work.

This leads us naturally to the consideration of our third topic :

3. The relation which medical specialties bear to the progress of medicine.

As we have seen, specialties are the natural and necessary outgrowth from the progress of medicine. They have not arisen from any premeditation or desire to split up the subject of medicine into many disjointed parts, but they are only the long, far-reaching roots which the parent tree of medicine has sent out to draw sustenance from the deep and hidden springs of wisdom and knowledge, in order to minister to the growth and development of the trunk and branches, which in turn bear the leaves and fruit of healing. To oppose specialties is to sap the life of the entire science and art of medicine. Who can deny the gain which has resulted from the first great specialty, namely, surgery, or who can compute the lives and suffering which have been saved by those who have devoted special attention to this branch, even to the exclusion of ordinary medical practice? Subdividing this branch again, who can estimate the value of the lives which have been spared through the exertions of those who have given great attention to a single operation, ovariectomy? Who can be blind to the progress in the science and art of medicine made through the labors of those who have confined their energies to gynæcology, ophthalmology, laryngology, dermatology, neurology, and other special lines of work, and who can claim that the same advances could have been made by those whose thought and practice extended over the entire, rapidly enlarging circle of medical knowledge?

It is undoubtedly true that many valuable additions to special lines of practice have been made by those engaged in general medicine, of which ovariectomy, perhaps, is the most striking example; but, on the other hand, the mass of knowledge in general regarding particular diseases has been contributed mainly by those whose opportunities gave unusual acquaintance with them.

It must never be forgotten that the existence of specialties renders it possible to give to the medical profession a large amount of enlightenment and experience in particular directions which could not otherwise be obtained. Thus, the gathering together of patients afflicted with diseases of a particular class, and the experience gained therefrom, enables the teacher to tell in a moment that which another might take a lifetime to acquire, and by the exhibition of cases, to demonstrate features of disease and methods and procedures of practice which another could learn only with the greatest difficulty, if at all, from personal experience.

We come now to consider our fourth topic:

4. The relations which medical specialties bear to general medical practice.

From what has preceded it is evident that as specialism is the outgrowth of general medicine, the connection between the two is very intimate; they can no more live apart than can the tree and its root live and thrive when torn asunder; the life of the one is the life of the other.

It was remarked that every practitioner of medicine was, to a greater or less extent, a specialist, and the converse is still more certainly true, namely, that every really good specialist must be acquainted with general medicine and be able to practice the same with success; he cannot rationally and properly treat any special disease without understanding and appreciating the relations which that disease may bear

to the system at large. Other things being equal, the best specialist is undoubtedly he who has the best knowledge of and experience in general medicine, and who applies the same in connection with the line of practice in which he is specially engaged. The greatest errors and harm can come from the too exclusive concentration of thought upon a single branch of medicine without a proper appreciation of the relations which may and generally do exist between the organ of disease under treatment and other organs of the body, or the general system.

This leads us again, very naturally, to the consideration of our next subject :

5. Specialists, or those limiting their practice to a single branch of medicine or class of diseases.

A specialist is defined by Ogilvie to be "a person who devotes himself to a particular branch of a profession, art, or science; a person who has studied and acquired a special knowledge of some particular subject." If the foregoing argument and reasoning are correct, a true specialist in medicine may be defined to be "a physician or surgeon who is thoroughly acquainted with general medicine, theoretically and practically, but who has devoted particular attention to, and acquired peculiar knowledge and skill in some special branch or department of medicine, or class of diseases." The proverb *poeta nascitur, non fit*—the poet is born, not made, applies equally to the specialist as to the poet: he should be born out of the womb of mother medicine, should feed on the rich milk which nourishes all her children, and should grow out of the necessities of the case, being nursed in the lap of experience, and in full process of time he may develop into something useful; but to jump into the practice of a specialty, like Minerva from the head of Jupiter, fully armored and ready for the fight, can seldom be accomplished with the highest success. And yet many attempt this

yearly; the idea seems very prevalent that a young man has but to secure a diploma, spend a little time in the study of one special subject in one of the larger cities here or abroad, announce himself as a specialist, write an article or two, and, *presto*, change, he is a veritable specialist, only waiting for patients.

This tendency to hasty and imperfect preparation in the matter of general medical study and general clinical experience has resulted in much harm to specialism, and much injury to the science and art of medicine, as well as to its reputation before the world. Want of proper knowledge and training leads to imperfect medical observation, undue or insufficient appreciation of concomitant or allied symptoms or features of disease, and too often to unsuccessful treatment, from a failure to judge wisely in many matters relating to the individual under treatment. While accurate diagnosis and correct pathology are most essential and vital elements in medical practice, the broad knowledge and experience belonging to the general practice of medicine best fits one to understand and treat individual cases of disease, and the specialist will have but little relative success who ignores systemic influences, and pays exclusive attention to local phenomena and local measures.

The practice of a specialty is, therefore, beset with no little difficulty, for the tendency is very strong to concentrate thought and attention too exclusively on one idea, and to see and think of only one organ of the body or class of diseases, and thus to lapse into what Lord Lytton calls "the wretched narrow-mindedness of every one who cultivates his specialty alone." Let no one, therefore, envy the specialist, for in addition to the immense drudgery and monotony of seeing and dealing with the same diseases over and over again, and the untold labor of treating the thousands of free patients in public institutions, which give him his knowledge and skill, he has a

constant struggle, if he be a true specialist, to rise above his speciality, and to maintain his proper relations to the science of medicine. Few but those who have undergone it can appreciate the labor involved in connection with these matters, to say nothing of literary work and teaching; so that no one should seriously contemplate special practice who is unprepared for long and arduous toil. It is, I think, a fact, that the health of the specialist breaks down more commonly than that of one engaged in the round of general practice; certain it is that the daily weariness and exhaustion of one who has spent a day in varied occupation, out in the world, from place to place, with changing scenes every moment, cannot excel that of the busy specialist who, going round and round the treadmill, day by day, over the same ground again and again, never seems to advance much beyond the point at which he started.

It is useless for our subject to enter this matter more fully, but many specialists will be willing to agree that in many things they envy the general practitioners—in the largeness and variety presented by their field of operation, in the many warm and true friendships formed, and in their varied and healthful occupation; which things the possibility of a larger pecuniary success in a few instances in a speciality by no means counterbalances.

We come now to consider:

6. The education necessary for the proper practice of a speciality.

As may be judged from what has preceded, a specialist's education should be most thorough and complete. In the first place, the academic and collegiate education is most necessary, both for the training of the mind to close study and observation, and for the knowledge of the languages, ancient and modern, which are continually required in the study and prosecution of any special branch.

In beginning the study of medicine proper, the idea of a specialty should be kept entirely out of mind, and the most thorough course of general medical study possible should be followed, with especial attention to chemistry, histology and pathology. The practical portions of study should also be closely followed, and later in the course as much as possible should be learned from clinics. If the medical man is subsequently to give his attention to one branch more exclusively, it is all the more reason that he should have the foundation and groundwork thoroughly and perfectly learned, for it is a constant lament of specialists that there is so much outside of their specialty which they would like to know, but which their subsequent press of work prevents their acquiring. It may be stated most positively that no portion of a thorough medical education is wasted in preparing one for the practice of a special branch, not even obstetrics for a laryngologist, or ophthalmology for a gynæcologist; sooner or later every particle of medical knowledge which can be acquired will be brought into requisition. Three years is all too short for laying a groundwork which may be called upon for use many years later, to solve some doubtful question in pathology or therapeutics.

On graduation, it is exceedingly important to have a period of service in some general hospital as interne, for two years if possible; this is preferably to be in a medical service, rather than in a surgical. If one is to deal with only one class of diseases in his future practice, it is all the more necessary that he should have practical and personal acquaintance with general diseases beforehand, and this hospital service, if well employed in note-taking, will be to him afterward a mine of wealth of experience from which he may draw with the greatest comfort and benefit. All who have served as internes in a hospital will appreciate this, and will recall how little they found that

they knew practically on leaving the medical college and entering the hospital. It makes one shudder to think of those who have plunged into a specialty without having thus had their studies crystallize into practical shape under the fostering care of the experience acquired in hospital life. This service in a general hospital is of far more value, practically, than a residence in a special hospital devoted to the branch which is to be followed.

On leaving the general hospital a service in a special hospital is most desirable, and forms the best basis for acquiring the specialty. It is painful to an educated man visiting the centres of medical education abroad, to see how little the younger students there from other countries know of what is well known at home, and much reproach is thereby brought on our own land and institutions.

The student of a specialty should learn all that is possible here before going abroad; otherwise his judgment is warped, and correct impressions and clear knowledge cannot be obtained. Many who have been special teachers here will verify the statement that those who return from studies abroad continually express surprise, on their return, that so much is known here, and the remark is often made that if they had appreciated the fact they would not have gone abroad for study. If two or three years are to be taken for the study of a specialty, a certain, if not considerable, portion of it can be far better spent here first, and then one is able to determine the true value of what may be seen and learned abroad. Space forbids entering further on this topic, on which much might be said, as it is a most important matter, bearing strongly on our subject.

When the future specialist has completed this portion of his preparation, what course should he pursue in regard to active practice? For many reasons it is important that he should attend first to general med-

ical practice. This should be the backbone of his life, both for the purpose of remuneration until he can secure adequate special practice, and more especially in order to accustom himself to meet and treat patients, recognizing readily their various complaints and adapting himself to their different constitutions. He will soon enough get narrowed down to the little rut or track around which he must travel day after day, and this early experience in general practice will be looked back upon with pleasure and profit as he plods in his beaten circle in after years.

For some reasons it is desirable for a young specialist to secure a class of patients in a dispensary other than those presenting the complaints he is to treat. Indeed, the best is a general class of digestive disorders, including rheumatism and the various unclassified diseases which are often grouped together. This will enable him to get a wider and a firmer grasp on general medicine. Also, if it were possible, later, to secure an appointment as attending physician to a hospital, it is wise and beneficial to take one devoted to general diseases, and it would be well if all specialists could have such appointments in general hospitals, as they would best serve them in keeping up their practical acquaintance with general medicine.

In regard to the matter of a specialist practicing general medicine later, in connection with his specialty, or confining his practice to the latter exclusively, a few words may be said. Although theoretically, as has been shown, this is highly advantageous and proper, there are certain practical objections to it which render the latter course, now generally pursued, necessary if not desirable. First, in the large cities there is quite sufficient work for a specialist to do without going outside of his special line. Those who really get into a good practice have often all that they can do, and many are quite exhausted with this work alone. Second, the hours which the consultant

is required to be in his office are such that he cannot well attend to outside patients, however much he may desire. In the cities it is necessary to have early hours for the business gentlemen, and morning and noon hours for ladies, so that with critical cases it would not be right or proper to delay the visit until after office hours, which are often prolonged, say, even until two o'clock or later. Third, there is always the danger lest a specialist, by his success in a single disease, may make such an impression that the patient wishes his care on all occasions, and thus he may readily alienate from their regular attendants individuals who have, perhaps, been referred to him in his special branch. This is an experience which every specialist has had more than once, and one is urged continually to do this by enthusiastic patients. The only safe way, so as never to give offence to physicians or patients, is to avoid the acceptance of such patients for other diseases on any account whatever; and this is made the easier if, after one has become established in special practice, he abandons all but such cases as legitimately come within his special province.

Thus, we see, the specialist should properly grow out of the general practitioner, either following throughout some previously determined course, or shaping his practice as circumstances and experience seem to direct.

We come now to our final topic, namely:

7. The future of medical specialism.

Many medical men view the comparatively recent growth of specialties with more or less alarm, and fear lest, with specialists for every organ of the body and class of disease, there will soon be nothing for the general practitioner to do, and on this ground some have opposed specialists and have failed to seek their aid, even in proper cases. This fear is quite natural,

for, verily, if every case should be turned over to the various "ologists" who might possibly claim it, the family physician would indeed become but a distributor of patients without aiding his own pocket or reputation.

But, like every other principle in political economy, this one will solve itself on the basis of supply and demand. If the public want better treatment in difficult cases than they have had, and if they are willing to pay for it, it will surely be forthcoming somewhere or in some way—so that the tendency to specialism in medicine cannot be arrested, even if it were so desired. In the law the patent office lawyer gets the difficult and doubtful cases, and the celebrated criminal lawyer is retained where his services are most needed.

But there is a solution of the difficulty which is rapidly working itself out, and which daily becomes more and more apparent. By the multiplication of colleges, post-graduate courses, and clinics, and by the great increase of periodical literature and of books, these very specialists are doing all in their power to enlighten the medical profession, present and future, not only as to what has been already learned, but also as to what they are daily learning from their extended experience. They are continually, at great pains, giving to the medical profession the most careful and particular instruction, not only as to the grosser matters in their several branches, but also the more minute and special points in diagnosis and practice; they are, in fact, giving away their most precious truths, points of practice, secrets even, and they are publishing widecast all that they use in their successful practice. An outsider would exclaim, "That seems incredible;" and yet it is a fact, and who can deny it?

Now, what is the solution of the question? Simply this, the coming medical man will be educated

not only in all that his predecessors knew, but he will acquire such an additional knowledge of the various special diseases to which the body is subject, that he will be able to treat successfully a large share of the ordinary cases. No specialist now claims that all cases belonging to his branch should come to him, but he seeks continually to enlighten others so that they can manage them, and he rather delights in the more difficult and obscure cases. And such cases must always exist, and the student of the special branch will come in to aid where the skill of the general practitioner naturally fails.

Who then is to blame at the present time if the specialist succeeds in curing cases where others have failed to give relief? Who is to blame if other similar cases come to him on the recommendation of those who are cured? Shall he refuse to give relief when asked?

The thoroughly educated and properly qualified specialist, then, has and will ever have his functions to perform in the great field of the science and practice of medicine, and his powers for good will increase, and his field of usefulness enlarge, with the advancing world of science, and the broadening and deepening of the stream of knowledge. What a necessity, therefore, that the formation of this class of practitioners should be most zealously guarded in the future! what need is there that their general education by collegiate instruction should be strongly and well accomplished, and that their general medical education and practical knowledge of the entire science and art of medicine should be most completely and carefully planned and carried out to the letter!

It is recognized and acknowledged with regret that there are those who have entered special practice without the full and proper training here described, and that the tendency of imperfect specialism is to

narrowness of mind and even to charlatanry. But is the evil much greater here than that which yearly takes place in the indecent thrusting forth, by the many medical colleges of the hosts of imperfectly prepared doctors of all sorts upon the community? Surely the American Academy of Medicine has a great and noble work to perform in boldly attempting to stem this tide of evil.

There are certain questions of etiquette in connection with the matter of the relations of specialties to the medical profession which it might be well to consider, did time permit; but this paper has already exceeded the limits intended, and their consideration must be deferred.

In conclusion, the matters here presented may be briefly summed up as follows:

1. The science and practice of medicine has, in company with other sciences, become so vast that no one mind is capable of fully grasping every portion of it.

2. Unconsciously its various departments have become divided up, and from natural causes certain men have become prominent in various departments.

3. These so-called specialties in medicine are so great and extensive each, that particular or exclusive attention is now devoted to them, the study and practice in each branch being sufficient to fully occupy the time and thought of any one physician.

4. The development of these branches has greatly increased the scope and extent of medical knowledge.

5. Every medical practitioner should be more or less of a specialist, excelling in some particular direction.

6. To properly follow and develop one of these specialties, the medical man should be particularly well educated, theoretically and practically, in general medicine as well as in his special branch.

7. This tendency to specialism in medicine cannot be arrested ; but the difficulty tends to solve itself, by the education of practitioners and students in these specialties, so that the majority of simpler cases shall be treated by them, while the more difficult and obscure cases will naturally fall to the specialist who refuses to treat other diseases and confines himself to the practice of a single branch.

