

WOODWARD, (A)

SPECIALISM IN MEDICINE.

READ BEFORE THE

NEW LONDON COUNTY MEDICAL MEETING,

April 12th, 1866.

BY ASHBEL WOODWARD, M.D.,

OF FRANKLIN, CONN.

FROM THE TRANSACTIONS OF THE CONNECTICUT MEDICAL SOCIETY



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SERIOUS evils often arise from the misapplication of local laws. Theories that work beautifully in one employment, not unfrequently fail utterly when extended to others. In mechanical pursuits, increase of production from a division of labor is a favorite fact of the political economist. But the mode of applying labor, most efficient in the manufacture of needles, may lead to narrowness and injury, if transferred to the learned professions. Because the fingers employed for a score of years in polishing a shaft or rounding a point, become expert and nimble in that particular work, it does not follow that the theologian should confine his researches to the origin of evil, or that the lawyer should devote the exclusive energies of a life to the investigation of titles. He is the wisest religious teacher who comprehends most profoundly the spiritual relations subsisting between the soul and the universe. The wisdom which illumines the path of man, showing a way of deliverance from one perplexity, will deliver from a thousand. Wisdom is manifold and many-sided, seen only by the eye that takes in a broad segment of the horizon. Lawyers, whose clear insight into the eternal principles of justice has builded systems of jurisprudence on enduring foundations, have stood equally ready to grapple with any and all questions falling within the scope of their profession. The statesmen, who have given birth to nations, and shaped the policy of empires, have been no specialists, but men whose vision covered the arena of politics. Depth and breadth are required to establish systems. In subordinate positions, indeed, the victim of a single idea may seem to effect marvels, but results will show his achievements to be narrow and temporary. The child will grow only to the stature of the parent.

The prevalent popularity of specialism in medicine, springs in no small measure from a perversion of the principle that justifies the subdivision of labor in the mechanical arts. Were the human system a mere machine, like an engine or a watch, there would be reason for thus extending the theory. But the subtle relationships subsisting between the parts of the human frame, their mutual dependence and reciprocal offices, above all the subordination of the whole to that mysterious force, the vital power, lifts the animal body far above the law of inert matter. In the exercise of our vocation, we deal with something inconceivably transcending mere bone and muscle, fibre and tissue. If one member suffers, all the members suffer with it. Nature abhors hobbies and narrowness. Broad as the universe, and lasting as time, she scorns to reveal her secrets to the bigoted, partial inquirer. From her votaries she demands somewhat of her own breadth and generosity.

A skillful general, on the day of trial needs to be informed of the movements on all parts of the battle-field. If he neglects the wings, the enemy will turn his flank; if he looks to the wings alone, the enemy will crush his center. So it is in medicine. The eye, the ear, the heart, the lungs, are related parts of a complicated organism. Slight circumstances may determine where the disease is to make its first onset. Often, the tendency to disorder lurks in the system, waiting for a slight local injury, or inflammation, to invite attack upon the imperiled organ. The remote cause is permanent and all pervading; the proximate cause accidental and temporary. Sometimes the effect is far in excess of any apparent cause, the resulting disorder being wholly disproportionate to the initial derangement. Shall the practitioner now direct all the resources of his art to the restoration of the suffering member, regardless of the enemy beyond, who has but established an outpost where the malady first declared itself, and is equally ready to advance upon a score of other points? What would be thought of the general, with armies to lead, campaigns to plan, and victories to win, who understood only the science of fortification, or the maneuvering of infantry, or the theory of projectiles? Ruin would overwhelm him at the first trial. Uniform experience, covering more than thirty centuries of time, proves that success in arms depends on the union of comprehensiveness of intellect with quickness of perception. In medicine a similar rule prevails. Disease is one of the most subtle and vigilant of foes. Its messengers hover unseen in the air, sweeping across seas and continents, surprising amid security, and, with a beckon from their spectral fingers, summoning

thousands to the court of Death. Disease fights behind masked batteries, neglecting no advantage. How absurd, nay criminal, then, to restrict preparations for defense to a single pass-way, when a score are endangered! The eye sees dimly, and in pain, because poison circulates through the system; the lungs disintegrate, because the vital energies run low, and the vital forces are perverted. Shall we deal then with the eye or with the lungs as independent organs, bound by no laws except those regulating their peculiar functions? Yet this is what the specialists propose. The tendency of local practice is to magnify the importance of local disorders and of local remedies. The judgment becomes warped by too exclusive attention to single objects.

In evidence of this, we need only refer to that numerous class of uterine disturbances, a class of troubles from which the females of a former age were happily exempt. Here, as elsewhere, narrowness leads to error of diagnosis. With all the *light* that the speculum has shed upon this inviting and thoroughly explored field, not a tithe of the diseases claimed to be there discoverable, do exist, other than in the eye of the observer.

Nor does any sufficient reason exist for excepting surgery from the general rule. The skill which permits a successful operation upon the ear or eye, will avail equally when applied to any part of the body. Whatever routine of practice excludes a single limb or organ, is by so much too circumscribed. The capabilities of man, "god-like" and long lived, are adequate to master the art in its details. If one cannot become skilled in all departments, he cannot in any; and contrariwise, if he is endowed with the gifts which enable him to operate successfully upon one organ, he can operate successfully upon all. Facts sustain our position. Without exception, the lights of surgery have performed all operations equally well. Furgusson, Valpeau, Mott, were too great, too thoroughly saturated with a spirit of devotion to their work, to be pinned down to a specialty. Every surgeon of equal genius must be equally expansive in his aims. True, some specialists have earned more or less celebrity, in spite of the cramping influences with which they have surrounded themselves. The merit, when genuine, would have been far more richly rewarded, we believe, had it been more liberal in scope. In the judgment of well regulated minds, the presumption will be against the operator who lacks the genius and the ambition to claim as his own the entire field of surgery.

Moral considerations weigh against specialism. More and more our profession is consolidating into a brotherhood, united by common sympathies and noble aims. Generous souls can yield no room to pettiness or jealousy. Our conventions have adopted a code which promises to extirpate the last root of bitterness, and to lift the profession "out of the shot and danger" of reproach. One prominent feature of the code requires that the practitioner shall advertise only by his merits. Artifices, insinuations, secrecy and parade, are rigidly prohibited. These wholesome regulations the specialist is under constant temptations to violate. To become broad and noble in action and character, one must first become noble in aims.

I cannot, perhaps, more fittingly close this paper, than by transcribing some just and significant remarks from an address* delivered before the Royal College of Surgeons, not on specialism, but on the progress of surgery, by a distinguished ornament of our profession, Dr. Fergusson,—now Sir William Fergusson,—he having been recently knighted, entirely on the ground of professional distinction, an honor rarely conferred, it having been over thirty years since the last was conferred on the distinguished Benjamin Brodie.

He says, "Throughout the history of our profession, from the earliest date to the present time, distinctions have been drawn between surgery strictly and physic. The wisdom or necessity of drawing such distinctions is very questionable, particularly since the passing away of the dark days of surgery, when an inferior class acted under the orders of those who themselves could know but little of the art. As our profession gets older, the custom becomes less apparent, although in large and populous districts there will always be those who devote themselves specially and respectively to these departments. This, in my opinion, depends upon, and is determined by, natural habits and tastes, rather than upon any actual necessity that the two should be disjoined, or that a union of skill in both is incompatible with man's mental and physical powers. I cannot myself see why there may not, should not, could not be such a combination." * * * * * "And the impression seems to get stronger, that whilst a physician must be all the better for a good knowledge of surgery, the surgeon must be a poor practitioner who has not a knowledge of physic." "One of the greatest lights in surgery, Sir Benjamin Brodie, who has but recently passed from amongst us, was as

* This Lecture may be found entire in "The Lancet," [Amer. Edition, Dec. 1865, p. 553.]

much distinguished in this respect, as for his power in surgery, properly so called ; and the professional reputation of Abernethy was as much based on blue pill and black draught, as upon tying great arteries, opening abscesses, or any other surgical proceedings with which his name was associated. In fact, the term '*pure surgery*,' should, in my opinion, be banished from our vocabulary."

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