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REPRINTED FROM THE
TRANSACTIONS OF THE PHILADELPHIA COUNTY
MEDICAL SOCIETY.

VOL. I.—1887.



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SPECIALISM IN MEDICINE.

BY

ROSS R. BUNTING, M.D.,
OF PHILADELPHIA.

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MARCH 9, 1887.

(1887) 1888

VIII, 55



PHILADELPHIA:

WM. J. DORNAN, PRINTER.

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SPECIALISM IN MEDICINE.

By ROSS R. BUNTING, M.D.

[Read March 9, 1887.]

THE object in presenting this paper before the Society this evening is not with the idea of offering anything new, but rather with the hope that in discussing this rather hackneyed subject, something of advantage to our profession may be suggested.

Specialism is a sign of progress. Herbert Spencer, in his *Illustrations of Universal Progress*, says, "From the earliest traceable cosmical changes down to the latest results of civilization, we shall find that the transformation of the homogeneous into the heterogeneous is that in which Progress essentially consists." In the development of the human organism the same law is followed from uniform to multi-form, from simple to complex, from the general to the special, producing physiological division of labor or specialization of function. "It is always in the most advanced periods of civilization that division of labor is carried to its utmost limits. It is only the savage that combines in his own person in all their departments the character of philosopher, inventor, and operator." (*Political Economy*, Wayland.)

"Medicine was practised primitively by the chiefs of families, of tribes, and of nations, and by generals and legislators. Afterward it was joined to the sacerdotal office for a very long time. At last it constituted a distinct profession which was at a later period subdivided even into several departments." (Renouard's *History of Medicine*.) Medicine, surgery, and midwifery (the latter practised mostly by women, as it now is in some parts of Europe), appear to have been the earliest divisions. Some writers consider specialism to have existed long before the Christian era, but we think it is only within the last twenty-five years that real, true specialism may be said to have existed.

During this period there has arisen in our midst a practitioner known as the specialist. His advent was regarded with suspicion by the doctor. "He is like the locust plague of Egypt, devouring all be-

fore him; he has mapped out all the organs of the body as his especial property, leaving nothing for us," exclaimed the general practitioner. A writer in the *Pacific Medical and Surgical Journal* has become so alarmed at some one signing himself "Neurologist," that ironically he says, "Why not have a pneumatologist to attend to the lungs, a thermatologist to observe the temperature, a narcotizer to see that the patients sleep well, a defecator to attend to their bowels, and so forth?" He was considered a quack, and many instances were related of his want of principle in appropriating the patients of his brother physicians. Although such cases occur at the present day not only among specialists, but in the profession at large, we think there are very few whose sense of honor is no better than that of Artemus Ward, who says, "You ask me about my principles? I ain't got no principles, I'm in the show business." It is not surprising that the family physician was astonished and alarmed when he found the inroads this special practice made upon his daily living. But the specialist has come to stay, like the female physician, and no amount of professional opposition will drive him from our midst. Lord Bacon says, "Surely every medicine is an innovation, and he that will not apply new remedies must expect new evils." It were good, therefore, that men in their innovations would follow the example of time itself, which, "indeed, innovated greatly, but quietly, and by degrees scarce to be perceived." These innovations would certainly have been more agreeable, especially to the older physicians, had they come more gradually; but they were necessary for two reasons: 1st. The public wanted them, and were not slow in finding out that in many cases they were cured or relieved sooner than by the family doctor. The author of *Lacon* shrewdly remarks, "It is better to have recourse to a quack, if he can cure us, although he cannot explain it, than to a physician, if he can explain one disease but cannot cure it." It is the fashion now to go to a specialist, for fashion reigns in medicine as in society. During the last twenty-five years how many methods of treatment have we seen, "that, like empires, have had their rise, culmination, and decay"? People with the most trifling ailments seek special advice, in many cases that could as well be attended by their family physician. Some time since we were called to attend a baby, about ten months old, for an attack of diarrhoea; noticing a slight eruption on the face, the mother remarked "that the baby had been much worse, but having consulted a *skin doctor*, under *his* treatment it soon got better." If there be one class of cases which the family physician regards as his *especial* practice, it is that to which infantile

ailments belong. Having anxiously watched the advent of the little ones, often through sleepless nights, it is but fair he should attend them for the many diseases of babyhood.

2d. The accumulation of medical knowledge has become so great that one mind cannot master, much less employ, this knowledge in the practice of medicine. There are no "Admirable Crichtons" in our art. The genius of a Sydenham would shrink in despair before the immense masses of medical lore accumulated since his day. We read with astonishment of the acquirements of Dr. John Mason Good, who, to the reputation of a polyglot added that of one of the foremost practitioners of his age. It is universally acknowledged that the men of one idea, those who confine their attention to one thing, be it a business or a science, are the men who succeed, who represent the progress of the age, and whose names "posterity will not willingly let die." "There was once a boy put under the care of the Jesuits, who was noted for nothing but his stupidity. The teachers tried him abundantly, but could make nothing of him. At length one of the Fathers tried geometry, which so suited his genius that he became one of the first mathematicians of his age." We hear occasionally of physicians distinguished in the walks of literature, but it is extremely rare for them to be known to the public in this dual capacity—certainly posterity never remembers them as such. Oliver Wendell Holmes is but little known to the world as the professor of anatomy, but as the genial Autocrat of the Breakfast-table, and the author of that charming novel, *Elsie Venner*. We know but little of Dr. John Brown, of Edinburgh, as a physician, but as the essayist. If we could imagine a physician thrown into a Rip Van Winkle sleep of, say, but ten years, and then recommence the practice of medicine, he would be astonished at his own ignorance, so great would he find the progress in all branches of our art. He would feel "like the mouse which thought his chest was all the world, and was astonished when he stood upon the till and looked out to see what a great world lay beyond him." Having admitted the necessity of the specialist, we will now consider him in his relations to the medical profession. He ought to be regarded as the consultant of the general practitioner, and, when possible, to act and advise with him. An oculist once observed (with apparent satisfaction) that many people no longer consulted the family doctor about their eyes, but went at once to the oculist, as they would to a dentist for their teeth. With all due respect to the many honorable gentlemen in this line of practice, this is belittling the family physician, and the tendency will be to

throw the general profession into disrespect. Why should not a physician, who is worthy the name, be asked an opinion whether his patient should consult a specialist? Encourage the public to act in this manner, and the result will be to create an antagonism between the two classes of practitioners. Regarding the specialist as a consultant, would place the latter in the same position as the general consulting physician, who is supposed to comprehend and follow the Code of Medical Ethics. There has been a great change within the last few years in the attitude of the public toward the family doctor. Change of physicians seems to be the order of the day. Formerly they have been known to attend a family for two generations. Now many people change their doctor with every new illness. That specialism is partly responsible for this we have no doubt, but we think the desire for something new, and the want of faith in everything which characterizes our age, are also causes.

Duncan Gray, the village doctor, whose character is so beautifully portrayed in Scott's *Surgeon's Daughter*, belongs to a class of physicians which is fast disappearing, although to be regretted; this is but one of the old landmarks swept away by the flood of scientific progress. The limitations of specialism include the diseases which properly belong to it, and the number of specialists. The *majority* of diseases should be treated by the general practitioner. Take two instances from two different specialties. Why should not the average doctor be able to prescribe the proper glasses for simple hypermetropia, and apply the uterine dilator in cases where it is indicated? These methods of treatment are supposed to belong especially to the oculist and gynecologist. On the other hand, the busy practitioner would not have time (admitting that he has the knowledge) to attend to cases of mixed astigmatism, operations in laryngeal surgery, and the application of electricity, which necessitate the continued presence of the physician in his office, and require expensive instruments, for the outlay of which there would not be sufficient remuneration, so comparatively few would be his patients. We deem it obligatory on him, however, to have a working knowledge of the laryngoscope and the ophthalmoscope, which is just as necessary as an acquaintance with the microscope. Every year, as the physician becomes better educated, is his field of labor enlarged. Some years since, the application of the obstetrical forceps was regarded as an operation requiring a consultation; now every recent graduate considers himself capable of performing it. There are operations in general surgery, as lithotomy and ovariectomy, which will still be restricted to a few having special

skill and experience. The great dramatist's description of sorrows which "come not single spies but in battalions," we think would be applicable to the *number* of specialists.

Dr. Morell Mackenzie remarks, as one point of favor in specialism, that "in one city of the United States, of 130,000 inhabitants, he found thirteen specialists in throat diseases." We can well imagine the poor doctors in this city of many specialists, gazing around, and exclaiming with the bewildered Macbeth, "Can such things be and overcome us like a summer's cloud without our special wonder?"

To the ignorance of the general practitioner may be ascribed, in a great measure, the large number of specialists. With the increased facilities for study, extension of the curriculum in our medical colleges, and post-graduate courses, the young physician will enter upon the practice of his profession much better qualified than his predecessor of a quarter of a century ago. The simple cases he will always treat, and some of the more difficult ones. The general increase of medical knowledge will also operate favorably on the specialist, obliging him to possess a fair knowledge of general medicine, which is impossible for those "*who take up specialties*" without ever having had a general practice, a state of things much to be deplored, for, as has been ably remarked, "the body is an organism, *not* a mechanism, and he who has the widest knowledge of that body, its disorders and diseases, is best able to find out the matter with his patients." There will always be a field, an inexhaustible one, for special research, for from the latter must emanate most of our scientific progress. A wise author has truly said: "He that shortens the road to knowledge lengthens human life." And a well-known political economist furnishes another tribute to the usefulness of the specialist when he says: The advantage of the many is best consulted by each individual looking after his own good in the most intelligent manner. There should be no jealousy between the general and special practitioner, for both belong to that honored profession to one of whose members was applied by our Lord the title of "the beloved physician."

