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SPECIALISM IN MEDICINE PARTICULARLY AS RELATED  
TO SURGERY AND GYNÆCOLOGY.<sup>1</sup>

BY WILLIAM WARREN POTTER, M. D.

Buffalo, N. Y.

THE subject of specialism and specialists has often before been presented to medical societies and other organizations, but as a rule not by specialists nor before special societies. The general practitioner, manifesting concern with regard to his hold upon his clientèle, has frequently resorted either to society papers or magazine articles for the purpose of attacking specialism or defending generalism—one or the other, or both. It must be admitted that in the consideration of this question, like most other questions, there are presented two sides to many of its prominent features. It is my purpose in seeking the ear of this Association, which is composed of specialists both in surgery and gynæcology that are second to none in their respective departments of medicine, to discuss the subject with deference to all interests involved.

It is probable that specialties in medicine have been practised from a very early day, but you will hardly expect me to consume valuable time in searching ancient history, for the purpose either of displaying a knowledge of medical classics or ministering to a taste for the curious in literature. Time is too fleeting, duties are too pressing, and life is too busy with affairs of the present to tolerate questions other than practical in meetings like this. It seems to me that the time has

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passed when we may with propriety discuss the need of specialism and of specialists, because it must be admitted on all sides that they have grown to be a necessity; hence it would be difficult or impossible to return to the old way, even if we would. It cannot be expected in the very nature of things, and under the manifold conditions that are governing the present, not only with regard to medicine but also the collateral sciences, that any one man in his study, observation, or practice can cover the whole professional field in any department. If this is admitted, then a remedy must be sought whereby the people—whose servants we are—may have relief from the dilemma in which they find themselves. That remedy is manifestly offered in the division of duty, study, and practice, whereby the sick and suffering may obtain the benefits of all that is known to science as it advances from day to day.

Conceding then, without further argument, the propriety of the division of the practice of medicine into specialities, the next question impressed upon us is how can this best be done to promote in the highest degree the interests of the people, and at the same time conserve the not less important interests of the profession itself. In championing the interests of the people, as it always ought to be the pleasure of every one to do whenever voice and pen seem called in requisition, we must not lose sight of the fact that their best interests are served when we, as a profession, at the same time look well to our own individual and collective interests. Of what good is it to undertake to promote the general interest if in doing so we trample on the particular interests? Is not the general interest made up of the particular interests? If the particular interests are injured, does not the general interest suffer? Then let us accept the proposition at the outset that in laboring to promote and maintain the highest interests of the profession of medicine, we at the same time bring the best guarantee to the people of an enlightened conservation of public as well as individual health and strength.

*The Tutelage of the Specialist.*—Having conceded the necessity of a division of labor within the lines of the field of medicine, the next prominent feature connected with the subject of specialism is the proper method of preparation for its practice. It has been my observation, and I presume most of you have noted the same, that here and there often spring up men who claim to be specialists, who either have had no preliminary preparation for the work, or else have gone out of the medical schools and walked immediately into the line of special practice without any experience as general practitioners. Either of these roads to specialism is open to con-

denmation. A man who offers himself to the community as a special practitioner should undergo a careful preliminary training in a medical school that is amply equipped to teach him everything known connected with anatomy, physiology, chemistry, obstetrics, surgery, medicine, hygiene, pathology, microscopy, bacteriology, and all laboratory work necessary to amply and considerably impart to him proper knowledge for the practice of medicine and surgery in any and every branch.

Having grounded himself well in the foundation principles of medicine, he may then after his graduation very properly enter a hospital for a service of two years; and I pause here to remark that I do not believe this service should be performed in a special hospital, but in a general hospital, one that receives all classes of patients; for the young aspirant then especially needs the clinical experience that the wards of such a hospital afford. After his hospital service the next step should be to associate himself if possible with a general practitioner either in town or country; or if not, then he should start out for himself in the general practice of medicine. If he is compelled to do the latter, in my opinion the country affords the best opportunity in which to obtain his first experience. He can easily spend five or eight years in this manner to great advantage, after which he may with propriety enter a post-graduate school for a reasonable term, and then with further propriety spend six months or a year abroad. A visit to Europe at this time is recommended not so much for absolute study as for observation, but careful notes should be made of everything seen, and the record preserved for future reference. Thus, by a somewhat circuitous route we have finally arrived at a point, ten years after graduation and fourteen years after beginning the study of medicine, which will, other things being equal, find most men prepared as adequately as possible for the practice of a chosen specialty.

During the two years spent in hospitals, the six years in private practice, one year in post-graduate study, and another year abroad, a man will most likely have come by the law of natural selection to make an intelligent choice of a specialty, and in this as in most other occupations a man should pursue that which appeals to his intelligence, aptitude, and preference. It need hardly be affirmed that a man does a thing better when he does it willingly and because he likes to do it.

A man practises a specialty—and be it understood I am now speaking of specialties in general and of no one in particular—better by reason

of having the equipment that a large experience in general practice gives him. The constant danger in specialism, to borrow an illustration, is, that a man in examining his patient will discover a pimple in the ear, and, limiting his observation to the area of his otoscope, will fail to discover that there is a pimple on the nose also; in other words, he will fail to recognize the fact that a pimple in the ear merely implies a fault in the general system, and that though it may contribute to the comfort of his patient to extinguish the pimple by a local application, it is sure to be followed by another in the ear or elsewhere unless the remote or constitutional cause is removed. The constitutional origin of many local diseases cannot be disputed, but the specialist who is not broadly trained in general medicine will fail to recognize this fact as soon as his neighbor, who has gone through such a period of preparation as I have previously indicated. What man in this presence would hesitate to choose between two specialists of admittedly equal skill in technique or pathological knowledge, but who were widely apart as to general experience? The specialist needs something more than a knowledge of technique or pathology or even skill in diagnosis. If he is called upon in the pursuit of his practice as a specialist to do operative surgery, he must not only possess skill and deftness in the use of his instruments, but must have what I consider far more important—a surgical judgment that informs him not only when and how to operate, but oftentimes when to decline to operate.

It must be admitted that the natural tendency in specialism is to limit its vision to the local malady, and to overlook the general dyscrasia or the remote lesion upon which its existence depends. The human system is a wonderfully complicated machine; no one part is independent of the other; the heart suffers with the brain, and the brain with the heart; the nerves and arteries are distributed and woven into every part of the fabric; and while it is necessary for the physician to study every organ in detail, it is equally necessary that he should study it as a whole when all the parts are put together and are in motion.

This, then, is the sum of the argument, and we find it difficult to understand how a man can justify himself in beginning the practice of a specialty, unless he has submitted himself after careful preparation in the schools to that stern tutelage which belongs to eight or ten years of general practice.

*The Relation of Specialists to General Practitioners.*—We have heard it said in some quarters that there has sprung up an antagonism between general practitioners of medicine and specialists. It

seems unfortunate that this issue should come, but having arisen, specialists themselves must put it down. A true and honest specialist will so conduct himself toward his clientèle as to strengthen the hands of the general practitioner, since the latter in nearly every instance sees the cases first, and is responsible for their diagnosis and treatment during a considerable period of time. Finally, when matters seem to make sorry progress, the question often arises in the mind of the patient, or his or her friends, whether it would not be best to consult some physician especially skilled in the line of disease now affecting the invalid. A well-trained general practitioner, taking quick advantage of the situation, will not hesitate to recommend a specialist of undoubted skill and honor. The greater the discretion he exercises at this juncture the stronger will be his hold upon his family. If he sends his patients to a consultant who brings success in the care of their maladies, it reflects upon the skill and judgment of the family doctor in a high degree, and the converse is equally true. That physician who is quickest to recognize the necessity for the opinion and aid of a specialist, not waiting for the patient to move in the premises, but promptly calls to his support the strongest and honestest man within his reach and invokes his special skill in the conduct of a needful case, will thus avoid blame for delay, or, mayhap, disaster. It is a common habit among specialists to make remark of the family physician in this wise: "My dear madam, you have fallen into fortunate hands; your physician is a man of skill and experience, and while no man, however wise and erudite, is competent to cover, either in his diagnosis or treatment, the whole field of medicine, your physician will always in doubtful cases select as counsel men who will bring substantial aid in your distress, and advancement of your interests." Such suggestions are always sure to strengthen confidence in the family doctor, and reflect credit upon the specialist.

When all interests concerned in this phase of the question recognize the fact, and in its recognition act accordingly, that specialists need help from the general practitioner quite as often as the general practitioner needs help from them, it will be better for physicians, general and special, as well as their patients. A duty that is imperative, one that the specialist cannot escape or shun, is to resign all general practice upon entering a special field. Unless this is cheerfully and wholly done the general practitioner is not treated fairly, and he will not be slow to recognize the fact. There is no real conflict between the general practitioner and the specialist and it must not be allowed to appear that there is, by any coloring that is thrown upon

the screen which perverts the facts. This is a side of the question that would permit of much elaboration, but on this occasion it must suffice for me to make only this passing allusion to it.

*Reciprocal Relations between Specialists.*—Not second in importance to, but quite abreast of the preceding subdivision is the consideration of the relations of specialists to each other, and considerable observation and experience have served to convince me that there is much opportunity for thought under this head, as well as for improvement in these relations. In the presentation of this part of the subject I shall especially consider it with reference to the departments of medicine which fall within the particular province of this Association to discuss—namely, surgery and gynæcology.

To-day, all will acknowledge the fact that the tendency of the successful practice of gynæcology is toward the surgical side of the subject. It is as indispensable for the gynæcologist to be a practical surgeon as it is for the physician to be a gentleman. Not that every gynæcological patient must needs have surgical aid, but as we come to understand the pathology of the pelvis and abdomen better, we appreciate that the requirements of minor gynæcology are becoming fewer and less. It is not many years since the possession of a Ferguson's speculum, a caustic-holder, a uterine dressing-forceps, and a Simpson's sound were considered by the majority of physicians an ample outfit for the practice of gynæcology. If, indeed, there were a favored few,—favored either through location of residence or perfection of training,—that added a number of other instruments to their armamentaria, it still remains true that in the hands of the majority who made pretense to practice the art, the instruments named were considered all-sufficient for the diagnosis, treatment and cure (?) of the sexual ills of women. It was common then for the teacher of gynæcology to spend much time in the description of the methods of use, and the multifarious applications to be made with the uterine sound. The opinion of the greatest number of gynæcologists to-day is that there is only very rarely a necessity for the employment of this dangerous instrument, and that on the whole it is one of the few inventions that woman would be the better for had it not been discovered. The important function of the teacher of gynæcology to-day will be to lay special condemnation on the frequent employment of this instrument and to warn against its dangers.

Modern gynæcology, too, must teach the modern pathology of diseases of the abdomen and pelvis, and as we come to more intimately

understand this pathology, together with an intelligent etiology of pelvic disease, we more and more frequently invoke the knife in promoting, or establishing, the cure of these maladies. Hence, there is, I say, an intimate relationship between surgery and gynecology. If I here pause to affirm that there is, likewise, an intimate relation between surgeons and gynecologists, it may not be out of place to remind you of a fact—one that all of you well know—namely, that this Association is the only existing special organization where these two departments of medicine are solely and distinctively united in society work.

*The Ethics of Specialism.*—From this very fact it will become the province of this Association to be the leader in cementing the relations between surgery and gynecology, and the expounder of the ethics that should govern the relations of these important subdivisions of the medical field. In this use of the term ethics I do not wish to be understood that there must be written a new decalogue of ethical dogmas, but instead I desire to bespeak a revival of the principles of Confucius, who 500 years before our Saviour, formulated what has ultimately come to be regarded as the Golden Rule. If Confucius is correctly translated he said, "Do not do unto others what you would not have them do to you." This is one of the inner truths, and may be regarded as the embodiment of all justice. Nevertheless, Chinese edicts, Roman pandects, Napoleonic codes, English common law, and American jurisprudence, each and all of them have failed to give it force in practice. I might have added for the sake of accuracy or to escape the imputation of carelessness, that that eminently wise, conservative, and forensic tribunal—the Supreme Court of the American Medical Profession—the Judicial Council of the American Medical Association, has even proven itself equally as incompetent to give this stalwart truth an interpretation that is acceptable to all, and has as signally failed to enforce its precepts.

In 1840, Samuel Jackson, that immortal physician, in addressing a class at the University of Pennsylvania said, "Every man of good sense, possessed of honorable sentiments, and a moral feeling of right and wrong, by the instinct of honesty will know how to conduct himself without a code to regulate his deeds." This utterance, by a man whose daily life was an epitome of ethical propriety, expresses all that is needful to-day on the subject, and is suited alike to the specialist and general practitioner.

When a gynecologist spends four years in college attendance, ten years in private practice, post-graduate study, and travel abroad, prepar-

ing himself under the law of natural selection for the specialty of his preference; when he abandons all his previous conceived notions of practice; abandons bone surgery, and the treatment of the diseases of the nose, throat, eye, ear and other organs of the special senses; ceases to treat diseases properly belonging to the neurologist; gives up fractures and dislocations, amputations and the like; when, I say, he abandons all these branches of practice and sends patients suffering with these maladies to those special surgeons who are skilled in the several departments named, in order that he may devote himself exclusively to the practice of abdominal and pelvic surgery and the treatment of gynecic diseases, is it not reasonable for him to expect a reciprocity of action on the part of his friend and brother, the general surgeon ?

There are, happily, many individual instances where this reciprocity is recognized to its fullest extent, but I fear that many surgeons are either careless of, or indifferent to, the amplest realization of the importance of maintaining a high standard in these reciprocal relations. When the gynecologist turns over to his brother, skilled in the treatment of diseases of the joints, the injuries of this nature that apply to him, does he not fairly expect in return that the removal of abdominal and pelvic tumors and the like will be declined by the specialist in surgery of the joints? When the gynecologist refers all brain, neck, throat, and chest surgery to the surgeons especially skilled in these several departments, he certainly does not expect that these same surgeons will open the abdomen or invade the pelvic basin in woman on every and any pretext that can be found for so doing!

It cannot be expected, however, that the general surgeon will feel altogether like giving up a field so attractive as the pelvis and abdomen without some reciprocal compensation. Fortunately there is much remaining of interest for him to cultivate. If he will considerately yield to the gynecologist everything pertaining to the sexual diseases of women which it must be confessed properly fall within his domain, he can still cultivate the fruitful field that all abdominal wounds afford, and perfect himself in the technique of suturing the intestines, intestinal anastomosis, resection and the like, together with many other surgical diseases and accidents involving the necessity of abdominal section. It seems to me that it is very important to draw the line very accurately and closely in this matter. The removal of all abdominal tumors, and all surgery connected with the uterine adnexa has been the subject of special study by the gynecological surgeon; he was the first to point out its possibility, to develop its proper technique, and to apply



rigidly the rules of simplicity, cleanliness and drainage that have brought success to its practice, and reduced its mortality to a small fraction in the hands of competent men; for, whereas, only a decade and a half ago it was constantly our habit to estimate a record as eminently gratifying with a mortality of even twenty-five, thirty-three, or forty per cent., now we find it has been reduced to an exiguity of three per cent. for all operations, favorable and unfavorable. To say that these results have been mainly due to the indefatigable energy of Keith, Tait, Bantock, Price, McMurtry, together with others well known to you, is only to render unto Cæsar the things that are Cæsar's. Shall not these men and their coadjutors and disciples in all fairness be entitled to the opportunity of pursuing this field exclusively? When we recall the almost hermit-like exclusion that a man must submit himself to in preparing for this work and in perfecting his technique, together with the dangers that he must encounter in its prosecution, besides the mental and physical strain that he must undergo, then add to all this the limited income that he will receive during the earlier years of this stern tutelage, we can but regard it as almost a matter of justice that his claim to the territory under discussion shall be admitted and all its boundaries respected. Moreover, it has been demonstrated by results that the general surgeon cannot successfully cope with the gynæcic surgeon in pelvic surgery.

I hope that I have not been misunderstood in this matter; no man has a higher respect for the general surgeon than have I. During a number of years in my earlier life it was my fortune to occupy a place within the ranks of that able and accomplished circle. Within the last few years, however, my surgical preference has lain within the lines of gynæcology. It is perfectly fair, then, for me to state that I do not allow prejudice to enter into this critique. I am only candidly stating my own views on the subject, and I hope you will accept them for what little worth there may be in them. My object has been to contribute something toward the cure of an evil, and to ask this Association to take the subject into consideration, and to deal with it as it thinks best. I may have already spoken too long; perhaps I have said more than I ought to have said, but yet there are many sides of the question, and many bearings upon it that have been left untouched. I stand here only to make a plea for justice on all sides and not to antagonize any interests, individual or general.

*Responsibilities of the Specialist.*—The means of education at command both for specialists and generalists are almost limitless; the

schools are extending their terms of study, and otherwise improving their curricula; most of the states have established separate examining and licensing boards that in effect determine the quality of the teaching in the schools, and stimulate them to maintain a uniform standard. The massiveness and excellence of medical literature were never so high; the clinical opportunities for perfection were never so great; in short, never before could there be obtained such a high quality of preparation in the schools. The general practitioner now receives his certificate of study, and graduates with a perfection of knowledge that is even in excess of that which most specialists could boast of twenty years ago. With such immense gain in the equipment of the general practitioner, he is placed at once in competition with and soon will drive out the inferior or indifferent men who pose as specialists, as, indeed, such ought to be driven out. The specialist of to-day, therefore, is expected to be something more than was demanded a quarter of a century ago.

The tendency of the schools is to encourage specialism; in my opinion this tendency ought to be restrained. The schools should be thinking less of fitting students for the practice of specialties, and pay more attention to their equipment as general practitioners. Specialists will evolve fast enough from these general practitioners after they have become sufficiently experienced in general medicine, and the only road to the practice of a specialty should be through this channel.

*Conclusions.*—A few words to specialists in general, that is, to you and myself, and I have done. No man has a higher appreciation of the work done by specialists than have I, I am not here to condemn, but rather to encourage them in their work. Some of their greatest triumphs have been achieved in the State of Kentucky and in an area almost compassed by the sound of my voice. When Benjamin W. Dudley mastered the difficulties of stone in the bladder, he performed a service that will hand his name down the ages to the very crack of doom; when Ephraim McDowell solved the problem of ovarian cysts by curing Mrs. Crawford in 1809, in spite of personal threats and imminent danger, he accomplished something that will send his name spinning forever down the ringing grooves of change.

When the specialist in mental diseases restores an insane person to reason he accomplishes something that lays humanity under obligations. The etiology of many nervous disorders in women have been long understood to lie in the disturbed functions of the sexual organs, and the associated mental disease has been recognized by the gynæcologi-

cal specialist as only a symptom. These cases usually come first within the observation and management of general practitioners whose skill is taxed in diagnosis and treatment. They are generally correct in both. It must be claimed for gynæcology, however, and some of the men whom I see here present are pioneers in the work, that it has evolved the enduring truth that many of these mental disorders are complicated with sexual disease, and that if the sexual disease is cured reason is restored. This subject is still under judgment and promises a rich future for the worker in this field. It has already achieved sufficient success to give promise of yet greater results.

I repeat, that the responsibilities of the specialist were never so great as to-day, hence his training should be of the broadest and most liberal kind, and he also should be moulded after a broad and liberal model. He should not be of a jealous nature, and he must bear in mind that there is no antagonism between himself and the general practitioner. If the latter is becoming somewhat irritated over the fact that tramps have taken possession of some of his territory, his consolation must be that there is yet remaining enough for him to cultivate, and no one will be more happy to assist in driving off these tramps than the accomplished specialist.

The argument then that I desire to impress is :

1st. There is essential need for specialists. Divisions of labor in every field are demanded, and nowhere more than in medicine.

2nd. Specialists being a necessity, they must amply equip themselves by years of study, and devote themselves to a still greater number of years of general practice before they are justified in offering themselves as specialists.

3rd. They must conduct themselves in such a way as to merit the respect of the general practitioner, and to invite his co-operation in their work.

4th. The unwritten ethics of specialism demand that there shall be a reciprocal relationship maintained, not only among specialists themselves, but also between specialists and general practitioners.

5th. The opportunities for perfection in special lines of medical study are so great, and medical literature in both journalistic and text-book form is so rich, that a weighty responsibility is entailed upon the specialist, and his duties must be discharged with fidelity and honor.

6th. The schools ought to discourage any and all students who give promise of entering upon the practice of a specialty as soon as the

college doors are passed, and before the swaddling clothes of the professional tyro are slipped.

7th. A kinship between surgery and gynæcology—between the general surgeon and the gynæcological surgeon—ought to be strongly cultivated and stoutly maintained. Neither should trench upon the territory naturally belonging to the other, and to conserve these reciprocal relations will assuredly be the pride of this Association.

284 Franklin St.