

NOYES (H.D.) G. Lu.

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SPECIALTIES IN MEDICINE,

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SPECIALTIES IN MEDICINE.

In every subject of scientific study the progress of investigation and the accumulation of knowledge must reach a point where it becomes a serious task to master all its facts, or to be acquainted with all that has been written about it. When a great number of zealous observers are bending their energies in a common pursuit, it happens after a time that not the oldest and most eminent among them can possibly attain to a perfect acquaintance with all that is known about it. For example, the ardor of geologists during fifty years has amplified the science until it can hardly be expected of any that he shall be conversant with all the details of the earth's mass and structure. Among botanists, no one can enumerate the entire flora of the world and their minute peculiarities. What chemist can exhaust all the facts of his great study in a statement perfectly comprehensive, and without omission of details?

From the extension of knowledge, as well as from the brevity of life, and the limited capacities of the mind, investigators have been compelled to limit their researches to small portions of their chosen field if they would contribute anything valuable to the stock of facts. In short, not only is it impossible for one mind to gather to itself the universum of knowledge within the usual period of a lifetime, but even in particular branches of study the task has become so heavy as to be beyond human attainment. The well-known anecdote of Newton need not be quoted. It is not to be denied that some men obtain extraordinary success in grasping a multitude of facts, and in reducing them to systematic and logical order. They are the master minds of their age, and

their names will be enduring as human memory. But gifted men, like Erasmus, Bacon and Humboldt, are the astonishment of mankind, and were we obliged to wait for their advent in the cause of science, the accumulation of knowledge would be at the rate of progression in geologic eras, while the mode of progress, instead of being by gradual accretion, would be an alternation of long and dreary ages of stagnation with brief times of dazzling splendor. Such, however, is not the order of things. The processes of nature and the growth of human knowledge are alike.

Increase is by slow additions, by patient and pains-taking observation. A multitude of workers, each bearing the little burden which he has gathered from the path where he has wandered, cast in their contributions, and as the decades pass the stately pile of human knowledge creeps upwards; it slowly assumes harmonious proportion, broadens its base, and lifts its soaring height. The rising of an ant-hill, the building of Cheops, in one sense are typical of the increase of science; but these limited and finite models are far from being perfect representatives, for science is the gleaning of gems from the exhaustless mines of knowledge, whose storehouses are the recesses of the infinite mind; to neither may we venture to set bounds.

If, now, this be the way in which science advances, how is it in the applications of science to useful art? By useful art I mean the adaptation of scientific facts and deductions to the uses of mankind. Can practical application go on in advance of the discovery of data? Can implements be made without material? Can fabrics be woven without both material and implements? Useful arts can, therefore, make no more rapid development than science. In fact, art is usually behind science by long stretches of distance, and these sometimes so great that the popular voice, not discerning their mutual dependence, sometimes clamors against science as dreamy and unworthy, because it seems useless. Science is its own justification; it needs no defence any more than *truth*; the one is synonymous with the other. But the mass of mankind are most concerned to secure the comforts and benefits of useful arts. The needs of the body, the happiness of society, must be provided for.

Men have a right to demand of science that she do not shut up her treasures as ore in the bowels of the earth, but freely yield them up to be fashioned into implements for useful labor and to minister to the welfare of the race. Humanity and benevolence enter with authority to compel the assent of science to their mandates. The air, the earth, the sea, must contribute to soften the hardships of social condition, to cure the sicknesses of men, to soothe the pains of dissolution.

This brings us to the subject of medicine. It is both a science and an art. As a science, far in advance of its early beginnings, yet mayhap as far yet from its ultimate perfection as from its primeval state. As an art its efficiency and success depend upon the fullness and clearness with which its facts are learned and logically systematized; upon the memory and readiness of the practitioner; upon the skill of his manipulations; upon the fertility of his inventive and adaptive power; and upon the keenness of his senses, touch, sight, hearing, &c. To successfully practice an art, demands first the careful study of science and also the education of the individual; or, as I may express it, taking the practitioner in the sense of an instrument, he must be fashioned into shape and fitness in both mental and physical qualities, before he can deal with the facts of science in their application. To make a fabric for wearing apparel, science must discover the crude cotton, silk, or wool, and prepare it for use; while art must invent the weaving machine and bring it to perfection. The physician possesses himself of facts furnished by science, which are his raw material, and then proceeds to qualify himself to apply them to his healing art.

In the economic arts it may matter little if there be a wide discrepancy between the advanced state of science and the clumsy appliances which utilize it. Convenience and luxury may be lacking, but perhaps nothing more. In the art of medicine there must be no such discrepancy. Human woe and bodily privation, the loss of health, the loss of the senses, and the loss of life are the subject matter of this art. Here there may be no lagging behind the front line of scientific attainment; the very fore front is where the disciple of the *ars medendi* must place himself and remain. He has no business

in the rear; he is recreant to himself, recreant to humanity, recreant to duty and to religion, if he voluntarily stay behind in the onward march of medical science.

There frequently occurs among noble minds a sore conflict between the demands of pressing labor and the monitions of conscience and of the sense of duty. As such an one, to the best of his skill, administers to the distresses of men, he fears that his mind may not possess all the facts which late investigation has afforded upon this or that case; or that his hand may not wield the knife with the correctness and skill which other men have acquired. What practitioner of twenty years' standing has not felt this burden? What *young* physician in his first years has not been harrassed by the fear that he is not doing justice to his patient, because he may not be fully competent in the knowledge of the case? To what purpose is our medical journalism, but to furnish to the anxious, waiting practitioner the latest facts, discoveries and appliances, to be at once seized for the good of our patients.

But is any medical man bold enough to say that he has sufficiently explored the records of the past; has stored his mind with all the wisdom of recent years, and is every year up to the level of modern science, so that he comprehends within his grasp all of science, and can apply his art with the highest human skill? That no case can be presented to him in which he cannot offer the best and soundest advice possible among the medical profession? Can settle a diagnosis with a precision which no other can excel? Can do an operation with a dexterity inferior to no other? Such perfection of skill and knowledge no man will venture to affirm for himself. The assumption would to his fellows be the strongest evidence of his imperfections.

As decades pass and science and art attain greater completeness, the labor of the physician in fitting himself for his profession becomes more and more heavy. As life advances and business multiplies, his disposable time for study of both his own and of other men's labors becomes less and less, until it may be reduced to the merest fraction of the day. In the laborious rounds of practice among thinly peopled districts, in the hurry and press of large practice in cities,

medical men strive manfully to keep up their knowledge of how the world of medicine moves on; but too often they are the first to accuse themselves of being unable to meet the duties of their daily calling, and keep *au niveau* with modern improvement. And it will be observed that the men ready to make this confession are or have been the most studious, the best qualified, the most conscientious practitioners among the community.

In actual fact, regarding the practitioners of medicine as we find them, does not every one know that but very few of them possess the highest fitness which medical knowledge and skill can reach? This is largely due to defects of education, both of an academic kind and in the schools of medicine. Men are often compelled, by the need of getting a livelihood, to enter practice, feeling themselves yet very inadequately prepared.

Want of fitness at the outset of medical life must to a greater or less degree be affirmed of every one. Youth cannot claim the attributes of age and experience. If in this regard the young doctor is at a disadvantage, neither on the other hand ought the standard of medical attainment to be purely theoretical and transcendental. It must be such as the wisdom of experienced and practical men deems needful. It must fairly represent the present; it were folly in imposing medical qualifications to seek to discount the future.

All medical men agree in seeking the growth and improvement of their art. All admit that its science should steadily and unfalteringly move forward. All will admit that the art cannot in any large sense move onward faster than the science, and that the true way to better the art is to enlarge the science.

Do all medical men, or many medical men, bestir themselves to add to the science? Do they keep notes of facts? Do they inquire into remote causes? Do they investigate collateral branches of knowledge? Do they publish to the world all their valuable observations and deductions? Every one knows the answer. And why? Mainly, want of time; perhaps want of inclination. Wide diffusion of their explorations frequently prevents them from following out any one line of investigation to complete and valuable results. Herein is the un-

doubted disadvantage of being what is called a "general practitioner." He is busy in laboring at medicine as an art, and cannot readily pursue those investigations with the microscope and the test tube, and in the laboratory, to which the phenomena he observes invite him; nor can he keep proper record of the facts which come before him. This is no disparagement to general practitioners; it is the unbending necessity of their lot, and the misfortune of science. Many a man, a willing votary of science, deplores that so swallowed up is he in the cares, the labors and the hurry of practice, that neither energy nor time remain for the quiet pursuits to which he would gladly turn. Could the human frame endure heavy encroachments on the hours of sleep, and this for long periods or a long life, what rich contributions would multitudes of general practitioners bring to their science. This unhappily is impossible, as many an overwrought brain discovers.

The hard labors of medical life, urged with an imprudent zeal, are too often stopped by death; the man fitted mentally to do most and best, feels keenly the brevity of every earthly career, and strives, by diligence too great for human endurance, to make life most fruitful; but often his harvest is blighted, because the great reaper puts his sickle into the laborer's field.

To sum up what has thus far been said—the development of medical science and the improvement of medical art are hindered by the magnitude to which the science has attained, by the inability of practical physicians to bestow on scientific research the time and labor which are indispensable to the best results. The preparatory work in the study of medicine is so great, if adequately done, that but few can spare time for its thorough performance, and men must become practising physicians to support themselves.

Disadvantages of early professional education of course become a clog upon a man's usefulness in his art, and they almost preclude him from doing anything valuable in scientific labor. In early life, inadequate qualification; in later life, the want of time to be spared from pressing duties, and the waste of energy in their performance, result in disqualifying physicians from aiding in the rapid advance of their chosen science and the perfection of their art.

The man of ripe experience, who all his life has been a keen and exact observer, who has made himself a judicious and skillful practitioner, is sought for by the whole community to heal their infirmities—but full of labors, he can communicate his results and opinions only to the patients whom he advises, and to the physicians with whom he comes in personal contact. He dies, and the world loses forever knowledge and practical wisdom, which, stored in books, might for ages bless mankind. He has had no time to write. He served well his day and generation, but the future will owe nothing to him; after his immediate friends and beneficiaries have ceased to utter his name, and are in turn removed from time, society becomes oblivious of him. The tombstone only reminds of a lost treasure, and turning its back on what it cannot recall, the world pushes on to achieve its allotted tasks. Science observes and records as before, but has not written this man's name among the honorable roll of her laborers.

It may be remarked, that medical science differs from most sciences, in that those who investigate and promote it are, with rare exceptions, the very persons who apply it. Chemistry pursues the labors of the scales and the retort, paying little heed to the practical arts. The science of medicine deals with living organisms, and in their investigation requires the aid of many correlative sciences, but its facts and deductions must be put into immediate practice. Hence, in almost all cases, the investigator in medicine is also a practitioner of the art.

Can anything be done to render the practice of medicine more strictly in accord with the state of medical science, and to render the progress of medical science more rapid?

Two answers may be made to this question. First, medical science, it may be said, should be in the hands of those who may give themselves exclusively to its investigation, and leave the art to practising physicians. To some extent this has been done. A few names can be given of men who have dealt little with medical practice, and devoted their lives almost entirely to the scientific side of medicine. These men have been teachers in universities and professors in medical schools; they may

have been supported by governmental patronage, or, possessing wealth, have had rare enthusiasm in medical study.

But very few men can hold such places, and were the advancement of science to be given over to them, most of disease outside of hospitals would be lost to scientific study. This notion is on its face chimerical. Let me not, however, fail here to note the name of one now living, who occupies very much this unique position, and whose unwearied labors have already done so much and been so generally acknowledged in the world of medicine. I allude to Prof. Rudolph Virchow, of Berlin.

But a second solution of the difficulty presents itself. It is not of recent suggestion, while it might be urged that it commends itself to the good opinion of medical men, because it is being every year more and more generally adopted. This solution is the subdivision of the field of labor. This proposition, which has universally been accepted in almost all the affairs of life, in the economic arts, in manufactures, and, moreover, in other natural sciences, finds some difficulties in its application to medicine. These difficulties depend on the fact that, while medicine as a science, and considered abstractly, *may* be subdivided, like any other natural science—as, for example, into anatomy, physiology, pathology, and the functions individualized to any extent, when it is brought into use—these distinctions must, to a great degree, be ignored. The medical scientist is at the same time artist (if I may apply to the word a somewhat unusual sense.) The patient is a man; his whole organism is before us; it may be only partially diseased, but that part bears intimate relations to all other parts, and sometimes is inseparable from the whole. From this circumstance some infer that a subdivision of medicine is, in practice, impossible. The point of inquiry is, whether, *under some conditions*, a subdivision of medical science and art is not only possible, but whether it is not attended by extraordinary advantages.

What principle shall be adopted in drawing lines of demarcation and division across the field of medicine? No *a priori* consideration can be appealed to in such a matter. The only safe guide will be the teachings of experience. It might be said that the several functions of the body would be proper

subdivisions—for example, digestion, respiration, circulation, excretion, generation, innervation, the special senses, &c. To be sure this has in part been adopted, but respiration and circulation are usually studied together; innervation and circulation are both inseparably connected with all other functions; while excretion belongs both to the digestive and to the respiratory apparatus, as well as to the kidneys and skin. Both anatomy and physiology fail to give perfectly unobjectionable divisions.

The only guide will be to take those subdivisions which have in actual trial been shown to be practicable and advantageous. The following are some of the subdivisions or “specialties” which have been successfully made. Diseases of the brain, mind, and nervous system; long have these been isolated in the establishment of hospitals and asylums for the insane. Diseases of some of the special senses, the eye and the ear, and it may be remarked that there is no necessary connection between them, as many seem to think; the senses of taste, smell and touch have never been isolated in practice. Diseases of the teeth, long ago consigned to a special class of practitioners; diseases of the throat; diseases of the skin, including its appendages, the hair and nails; diseases of the chest; diseases of the genito-urinary organs, both in the male and in the female—the latter have been separated from the former. Midwifery has by some been exclusively practised, while only venereal diseases have been attended to by others. Furthermore, surgeons have in Great Britain divided themselves from so-called practitioners of medicine; this distinction is becoming universally acknowledged.

Besides all this, other subdivisions have been made, and which have been vaunted in a pretentious and unworthy manner, by persons claiming almost marvellous abilities, and guilty of most unseemly conduct. Such are the corn doctors, the bone setters, the electricians, the pimple doctors, the hair restorers, the pile doctors, &c. These men having been styled specialists, have caused a portion of the odium belonging to their evil practices to fall upon those who maintain an honorable position, while they cultivate only a limited field of practice.

This sentiment will no longer continue when special departments of medicine fall into the hands of right-minded men.

The object sought in specialties is the attainment of more perfect skill in practice and more rapid advance in science. That a higher perfection in art is thus made possible, is apparent from the great frequency with which cases of a similar kind are treated. The ear becomes sensitive to nice distinctions of sound; the eye instantly recognizes differences of form and color, and instinctively notes features making up the *tout ensemble* of disease, which eyes less familiar must slowly analyze and combine. The accustomed phases of disease are at once anticipated, and departures from their ordinary course arrest immediate and eager attention. Wise discrimination in the choice of medicine follows, as the necessary result of daily familiarity with its effects in particular cases. The practiced hand has learned to do its delicate and momentous work with unerring certainty, and with entire confidence in its own powers. Success vindicates the homely adage that "practice makes perfect," in results so brilliant, so noble, and so humane, that no one can gainsay its truth.

In promoting the growth of science do specialties offer decided advantages? The answer is, sound deductions may be drawn from the tabulation of a great wealth of cases. For example, the ratio of success in extraction of cataract may be taken from the results of more than a thousand cases done by one operator, Prof. Graefe, of Berlin. The annotation of cases becomes easier, because it can be greatly systematized and simplified. General features being thoroughly understood, data of time and peculiar varieties only need to be specially noted. The mind of the observer does not become distracted by being called in many and widely different directions; he cannot only inform himself of all the past of his specialty, but can in this limited field become perfectly cognizant of the present. Earnestly and constantly bending his thoughts on comparatively few problems, and gaining large opportunities for observation, the specialist has an advantage for making new discoveries and reliable conclusions far beyond one who sees fewer cases and can think less about them.

I have spoken of specialists, and have, perhaps, been sup-

posed to mean only those physicians who announce themselves as giving their attention to particular diseases, to the exclusion of all others. This is the generally understood sense of the term. But we all know that men who for years have followed general practice, often acquire reputation for skill in certain diseases, and come to addict themselves more and more to treatment of these, to the neglect of others.

Here is the vindication of my plea for specialties; the order of nature and of events has proved that it is wise to group diseases into classes, and useful to refer the treatment of them to hands which constant familiarity has rendered facile. The community find this out, the profession admit it, and do we not know the men who, in a particular district, will be consulted in diseases of women, of the joints, of the blood-vessels, of the eye, to be those who, if they repudiate the questionable honor of the name "specialist," are to all intents and purposes occupying the same position?

I come now to a vital point in this discussion. I have been arguing in favor of those who early in professional life set themselves apart from other practice, to the pursuit of a particular branch. That any man has an abstract right to do this none will question, nor does anybody challenge so plain a proposition. But the question is vital to the welfare and dignity of a noble and learned profession, which must jealously hold high its standard of intellectual attainment for those who seek entrance into its ranks:—what amount of knowledge should a specialist possess? May he know only that department which he calls his specialty? May he ignore all the rest of medicine? May he cultivate his specialty as a stone-cutter chisels his own block, and knows nothing of the grand edifice? May a man begin the practice of eye disease, of skin disease, of syphilis, without knowing anything, or only a mere smattering of the principles of medicine, or the theory and practice of all disease? Here will be found the dividing line between those who strive for honorable position among a noble profession, and those who seek only their selfish aggrandizement, and care for nothing so much as for money. Herein will be found the distinction sharply cut and cropping out between the members of a profession and the craftsmen of a trade.

With the latter, in the pursuit of useful and honest vocations, earning their daily bread, I have no fault to find, but render due praise and pay for work honestly done. But when I rise from the level of handicraft and mere manual labor, and pass to the ranks of the scholarly and learned, of the benefactors of the race, of those in whom men confide at their times of sorest need, I leave behind the contracted, the sordid, the selfish. The true physician seeks to enlarge his knowledge beyond the immediate confines of his profession—the specialist can lay no claim to honor and respect if he permit himself to shrivel into the scanty limits of his little shell, and know nothing outside its impenetrable crust. The specialist has no claim to be an honorable physician who has not first gained its degree by study and fair examination. He must be well educated in general medicine and surgery, and in all their departments; he should not only know them after the manner of the fresh graduate, but he ought to know them practically. He should, if practicable, seek this education in general hospitals. When thus made ready for the wide responsibilities of general practice, he is in position to choose a specialty if he list. In no other way can he become a fit specialist; no otherwise can he comprehend the dependencies and sympathies of the human organism. No part or organ can be isolated from the rest of the body in health; nor can it be isolated in the phenomena of disease.

The syphilologist must know all of human structure. The uterine physician cannot shut his eyes to the complex sympathies of the generative apparatus with all the rest of the female economy. The oculist must understand general pathology and therapeutics, because the brain, the circulation, the digestive functions, the kidneys, the uterine system, are all to be interrogated if he would comprehend the diseases which the eye presents. Nor may he forget the poisons, both animal and vegetable, which vice and indulgence or accident may inflict upon the body—syphilis, tobacco, &c.

Let the specialist take this ground, that he has mastered all the preliminary studies which every physician pursues when he sets forth in his career, and then let him add to this preparation the further labors of his chosen department, cultivated with

ardor, and to a degree which puts him in this particular qualification visibly above the attainments of his fellows, and he then need not fear a want of recognition and respect. His fellows in the profession must and will respect him. He is one of them; he never secedes from their ranks, nor will they have the least disposition to cast him out.

This leads to the inquiry, what are the relations of the specialist to the profession? and what attitude should each hold towards the other?

I have maintained that the specialist must be a well-educated physician, and I also maintain that he must not in any way hold himself aloof from the duties, the obligations, the courtesies and the proprieties which belong to the medical profession. He is jealous of professional honor—he is mindful of professional courtesy. He is none the less bound by ethical rules than are his brethren. His real position toward them is that of a *counsellor in difficult cases belonging to his sphere*. He claims a peculiar skill on one subject; when other practitioners need counsel in these cases, they ask for his assistance. They may simply call him in consultation, or they may turn the patient over to his care. In either case the specialist must govern himself by the rules which all medical men observe in holding consultations with each other.

Friction with his brethren may arise on two points: First, claiming to be a consulting physician or surgeon in his peculiar province for the benefit of his professional brethren and the community, the young specialist perhaps finds himself in an anomalous position; a counsellor who has no clients; a person claiming to be distinguished, but whose claim has never been admitted. Specialists have sometimes demanded, as their right, that they may advertise their pretensions in the public prints or in the medical journals. The former kind of self-proclamation is universally condemned by the profession, as an unworthy attitude for the member of a liberal profession to hold towards the community; none the less should it be condemned and abnegated by the specialist. Advertising in *medical journals* may be done as offensively as in any other prints; but when it consists simply in the announcement of name, address and speciality, it is difficult to see the offensive quality of

the act. It is but the tender of services to the medical profession, which they may accept or decline; they may or may not admit the specialist's claims to particular skill. I cannot conceive the impropriety of a specialist communicating to his *professional brethren* the fact of his practising in a special subject, and in that alone.

The question, how he may do this, may be one of expediency. If advertising in medical journals be permitted by local etiquette, none can find fault in it; if it be disallowed, he were an idiot to excite the disapproval of the profession. He must get at the profession by inoffensive means; he may send them his card under cover; he may seek out their individual acquaintance. If, by well-considered contributions to current medical literature, he display the reality of his claims to special regard, he will both make himself known to the profession and offer the best plea in his own favor. I must, however, disclaim advocating the insertion of crude or puerile papers, reports of cases which have in themselves no interest, and no purpose other than to serve the writer's personal emolument, under pretence of contributing to the welfare of medical science and the interests of the profession.

I hold the dignity of the profession to be as dear to the specialist as to any physician. I justify in him no loose morality, professional or otherwise, any more than in any brother of the order. It seems to me, however, that a correct understanding of mutual relationship shows that, to the general physician, it is a great help to be able to call in an emergency the services of a highly accomplished and honorable fellow, who may solve the doubt, may rescue the patient, may successfully achieve the difficult operation; and that, for the case in hand, it matters not whether this aid be rendered by one who is not ashamed to be called a *specialist*.

On the other hand, every specialist—and I speak emphatically in behalf of *young* specialists—knows full well that his best friends are brother practitioners not of his peculiar branch. If the general practitioner find advantage in using his skill, the specialist is indebted to him for the countenance he asks to commend him to the community, for the most valuable portion of his reputation, and for the direct patronage which he

bestows on him. I do not mean by this word anything servile on the one hand, nor offensively patronizing on the other. All men are mutually dependent; all arts, all sciences are kindred; all professions deal with the interests of humanity. In medicine all practitioners enter into noble competition for the general weal.

Acting on these principles, mindful of each other's rights, what jarring can mar the harmony between specialists and other physicians? The specialist must be careful, not even in his territory, to assume lordly airs; not to warn off all other men from his boundaries as rude intruders. General practitioners will and should treat all cases of disease which fall into their hands, for which they feel fully competent, provided that they do not permit ignorance of the current advancement of medical knowledge to create in their minds an unwarranted assumption of competence.

Specialists naturally belong to densely populated districts, to cities and large towns. They rarely flourish in small places. But they do not find a local practice; their name and influence extend over wide sections of country, and therefore they may easily avoid all jealousy on the part of practitioners around them, by the observance of the plainest dictates of fair dealing and professional comity.

This introduces a second point, to which I must allude, which has made unpleasant feeling against specialists. They have been sometimes accused of throwing out a specialty as a bait to allure other and general practice. In other words, they impose on the confidence of their brethren, and seek to rob them of their just prerogatives. But one word need be said about such conduct; it is utterly reprehensible.

Specialties have in many instances been to their practitioners means of rapid professional advancement. But the specialist has no royal road to favor and position. He may have keen competitors; he may have mistaken his vocation; he has no immunity from hard and vigorous labor. If he claims much, he must know much. If he would know much he must work zealously. Above all, he must not set out leaping in a course soon to slacken his pace, to lag among the dullards, and be consigned to the shelves of the yellow and the musty. If for

any cause he cannot by honest endeavor and honorable efforts attain that success which he hoped, rather than do wrong to his fellows in practice, let him lay aside all pretences to special practice, and, if need be, enter into general practice, in another place, where none can charge him with using unworthy arts to dissemble sinister ends. A specialist who announces himself by approved means as being such, must be that and that alone. It may happen to him that an emergency, a person in sudden illness, a victim of an accident, a case of poisoning, may demand his immediate attention, because no other help is near or could be timely. Humanity forbids him to refuse doing all that he can to give relief. If he be qualified to come to the rescue of the sufferer, he has reason to glory that no narrow views of what a specialist should know and be able to do, have prevented him from acting the part of benevolence in a critical moment. This crisis past, the specialist resigns the case. It may sometimes even be proper for him to continue his attendance, because of family relationship or of other extraordinary reasons. These cases are, however, entirely exceptional, and do not weigh in the general argument.

There need be no difficulties between specialists and general practitioners, any more than among gentlemen in social relations. I doubt not the time will come when no one will dream of any necessary antagonism among any classes of medical men who hold to the principles of honor and truth, to the love of science, and to the welfare of humanity.

Already an era of good feeling has begun between specialists and general physicians. We see around us men in special practice on terms of cordiality and confidence with all their brethren—each conceding to the other his just place—neither intruding upon the other offensive assumptions. So may it always be wherever the art of healing carries its beneficent work.

Compliments of the
Author