Address.

REMARKS ON SPECIALISM.¹

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GENTLEMEN: First, let me express my gratitude for your kindness in conferring upon me the honor of your Presidency — an honor enhanced by the standing and character of the men who have previously occupied this chair. To have selected as your presiding officer one whose work has lain in the wide field of general medicine, is an indication that you duly appreciate the relation of the special subject in which we are now interested, and to which this Society is devoted. The diseases incident to infancy and childhood are so varied, covering every department of internal medicine, as well as of surgery, that the broad distinctions emphasized by the names physician and surgeon suffice to characterize us, and happily we have not as yet been stamped with a distinctive appellation, under which so many of our colleagues in other lines labor. In the extraordinary development of modern medicine limitation in work is inevitable, and although as practitioners and teachers we are all necessarily interested, to some degree, in the diseases of children, there are among us those who find in them their chief occupation, and our Society is but an organized expression of a very natural desire to unite for the purposes of study.

On an occasion of this kind it seems best to me not to discuss any particular subject, but to deal with some problem of general interest, with bearings, however, upon our organization. In comparison with the older countries of Europe specialism may truly be said to be the most distinctive feature in the medical profession of America. And it may not be inappropriate to consider here a few of its advantages and disadvantages.

"That which has been is that which shall be." Medicine may be said to have begun with specialists. The Ebers Papyrus is largely taken up with the consideration of local diseases, and centuries later we find in Greece certain individuals treating special ailments; and Aristophanes satirizes a "rectum specialist" in a way not unlike our comic journals would "poke fun" at an oculist or an aurist. The tail of our emblematic snake has returned into its mouth; at no age has specialism been so rife. To follow its gradual development during the present century would take more time than is at my disposal, and would not be a profitable task. The rapid increase of knowledge has made concentration in work a necessity; specialism is here, and here to stay.

The advantages to the profession which followed this differentiation have nowhere been more striking than in this country, and the earnest workers in ophthalmology, gynecology, dermatology, and other branches have contributed largely to inculcate the idea of *thoroughness*, the necessity for which is apt to be lost sight of in the hurry and bustle incident to the growth of a nation. Better work is done all along the line: a shallow diffuseness has given place to the clearness and definiteness which comes from accurate study in a limited field. The day has gone by for Admirable Crichtons, and although we have a few

notable illustrations in our ranks of men who have become distinguished authorities in eye and skin diseases, and upon syphilis without sacrificing their interests in general surgery, such are necessarily rare, and, unfortunately, from the very circumstances of the case likely to become more uncommon. Then how comforting to the general practitioner is the wise counsel of the specialist. We take him a case that has puzzled and annoyed us, the diagnosis of which is uncertain, and we consult in vain the unwritten records of our experience and the printed records of our books. He labels it in a few minutes as a coleopterist would a beetle, and we feel grateful for the accuracy of his information and happy in the possession of the label. And if sometimes (standing like Aaron between life and death) he illumines too brightly the darkness of our ignorance, are we not as often beholden to him for gentle dealing?

It is almost unnecessary to remark that the public, in which we live and move, has not been slow to recognize the advantage of a division of labor in the field of medicine. The desire for expert knowledge is, however, now so general that there is a grave danger lest the family doctor should become, in some places, a relic of the past. It must indeed be a comfort to thousands to feel that in the serious emergencies of life, expert skill, is now so freely available. Perhaps, as specialists, no class in our profession has been more roundly abused for meddlesome work than the gynecologists, and yet what shall not be forgiven to the men, who, as a direct outcome of the very operative details which have received the bitterest criticism, have learned to recognize tubal gestation, and are to-day saving lives which otherwise would inevitably have been lost? I have known Formad to show in one year at the Philadelphia Pathological Society, ten or twelve examples of ruptured tubal pregnancy obtained in medico-legal work (sudden deaths) in that city. The benefits which the public reap from specialism may be gathered from the fact that in a not much longer period of time I have seen seven specimens of tubal gestation, not removed by the pathologist, but by the gynecologist, with the saving of five lives. The conservatism, which branded ovariectomists as butchers and belly-rippers, is not yet dead among us, and I say it frankly, to our shame, that it has not always been professional encouragement which has supported the daring advances on special lines. Humanity owes a great debt of gratitude to the devoted men who have striven during the past half-century for exactness in knowledge and for its practical application in all departments, a debt too great to pay, too great, one sometimes feels, even to acknowledge.

Specialism is not, however, without many disadvantages. A radical error at the outset is the failure to recognize that the results of specialized observation are at best only partial truths, which require to be correlated with facts obtained by wider study. The various organs, the diseases of which are subdivided for treatment, are not isolated, but complex parts of a complex whole, and every day's experience brings home the truth of the saying, "when one member suffers all the members suffer with it." Plato must have discussed this very question with his bright friends in the profession, — Eryximachus, perhaps, — or he never could have put the following words in the mouth of Socrates: "I dare say that you may have heard eminent physicians say to a patient who comes to them with

¹ Made at the opening of the Fourth Annual Meeting of the Pediatric Society, Boston, May 2, 1892.

bad eyes, that they cannot cure the eyes by themselves, but that if his eyes are to be cured, his head must be treated; and then again they say that to think of curing the head alone and not the rest of the body also, is the height of folly. And arguing in this way they apply their methods to the whole body, and try to treat and heal the whole and the part together. Did you ever observe that this is what they say?"² A sentence which embodies the law and the gospel for specialists.

A serious danger is the attempt to manufacture rapidly a highly complex structure from ill-seasoned material. The speedy success which often comes from the cultivation of a speciality is a strong incentive to young men to adopt early a particular line of work. How frequently are we consulted by sucklings in our ranks as to the most likely branch in which to succeed, or a student, with the brazen assurance which only ignorance can give, announces that he intends to be a gynecologist or an oculist. No more dangerous members of our profession exist than those born into it, so to speak, as specialists. Without any broad foundation in physiology or pathology, and ignorant of the great processes of disease no amount of technical skill can hide from the keen eyes of colleagues defects which too often require the arts of the charlatan to screen from the public.

In the cultivation of a specialty as an *art* there is a tendency to develop a narrow and pedantic spirit; and the man who, year in and year out, examines eyes, palpates ovaries, or tunnels urethræ, without regard to the wider influences upon which his art rests, is apt, insensibly perhaps, but none the less surely, to acquire the attitude of mind of the old Scotch shoemaker, who, in response to the Dominie's suggestions about the weightier matters of life, asked, "D'ye ken leather?" There is not a single department, the study of which does not carry with it the correction of this most lamentable tendency. Problems in physiology and pathology touch at every point the commonest affections, and exercised in these, if only in the early years of professional life, the man is chastened, so to speak, and can never, even in the daily round of the most exacting practice, degenerate into a money-making machine. And let the younger of my hearers lay this to heart: scan the lives of say twenty of the men most prominent in special lines of medicine and surgery to-day in this country, and you will find, with scarcely an exception, the early years devoted to anatomical, physiological, or pathological studies. They rose high because the foundations were deep. The most distinguished oculists have been men trained in physiology and pathology; and some, like Sir Wm. Bowman, have had reputations so pre-eminent in several departments that the identity of the physiologist has been lost in the ophthalmologist.

In the larger cities the work of the specialist encroaches more and more upon that of the general practitioner, and this condition, though in many ways to be regretted, is not likely to be changed. I have known the head of a household pay, in the course of a year, for the professional services of six physicians—a gynecologist, an oculist, a laryngologist, a dermatologist and a surgeon. What remained after this partition of the general practitioner came in sixth and looked after the health of the children. It is interesting to note that to this one pertains the functions to a large extent

of the old family doctor, and further advice is usually sought through him or at his suggestion. In the evolution of the specialist, the children's doctor is the last to appear, not because of any extreme differentiation, but rather he is a vestigial remnant of what was formerly in cities the general practitioner. May I not say that there are members of our Society whose interest in their work is largely due to this new feature in domestic life? In the division of the household among our brethren, the children alone remain, and fortunately their ailments are too diversified to allow much specialization.

After all, though specialism is rife, and has so carved the "body of physic" that Hippocrates would scarcely recognize it, and though its sounds go out loudly and echo through the journals and society reports, nevertheless, I would boldly make claim for a wider diffusion of its benefits. Of dwellers in cities arrogance is a peculiar trait, and we discuss problems in a "surely-we-are-the-people" style, forgetting that outside lie the greater millions equally precious to Æsculapius, and under the care of men who cannot specialize, who must be able to set fractures, perform version, treat iritis as well as fever, earache as well as the itch. What of the benefits of specialism to this larger class from whose ranks the cities are replenished and whose health is so essential to the nation? The out-door department of our hospitals and the consulting-rooms of city physicians tell of the necessity of special knowledge to these people, particularly in emergencies and in the graver and more unusual forms of disease; but those who thus avail themselves form but a fraction of the numbers who require technical skill for the purposes of diagnosis or treatment. Very little additional knowledge enables the general practitioner to grapple with a large proportion of the cases which in cities come under the care of the specialist. The question resolves itself into one of education. It is impossible in three sessions to bring men beyond the superficial routine, but in a more prolonged course—as I know from experience—the student can be taught practically, in the wards and dispensaries enough of the technique of the specialist to give, at least, a foundation upon which to work. He should leave the schools knowing the practical application of the microscope, the ophthalmoscope and the laryngoscope, and in these and other lines he should have proceeded to the stage in which he recognizes the limitations of his knowledge. Such a man, in general practice, should know a "choked-disk"; the examination for tube-casts should be a familiar, every-day task; and he should be able to tell whether a vocal chord was paralyzed. A serious obstacle to this happy consummation—which can be reached in a well-ordered system of education—is the absence, in the early years of practice, of material upon which to freshen the memory and to "keep the hand in"; but the man who, as a student, has reached a certain point always retains some measure of the old facility. The post-graduate schools have done much to enable men to revive, and to acquire, technical skill, and have been of great service in generalizing special knowledge. In the practice of a good, all-round man, the number of cases demanding the help of a specialist is, after all, not great. The ordinary run of nervous disorders should be recognized, adenoid vegetations he would treat with the skill of a laryngologist; he would know enough not to tinker with a case of glaucoma; and though he might not diagnose a pus-tube from

* Charmides: Jowett's translation.

tubal gestation, he would (in this as in other details) have learned to know his limits and be ready to seek further advice.

With the revival and extension of education the benefits of specialism will become more widespread, and to this end the efforts of colleges and hospitals should be directed.

The organization of societies for the study of particular diseases has been of late a very notable feature in the professional life of this country. Since the foundation of the Ophthalmological Society, more than a dozen associations have been formed, and their union in a triennial congress has proved a remarkable success. These societies stimulate work, promote good-fellowship, and aid materially in maintaining the standard of professional scholarship. They are nearly all exclusive bodies, limited in membership, and demanding for admission evidence of special fitness. This point is sometimes urged against them; but the members exercise no arbitrary privilege in asking of candidates familiarity with the subject, and evidence of ability to contribute to the general store of knowledge. In some of the specialties these societies have been particularly useful in disciplining men who have traduced, not the code, but the unwritten traditions of our craft, acting as if they were vendors of wares to be hawked in the market-place.

Our own Society may be regarded as the outcome of a notable revival, during the past few years, of interest in the study of the diseases of children. The existence of a special journal devoted to pediatrics, and the successful issue of a large cyclopedia of the diseases of children testify to the appreciation on the part of the profession of the necessity for the more accurate study of this branch. This body offers to men who are working and teaching in pediatrics an opportunity of knowing each other, of discussing subjects of common interest, and through the medium of their publications making general the more special details of value in practice. The programme before you indicates clearly that we are all workers in general medicine; and may the character of the papers and the discussions be the best justification of the existence of an organization devoted to the study of a particular section in that field.

Original Articles.

RENAL ALBUMINURIA NOT DUE TO ORGANIC DISEASE OF THE KIDNEYS.¹

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It has been my experience during the last twenty years to examine the urine in numerous cases of transient albuminuria of renal origin, as shown by the presence in the sediment of renal casts. In most of these it has naturally been impossible to follow out the cases to the complete disappearance of the albumin and casts, since most patients do not have an examination of the urine made after they feel that recovery has taken place. In very many of them, however, I have been able to make repeated examinations, and have known the albumin and casts to disappear, even in some cases which had been pronounced to be those of chronic Bright's disease.

¹ Read at the Boston Society for Medical Observation, February 1, 1892.

Transient albuminuria is exceedingly common, and frequently occurs in persons who are apparently in perfect health, so that it often happens that it is only detected when an application is made for a policy in some life insurance company. In many cases the diagnosis of Bright's disease is made intentionally or accidentally; and it is to the recovery of such cases after taking some of the so-called "kidney cures," that these nostrums have obtained their popularity.

I do not propose to consider all of the causes of albuminuria included in the above title, since most of them are so universally recognized, and have been so well treated of in other places, that they are always borne in mind, and there is no danger of their being overlooked in cases in which traces of albumin are found in the urine. I refer, for instance, to the familiar classes of cases, in which transient albuminuria accompanies ordinary acute febrile diseases with high temperature (one exceptional class of cases will be mentioned), or cases of permanent albuminuria due to organic diseases which produce obstruction to the venous circulation, such as organic heart and liver diseases, or abdominal tumors which exert pressure on the abdominal vessels. Nor, as the title of my paper implies, shall I refer to renal albuminuria due to organic disease of the kidneys, nor to non-renal albuminuria, such as is due to hæmorrhage or suppuration caused by diseases of the urinary mucous membranes below the kidneys, or of the genito-urinary membranes.

The cases which I do wish to consider are those due to causes which, although generally recognized, are not so apt to be borne in mind, and those in which, when the quantity of albumin reaches a decided trace, an erroneous diagnosis is liable to be made.

I think we may consider that, clinically, all cases of renal albuminuria, not due to organic disease of the kidneys, may be arranged in one of the three following classes:

I. Those due to some general disease or disturbance (not renal) which causes some change in the renal circulation.

II. Those due to irritation of the kidneys, which irritation may be general, as in the case of the chemical (or dissolved) irritants, or circumscribed, as in the case of some mechanical irritants, such as concretions in the substance of the kidneys.

III. Those due to some change in the composition of the blood.

The duration of the albuminuria naturally varies with the cause. It may be permanent, as when due to organic disease of some other organ, in which case the kidneys themselves may, after a long time, become affected with some form of organic disease, or it may be temporary, lasting for a longer or shorter time according to the cause.

1. In the first class, due to some interference with the renal circulation, we may include:

(1) The febrile albuminuria which is invariably seen in acute diseases attended with high temperature. In these cases the quantity of albumin is usually only the very slightest trace, which with the accompanying casts, entirely disappears as soon as, or very shortly after, convalescence begins. In rare cases in ordinary acute diseases the quantity of albumin may become quite large and the renal casts very numerous, so that from a single examination, it may be impossible to say whether acute nephritis has been superadded to