

## AN ADDRESS

DELIVERED AT THE OPENING OF

## THE SECTION OF OTOLOGY.

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By CHARLES WARDEN, M.D., F.R.C.S.Ed.

Senior Honorary Surgeon to the Birmingham Ear and Throat Hospital.

## SPECIALISM AND SPECIALISTS.

GENTLEMEN,—My first duty and pleasure is to offer you all a most cordial and hearty welcome here. I venture to hope we shall succeed in affording you a pleasant, intellectual, and happy week. As far as the mental *tabulum* goes, we must ask your kind assistance; the bodily food we will do our best to supply to your heart's content.

The greatest difficulty I have had to surmount has been that of selecting a subject for this opening address, and after much deliberation and thought I have decided that I cannot do better than take up the question of "specialism" and "specialists," more particularly as applying to our own profession. Now, it is a constant theme—of which they never seem to tire—of many who are not associated with any special branch of practice to decry all specialisms, and, indeed, to condemn all specialists, and as often hold them up to ridicule and contempt—in general terms denying the possibility of the specialist excelling in any respect his fellow practitioners, although he may, and in all probability has, for years devoted the best part of his time, thoughts, and energies by day and night in the pursuit of his favourite subject. As soon as that man takes up a particular study or hobby he is careful to seek every opportunity to learn and acquire every detail appertaining to or bearing upon it; he searches all the accessible literature open to him. If it be a special medical or surgical subject, and if he be attached to a hospital, he avails himself of every opportunity of thoroughly examining all patients brought under his care for every symptom of importance which may bear upon it; he reasons the matter out, tracing cause and effect; he examines carefully as to whether a cause be a local one, a pathological defect in the organ itself which is at fault, or whether dependent upon a nervous, circulatory, or other cause, and the disease having run its course in a hospital, he is able to verify his diagnosis, or disprove of it if incorrect, by further investigation in the *post-mortem* room. He collects his cases, makes careful notes, and after a period of some years he has probably, with only an ordinary amount of mental ability, perception, and powers of observation, acquired considerable experience in his subject and all its surroundings. As time goes on he succeeds in getting appointed a medical or surgical officer either to a special hospital or a special branch of a general hospital, and he comes to it well prepared and fully qualified to undertake the duties, and is thereby enabled further to prosecute his studies and to mature his knowledge by the increased facilities and opportunities of observation afforded him.

Now, I am quite of opinion that every good specialist should have first acquired a thoroughly broad and catholic knowledge of the entire subjects of general practice; before taking up a specialism he should first be a surgeon and physician, and then a specialist in whatever branch of the profession he chooses to embark, and for whatever he feels a fitness and aptitude; and then it ought to follow, as surely as the day the night, that he must sooner or later acquire a special knowledge above his fellows, which will enable him to cope with and relieve diseases and special phases of disease that others will fail to do. It appears to me a self-evident proposition that, given an ordinary power of thought, perception, and observation, and engraft upon this a large addition of special learning and experience, and I am sure everyone will admit the possibility—nay, more, the probability—of making sooner or later a fair average specialist. I deny that he requires extraordinary abilities and extraordinary power; but he must have superior skill, good sound judgment, common sense, and the greatest perseverance, assiduity, and a full determination to thoroughly master every minute detail; he then only requires a wide field for observation and practical work, and he should excel his neigh-

hours who lack these opportunities and special facilities. In his special hospital appointment, of course, he has daily practice in his particular art; he may see and carefully observe half a hundred or more patients each day, and he is daily prescribing, operating, manipulating, and carrying on all the minute and delicate touches peculiar to his department, and thereby day by day gains fresh increments of skill and expertness.

It appears to my mind that there must inevitably be specialists in every art, science, and literature, and as one adopts a particular line he will in all probability sooner or later excel another in that department which is not taken up but altogether neglected by the other; that man who is constantly making any particular machine will be more expert and skilled than another who makes a different machine, as in the case of watchmaking for instance, and indeed in most other complicated and complex machines, each individual part actually becomes a special work; so with an engine, an electric telegraph, a gun, a loom, etc.—all the parts are made separately by workmen skilled in each department, and so is almost every instrument used by man. Take the art of painting, it has its portrait painters, its landscape, its sea, its animals, its flowers; others excel in a further subdivision of the animal kingdom, some horses, others sheep, and others cattle. In the case of architects, some are celebrated for churches, others for bridges, etc. In the profession of engineers some are distinguished locomotive, others military (fortifications), etc., others civil, mining, electrical, mechanical—the electrical now opening up such a wide field of research. You have only to look around this vast city, and you will find every variety of manufacture, from the smallest pin to the largest steam hammer, all split up into their various specialities, in which you will be impressed with the absolute absurdity to change the workmen skilled in one department to another which he has not been accustomed to. None of us would dream of taking our watches to the blacksmith's to be repaired any more than we should think of going to a gynaecologist or obstetrician for an operation upon the eye, or *vice versa*. As to literature, one becomes a skilled writer on classical and profound philosophical subjects, another in history, others in fiction, travels, Darwinism, Spencerism, natural philosophy, astronomy, geology, natural history; some are authors of serious and religious, others of comic works, and in their way they are all specialists, and it is quite the exception when an author can descend from grave to gay, or gay to grave successfully.

Take, again, the profession of the law. One is considered great at conveyancing, another in criminal, another in forensic or ecclesiastical law. At the bar and on the judicial bench one is distinguished in a certain department, another in another, and all are, in this sense, specialists; so in the case of preachers, lecturers, orators, etc.

Now, let us consider the question of our own profession, and I am convinced that it must be divided into many special departments, and I have no doubt that they will increase and multiply. Almost every man of eminence is celebrated for some special disease, or class of diseases or operations, whether he calls himself a specialist or not. In medicine one physician is considered a great authority in chest affections—and these, again, are divided into cardiac and respiratory—a third in hepatic, and a fourth in renal; a fifth in psychology, brain and spinal diseases and the allied nerve lesions. One surgeon is great in the operations of lithotomy and lithotripsy, nephrectomy, etc.; another in abdominal; a third in orthopaedic and spinal cases, excision of joints, osteotomy, etc.

Now, I maintain that each and every surgeon and physician are quite as much specialists in their several departments—as the ophthalmic, gynaecological, otological, laryngological, rhinological, dermatological—and at the same time some of these are never weary of abusing their specialist brethren. Nevertheless, be they ever so inveterate and bitter against them, the public will after all judge for themselves, and please themselves as to what medical or surgical opinion they will consult, and the general practitioners are, as a rule, only too willing and anxious to send or take their patients to the particular specialist, where they can obtain the opinion of one well versed in the diagnosis, the treatment, and prognosis of whatever disease or disorder they may be suffering.

It appears to me a matter of common sense and judgment on the part of the public, as they well know that those who have bestowed most care, thought, attention, and study of any particular ailment will most probably know most about it and be best able to treat it successfully. Of course there are various grades of specialists, and in any given section there must be some more skilful than others, but time will prove which are most worthy of public confidence and on whom they may best depend, and doubt-

less it will result in the survival of the fittest; but one thing is quite beyond dispute, aspersions, epithets, sneers, and curses will break no bones, nor crush out the life, and it will, phoenix-like, survive the calumny and rise again from its ashes.

The best course to become a specialist in our profession is first to spend some years in general practice, and I know Sir Morell Mackenzie and others fully endorse this view. As for myself, I have become a specialist from accidental circumstances. I happened to be a pupil of that highly distinguished, eminent, and eloquent lecturer on surgery, Professor Pilcher, and although he did not include the subject of otology in his course, I was much associated with him generally, and had the good fortune and rare opportunity of seeing his practice in this speciality, and to some extent was led to study the branch of our science thereby.

Professor Pilcher was the author of the first philosophical scientific treatise in our language, and although he was treated by some of his less informed and much less cultivated contemporaries with contempt on the publication of his admirable book on *Diseases of the Ear*, still he was doubtless a pioneer on the subject, and from his investigation dated the rapid and scientific progress of the art, rescuing it from the trammels of quackery, and thereby throwing off the incubus under which it had laboured and suffered so long.

Pilcher was soon followed by Toynbee, who gave another fresh and great impetus to our specialism, and with whom I had the honour and privilege of being associated, succeeded by the great philosopher and good Christian, Hinton; and now, I am proud to state, we can boast of as many illustrious and distinguished fellow-labourers as exist in other branches of medicine or surgery. We have also opened to us now wide fields for observation and the cultivation of the subjects in our special hospitals, and in a short time every large general hospital will also doubtless possess its special branch of otology, laryngology, and rhinology.

An article in the *Provincial Medical Journal* to my mind put the matter very clearly in stating that "we must have specialists in medicine and surgery, just as we have specialists in other sciences. The law of supply and demand almost of itself settles the question, and the public also solves it. By some kind of natural selection men take up the study of some form of disease, and a reputation for skill in this special form is secured. The general practitioners give an endorsement to some claims; for instance, for nervous diseases the general practitioner will recommend a specialist eminent in these diseases, and this form of recognition is the highest and the best—he makes the specialist and encourages him.

"In every city and town we have physicians and surgeons who stand out from their fellows as distinguished in a special branch of medicine or surgery; their brother practitioners recognise them and call them into consultation, but of course we must differentiate and separate the wheat from the chaff, as there are specialists and specialists." In conclusion, I should like to venture upon a few words on the question of the multiplication of sections in our British Medical Conference meetings. I feel, and I think most of you will agree with me, that the number of divisions has now almost reached its legitimate limit, but there may be just one more which I have always considered would be allowable, excusable, and even desirable; it is that of orthopædic and spinal surgery, a branch which requires much special and technical skill, especially in carrying out its details of after-treatment, which are certainly special, and require much special experience and manipulative tact. It appears a simple matter to divide a tendon subcutaneously, and that it would not be possible to mistake a tendon for any other structure, but I have seen extraordinary surgical operations performed in these special cases by men who are in every respect very high-class general surgical operators. I have seen osteotomy done also in a way that I should not consider quite successful, by the ordinary hospital surgeon.

"Practice makes perfect," and it is the constant performance of these very delicate operations which enables one surgeon to excel another in any particular department.

If this be questioned or doubted you have only to attend and observe the skill and beauty of those operations in abdominal surgery, performed by the distinguished specialists of that region, and I am sure you will soon be convinced that familiarity and dexterity are only to be acquired by daily work in that department.

Has not most of the scientific progress in surgery arisen from the specialist? I will not claim all, but the advancement generally has been achieved and matured and perfected by those chiefly who have devoted their special attention to special subjects.

I am quite of opinion that a section for orthopædic and spinal surgery would be legitimate and justifiable.

## CLASSIFICATION OF VESICAL TUMOURS.<sup>1</sup>

By SIR HENRY THOMPSON, F.R.C.S.,

Surgeon Extraordinary to His Majesty the King of the Belgians; Consulting Surgeon to University College Hospital.

THE classification presented here is founded to a considerable extent on my own experience of the forty-one cases operated on and now reported, each tumour having been examined by a competent pathologist; but besides observing several other cases in consultation, as well as taking the supervision of some in which, for various reasons, no surgical procedure was admissible, I have made a study of numerous preparations in the London museums. From these sources chiefly the following varieties of vesical tumour are enumerated and classified, commencing with the most simple.

1. The mucous polypus—which is not to be confounded with prostatic outgrowths of similar form, these being inadmissible in any scheme comprising vesical tumours—resembles polypi of the nasal cavity, but is more compact and solid in structure. Hitherto, this product has been found in young children only.

2. Papilloma. The papillomatous growths appear in two forms, the essential character being that the structure of the characteristic portion always resembles that of the natural papillæ occurring in certain parts of the digestive canal. The constituent element consists of a prominent fold of simple membrane, supported by connective tissue containing a large arterial twig as a central axis, while the outer surface of the membrane is closely covered by a layer of cylindrical epithelium, or, much less commonly, by the ovate or spherical variety. Formerly these growths were called "villous," to which it was usual to add the term "cancer," although the implied allegation was entirely unwarranted by evidence. When these prolongations are very long, slender, and floating in the bladder, the papillomatous growth is termed "fimbriated." When a considerable portion of fibrous tissue is present, rendering the growth more solid, the designation "fibro-papilloma" is more appropriate. These growths form very slowly at first, but when developed give rise to repeated attacks of hæmorrhage, which in time become continuous and copious, thus terminating life. They are the most commonly met with of all vesical growths, and their symptoms have been often mistaken for those of renal disease. Microscopic examination of the urine will sooner or later (especially if the bladder is washed out with water and the *débris* scrutinised) detect specimens of the growth, which are quite characteristic, and absolutely decisive that the growth is present.<sup>2</sup> Moreover, on careful inquiry, it may be ascertained that the bleeding is found occasionally, sometimes frequently, to appear in a manner which can rarely or never be met with in renal hæmorrhages. The patient commences an act of micturition with clear or almost bloodless urine, and at the end of the act bright florid blood is mixed with the stream, or appears alone at the close. This fact determined, the bleeding is without doubt vesical, and if for a considerable period of time there is still but little pain experienced, and the act of micturition is as a rule not very frequent, the bleeding is certainly not due to a sarcomatous or carcinomatous growth, and is therefore very probably significant of papilloma.

I may remark here that I know no styptics which appear to control the hæmorrhage from this source, although I have seen all the known remedies abundantly tried. Treatment by local injections is apt to provoke rather than check the flow of blood.

3. The simple myomatous tumours are not very uncommon; they are not accompanied by any characteristic signs of their presence, but have sometimes papillomatous growth on their surface. Nothing further remains to be said here in relation to diagnosis, except that their progress is slow, and the characters of malignant growth are absent.

<sup>1</sup> Read at the International Medical Congress, Berlin, August, 1890.

<sup>2</sup> Failing to discover it thus in cases in which the symptoms strongly indicated its presence, I have on two or three occasions introduced a light, flat-bladed lithotrite of small size, and by opening and closing it slowly a few times, have removed a tiny fragment which, under the microscope, afforded the desired evidence.