

## 10. Day of the Specialist

*During the twenty-five years of its existence, the Academy has grown from a weakling to the largest, strongest and most powerful organization of its kind in America, if not the world. The Academy has always stood for and always shall stand for uplift. Many great movements looking to the betterment of the head specialists have had their beginnings here, and all have had our loyal support and encouragement.*

LEE MASTEN FRANCIS

THE PRESIDENT'S ADDRESS, 1920

**W**HEN a group of physicians doing eye, ear, nose, and throat work met in 1896 and founded the society which became the Academy, they could not have had more than a glimmer, if that, of the rise in specialism, the progress in medical science, and the struggle to keep medical education and medical practice abreast of advances in knowledge that would characterize the new century.

The early physicians in the Academy were men of the 1800s, trained probably by a couple of years in medical school, by preceptorship, and by expeditions to Europe. Although they represented considerable improvement over their predecessors—in the early 1800s, less than 10% of physicians in this country were graduates of medical schools, and more than 80% had never so much as attended a lecture in a school of medicine<sup>199</sup>—their heritage was still that of the necessity-induced, do-it-yourself, pioneer-type medicine dating back to the clergyman-practitioner of the early American colonies.

As much as these men were among the last remnants of an old heritage, they were also the harbingers of a new one. Much to the credit of their individual initiative, the early members of the Academy were, by and large, the cream of the crop, the best that the state of medical education, science, and technology would allow. As part of a growing breed of physicians practicing in a special area of medicine, they were aware of the criticisms of compartmental medicine and of the deficiencies of this type of medical practice within their ranks.

“This is the day of the specialist,”<sup>13</sup> Charles Bookwalter, a general practitioner and mayor of Indianapolis, told the Academy gathering in 1903. The remark must have given some members reason for pause. The term specialist was one of great latitude. Irregular practitioners with irregular methods, medical cultists, and out-and-out quacks were all specialists of some sort. And it was difficult for the medical profession, and impossible for the public, to ferret out who was, by some training, a specialist, and who wasn't. It was the day when a practitioner could close his office, paint a new shingle, and open up again—voilà—a specialist!

The early 1900s would be more accurately described as the dawn in that division of medical labor called specialization. The men who listened to Dr Bookwalter would not have envisaged a time when more than 80% of the practicing physicians in the country would be specialists.<sup>200</sup> Nor could they have done little more than dream of development of the training programs, the teaching and research facilities, the hospital-university medical centers that would raise American medicine and the American specialist to a place of world preeminence.

Specialism did not arise unquestioned in the scheme of medical practice. It produced profound changes in American medicine, and its position as an emerging presence to be reckoned with agitated a polarization of opinion not only between lay and medical circles but within the factions themselves. Was the partitioning of medicine—clinical specialization—unnecessary, costly, and pretentious? Did the self-styled clinical specialist know enough about general medicine? Worse yet, did the self-named specialist know anything about the specialty he proclaimed to practice? And, lurking on the wings of each objection, must not the patient be considered as a whole—how in the world could you divide and treat him in parts? In the evolving answer to these and other questions, specialism had an incalculable effect on development of medical science, research, education, and practice, and to it must be credited a tremendous part of the progress in medical knowledge and skill which has taken place in this century.

The Academy was founded at a time when specialism was just beginning to put down roots and what teaching facilities existed were concentrated in the East. It began as a medical fraternity for qualified practitioners from middle western and southern states, regions in which the unqualified practitioner, both general and specialist, had proliferated in

response to the demand for medical care and the short supply.

Although Hal Foster, the Founding Father, was interested primarily in starting an educational activity for western men in the specialties, it is worth noting that the formation of medical societies was one weapon of the medical profession in differentiating between competent and incompetent practitioners. It was this perhaps that gave rise to what some called the “holier-than-thou” societies.

Shortly after its founding, the Academy opened its membership to the young specialist just starting out. To educate, encourage, guide, and lead the young specialist, to make him better than he might have been without the Academy stimulus, became a cardinal aim of the society. It was this balance of membership, between the new specialist and the specialist with a résumé of past achievement, between student and teacher, that made the Academy a noncomplacent society.

Academy members soon defined three levels of postgraduate teaching required in the specialties. There was the young man who needed complete training in the specialty (this had to be undertaken by the universities); the well-established but not well-trained practitioner who needed additional education; and finally, the well-trained practitioner who needed to keep abreast of current advances. These were the problems and the goals to which the early members of the Academy directed their efforts.

In the years to come, the Academy would add many layers of activity, compassing many fronts in the specialties, but members would continue their concern with, and involvement in, outlining specialty education in an ever-expanding definition of that phrase.

Today, when the quality of health care is a subject of constant public attention and conten-

tion, it is well to be mindful that, through the enormous progress in medical science, medical education, and specialty training, the worst health care in the nation today is better than the best of 80 years ago. This did not come about through public outcry or government edict, but

through the untiring dedication to this goal of physicians themselves, working through organizations like the Academy and every other available means, to establish and maintain higher medical standards for the practice of all branches of medicine.