## Relation Between the Specialist and the Practitioner.

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Prefacing his discussion by eliminating any consideration of specialists, practitioners or patients who are not "real", the writer of this paper, who read it before the Annual Conference on Medical Education, goes into the question of, "What is a specialist?"

Is a physician transformed into a specialist by suddenly announcing that he will limit his practice to a certain disease? Aside from the equipment of exceptional know ledge or unusual skill, "The best specialist is one who develops from the general practitioner," assuming a previous high-grade college degree, a service as an intern and a studious, progressive mental attitude. He may begin to specialize from the day of graduation or even before graduation. Without years of general training he lacks the breadth of vision, and though he may strive for vision and search for causes, the picture he sees lacks perspective, and its figures are to him unrelated. On the other hand, there is need for caution in the advances we are striving to make in the training of specialists. The prediction is ventured that the time is not far when our medical undergraduates will to a certain extent be allowed to specialize before receiving their diplomas. "Why may not our medical schools lay down the fundamentals in courses which must be mastered by all, and at the end of a certain time, grant some choice of work? Another "partial answer" is suggested in the plan of paid fellows, residents

and assistants, in effect in the Mayo Clinic.

Is the practitioner to be relegated to the position of emergency doctor? Partial answers to this question are found in the degree to which the practitioner and specialist cooperate for the best interest of the patient, as well as in the challenge to the practitioner to serve his patients in many ways which all save the developments requiring a specialist.

We are in a transitional stage, the practitioner losing ground, those calling themselves specialists increasing in number and rapidly uniting into groups. The enormous increase in bulk and complexity of medical work makes it necessary to concentrate on a single topic.

Various types of group practice group medicine and plans of cooperation are discussed, together with the dangers of machine-like routine, and the danger that practice may be commercialized.

In all our planning, caution must be exercised to avoid the tendencies referred to, and whatever scheme is evolved with regard to the relation of the specialist and the practitioner, it must not be forgotten that the interest which is paramount is that of the patient.

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