Specialization has been well established for many years in some branches of medicine, such as cardiology and neurology, but gastroenterology has been slower to develop as an independent branch of medicine, and indeed, has never achieved this status in Great Britain.

The internist has a treble responsibility, the care of the patient, research, and teaching—and this has encouraged increased specialization. The rate of growth of any specialty is particularly related to the discovery of new techniques of investigation or treatment requiring special skills. Cardiology went ahead rapidly with the development of electrocardiography and, more recently again with cardiac catheterization and the development of cardiac surgery. In gastroenterology there have been fewer special techniques to stimulate its growth.

In the United States, gastroenterology has certainly developed to a far greater extent than in Great Britain, but this has been due to the structure of hospital work. The system of having specialist services in all American hospitals obviously encourages specialization. In the United States, the independence of gastroenterology is firmly established with specialist examination qualifications which all who aspire to this work must possess. In Great Britain the hospitals are mainly divided into general medical units, but some departments have developed special interests while continuing their share of emergency admissions.

The organization of hospitals determines the training of internists. In Great Britain the training has always been to provide a wide basic experience producing a “general physician” or internist capable of being in charge of general medical wards. Subsequently, a few have specialized further and become, for example, cardiologists, and have even developed their own departments within a big general hospital, thus giving up the care of general

From the Department of Gastroenterology, Central Middlesex Hospital, Park Royal, London, England.
Gastroenterology as a Specialty

medical patients. This, in practice, has been exceptional and there are relatively few who have done so.

It has always been possible and, indeed, encouraged for a "general physician" to develop a special interest in one aspect of medicine. This has certainly been so for gastroenterology. Sir Arthur Hurst, Sir Edmund Spriggs, Professor Ryle were three of the best known names, all superb "general physicians" who were initially responsible for fostering the special interest in gastroenterology in Great Britain. Sir Arthur Hurst founded a gastroenterologic club. This was later formed into a society, the Society of British Gastroenterologists, but someone pointed out that there were no British gastroenterologists and that its members were all "general physicians," and the name was changed to the British Society of Gastroenterology.

Should gastroenterology be developed further in Great Britain as an independent specialty? Cogent reasons have been advanced against any further schism from general medicine which would imply the building up of special gastroenterologic units in big general hospitals. Gastroenterology forms a particularly large section of general medical and surgical work and, in practice, forms too large and unwieldy a department when segregated. Furthermore, internists and surgeons remain extremely reluctant to give up their gastroenterologic work, and medical editors view with dismay the idea that the important gastroenterologic papers should no longer be presented in the main general medical journals, but segregated into specialist publications.

In favor of further increased specialization is the development of new techniques, particularly endoscopy and biopsy, and the increasing pressure for further facilities for research and postgraduate teaching.

In Great Britain it is very unlikely that gastroenterology will ever achieve the status of an independent specialty. In relation to the present hospital structure, this is, undoubtedly, the right policy. It does not mean, however, that a certain number of special departments with facilities for research and teaching cannot be developed: and this, in fact, has already been done at the Western Infirmary, Edinburgh, the Queen Elizabeth Hospital, Birmingham, St. James’s Hospital, Hammersmith Hospital, and the Central Middlesex Hospital, London, but all these have other medical and teaching responsibilities besides gastroenterology.