

TEAM WORK IN PRACTICE OF OTO-LARYNGOLOGY*

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Some years ago in a paper read on "Team Work in Oto-Laryngology," I emphasized the necessity of the oto-laryngologist's being either a good "all-round" man and doing some of the work of the internist and bacteriologist, or having the intimate co-operation of experts in those departments to assist him in coming to a positive diagnosis and conclusion. Since then, rapid and important strides have been made in all departments of our profession. From "team work" we have advanced to "group study" and "group practice," and now every large city and many small ones and the majority of our best hospitals have adopted the plan of group study and group practice of all cases, by which is meant a number of men, specialists in the different fields of medicine, surgery and allied departments, occupy a building arranged for the convenience and helpfulness of each, and combine their investigations and care of their patients in such a way as to get the best results from their efforts and in that manner secure accuracy in diagnosis and etiology in each case and minimize loss of time, energy and anxiety both for the patient and the physician. It is not my purpose to enter into a discussion of this very great subject and problem. Any decided side-step from the old beaten path of the established "straight- and -narrow way" will cause surprise and objections on the part of laity and the profession. A most interesting and profitable paper read at the last meeting of the American Medical Association in the Section on Ophthalmology by Dr. F. Park Lewis, "Group Study a Necessity in Practice of Ophthalmology," with the discussion that followed, suggest many valuable and important points for the most careful consideration of every thoughtful, progressive student of any branch of the science of medicine.

In my work I have found many cases where the occult cause of some of the

most serious diseases I was treating could not be found in the study of the organ presenting grave clinical symptoms, whether it was the eye, ear, nose or throat, as subsequent events and results showed. The local clinical manifestations were of remote focal or systemic origin. Many of my cases were not relieved of their distressing, oftentimes harassing local symptoms by any application or surgical procedure resorted to until an intensive, correlated study of the body had been made and the specific cause removed.

Not only is team work or group study eminently advantageous in arriving at a correct diagnosis and ascertaining the true etiology of a given disease, but team work (by this I mean assistants, trained, and who are accurate and tactful) should assist us at all our operative work and much of the routine treatment be given in the office. By having this, the operator is not only relieved of detail of preparation, consisting in selection and arrangement of instruments necessary and accessories helpful, but time and energy are saved for both himself and patient. The anesthesia is shortened and shock minimized. Especially is this true where a delicate, semitortuous operation is done under local anesthesia, and when all the special senses of the patient are alert and hypersensitive except the local operative field anesthetized.

On more than one occasion I have heard from a patient language something like: "I was not frightened nor nervous after you had started with the operation, because I soon felt that all helping you were interested and anxious to do what was necessary for my good." I am more and more convinced that we as scientific men do not understand and appreciate as we should the psychology surrounding our operating and treatment room at the time we are dealing with the average man, woman or child.

There is necessity for team work and group study not only for scientific, but for economic reasons, and our ideal will be nearly attained when the diagnostic, operative and treatment institutes are established. This can only be brought about by the correlation of different experts, constantly in touch with each other and working hand in hand for humanity. Thus

*Read in Section on Eye, Ear, Nose and Throat, Southern Medical Association, Thirteenth Annual Meeting, Asheville, N. C., Nov. 10-13, 1919.

will history again repeat itself as presented by the ideal advocated by Francis Bacon and promulgated by him over three hundred years ago (Duane).

In the general hospitals of the average small city and town it is difficult to have good team work and accurate service unless there is a special department in which nurses are qualified for this work. The average interne in these hospitals takes little interest in eye, ear, nose and throat work unless he is looking ahead to doing this special work.

One of the most important adjuncts to the team work is the anesthetist, one who knows the operator's method and technic and hence can intelligently regulate the anesthesia. A few years ago, in reply to a question asked the most prominent and best known surgeon in America as to how he accounted for his success and the rapid development of his work, he replied: "It is due to the man on the other side of the table and the anesthetist at the head." There is much food for thought in this remark.

The nurse must be familiar with the instruments, well trained, well drilled as to the effect of local anesthesia, and her presence and that of the first assistant, and especially the latter, when using a local anesthetic, adds confidence to the patient and dignity and importance to the operation. Unfortunately there is seen frequently a tendency to sacrifice accuracy for speed, and as the result of this I have in more than one instance, a few months after the operation, seen the evidences of mutilation of the parts as shown by cicatricial tissue and contraction of the soft parts resulting from lack of the care and time that should have been given the operation.

The same number in the team at each operation means more than the average surgeon realizes. Self-reliance overlapped by self-conceit leads to daring and danger. This is minimized by team work, and in this rapid advancement of our science and art it is well to "box our compass" frequently and be sure of our bearings before forging ahead. "Let him that thinketh he standeth take heed lest he fall." "It is better to be careful than sorry," and "In allied counsel there is wisdom and safety." The psychological effect upon the patient

of being seen by the first assistant before the operation, either with his chief, or representing him, can not be overestimated.

I recall one occasion after an operation upon a very nervous patient who had unnecessarily alarmed relatives who insisted that I be called in the middle of the night. The nurse in charge called my assistant, who was both wise and tactful. On entering the room the patient said: "I did not send for you, but for the man who operated upon me." He replied: "I know that, but I am the Doctor's assistant and have studied your case with him and assisted in the operation upon you; and it is my pleasure and duty to care for you between his visits should you need it. If there is anything unusual the matter with you, or any occasion for anxiety, I shall call him." The patient was satisfied and allowed him to examine her and prescribe for her. That kind of man, with diplomacy, training and efficiency, is an invaluable asset to any team.

In all our major and minor nose and accessory sinus operative work subsequent treatment, as well as operations in the pharynx and naso-pharynx, the mastoid and cranial cavity are expedited, made safer and more satisfactory by the aid of team work of trained assistants.

The general practitioners who bring or send patients to specialists needing surgical attention should allow the operator to select his assistants and not feel slighted if not asked to give the anesthetic or to assist in the operation. On two occasions in my experience I have seen alarming results from the inexperience of the anesthetist and assistant. Only the trained hand can successfully sponge or use the suction apparatus without producing unnecessary traumatism to the pharyngeal mucosa or keep the operative field clear in tonsillectomy and adenoidectomy, and only trained assistants can, with accuracy and thoroughness of technic and economy of time, assist in the mastoid operation, especially when the unexpected is encountered and the lateral sinus exposed or ruptured, a perisinus abscess is found, or a fistulus tract leading into the cranial cavity reveals an extra- or intra-dural abscess. Especially is team work valuable, and I may say necessary in the delicate and major operations upon the

eye, such as cataract and iridectomy operations.

Group study and team work will stimulate medical progress, add to the scientific progress of the medical man, increase his self-respect as well as independence of the people, and prevent paternalism in medicine. Not only as oculist and oto-laryngologist do we suffer when we fail to utilize the advantages to be gained by group study, but the internist and surgeon are equally culpable when they do not avail themselves more frequently of our services and investigations in our specialty.

When the practice of medicine constitutes an ideal added to our profession, and we combine clinical insight and scientific research, and see in medicine both a science and a philosophy, group study, group practice and team work will comprise the foundation upon which accurate diagnosis and successful treatment will be built.

AUTHORS' ABSTRACTS

Eye, Ear, Nose and Throat

Otolaryngology. T. J. Harris, New York, N. Y.
Journal of American Medical Association, August 16, 1919.

The author, as a result of his experience as Director of the School of Oto-Laryngology at Camp Greenleaf, Georgia, urges the importance of a graded course of instruction in both theoretical and practical work. An alarming lack of qualification on the part of the average otolaryngologist practicing in the cities and towns of this country was demonstrated by the results of the examinations conducted as a prerequisite to admission to the school. He strongly condemns the six weeks' course of instruction and urges the adoption of the recommendations of the committee on the teaching of oto-laryngology representing the several national societies, namely:

1. That there should be a standardized curriculum extending over a period of at least two years to be given at Class A universities or colleges.

2. That the student should pass a comprehensive examination upon the completion of the course; and

3. That a special degree should be conferred by the university or college. As a preliminary to the special instruction the student shall have engaged in general practice for at least four years or served as an interne in a general hospital for at least eighteen months.

Faulty Cranio-Spinal Form and Alignment, and the Eyes. Lloyd Mills, Los Angeles, Calif.
American Journal of Ophthalmology, July, 1919, Vol. 2, No. 7, p. 493.

Faulty head postures have been considered, hitherto, as compensatory attempts to maintain correct visual balance. Many cases of defective posture, resulting from anatomical and pathological defects primary in the extremities and especially in the cervico-dorsal spine, show marked compensatory cranial tilting and rotations, in which the ocular positions and ocular muscle actions become altered to correspond to the new mechanical conditions.

Many defects of function spring from the constant cranial asymmetry associated with right- and left-handedness, the ocular positions, muscular distribution and actions becoming modified, and the left eye usually being higher, poorly convergent and cyclophoric. Early training in ambidexterity, corresponding to inborn equilaterality of the motor cortices, is urged for prevention.

The neck muscles aid the retina, extrinsic ocular muscles and otic labyrinth in spatial orientation, and postural defects affect this function.

Mills emphasizes the hitherto unrecognized accessory visual function of the cervico-dorsal muscles, whose rigidity in steadying the head is as essential to accurate vision as is the purely local action of the eye muscles. Steadying of the shoulder-girdle is equally essential in finely coordinated manual work. Strains of this stabilizing system, especially when combined with spinal defects, produce the distressing suboccipital, cervical and brachial symptoms incident to reading and many occupations.

Cranio-spinal postural defects are shown to be the usual fundamental faults in eye cases complaining of nuchal and occipital aching and are curable or capable of palliation by appropriate orthopedic and ophthalmic procedure.