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THE GRADUATE TEACHING OF OTOLARYNGOLOGY *

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To the members of this section, I wish first to express my sincere gratitude for the honor conferred on me in making me your chairman. I know full well the greatness of the otolaryngologists who have preceded me. While I cannot equal them in ability, I can excel them in estimating the honor bestowed on me. I shall do everything within my power to continue the excellent work of this section.

This session is the Victory Meeting of the American Medical Association. It would be impossible in the brief time allotted even to mention the salient features of the work of members of this section which helped to secure this victory. No other branch of medicine was better administered than otolaryngology; no other was more efficacious in saving the lives of our soldiers; certainly no other did better work in helping in the prevention of contagious diseases. At no time in the history of medicine have the infections of the respiratory tract played such an important part in connection with epidemics. We can well be proud of the work done along these lines by the members of this section. Never shall we cease to honor those of us who gave up everything, and whose work has resulted in such a great credit to us. This work has not been done without the greatest sacrifice. Because of the loss of those who have made the supreme sacrifice, the scientific work of the section will suffer. More than this, the profession of otolaryngology lost some of its leaders who always stood for what was righteous. To me it has seemed impossible that the morale of our specialty should not be affected by the death of these men. It is our duty to remember what they stood for, and see that the ideas which they exemplified in their daily life shall be continued. This is the least we can do to show our appreciation of their sacrifice. Unconsciously we shall honor them forever.

Because of the loss to us of one whose life work has been the development of graduate teaching of the head specialties, I am inclined to make this the subject of this brief address. The work of the late Col. Frank C. Todd had more to do with the advance of the graduate teaching of the head specialties along proper lines than that of any other man in our profession. The work which he began we should not allow to cease. Let us honor him by continuing this great work.

The reconstruction work of the medical service of the army and navy along the lines of otolaryngology will be carried out with all thoroughness by the members of this section.

EDUCATION OF THE OTOLARYNGOLOGIST

The next most important thing to us during the period of readjustment is the question of education of the otolaryngologist.

The undergraduate teaching of otolaryngology can be dismissed with a few words. Its function is to make the medical student conversant with otolaryngology to such an extent that he will know those things that are essential for general diagnosis and therapy.

A second no less important function is to convince the student that work in the otolaryngologic field is so specialized that it should be attempted only by those specially prepared.

The time allowed for undergraduate teaching of otolaryngology is barely sufficient to accomplish these two things. This matter, however, has been taken out of our hands by the Association of American Medical Colleges.

The teaching of graduate otolaryngology, however, is at this time in your hands. The Association of American Colleges is now considering this question of the graduate teaching of this and other branches, and I believe it wise for you to make definite recommendations soon regarding our specialty. I believe any definite recommendations that are made will help materially in solving the problem.

The experiences during the war indicate the necessity of standardizing the requirements for the practice of otolaryngology.

Brigadier-General Munson¹ has reported that at Camp Greenleaf, of those claiming to be otolaryngologists, 70 per cent. were rejected as incompetent. This statement brings to our minds the thought that if the army in order to protect its men found it necessary to reject 70 per cent. of the so-called otolaryngologists, what possible way exists at this time for the laity to protect themselves? How can any one in a strange city, needing the services of an otolaryngologist, tell whether or not he is employing a competent one? This is a most important question and should have a decided bearing on the question of a degree indicating proficiency in otolaryngology.

General Munson also said:

It must be emphasized that the medical officers who finally reached the medical training camps represented much better than the average of the medical profession of the country, for these candidates had been subjected to several processes of elimination. . . . A large proportion of the undesirable

* Chairman's address, read before the Section on Laryngology, Otolaryngology and Rhinology at the Seventieth Annual Session of the American Medical Association, Atlantic City, N. J., June, 1919.

1. Munson, E. L.: The Needs of Medical Education as Revealed by the War, J. A. M. A. 72: 1050 (April 12) 1919.

bles of the medical profession were excluded from service and never reached a medical training camp. The latter, therefore, dealt with an already selected class. That this selected class presented still further professional deficiencies invites reflection on the part of all those in charge of medical education.

He stated that a large number of men actually practicing as specialists in this country, and generally accepted as such, are not duly qualified as the experts they are supposed to be. The latter point is one of special interest and concern to those interested in graduate and specialist education in this country.

In a general way it may be said that the general professional qualification of officers bears a close relation to the educational standard of the schools from which they graduate.

He further stated that in most instances in which a special knowledge was assumed, however, the student claimed to have been actually practicing a specialty.

We have no right to criticize these men. It is our fault that they were deficient in that we have not provided proper facilities for their education. We have not even indicated the length of time that should be devoted to attain proficiency in otolaryngology or the kind of work that should be done.

To overcome this lack of proper knowledge of otolaryngology in these officers, our own Dr. Thomas Harris was selected to establish a school for the teaching of this subject. The excellent work that he did requires no comment. The excellence of graduate work done in the army in otolaryngology is evidenced by numerous recent contributions to the literature of many of our younger men which are excellent research contributions—not merely citations of interesting cases.

Dr. James McKernon feels that many of the inefficient otolaryngologists were the product of short courses. In my own work I find a large number of men seeking advice regarding the study of otolaryngology who are stunned at the suggestion that they devote two or three years in preparation for the work, the impression being that only a few weeks are necessary. We should do something to correct this more or less universal opinion.

It is equally important to the standardizing of graduate work in otolaryngology to create some method of enforcing these standards. Unless the American Association of the State Licensing Boards should become interested in this subject, it will be a very difficult thing to do. The least we can do is to indicate to prospective otolaryngologists what constitutes proper preparation.

THINGS OF IMPORTANCE IN TEACHING

In the graduate teaching of otolaryngology, certain things are of importance. Most essential in the development of the specialist is for him to be so well prepared in general medicine that he will not overrate the importance of his specialty. One of the best things that can be said of a specialist is that he is a good internist. He must be so well versed in general medicine that he will feel the need of the services of the internist and other specialists constantly. He must not feel that because he has disease of the nasal sinuses, and a lesion of the optic nerve, the latter is necessarily the result of the former. His knowledge must be such that he will feel the necessity of reports from the internist, serologist, roentgenographer and others before he can render his patient the best service.

Norval Pierce² has said:

If I were called to tell what I considered the best thing in a medical sense that I got out of my experience at Camp Grant, I would say it is the realization of what efficient results may be obtained when medical experts really work together.

The same condition should come about during the educational period. As I view it, it is very essential for the student to do a large part of his work in hospitals where a large percentage of the special cases are seen by representatives from other departments, dermatology, neurology, psychiatry, internal medicine, general surgery, genito-urinary surgery, etc., and where he sees, as consultant, a large number of cases that logically belong to the other specialties. In this way only will he secure the proper point of view of a specialist.

The greatest danger in specialism, as I view it, is the fact that the specialist may become narrow, and see only his side of the medical problems. During the educational career, everything possible should be done to prevent this. In the seminar work, which should form such an important part of otolaryngologic teaching, fully one third of the topics considered should be borderline subjects, and not those treated in our special textbooks.

The clinical teacher in the fundamentals of graduate otolaryngology must be one who is willing to place the teaching first, and private practice second. The latter part of the work may be given by the great clinicians, who need not necessarily engage in the routine didactic work. The clinical man who teaches the fundamentals must carry out a regular routine work. I do not have reference to the laboratory subjects, anatomy, pathology, bacteriology, etc. Necessarily the courses in the branches must be systematic and complete.

The clinical teacher of the fundamentals of graduate laryngology should spend at least one half day with the student. He should have the regular ward walks; he should supervise the clinical charts; every case the student has in his care he should go over with him; he must conduct seminar work; he must teach thoroughly the diagnostic technic, and he should have these men assist him at the operating table, and then later supervise every move they may make when they are themselves operating. This is particularly a most laborious task. Naturally, no student should be allowed to attempt any operation until he has mastered it in the mortuary. What does the teacher get out of this work himself? I know of two things: First, nothing can influence him more favorably than constant association with a small group of graduate students, answering their questions, and discussing the problems not thoroughly understood today. The teacher who can satisfactorily answer all questions is indeed a rare man. Second, his clinic becomes a real scientific laboratory, and as a rule his charity patients are better diagnosed and treated than the average private patients.

The laboratory work can best be done in the laboratories of our medical schools and universities. Complete systematic courses in anatomy, pathology and bacteriology are essential. The laboratory and the fundamentals of clinical work should go hand in hand. The operative work in the necropsy room must be very thorough in order that no patient when operated on

2. Pierce, Norval: *Annals Otol., Rhinol. & Laryngol.* 27: 856 (Sept.) 1918.

shall get anything but the best possible result. The performance of operations on patients by students, not properly prepared and supervised, is a most inexcusable thing.

A man is better qualified for the practice of otolaryngology who has a thorough knowledge of the anatomy and pathology of the subject, with little clinical experience, than one who has had the clinical experience and little anatomy and pathology. Certainly a thorough foundation in anatomy and pathology is necessary. This work should be given by excellent teachers who command large salaries. Proper education in otolaryngology can be given only with a great financial loss to the institution giving it. The conditions necessary can best be met by our medical colleges and universities.

A DEGREE IN OTOLARYNGOLOGY

The establishment of a degree that will indicate to the layman proficiency in otolaryngology is a question that needs much investigation and thought. We should not hurry in this matter.

The report of the Committee on Undergraduate and Graduate Degrees of the Association of American Medical Colleges shows that, at this time by various institutions, several different degrees are given indicating proficiency in public health work. We should early establish a standard degree indicating proficiency in otolaryngology satisfactory to all schools. This can best be accomplished through the Association of Graduate Colleges of American Universities, and the Association of American Medical Colleges. The degree should be granted by the universities and medical schools. In no other way can it be standardized and kept on a high plane. This does not signify that all work should be done in the medical schools and universities. Both the medical schools and our special hospitals should be used for educational purposes. The school granting the degree must be conversant with and responsible for all work done in special hospitals. Credit may be given for work in absentia if done in special hospitals not associated with medical colleges.

The degree should be an earned degree. It should not be granted on a basis of examination alone. At present in various universities the degrees of M.S. and M.A. are given for one year's graduate work in medicine. These are secondary degrees, and as at present granted do not express proficiency in any line of medicine. We should avoid the use of these degrees to signify in any way proficiency in otolaryngology unless the requirements for the granting of the degrees should be greatly increased.

The degree of Ph.D. with the qualifying term, such as Ph.D. (otolaryngology), written in the diploma but not included in the title or degree conferred on the individual, meets with much approval. The Committee of the Association of American Medical Colleges, just mentioned, recommended that the degree of Ph.D. with or without specification of the field of study be conferred for research work done in any of the fields of medicine when under the auspices of and approved by graduate schools of equal standing with those in the Association of American Universities.

The degree of Ph.D. is the highest earned degree. Three years of work is required for it. This is not too much work for those who wish to excel in otolaryngology. Our desire is not to make more otolaryngologists but better otolaryngologists.

This first degree gives the individual not only professional but scholarly standing. The length of time required to secure this degree should not be urged against requiring it, as after the individual has received his M.D. he can make his own way. Naturally, a prerequisite is an academic degree. Not all well prepared candidates for the Ph.D. degree will receive it; hence it seems advisable to grant a second degree signifying expertness in the art of otolaryngology without indicating research ability.

There is now existing a committee on undergraduate and graduate teaching of otolaryngology. This committee represents the American Laryngological Association, American Otological Association, this section of the American Medical Association, the American Academy of Ophthalmology and Otolaryngology, and the Association of Laryngology, Rhinology and Otolaryngology. I would recommend that your representatives on this committee be urged to hasten a definite report regarding the graduate teaching of otolaryngology.

THE DIAGNOSIS OF CHRONIC PULMONARY TUBERCULOSIS *

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AND

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The recognition of chronic pulmonary tuberculosis is generally regarded as a simple matter in which there is slight chance of error. That this is not always the case is quickly recognized by any one who has the opportunity of studying a series of cases of advanced pulmonary disease. This study is based on our experience in the department for diseases of the chest of the Jefferson Hospital. In this department the dispensary handles all stages of tuberculosis, early and late, but only advanced cases are admitted to the wards. By admitting only these it seemed that we were making the best use of the beds in the effort to lessen infection by isolating patients in the advanced stages. Our admissions come from the general medical clinic and from the tuberculosis dispensary, but a considerable number are accepted on the diagnosis of other hospitals and general practitioners. We have no opportunity to study these cases until after admission. This study is made to check the correctness of the diagnosis of advanced pulmonary tuberculosis as made by many different members of the profession.

It may be asked what difference an error makes if the patient has some chronic disease. In some of the conditions, for example, bronchiectasis, it is evident that no great harm will be done; but, in others, valuable time may be lost and a condition left untreated which might be helped. Syphilis and the presence of a foreign body in the bronchus are examples of such a condition. In addition, such patients are occupying beds which might be more usefully employed. In discussing errors in diagnosis, we must realize that every one makes mistakes, and we should be charitable to the other man concerning those he makes, but very severe in judgment on our own. The important lesson is to try and reduce the number of errors in the future.

* From the Jefferson Medical College.

* Read before the Section on Practice of Medicine at the Seventieth Annual Session of the American Medical Association, Atlantic City, N. J., June, 1919.