

DR. C. E. COOPER, Denver: In connection with the question of diagnosis and operation, I have found it helpful to ascertain whether or not the tonsil is infected. If a needle is plunged into the deep tonsillar structure and a sufficient number of small punctures are made, enough fluid and blood for examination will exude. A culture made from this will give the bacterial flora of the substance of the tonsil. If it is a streptococcic infection, it is an indication for operation. I have seen several cases of acute and chronic nephritis associated with infected tonsils and consider it an indication rather than a contra-indication for operation.

DR. RUFUS B. SCARLETT, Trenton, N. J.: The trend of the discussion seems to be toward the tonsils as a source of general infection. No doubt at present dentistry is being better done than it was ten or fifteen years ago when decayed teeth, as a rule, were not filled to the roots as they are to-day. Some of these teeth filled in this incomplete way are now causing trouble through the pulps infected at the time of the decay. I speak of this because during the past year I sought information as to the cause of an infection and consulted the best men I could find. Only recently a roentgenogram located an abscess at the root of a tooth. Very often a systemic infection may be attributed to the tonsils by a process of elimination when it may really be due to a pocket of pus at the root of a tooth.

DR. BURT R. SHURLY, Detroit: One point we have as yet not mentioned. Those of us who have practiced internal medicine know how frequently in cardiac disease two or more murmurs may be heard in the heart, and often, as we narrow down and become more and more concentrated in one line, we fail to look further after finding one explanation for a trouble, one particular focus of infection. If we find it in the tonsil we are satisfied and look no further. It would be unfortunate not to emphasize this fact. Internists are not satisfied with diagnosing one cardiac murmur when there may be more, and we should constantly bear in mind that there are frequently two or more locations for our focal infections. If we happen to be the first to investigate the case, we must consider this possibility, and if necessary have the internist aid us in our search.

DR. JOHN J. SULLIVAN, Scranton, Pa.: We are having a dress reform, a religious reform, and a half dozen other reforms all over the country and I suppose now we must have a tonsil reform. It is simply a matter of more accurate diagnosis whether or not the tonsils shall be removed.

DR. JOSEPH C. BECK, Chicago: Concerning Dr. Freer's remarks with regard to exophthalmic goiter as caused by infection from the tonsils, he can find plenty of evidence that this is so; not directly from the tonsils to the thyroid, but due to changes in the glands of internal secretion brought about by toxicity. The tonsil is a frequent cause of that toxicity and hence is the most important structure for us to study in that connection, not that there are not other foci too. By removing a certain percentage of chronic focal infections, we enable nature to take care of and eradicate the other foci.

DR. NORTON L. WILSON, Elizabeth, N. J.: Every time I have tonsils to remove I ask for what reason they are to be removed. I, too, have had cases sent in by the school inspectors but would not remove the tonsils without some specific reason. I took it for granted that every throat surgeon was possessed of a certain amount of common sense and such a man doesn't remove every tonsil he sees any more than an abdominal surgeon would remove every appendix that comes his way. With regard to the remark that the coagulation time is four minutes, I stated that the normal coagulation time with the particular instrument I used was seven minutes. Of course, each variety of instrument has its own clotting time.

Empiricism.—Empiricism assumes the existence of a fact even though it cannot be traced to any known law of wide application. Every general synthesis which is not fully established, must, at least provisionally, be characterized as empirical.—Lugaro, Problems in Psychiatry.

THE PRESENT TEACHING OF PSYCHIATRY IN AMERICAN MEDICAL SCHOOLS*

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LOS ANGELES

In order that Dr. Singer's paper might receive the best possible consideration and discussion in this symposium, it seemed wise that present conditions in the departments of psychiatry of our American medical schools should be presented to you to-day.

To that end I sent out the following questions to seventy of the Class A+, Class A and Class B schools:

1. How many hours are given to the teaching of psychiatry in your school?
2. How many hours would you like to have for it?
3. Does your course correlate psychology with psychiatry in a definite manner?
4. What faults have you noted in present teaching methods?
5. Outline your ideal course in psychiatry.

About forty replies were received. In character they ranged from uninterested, categorical and monosyllabic answers, to four-page letters written at the cost of time and much thought.

On the whole, they showed that the majority of the men teaching this subject are entirely dissatisfied with the situation.

A calculation based on all the answers to Question 1 shows that American medical schools average 33.4 hours of combined clinical and didactic work in psychiatry. Leaving out two schools, one of which gives 140 and the other 69 hours to the subject, I find that the average is but 28.6 hours. This includes not only the psychiatry but also the psychology which is given in a number of institutions.

In examining the answers received to Question 2, "How many hours would you like to have?" the average is found to be 50.3. Again leaving out the two schools having a very high number of allotted hours, the average is found to be 40.7. The desired increase is 33 per cent. in the former calculation and 49 per cent. in the latter. In other words, the consensus of opinion is that American medical schools give from one-third to one-half less time to this subject than is proper and right.

Several Class A+ schools have a course well thought out and balanced. Indiana University leads all other American medical schools in number of hours given to the subject. In analyzing the course in this institution the impression is obtained that it is more a collection of a number of isolated series of lectures and clinics than a well-thought-out whole. The dean intimated to me in his letter that it was rather a haphazard growth than a constructed course.

At the other end of the list of A+ schools is found Western Reserve University, my own alma mater, whose psychiatrist wrote me with immense disgust that the faculty would allow him no definite hours whatever for the teaching of mental diseases, but that he had succeeded in getting twenty-five for this work in spite of the snub of the curriculum committee.

The smallest number of hours given to the subject is at Tulane University, where there are but eight.

* Read before the Section on Nervous and Mental Diseases at the Sixty-Fifth Annual Session of the American Medical Association, Atlantic City, N. J., June, 1914.

The answers to my third question, "Does your course correlate psychology with psychiatry in any definite manner?" were most varied. Some were categorical and some explanatory, while the question was left unanswered by many. I should say that a number of those writing these answers did not realize what I meant by the question. Twelve were answered, "No." One said that psychiatry was correlated with brain physiology in his course. Another made the statement that his course did not correlate with college psychology because there would be nothing gained by so doing. Another answered "No," and gave as a reason that psychology is a preparatory study. Many men said that they made attempts to do this in the first few lectures of the course. A number of those who said, "No" intimated that the time is too short to take up psychology even though it is introductory to psychiatry. A very interesting fact noted in this connection is that a number of the teachers who are most handicapped by short hours are most alive to the need of a proper correlation between psychology and psychiatry. Several said that this correlation is to be done thoroughly in the near future in their institutions.

On the whole, the answers to this question seem to indicate that a good many men are doing quite a lot of thinking about teaching this relationship between the mind in its normal and its pathologic state. On the other hand, these answers show that there is still a definite percentage of teachers of psychiatry who are inclined to adhere to the old way of giving set lectures and descriptions of terminal or chronic mental diseases to the exclusion of the borderline states and preinsane conditions. Or, putting it another way, the department of psychiatry in a good number of American medical schools is still being conducted on the "lecture and run" principle which characterized most of the teaching work in medical schools of twenty-five years ago.

My fourth question was, "What faults have you noted in the present teaching methods?" That question certainly stirred up the animals. Some men wrote pages on it. Almost everybody had a grievance. The conservatives found fault with the radicals for trying to make every medical graduate an expert psychiatrist. The radicals intimated that the general trend of all modern thought makes it obligatory on medical schools to raise psychiatry to the dignity of a major subject. From Detroit College of Medicine comes the statement that "much of the teaching of psychiatry is too speculative for average students to understand." This is but another way of saying that psychology and psychiatry are too poorly correlated in our courses. In fact, most of the faults pointed out in these replies clustered about this matter of inadequate correlation and preparation for the study of psychiatry, and the second fact that clinical facilities for teaching a working knowledge of mental disease other than that found in asylums is almost entirely lacking. Many men showed their impatience at having to confine their clinical demonstrations to old, fully-developed psychoses. The feeling was that students get wrong ideas thereby.

To my request for an ideal outline for the psychiatric course came many earnest and thoughtful replies. The University of Pennsylvania sent this succinct statement:

The ideal course is one that will teach the average man how to get a sane opinion of mental disease.

The University of Virginia sent this rather original outline:

1. A review of the fundamental principles of modern psychology.
2. An exposition of gradual defections from normal mentality.
3. Neuropsychoses.
4. Psychoses.
5. Demonstration of typical and atypical cases.
6. Asylum service.

Cornell University Medical School says:

The ideal course is one that will teach more thoroughly those diseases which are amenable to therapeutics.

To sum it all up, I may say that American teachers of psychiatry demand an increase of from 33 to 50 per cent. in time allotted to this subject by curriculum committees. The subject is so irregularly taught that while one Class A+ school is found to be giving 179 hours to it, another is found to schedule no hours at all. The chief fault with the present course is the almost universal lack of a psychiatric clinic where other than asylum cases can be studied.

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THE IDEAL COURSE IN PSYCHIATRY FOR MEDICAL SCHOOLS *

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Probably the greatest modern advance which has been made by the medical profession is the realization that the physician's duties are not limited to the treatment of disease. The older system of teaching was concerned only with the particular remedies to be applied under any given condition. To-day the problems of etiology and prevention are steadily becoming more prominent and the blind symptomatic administration of drugs and other remedies is slowly disappearing. Psychiatry has been one of the most neglected branches of medicine and even to-day the vast majority of graduates are not only ignorant of, but are indifferent to, this subject. It may not be unwise, therefore, briefly to mention some of the reasons which render the teaching of psychiatry essential in the training of a physician.

It is true that the treatment of the disorders grouped under this heading is a special subject carried out almost entirely in special institutions and hence enters but little into the province of the general practitioner. But the original recognition of the need for such treatment must be his duty. To fulfil this he must be able to recognize evidences of mental disorder even before they become obvious to the ordinary layman. If he is to carry out the higher ideals of prevention he must furthermore know something of etiology and be able to grasp and to heed the warning signals before the outbreak of the disorder. Here as in other branches of medicine prevention is paramount and the problems of etiology come first. When it is realized that at least one in three hundred of the total population becomes certifiably insane the magnitude of even this question is obvious.

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