

NOTES AND QUERIES.

THE EDUCATION OF THE OTO-LARYNGOLOGIST.

SIR,—The letter by "Pelion" in the May issue of your Journal has induced me to set down certain opinions which I have held for a long time.

All will admit that consultants should form the *élite* of the medical profession. They should have the best brains, the highest skill, and the greatest energy; they should be an aristocracy of merit, and they are—a plutocracy. Hitherto it has been almost essential for a man, who wishes to become a specialist, that he should have money of his own or influence behind him, or, better still, both.

It is now generally agreed that any boy in a Primary School should be able, if he shows that he is worth it, to gain free admission to a Secondary School, and, further, that any boy in a Secondary School, who has the necessary brains and application, should get a really free University education. I maintain that any graduate who is fitted for a specialty and wishes to take it up should be able to do so without calling on his parents to push him by their money and influence.

We must try to insure that the graduates who take up oto-laryngology are those who really care for the subject. My experience is that, among every hundred students, two or three appear to be specially interested in otology and laryngology. These men spend their spare time during the session—and sometimes the morning hours of the vacation—at the Ear and Throat Department in preference to going to the Medical or General Surgical Hospital. The proportion indicated is just about the correct one between ear and throat specialists and the other members of the medical profession. It would thus appear as if the choice of an oto-laryngological career might be left to a sort of "natural selection."

In this country all that we have up to now expected of a specialist or consultant is that he should be more or less of a gentleman and reasonably competent at his work. He need not do anything outside the routine work of the department to which he is attached—indeed, in the past he was often advised by his seniors not to push himself unduly, but merely to be useful and obliging. He was told to record an occasional case just to show that he was alive, and given to understand that he would in good time slip quietly into the position his senior would give up. I have heard a senior say: "It's all very well for a man to do original work when he is young, but the day comes when he is so busy with private practice that he has no longer any time for it." The senior appeared to look on this time as one of happy release, when a man could (mentally) sit back and rake in the guineas. It did not seem to occur to him that the junior might not altogether welcome such a golden age, and might regret that his time for research work was now very limited.

Is it any wonder that the young specialist comes to the conclusion that he had better take the advice of his senior? He knows that in ten or fifteen years the senior will have to leave the hospital, and that he himself will step into the senior's shoes. Meanwhile he has enough to have a pretty good time. He can join a club, play golf and bridge, and cultivate "consultant's tact," i. e. he can become an adept in the gentle art of cajoling the general practitioner. Of course, there are exceptions to this rule. There are men who have got on in spite of poverty and lack of influence, but not many. One—or even two—swallows do not make an oto-laryngological summer.

We have to face the argument that the stimulus of money-making is necessary to insure progress. Well, we have had this stimulus in the past, but—has it resulted in much progress? "Private enterprise" is wearing rather thin. Is it not about time that we should give a trial to "public service"?

"Pelion" suggests that the examination for the F.R.C.S. (England) is too exacting as regards general surgery, and that it does not recognise the specialties. A good standard of general surgical knowledge is certainly necessary for a specialist, but there is a danger that, after two years of concentrated work, a man's brains may be rather played out, his originality crushed, and his energy too much dissipated for any real research work in the specialty to which he is going to devote his attention. The man may be forgiven for thinking that he needs a rest after his heavy expenditure of time, money, and brain power.

Again, is it advisable that a specialist who has got on to the staff of St. Francis Hospital, London, or that of the Royal Infirmary of Glasburgh, should remain for ever attached to his particular institution? Would it not be better that he should be able to climb from a junior appointment in a small town to a similar appoint-

ment in a larger one, and from this to the senior position in a small hospital, until finally he reaches the position of senior specialist surgeon in a big medical and surgical centre?

What constitutes an ideal training for a graduate who desires to become an oto-laryngologist? Leaving aside for the present the question of much-needed reform in school education and in the undergraduate curriculum, I would suggest that, after getting his degree, the future oto-laryngologist should hold the position of house-physician and then of house-surgeon for six months each. After that he should spend a year in general practice. Returning to hospital, six months should be employed in the study of nervous diseases, so that the future specialist may become familiar with the technique of neurological examination and diagnosis, which is of great importance in many otological and laryngological cases. After that he should do special work in anatomy, physiology, pathology, and surgery, and prepare himself for his Fellowship. He should also act as assistant to a general surgeon who performs many operations on the head and neck, so as to become familiar with the surgery of these regions. (Later on, no doubt, this would merely mean that he worked with an oto-laryngologist.) After he has taken his Fellowship he should commence work at the oto-laryngological department of a General Hospital or at a Special Hospital and work there for a year, after which he should study abroad for a similar period. A good working knowledge of French, German, or Italian should be compulsory. It would be better still if the specialist knew all three.

Under present conditions only the son of a wealthy parent could possibly obtain such a training, and yet I am sure that all specialists will agree that none of the suggested training is useless, and that most of it is desirable. Several of the items might be run concurrently. One can not help hoping that, in the future, Governments, Universities, Municipalities, and County Authorities may be able to take long views and see that it would be really worth while to train a man who is fit to be trained.

It is true that during recent years the Education Authorities have done something in the way of recognising the importance of surgical specialties such as ophthalmology and odontology, and have thus made openings which might and should, be filled by young specialists. (At present these positions are mainly held by those who already have other—and senior—appointments.) As far as I am aware there are very few such public appointments for the oto-laryngologist. The medical inspection of school children is apt to end at inspection as far as diseases of the ear, nose, and throat are concerned. Cliniques for treatment are established for diseases of the eye and teeth. No doubt these diseases are more noticeable than ear diseases, but they are certainly not so serious. One never hears of a child dying from ocular or dental disease. I may be wrong, but I fancy that nearly 1 per cent. of all deaths are due to diseases of the ear. The recommendation of the Otological Section of the Seventeenth International Medical Congress concerning the appointment of otologists to fever hospitals was most probably put in a pigeon-hole or the waste-paper basket.

It is very desirable that all ear, nose, and throat cases in schools, fever hospitals, consumptive sanatoria, workhouses, etc., should be examined by specialists appointed for the purpose. The specialist would state the diagnosis and at least supervise the treatment. Serious cases would be admitted to hospital. If the case came to *post-mortem*, the specialist should obtain the organs in which he was interested in order that a further examination might be carried out for the advancement of medical knowledge. Money and laboratory assistance should be provided by the Hospital or University Authorities for the purpose of such investigation. In this way we could produce in this country a mass of original work to compare favourably even with that of the Central Powers, for I am sure that the British brain is just as good as, if not better than, the German or Austrian one.

The whole question really comes to this: Are we to go on with the present miserable system of competition, or are we to have co-operation, *i.e.* a truly national medical service? As long as we stick to competition I am afraid that only little tinkering reforms will be possible. The war will, no doubt, stir us up for a while, but I am afraid that we shall soon drift back again.

J. S. FRASER.

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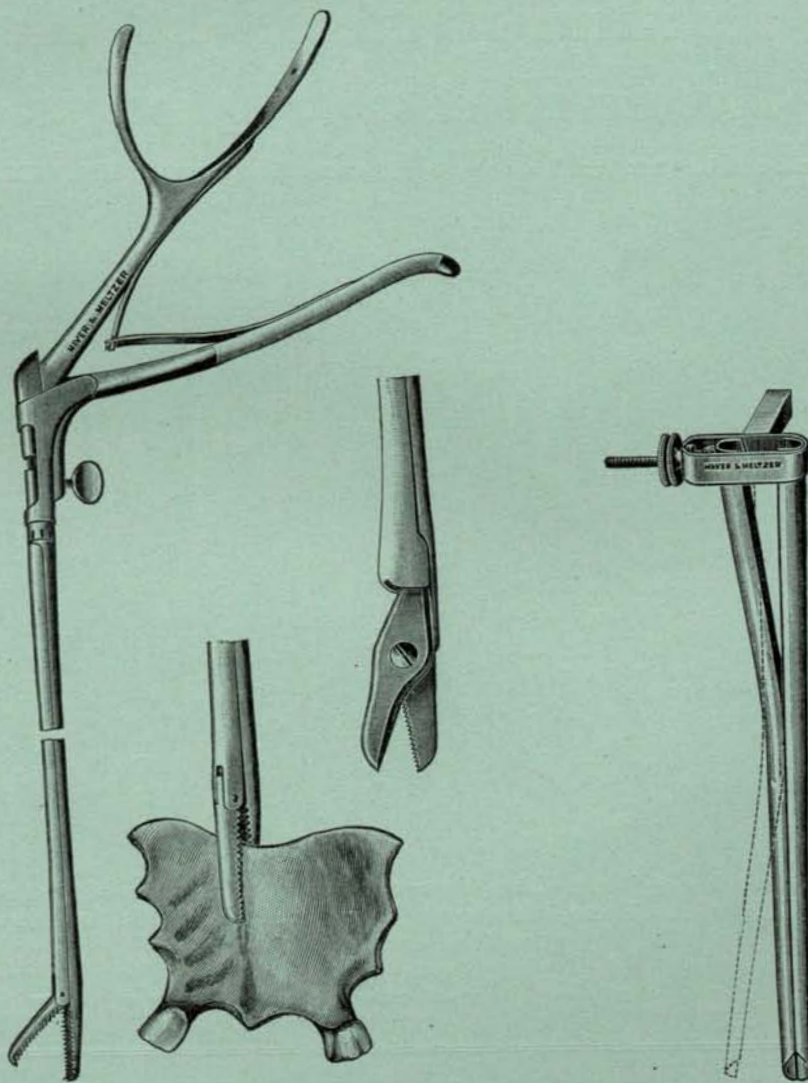
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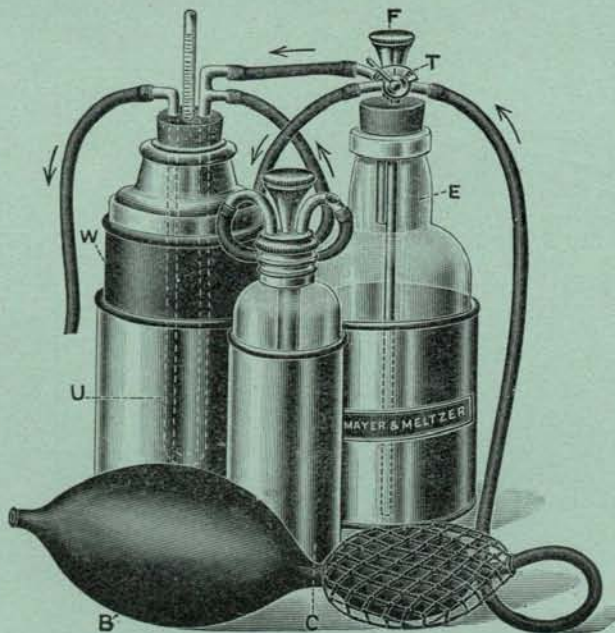
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