

The Journal of Laryngology and Otology

(*Founded in 1887 by MORELL MACKENZIE and NORRIS WOLFENDEN*)

EDITORIAL

THE POSITION OF LARYNGOLOGY AND OTOLOGY IN THE MEDICAL CURRICULUM IN GREAT BRITAIN.

THE senior members practising in the Specialty to-day, whether graduates of a University or members and licentiates of one of the Medical Corporations, when looking back upon their student days will recall the fact that neither their Alma Mater nor the Qualifying Body whose diploma they sought, required from them any evidence of their having attended instruction in laryngology and otology. The teaching of ear and throat disease occupied no place in the medical curriculum during the period of their pupilage, and though special hospitals and dispensaries existed for the treatment of such cases, the large general hospitals, in which medicine and surgery were taught, had no special departments in the charge of laryngologists. Patients seeking advice on account of ear and throat ailments were placed in the hands of one of the assistant surgeons of the hospital.

Others, again, holding a less senior position, will remember that while special departments for the treatment of ear and throat disease had come into existence in the Hospital Schools, and the staff were prepared to give tuition, they were not recognised as teachers by the Qualifying Bodies, and no facilities were provided in the curriculum for the attendance of the student at a course of instruction.

A younger group of specialists will recall that laryngology and otology were included in certain optional courses in the curriculum, one of which the student was obliged to show

Editorial

evidence to his Examining Board that he had attended, before he could qualify as a practitioner of medicine. Lectureships too were being founded. The subjects had begun to receive some recognition from certain of the Qualifying Bodies.

Finally, a period is reached which embraces the most junior members practising the specialty, when compulsory instruction and an examination test in laryngology and otology were introduced into the curriculum in some of the Universities, while in others it remained as a voluntary subject of study.

It would prove somewhat laborious to assign to each of these four periods its exact chronological place in the curriculum of the various Medical Schools in the country. The absence of uniformity in the medical curricula organised in the different Universities and Medical Corporations, and the earlier recognition of the subjects in some Schools than in others, have produced a degree of overlapping of the periods which renders disentanglement somewhat difficult. It is obvious, however, from what has been said, that a progressive, if slow, realisation of the necessity of recognising instruction in an important branch of medicine and surgery, had become apparent to those who directed and arranged the training of the medical student. The periods under consideration cover forty years or more, and may be subdivided roughly into four decades. A short synopsis of the actual development of events in one of the Scottish Schools of Medicine (University of Edinburgh) may be given as a concrete illustration of the progressive steps sketched in the opening paragraphs, and it will indicate the milestones which marked the growing importance attached to laryngology and otology, not only as a specialised branch of medicine, but as a subject deemed worthy of study by the medical student.

In the decade prior to the year 1883, the period when the senior members in the specialty were students of medicine, the Royal Infirmary, Edinburgh, made no provision for the treatment of cases of ear and throat disease: the patients who presented themselves received treatment at the hands of the general surgeons. Special clinics were conducted at one or two of the dispensaries in the city, but no encouragement was given by the University to the undergraduate to avail himself of the facilities which these institutions offered.

In 1883,* the Managers of the Royal Infirmary considered

* In 1882, Sir Felix Semon had been appointed Physician for Diseases of the Throat at St Thomas's Hospital, London.

Position of Laryngology and Otology

that it was expedient in the interests of the public as well as of the hospital that an out-patient clinic for diseases of the ear and throat should be established, and in March of that year Dr P. M'Bride, who, four years earlier, had become a lecturer in oto-laryngology under the auspices of the two Royal Colleges in Edinburgh, was put in charge of the department. It was not until 1891, however, that special beds were provided for the indoor treatment of ear and throat disease, six being allotted for this purpose.

In the academic year, 1896-97, two optional subjects were placed in the medical curriculum of the University, the Diseases of Children and the Diseases of the Ear and Throat, and the student was required to show evidence that he had attended at least one of these two special courses. The regulations provided that in oto-laryngology there should be six class-room meetings and twelve clinical demonstrations. In 1897, a University Lectureship in Diseases of the Larynx, Ear, and Nose was instituted. In 1911, a course in Dermatology was added to the above subjects and the student had now to attend two of three optional courses.

It was not until 1913 that the fourth decade in the evolution of instruction in laryngology was reached. The subject ceased to be an optional one and became compulsory. An examination test was introduced, patients being sent from the Ear and Throat Department to the examiners in Clinical Surgery at the Final Professional, every fourth candidate receiving a special case in addition to the ordinary surgical cases that were provided. As this method of examination did not prove satisfactory, the Faculty of Medicine, in October 1914, resolved to accept the certificate of the special teachers as sufficient evidence of the student's knowledge; but the examiners in Clinical Surgery at the Final Professional might continue to examine candidates, at their discretion, upon cases in their own wards coming within the special branch. No fixed percentage in the class examination was insisted upon, but the teacher's certificate was accepted as evidence of regular attendance, of general interest in the work of the class, and of a reasonable standard in the class examination. If the student failed in the matter of attendances, he required to take out the class again, but if his percentage in the class examination was not deemed satisfactory, he had to appear for the examination in a following term without re-attendance at the class.

Editorial

After a second failure, he was obliged to rejoin the class. These tentative proposals remained in operation until 1921, when one change was introduced; the certificate of attendance was to be withheld unless a standard of 50 per cent. was obtained in the class examination. Regular attendance and the necessary percentage became interdependent, and their due attainment qualified the student to sit for his Final Professional examination.

Laryngology and Otology have thus become an integral part of the student's training in medicine, and his knowledge is not only acquired at the hands of specialists, but it is tested by them in the form of an examination. During the last twelve months, the importance of the study of the special subjects has been brought more prominently to the notice of the student in Edinburgh from the fact that he is obliged to devote all the hospital hours of one term of his fourth year to their study. Diseases of the Eye, of the Ear and Throat, and Diseases of the Skin occupy the ten weeks of one term to the exclusion of other branches of medicine and surgery. The concentration of the attention upon these particular classes during one session, terminating in a written and practical examination which demands 50 per cent. of the marks, cannot fail to produce the impression in the student's mind that the subjects deserve more than a cursory study.

Having thus sketched the gradual development of instruction in laryngology and otology in one of the Medical Schools in Great Britain, it remains to record the regulations which are at present in force in the other Universities and in the Medical Corporations. This has been made possible through the courtesy of the Deans of the Medical Faculties and the Secretaries of the Royal Colleges and of certain of the Hospital Medical Schools, to whom the writer desires to express his indebtedness.

The Scottish Universities.—The regulations in the four Scottish Universities may be considered first. Though not identical, they have a degree of uniformity which permits of their consideration as one group. In all, attendance is compulsory during the fourth or fifth year of study, while the instruction is both systematic and clinical. In three of the Universities, St Andrews, Edinburgh, and Aberdeen, laryngology and otology are taught as one subject, but the time

Position of Laryngology and Otology

which is allotted during one term of the academic year varies somewhat in the different Schools. Thus, in St Andrews, 44 hours are devoted to the subject, 20 being given to lectures and twelve meetings of two hours each to clinical work; in Edinburgh, 30 hours are set aside for this purpose, 10 to systematic teaching and 20 to clinical instruction; in Aberdeen, there are 20 hours in all, equally divided between the classroom and the clinic.

In Glasgow University laryngology and otology are taught separately, each branch being in the hands of a special lecturer. Consequently, the student is required to devote a portion of two terms to the subjects, attending twelve lectures and twelve clinical meetings on nose and throat disease in one term, and a similar period of instruction in diseases of the ear during a second term. He devotes, therefore, forty-eight hours to the study of the specialty.

Although attendance in the Ear and Throat Department forms a compulsory part of the student's training at the four Scottish Universities, the examination test is not yet obligatory in each School. The system adopted in Edinburgh has already been explained; in St Andrews and Aberdeen the class examination is also compulsory, but, while in the former 40 per cent. of the available marks is required, in the latter the teachers' certificates are accepted by the Medical Faculty as evidence that the work has been satisfactorily performed. In Glasgow, the examination is still voluntary, only those students who are desirous of competing for class honours taking part in it. From time to time the examiners in Systematic Surgery at the Final Professional examination may set questions relating to these special regions, a procedure, however, which is carried out by all the Examining Bodies in the country.

The English Universities.—It will simplify matters if the Universities in England are dealt with in groups. The University of London, which is an examining and not a teaching institution, requires from the candidates for her M.B., B.S. examination a certificate that they have attended instruction in laryngology and otology: although this is compulsory, no examination test is demanded. The opportunities of obtaining the instruction which is given to the candidates, depend upon the facilities offered by the Hospital Medical School at which they are studying.

Editorial

Of the ancient Universities, Oxford, Cambridge, and Durham, the last-named alone requires evidence of compulsory attendance. In the University of Durham College of Medicine, the instruction is provided during the fifth year of study in the form of ten lectures and twenty hours of clinical work. A class examination at the end of the term is obligatory, but, in addition to this test, the student is examined at the Final Professional by a general surgeon upon cases sent up from the Ear and Throat Department. When the new regulations come into force, it is proposed that this part of the examination should be conducted by a specialist in the subject.

In the six modern Provincial Universities of England instruction in laryngology and otology is compulsory in three, namely, in Leeds, Sheffield, and Bristol. Provided for during one term in the fourth or fifth year of medical study, the method of conducting the course varies somewhat in the three schools. In Leeds, fifteen hours are devoted to lectures and fifteen to clinical instruction; a three months' clerkship in the department is also open to students. There is no class examination test. In a small School the individual has more opportunity of clinical study, and the lecturer is better able to assess the value of the work done than in the larger Schools. In Sheffield, there is a three months' course in which systematic and clinical instruction are combined, and the student is required to sit at a class examination. In Bristol, ten lectures are delivered and eighteen clinical meetings are provided, but although the course is compulsory, there is no knowledge test exacted either in the form of a class examination or as a part of the Final Professional.

In the Universities of Birmingham, Manchester, and Liverpool, on the other hand, attendance at a course on diseases of the ear and throat is still voluntary. Ample opportunities, however, are provided by the teaching staffs for giving instruction to those who desire it. In Birmingham, there is a clinical demonstration on one day each week during the session. In Manchester, the University Lecturer in Laryngology and Otology gives twenty lectures, and he teaches in his clinic three days each week during the term, while in Liverpool there are six lectures and opportunities for clinical study. There are no class examinations, but in every case questions are set by the general surgeon in the Final Professional examination.

Position of Laryngology and Otology

The University College of South Wales.—A compulsory course is required during one term in the fourth year of study. The course consists of thirteen lectures and twenty-six clinical meetings. At the class examination 40 per cent. of the marks must be obtained, but, in addition, the subjects form part of the Final Professional, the examiners in both instances being the specialists in the subject.

Ireland.—As regards the procedure in Ireland, our information is confined to the methods adopted at Trinity College, Dublin, and at the Queen's University, Belfast. At the former, attendance is purely voluntary; no formal course of instruction in laryngology and otology is provided, but during the fifth year of study, students are encouraged to attend the work in the Ear and Throat Department. In the Queen's University, Belfast, compulsory attendance is demanded at a combined course of otology and ophthalmology during the fourth year; twenty-six meetings are devoted to a study of the two subjects, and in the Final Professional examination selected cases are placed before the candidate.

The Medical Corporations.—The English Conjoint Board, under the present regulations, does not require an attendance certificate in laryngology and otology. Instruction upon a voluntary basis is included in general hospital practice, and the means of obtaining it are provided by the staff of specialists at the various hospitals attended by the candidates seeking the M.R.C.S., L.R.C.P. Diploma. The Scottish Triple Qualification Board is in a somewhat similar position. Students are recommended to pay particular attention to practical work and to avail themselves of opportunities of acquiring clinical knowledge of diseases of the ear and throat, but they are not required to show proof of having sat at a class examination. At the Apothecaries' Society of London, no certificate of attendance is necessary for the L.S.A. Diploma.

In order to fill up an obvious gap, it is necessary to indicate the facilities for instruction which are offered to students undergoing their clinical training at the London Hospital Schools for the Bachelor's Degree of the Universities of London, Oxford and Cambridge, and for the Diploma of the English Conjoint Board. For this purpose inquiries have been made at some of the London Hospitals. Thus, at St Bartholomew's, clinical instruction is given by the staff of the Ear and Throat Departments, and periodical lectures are delivered. Clerkships may

Editorial

be obtained for a period of three months. At Guy's Hospital, voluntary clinical appointments are provided during a term of twelve weeks in the fifth year of study, while eight lectures are delivered during the fourth and fifth years of the student's curriculum. At King's College Hospital, daily instruction may be obtained in the Clinical Department, and one lecture is delivered each week over a period of three months. At the London Hospital, the course occupies one term during the fifth year of study, and consists of thirty meetings, ten systematic and twenty clinical. At St Thomas's, provision is made for ninety-six hours of clinical work, eight hours being set apart each week during a term of twelve weeks. In addition, nine lectures are delivered once a year, while the surgeons in charge of the departments give, in rotation, occasional clinical lectures.

Status of the Teachers.—Instruction is given by members of the staff of the special departments attached to the large teaching hospitals connected with the different Schools of Medicine, or in such hospitals specially devoted to the treatment of diseases of the ear and throat as may be recognised by the Qualifying Bodies as providing sufficient clinical material for purposes of tuition. The majority of the Universities in the country have now instituted special lectureships in laryngology and otology, the appointments being held by one or more of the specialists attached to the teaching hospitals. In two of the Schools the teacher has attained professorial status: in King's College Hospital Medical School there is a Professor of Laryngology, and in Trinity College, Dublin, an Honorary Professor of Laryngology and Otology.

Having sketched the gradual development and the present position of laryngology and otology in the medical curriculum, it will not be out of place to say a few words as to the principles which should guide the teacher in the exposition of the subject. Opinions may differ as to what should constitute the essentials which ought to be placed before the student, but general agreement will probably be found with the statement that, as we are instructing the future practitioner of medicine and not the young specialist, a correct perspective ought to be maintained and no attempt should be made to deal with the subject in the detailed and more elaborate manner necessary in post-graduate courses.

As the student may be inclined to regard the class merely in the light of another special subject added to an already very

Position of Laryngology and Otology

full curriculum, it is advisable to correct this mental attitude, and, at the outset, to create the impression that the course provides him with an opportunity of looking at medicine and surgery from a somewhat different angle than that from which he has previously studied those subjects. It will stimulate his interest to learn that his diagnostic equipment for the detection of systemic disease will be strengthened by familiarity in the use of the aural and nasal specula, and that even a slight acquaintance with the method of handling the laryngeal mirror will prove of considerable value to him. He should be brought into personal contact, therefore, with patients in strictly limited clinical classes, and he should himself examine the cases and learn to recognise the commoner affections of the upper respiratory and alimentary tracts. If, at the same time, due emphasis is laid upon the importance of certain clinical symptoms and signs, not only in their connection with the local disease in the ear, nose, and throat, but in their bearing upon, and in their possible relation to, the causation of certain general diseases, then the "watertight" character of the instruction will, to a large extent, disappear and the student will appreciate the fact that, in some measure, he is enlarging his outlook upon medicine.

When vertigo is brought before his notice not only as one of the cardinal symptoms of ear disease, but as an indication which may presage the onset of arterio-sclerosis, or be dependent upon a general toxæmia, while the same symptom, with or without associated deafness, may indicate the development of an intracranial tumour or some other organic affection of the central nervous system, then his mental horizon will not be bounded by the temporal bone. He will recognise that the functional examination of the auditory and the vestibular apparatus, which has been carefully demonstrated to him, is not merely a somewhat elaborate method of investigating an affection of the ear itself, but, in its wider application to medicine, it has been placed in his hands as an important part of his equipment as a physician. The suppurating ear as a cause of pyogenic intracranial infection, or as a not infrequent etiological factor in the production of septicæmia or pyæmia, is impressed upon him, so that, in the future, he is alive to the possible existence of an unsuspected or unacknowledged chronic otorrhœa. He does not, therefore, unduly delay to the detriment of his patient, in seeking to establish a diagnosis

Editorial

of enteric, of malaria, or of an aberrant case of influenza, knowing that an examination of the ear may remove the difficulty in diagnosis.

He will cease to regard epistaxis as only a troublesome nasal condition with which he may require to deal promptly, because it will appeal to him as a possible warning of renal mischief or of high arterial tension, demanding, on his part, a more extended examination of the patient. He realises that chronic nasal or accessory sinus suppuration, though often an isolated clinical entity, may sometimes play a part in the production of one of those obscure toxic conditions, the causation of which frequently baffles him. The rôle of the lymphoid tissue in the nasopharynx in retarding the mental and physical development of the child and in disseminating the virus of tubercle or other systemic infections, gives a wider and more general interest to the study of adenoids and tonsils beyond the local question involved in the hypertrophy of the lymphatic tissue in these areas.

Hoarseness ceases to be looked upon as merely a vocal expression of a simple catarrh of the larynx to be lightly dismissed without laryngoscopic examination. He recognises in the changed condition of the voice one of the most valuable diagnostic symptoms with which he has hitherto been brought into contact. The part played by the recurrent laryngeal nerves in the causation of hoarseness throws a flood of light upon the clinical significance of an anatomical area previously shrouded in darkness. In the altered voice due to vocal cord paralysis, he realises the possibility of a danger signal which leads him to look beyond the larynx and to conduct an investigation which may disclose the existence of an aneurism, a mediastinal tumour, pulmonary tubercle, œsophageal cancer or a central nervous affection. Further, he has learnt to regard hoarseness as usually the first, and often, for a long period, the only symptom of malignant disease within the larynx, which demands the immediate employment of the laryngeal mirror, as in no part of the body is the prognosis more favourable if the diagnosis is made sufficiently early.

Viewed in this light, a course of instruction on diseases of the ear and throat justifies its place in the medical curriculum, and the student, provided with the knowledge which he has obtained, has undoubtedly added to the sum of his usefulness as a practitioner of medicine. The majority of teachers will

Position of Laryngology and Otology

agree that a judicious combination of systematic and clinical instruction is advisable, as in this way alone the subject can be satisfactorily taught.

At the present time, a rearrangement of the medical curriculum is under consideration by the General Medical Council, and there is little doubt that, when in the near future the new regulations come into force, laryngology and otology will be found to occupy the position to which their undoubted importance entitles them. Compulsory instruction will be demanded by all the Universities and Qualifying Bodies preliminary to qualification, and a suitable test of the student's knowledge will be introduced into the scheme. Whether the latter will take the form of a carefully kept Term record or a class examination, or become an integral part of the Final Professional, or whether a combination of two or all of these methods be instituted, the test will be supervised by the specialists engaged in teaching the subjects.

The same system of instruction and examination ought not to be enforced in all the Schools, but it should be left to each of the Qualifying Bodies to adopt that form which is best suited to the individual circumstances. Progress is not obtained by insisting on uniformity and stereotyped methods, but by permitting variation, and each School should preserve its liberty to advance and improve its own scheme of education.

A. LOGAN TURNER.