

EDITORIAL

THE EDUCATION AND QUALIFICATION OF THE SPECIALIST.

THE recent decision of the Councils of the Sections of Laryngology and Otology of the Royal Society of Medicine to memorialise the two Royal Colleges in London, with a view to the granting of a Diploma in Laryngology and Otology by the Conjoint Board, is a definite step towards the consummation of what many have considered to be a long-felt want.

The specialist in Oto-Laryngology is, to a great extent, self-created; his training is largely a matter of opportunity, and, in the majority of instances, he commences the practice of the special branch without undergoing any prescribed course of training, or an examination test as to his fitness. The conferring of a Diploma upon duly qualified practitioners of medicine would provide them with a hall-mark; it would furnish evidence that the holder of such had not only received a definite course of instruction, but that he had attained to a standard of knowledge which qualified him to start the practice of his profession. Many junior specialists who have not yet attained a hospital position, feel the need of a special Diploma, and are justified in asking for an authorised curriculum and for the means of obtaining it.

In this country the Universities and the Licensing Bodies have gradually come to recognise the necessity of conferring Degrees and Diplomas in special branches of Medicine and Surgery. The Department of Public Health was one of the first to receive this recognition, consequent upon the passing into law of the Public Health Act of 1872, which required that all urban and rural authorities should appoint Medical Officers of Health in their respective areas. Prior to that date, the only certificate of special fitness for these posts was the Diploma in State Medicine, granted by Trinity College, Dublin. The University of Edinburgh took the initiative, laid down a curriculum and established a Degree in Public Health, which was conferred for the first time in 1875. During the forty-five years which have since elapsed, Degrees and Diplomas in Public Health have been established in many teaching centres,

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while other special branches of medicine and surgery have, in due course, received recognition from a number of the Licensing Authorities. Diplomas in Tropical Medicine and Hygiene, in Psychological Medicine, in Psychiatry, in Ophthalmic Medicine and Surgery, in Ophthalmology, and in Medical Radiology and Electrology, have been duly recognised, but there are other well-established departments of medicine and surgery which have not yet received the distinction which their increasing importance might justly lead them to expect.

It would not be right to assume from the foregoing statement that Laryngology and Otology have been altogether neglected by the Licensing Authorities, and that no opportunity has been offered to practitioners seeking a higher qualification and intending to practise in these branches, of having their knowledge tested by examination. Since the year 1884 the Royal College of Surgeons of Edinburgh has included Aural, Nasal and Laryngeal Surgery amongst the several optional subjects, one of which is required from candidates sitting for the Fellowship examination. For many years a number of practitioners purposing to specialise in Laryngology and Otology have taken advantage of this privilege and have passed both the examination in general surgery and in the special branch, and have received the Fellowship of the College.

In the Scottish Universities, too, provision was made by the Commissioners appointed under the Universities (Scotland) Act, 1889, to give candidates seeking the higher Degrees of Doctor of Medicine and Master of Surgery opportunity of being examined—in addition to the ordinary subjects required for the Degree—in a special department of Medicine and Surgery, approved by the Senatus, provided that on entering their names they should declare a wish to this effect. It will be observed, however, that in neither of the instances just quoted is any prescribed course of training asked for, and neither the Fellowship of the College nor the higher University Degree carries with it a special recognition of the subject which the candidate had selected. In each case, too, general surgery or medicine is the real academic test, the special subject chosen being only of subsidiary importance.

In the University of Birmingham, Gynæcology and Ophthalmology are specially mentioned, amongst other subjects, as suitable for the higher Degree of Ch.M., which the candidate

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may present as the text of his Thesis, but he must pass at the same time a general examination in the principles and practice of surgery. At the University of London, the specialisation of the higher Degree is recognised. The M.D. may be taken in one of a number of special branches, and amongst the subjects which may be chosen for the M.S., Laryngology, Otology, and Rhinology now occupy a place.

In the Act of 1889, the Scottish Universities were also granted the power of conferring Diplomas upon their graduates in special branches of medical and surgical practice, and effect has been given recently to this in the special departments of Psychiatry and Public Health. At the present moment no Diploma has been established in such subjects as Laryngology, Otology, or Ophthalmology.

Perusal of the regulations drawn up by the majority of the Universities in Great Britain in connection with the more recently established Degree of Doctor of Philosophy (Ph.D.) in all the Faculties, makes it clear that a new portal has been opened for the further qualification of those registered practitioners who may be desirous of prosecuting special study and research. The successful termination of such study will be rewarded by the conferring of the Degree of Doctor of Philosophy, the graduate acquiring the title of Ph.D. in some branch of Law, Divinity, Arts, Science, and the Practice of Medicine. In the case of the last named, there is nothing in the regulations which would preclude the student from becoming Ph.D. in Laryngology and Otology. Research students must be graduates of approved Universities, or, in exceptional cases, other qualifications may be recognised by the Senatus. The special line of study desired by the applicant must be indicated at the outset, he must show evidence that his previous training has been suitable, that he is qualified to carry on special study or research, and that he is prepared to do so during a period of not less than two academical years. His work must be embodied in a Thesis or Dissertation, and the examiners, in addition, shall conduct such written or oral examinations as the Faculty or Committee may from time to time prescribe.

It is obvious from what has been said that Universities and Licensing Bodies not only have the power of recognising special departments of science and practice, but that they have bestowed qualifications in certain branches. The claims of Laryngology and Otology for similar treatment on a more extended scale

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cannot be denied, and it is right that they should be strongly advocated by those who are best qualified to advance them.

With the establishment of a recognised Diploma in Laryngology and Otology, a course of study would require to be defined, and provision would have to be made for offering prospective candidates suitable facilities for obtaining the necessary instruction and clinical training. The period of study before the examination could be taken, the subjects which should be embraced in the course, and the standard of knowledge which would be expected from candidates, would require to be carefully considered and regulations laid down by the Boards of Examiners.

In this connection it is not without interest to draw attention to the regulations which have been drawn up by the Royal College of Surgeons of England for the Diploma in Ophthalmic Medicine and Surgery, which is granted by the Conjoint Board. A candidate may enter for Part I. of the examination at any time after he has received a registrable qualification in Medicine, Surgery, and Midwifery. He is required to show his proficiency in such subjects as the anatomy of the eye and the neighbouring central nervous system, the physiology of vision, and elementary optics. Part II. may be taken on the completion of one year of special study of Ophthalmology, provided that certificates can be produced showing that Part I. has been successfully passed, and that the candidate can furnish proof that he has specially studied Ophthalmic Medicine and Surgery, and General Medicine in its relation to Ophthalmology for a period of twelve months. He must, further, have been engaged in the investigation and correction of errors of refraction; have attended for twelve months the clinical practice of a recognised Ophthalmic Hospital, or of the Ophthalmic Department of a recognised General Hospital, either as House Surgeon, House Physician, or Clinical Assistant, and have taken a practical course of Operative Ophthalmic Surgery and a course of Pathology and Bacteriology, with special reference to Ophthalmic Medicine and Surgery.

The regulations adopted by the University of Cambridge for its recently constituted Diploma in Medical Radiology and Electrolgy may be briefly referred to, as the terms differ somewhat from those just described in connection with the Diploma in Ophthalmic Medicine. Presumably to meet the requirements of men who hold a more senior position in the profession, a Dissertation is accepted from candidates who have

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been qualified as medical practitioners for not less than ten years, and who have been engaged for not less than five years in the practice of Medical Radiology and Electrology in the Electrical Department of a Public Hospital, the nature of such practice being approved, in each case, by the Committee. On the other hand, there is an examination in Physics and Electro-technics for candidates who hold a recognised medical qualification, and who produce evidence that after qualification they have attended for at least three months a recognised course of lectures and practical instruction in these subjects. Part II. of the qualifying examination is open to qualified practitioners of not less than one year's standing, who have attended a course of lectures on Radiology and Electrology for at least three months and have had at least six months' clinical experience and instruction in the Electrical Department of a recognised Hospital.

In order to obtain an insight into the views of those who have studied the question of the training and education of prospective practitioners in Laryngology and Otology, it will serve a useful purpose to turn to the Report issued by the Committee representing the American Medical Association and the various Associations and Societies on the American Continent which are concerned with these specialties. Under the Chairmanship of Dr J. Gibb Wishart of Toronto, the Committee, after careful deliberation, have recommended a minimum curriculum for the guidance of those who may be seeking to become recognised as specialists in Oto-Laryngology.

Bearing in mind the necessity of a sound knowledge of general medicine, the Committee recommend as a preliminary training that the individual should practise, either as a licensed practitioner for four years, or should act as an interne or resident in a Class A. General Hospital for at least one year. He should then proceed to prepare himself for the study of the specialty by pursuing, in the Post-graduate Department of a University, the following course of study: the Anatomy of the head, neck, and thorax (including Embryology and Histology), Pathology and Bacteriology, Operations on the Cadaver, Physics, Physiology, Neurology, Hygiene and Public Health, the interpretation of X-ray Plates, the Teeth and Mouth and their Diseases and General Surgical Technic.

The above course should occupy the candidate daily for from four to five hours over a period of from six to nine months,

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the remaining portion of each day being spent in the Out-patient Clinic of an Ear and Throat Department. Subsequent to its completion, the Committee recommend that he should secure a position as resident surgeon in a Hospital specially devoted to diseases of the ear, nose and throat, or in a general Hospital with an adequate Ear and Throat Department. This period of his training should not be less than sixteen months.

While the above is suggested as a minimum course, the Committee recommend that a further period of special study should be sought in Clinics at home or abroad, in centres where opportunity is afforded of following the work of those who are devoting their time to certain special fields in the Department of Laryngology and Otology. The course of study suggested in the Report covers a period varying from three to three and a half years, if the practitioner should decide to devote a portion of his time to attending Clinics abroad.

The duration and the scope of the training outlined in these different curricula are fairly comprehensive, and are quoted here because they might form a useful working basis for those whose duty it will be to determine the period and form of study which may be required from candidates seeking the Diploma in Laryngology and Otology, should such a qualification be established by one or more of the Universities and Licensing Bodies in this country. It would be necessary, at the same time, for the Examining Boards to approve of special Post-graduate Departments, Hospitals and Clinics at various centres, where prospective candidates for the Diploma could be assured of obtaining the necessary instruction along with satisfactory clinical facilities.

It would be unfortunate if the course of training and the examination test were made of too limited a character, and restricted to the subjects which are more intimately related to diseases of the ear, nose and throat. A sound and practical education in surgery and medicine is an essential part of the equipment of every specialist, and a Diploma which carried with it evidence of such general training, would not only be a more valuable qualification, but also more in keeping with the requirements of modern practice.

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