

THE TEACHING OF POSTGRADUATE GYNECOLOGY

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IN DISCUSSING the pedagogic problems involved in the subject under consideration, it is necessary to differentiate three groups of candidates for postgraduate instruction: (1) those who take a special internship in obstetrics and gynecology after completing a general intern service; (2) graduate interns who are selected by universities, foundations, etc., for supplemental courses, embracing from one to three additional years; and (3) practicing physicians who present themselves for concentrated instruction after a variable number of years in practice, general, surgical, or gynecologic, seeking to extend and improve their diagnostic and therapeutic resources.

In striving for his degree, the undergraduate's interest is mainly academic. He has not a proper conception of the relative importance or clinical significance of the scientific data that he is absorbing, and often suffers from an intellectual indigestion. He acquires his clinical experience in gynecology chiefly in the dispensary, where the number of students and limited time necessarily restrict the development of his diagnostic ability and therapeutic judgment. Witnessing pelvic operations from the remote benches of the amphitheatre, he sees a great deal of hardware and dry goods, but learns little gynecologic pathology. The refinements of technic are concealed, although the apparent safety and simplicity of the procedures are alluring. Consequently, the finished product of the undergraduate school, even without subsequent hospital training, does not hesitate to wave sharp curettes in the uterine cavity and attempt vaginal plastic operations. In some large cities such practices by the inexperienced are facilitated by the existence of many uncontrolled private sanitarium and

open hospitals. One way to mitigate this evil is to curtail the undergraduate demonstration of major surgical operations.

It is distressing to note that gynecology has not yet been divorced from the department of general surgery in a number of large hospitals. Such a state of affairs prevails today in three prominent institutions in my own city. Two of them operate separate out-patient gynecologic clinics, but neither has produced a trained gynecologist in the past twenty years. Hospitals tolerating this anomalous arrangement are failing in their duty to their interns, to the medical profession, and to the public. The departmental fusion of obstetrics and gynecology is not only logical but highly desirable, because the intelligent practice of one is dependent upon a thorough knowledge of the other. But there is no more reason for the absorption of the gynecologic operative material by the department of general surgery than for the appropriation of all patients requiring otolaryngologic operations. In the latter specialties, as well as our own, the ability to do operations is relatively unimportant, as compared with the proper selection of cases for operation and expertness in applying nonoperative treatment. It requires more skill to cure diseases of women by conservative measures than by operation, and it is far more creditable to the gynecologist, and certainly to the patient's advantage, if symptoms are relieved by office treatment rather than by hysterectomy. During the year 1928, 23,157 visits were made to the gynecologic clinic at the New York Postgraduate Medical School and Hospital. This number included 2,864 new patients, of which only 228, about 8 per cent, were operated upon. Of course a few drifted to other institutions and a small number refused operation, but the average of loss was no greater than in private practice. That many general surgeons are skilled pelvic operators is freely admitted. On the other hand, their capacity for duly considering the adaptation of treatment to pelvic symptomatology, the effects of particular operations on the child-bearing function, and the important factors that subsequently influence the patient's psychologic stability and domestic happiness, is open to question. As a rule, the background of a wide obstetric experience is lacking. How many utilize diathermy, the electrocautery, negative galvanism, pessaries, cystoscopy, radium, etc.? Those who can find the time and have the inclination to accord all these items the attention they merit, while carrying on a general surgical practice, are to be congratulated. I have no inclination to read an indictment of the general surgeon as a pelvic and plastic operator, but I have the temerity to challenge his teaching of gynecologic therapy.

An intern is but a medical student with a degree, which allows him to assume certain responsibilities while pursuing his clinical studies. He has a right to assume that the members of the attending staff will guide his instruction and encourage him to cultivate habits under their

supervision which will contribute to his future professional success. He is entitled to practical training on a separated obstetric and gynecologic service as the first step in his postgraduate instruction. During the past few years there has developed a crystallization of sentiment among teachers that the departments of obstetrics and gynecology should be amalgamated in all teaching institutions. Why not in all hospitals?

An intern securing a service in a hospital devoted exclusively to diseases of women is fortunate, as these institutions are few in number and such opportunities are necessarily limited. Hospitals of this character usually make their selections from aspirants who have completed a general intern service elsewhere, and thus continue the training of men who already are fairly well qualified for private practice.

Up to the present time, most university medical schools providing postgraduate instruction have sought and chosen the more brilliant students for a prolonged apprenticeship, eventuating in either a competent research worker or a capable teacher. Perhaps the Mayo Foundation best exemplifies this system. Dr. Louis B. Wilson, Director of the Foundation, is authority for the statement that after an existence of fourteen years, 70 per cent of its graduates are teachers. Parenthetically, it may be noted that there is no separate gynecologic department in the Mayo Clinic. The candidates for these intensive courses are usually between twenty-five and thirty years of age, have had no contact with patients on an individual basis, and sacrifice little in continuing their institutional studies. The research worker and teacher are essential to progress in the science of medicine, and the necessity for ultrascientific postgraduate instruction in their development is unquestionable. But whether men of this type have a real inclination and the personal qualifications for private practice is problematical.

All physicians of long experience have discovered that irrespective of the specialty practiced (except general surgery), the majority of patients demand relief from minor and nonoperable ailments. Even when an operation is under advisement, sound surgical judgment is just as important as the details of technic. It is therefore quite natural that many practitioners frequently realize the desirability of postgraduate work, after a few years in the hard school of practical experience. The New York Postgraduate Medical School and Hospital was founded in 1882, with the chief purpose of providing facilities for such postgraduate studies. In the forty-seven years of its existence, 27,158 doctors have registered as matriculates. If it is logical to assume that the postgraduate student's requirements reflect the deficiencies of his undergraduate and intern instruction, my observations seem to justify the inference that the undergraduate student has had too much mental exercise and training of the memory, with too little

synthesis of ideas, and an unduly restricted practical experience in gynecology. During the ten-year period from June 1, 1919, to May 31, 1929, 7,291 matriculates registered in the school. Of these, 1,290, or 10.7 per cent, took courses in gynecology. I have utilized the statistics of a recent ten-year period rather than those of the past forty-seven years, because they are more enlightening in respect to the need of the present-day practitioner. Only three other departments registered more matriculates than the department of gynecology: otolaryngology 1,595, urology 1,359, and laboratory 1,319. In other words, more physicians with actual experience in the trials and tribulations of private practice voluntarily sought postgraduate instruction in gynecology than in medicine, surgery, pediatrics, or neurology. Of the matriculates taking gynecologic courses, 766 stayed one month, 379 two months, 134 three months, and 11 six months; these figures indicate the actual demand for intensive instruction compressed within as short a time as possible. One hundred and eighty-three took the seminar, a schedule which entirely fills the student's time from 9 A.M. to 5 P.M., six days a week. This comprehensive teaching schedule provides for cooperation with the departments of pathology, biologic chemistry, proctology, and dermatology. The remaining 1,107 took one or more special courses: diagnosis and office treatment, operative gynecology on the cadaver, female cystoscopy, endocrinology, etc. Of course, many of the latter group also took special courses in other departments. Despite the sentiment in favor of long postgraduate courses, culminating in a finished specialist with an additional degree, the fact remains that many active practitioners have no specialistic ambitions, and cannot afford the sacrifice of time and expenditure of money incidental to a prolonged absence from home. Yet they are sufficiently conscientious in the realization of their deficiencies to make every endeavor to improve their professional skill. Leaving their practices and curtailing their incomes, even for a short time, it is hard to believe that such men would unjustifiably pretend to be something which they are not. Our school confers no degrees, grants no diplomas, and issues no certificates, beyond a written statement on request, that the matriculate has taken a certain course of instruction. In each instance an effort is made to adapt the curriculum to the past experience, desires, and ambitions of the individual, after an inquiry to determine his qualifications. Admitting the advantages of long courses for potential specialists, it also seems logical to make some provision for the man who may not be intellectually brilliant or desirous of specializing, but who feels the need of "brushing up." It must be conceded that practice in the field of gynecology does not involve the use of so many diagnostic refinements, instruments of precision, and highly specialized technic, as a few of the other branches of medicine. Hence, the directors of some other departments are in a better position to demand

that their matriculates spend more time in the pursuit of their studies. From the pedagogic standpoint, an ideal for the future in the gynecologic department would be the limitation of courses to those matriculates who are planning to specialize and can remain in the school for at least six months, but this is impracticable until undergraduate and hospital training equips the practitioner in such a way that the demand for short courses will be materially diminished.

CONCLUSIONS

1. There are three groups of candidates for postgraduate instruction in gynecology: those who seek an internship in special obstetric and gynecologic hospitals; recent graduates who take supplementary intensive courses leading to an additional degree; and physicians in active practice who voluntarily present themselves for postgraduate instruction.

2. It is the business of undergraduate schools to prepare their students for the practice of medicine.

3. The teaching of the refined technic of major surgical procedures might well be curtailed in undergraduate schools.

4. A special gynecologic service should be conducted in all hospitals.

5. The departmental fusion of obstetrics and gynecology is highly desirable.

6. Fellowships and long courses of more than one year produce more teachers and research workers than practitioners.

7. At the New York Postgraduate Medical School and Hospital, during the past ten years, more matriculates have sought postgraduate instruction in gynecology than in any of the other branches of medicine, except otolaryngology, urology, and laboratory.

8. Of the 1,290 matriculates taking gynecologic courses during the past ten years, 59.4 per cent stayed one month, 29.4 per cent two months, 10.4 per cent three months, and 0.8 per cent six months.

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WEDNESDAY, SEPTEMBER, 18, 1929, MORNING SESSION

DR. W. T. DANNREUTHER, New York, N. Y., read a paper entitled **The Teaching of Postgraduate Gynecology**. (For original article see page 241, February issue.)

DISCUSSION

DR. H. W. KOSTMAYER, NEW ORLEANS, LA.—For a good many years we have offered two types of courses in Tulane University, New Orleans, the one a short review course to the busy practitioner who wants to brush up on some of his work, and the other a three-year course leading to an advanced degree.

It is a striking thing to me to contrast the figures of Dr. Dannreuther's institution and our much smaller one, not so much in total figures as in percentage. Approximately they are as follows: For the last four years at Tulane Postgraduate School there have been something less than 700 matriculates and during those four years only thirteen interested in gynecology combined with other subjects and only five who specified a course in gynecology alone. At New Orleans we have something that it seems to me would attract the graduate who desires to brush up on his work,

as well as the general practitioner who perhaps has to do a certain amount of that work, and that is the abundance of material for pelvic examination. Instead of resenting these examinations, these colored women feel that they are being given a great deal more attention when five or six are permitted to make these examinations. We offer the graduate coming there for work in these short courses an opportunity to examine the patients who will be operated upon in the next few days so that he can go into the operating room and follow his own and our diagnosis. In spite of that, we have had only five men matriculate in gynecology. It seems difficult to explain.

One point especially that I was very agreeably impressed with was the urging by Dr. Dannreuther of the divorcement of gynecology from general surgery. We have them permanently divorced at Tulane although one never knows when they will remarry. I have some doubts about the advisability of combining gynecology and obstetrics under one head with very distinct subheads. Perhaps one general director might be advantageous, but we have separated the two Chairs completely in the Postgraduate School of Medicine.

I have been urging that the doctors wherever practicable be made to matriculate in the Postgraduate School, and I hope that sometime we may have this in effect at Tulane. I believe that if interns were compelled to matriculate in the Postgraduate School of Medicine and had certain assigned duties and lectures during the year by the Faculty of the Medical School it would produce much better interns.

DR. JAMES E. DAVIS, ANN ARBOR, MICH.—I am convinced that this is one of the most important subjects that can come before this organization or any other for discussion. It is a very peculiar attitude of mind to think that a man's education ends when the undergraduate school has finished giving its instructions. Economically it would seem all wrong to prepare a man for a life period of work in the community by ending all obligations at the end of the fourth year. The colleges are spending great sums of money to take care of the undergraduate work but are doing almost nothing toward meeting the obligation for the continuation of education from the period of closing the undergraduate study. It seems to me that we are all obligated to teach our communities, to teach those who go to the legislatures for appropriations that there is a great need of continuing the educational opportunities for men who are engaged in the practice of medicine. The plan should be so broad as to take care of all of the needs of all of our practitioners. This means the expenditure of a great deal of money. It requires some very careful planning that has not yet been completed throughout this country to the extent or with the success that is desired. We have in Michigan a newly instituted movement to carry out this line of work. We secured from the university last year a small appropriation to carry on the work, and we hope each year to have it increased. We recognize that perhaps the chief obligation resting upon our teaching institutions is to provide for the needs of the man who is in the daily practice of medicine. After that we believe there is a second obligation to care for the young man particularly who wishes to take on extra qualifications, who cares to study for a period of three, five or more years, preparing perhaps for leadership. I do not believe that it is exactly the same all over the country as it is in the experience of Dr. Dannreuther in New York, that all of these men want to be teachers. Perhaps it is true that the majority do but there are still a goodly number who want to go out and practice and their ambition is to be leaders in their work. I think this is a most worthy ambition.

PROFESSOR R. W. JOHNSTONE, EDINBURGH, SCOTLAND.—Dr. Davis has just referred to the obligation which the State has in regard to postgraduate teaching and in particular to the special courses which might be given to men in general

practice. It may interest you to know that in Britain the State has for some time past undertaken that duty in regard to practitioners working under the National Health Insurance Act, which covers practically all working people. In Scotland we have a large number of doctors in general practice situated in remote parts, whose incomes are necessarily very limited indeed, and a system has been devised to assist any of these men who may express a desire to undertake postgraduate study in any branch of medicine or surgery. The Department of Health arranges in the first place to provide him with a *locum tenens* to carry on his work during his absence, or at any rate with funds to cover the expense of a *locum tenens*; and gives him a certain sum of money adequate for his board and lodging during his period of study and to pay the small fees which are necessary. If a man who has been in practice for some years does not express any particular desire to undertake some form of "refresher" postgraduate course, the Department of Health does not hesitate to suggest to him the propriety of his doing so! In Edinburgh we have a flourishing postgraduate school during the summer vacation, and although our postgraduates come from all over the world, yet we always have a number of men who have come forward owing to this State-aided scheme. We have courses on general medicine and general surgery, and we have a joint course of obstetrics, gynecology, and diseases of children. This course occupies a month and we generally have from 18 to 20 postgraduates, including always a number of doctors from this country.

DR. DANNREUTHER (closing).—I believe that the discrepancy between Dr. Kostmayer's figures and my own may be due in part to the fact that he has experienced a great deal more difficulty in organizing the necessary staff of interested assistants who are willing to devote sufficient time to postgraduate teaching. The success of a teaching group, particularly in a postgraduate institution, depends largely upon establishing a personal contact with each matriculate. It is essential that the instructors, as well as the head of the department, manifest a sincere interest in what the student is trying to accomplish, guide his progress so that none of his time is wasted, and devote ample time to his instruction.

I do not see any difficulty in the organization of a combined Department of Obstetrics and Gynecology in any institution, as the director of the department need not necessarily be equally active in the two branches. He may direct and correlate all the activities, but have some one else carry equal responsibility for the work in the branch other than the one in which he himself is practicing.

Referring to the comment of Dr. Davis, so far as our department in the New York Postgraduate Medical School is concerned, we see comparatively few men with specialistic ambitions. The majority of those who take our courses have no desire to become absolute specialists in gynecology; most of them have been in general practice or have done general surgery over a period of years, and expect to continue the same type of work. On the other hand, it seems logical to infer from the demand for our courses that the general practitioner and general surgeon are both coming to a realization of the increasing importance of the nonoperative therapeutic methods.