Sectional Seminars

EAR NOSE & THROAT

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The Seminar was held on 13th February 1959 at the office of the Medical Council of India. In all about 10 specialists in the subject took part in the discussion. The members from Calcutta had a discussion with their local colleagues and they represented the consolidated viewpoint of all the specialists of Calcutta. The discussion was free critical and prolonged. The conclusions arrived at and mentioned below were unanimous.

I had circulated a programme of 17 items for discussion at the Seminar—copy enclosed.

Item I.—How to obviate the scarcity of specialists in E. N. T.?

To obviate paucity of specialists in otolaryngology three solutions were suggested:

(a) That the Status should be made attractive by dissociating it from General Surgery and Ophthalmology. At present at many places it is tagged on either to General Surgery or Ophthalmology. The maximum that an E. N. T. specialist could aspire or would be, either, lecturership or assistant professorship. To start with a separate chair should be established for otolaryngology in all medical colleges, because this speciality has extended far and wide compared to its original size and scope. To expect a single teacher to handle both otolaryngology and ophthalmology would not be a sound practice because each one is fairly extensive by itself.

(b) That the diplomas should not be abolished where existing and should be restarted where abolished so that the demand of the district hospitals for practising specialists as apart from the teaching specialists could be adequately met with.

(c) Even in all non-teaching general hospitals E. N. T. posts should be held by specialists qualified and practising in the speciality only.
**Item II.**—Should universities be compelled to start a course where it is non-existent?

Some of the universities have still not started post-graduate training in this speciality thus standing in the way of its development. It was further felt at the discussion that the time has come when Medical Council should intervene and call upon all universities to attend to this urgent need, so that the growing demand for the specialists in the country could be met with.

**Item III.**—Should Diplomas co-exist with the degree courses or should be abolished where existing?

Diplomas should co-exist with the degree courses and should be immediately restarted where abolished. As pointed out under item I this will meet with the requirements of non-teaching hospitals (particularly the district ones) in an economical way.

**Item IV & V.**—Paucity of facilities for post-graduate training.

To overcome the paucity of facilities for post-graduate training and practical work by the candidates the recommendations are:

(a) E. N. T. department in each teaching institution should have adequate space for experimental work including that on animals, for audiology and rehabilitation of the deaf, section for endoscopy and other subspecialities, for a separate small out-patient theatre, and most essential being separate cubicals for each post-graduate student, in addition to the regular in-patient and out-patient sections and separate operation theatres.

(b) Adequate equipment should be provided which includes proper set of instruments for all E. N. T. experimental work embracing advanced temporal bone surgery—audiometers, group hearing aid, artificial hearing aids, sound proof room, equipment for animal work, speech therapy requisites etc.

(c) Adequate staff both medical and auxiliary should be provided. The auxiliary should include, audiologist, speech therapeutist, clinical photographer, steno-typist and record keeper.

Medical staff for a single unit attending to the needs of 20 indoor and 200 out-door patients (inclusive of old ones) on three days a week should consist of:

1. Professor.
2. An assistant professor.
3. One senior and one junior registrars.
4. Two House Surgeons.