

The Pathologist's Role in Residency Training in a Developing Community

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Abstract

Residency training is a strong arm of medicine. The one existing at the Glasgow Western Infirmary was reported to be second to none in the UK. The author had the privilege of undergoing such training in it during the early 1960's. Thereafter, as the pioneer pathologist at the Regional Pathology Laboratory established by the Government at the erstwhile capital city, Enugu, my services came into use practically with reference to vetting the Histology Request Forms accompanying the surgical biopsy specimens. Therefore, this paper presents evidence of how my Reports were so couched as to impact positively on the Residents themselves.

Key words: Medicine; Residency; Training; Glasgow; Enugu; Reference Laboratory; Reports; Comments

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Introduction

All over the world, doctors undergo training as Residents in Hospitals. A famous one was recognized historically as functioning excellently at the Glasgow Western Infirmary [1]. The author had the good fortune to be trained there in the early 1960's. A decade later, my experience was to vet the Histology Request Forms submitted to the Regional Reference Laboratory, which was established by the Government at Enugu. Therefore, this paper documents my experiences. These are deemed to be worthy of documentation with special reference to lymph node tuberculosis, which was more prevalent in childhood [2].

Comments

These were appended to the Reports and are deemed to be worthy of exemplification as follows:

1. "A lymph node obtained in one whole is advised as fragments may be fog diagnosis."
2. "Please note that the fixative should be of sufficient quantity so as to ensure that the specimen does not autolyse. This particular specimen was largely autolytic."
3. "The appearances are almost miliary, indicating an overwhelming infection that at times gives a negative test."
4. "The site is an important datum."
5. "The specimen is not 'axilla' and this word should not have appeared thrice in the clinical summary, if my Circular had been followed. Please follow it."

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6. "The appearances are not classical when the patient has been treated with streptomycin by quacks and others."
7. "I take it, since it was not expressly stated, that the biopsy is from the right side of the neck. Incidentally, 'solitary' cannot be used to qualify what has been found in three sites."
8. "Therefore, contrary to expectations, this is tuberculous lymphadenitis. Specific treatment should confirm this opinion."
9. "The tissue is a bit unrepresentative as early lesions are not seen while necrotic debris abounds. However, the probability is that this is tuberculous."
10. "Please remember to pay attention to all the requirements including a clinical diagnosis which you left out here."
11. "Chemotherapy, which with follow-up ESR tests, may be rewarding."
12. "It is tempting to speculate whether the mammary lesions were also tuberculous."
13. "What is the use of giving parity and LMP in a girl of 9 years? Again, why insert 'Neck' under specimen(s) instead of 'lymph node'? Moreover, lymphadenopathy is not a sufficient clinical diagnosis, seeing that one should go further in terms of tuberculosis, cancer, etc."
14. "I hope that you can follow her up not only as regards treatment but also with regard to possible publication by us in a reputable journal. Altogether a most interesting case."
15. "Please supply the site biopsied so as not to spoil my research records. This is most important."
16. "This form is very poorly filled. Am I the one to teach him/her Form Filling? If so, let him or her come to see me."

Discussion

My Glasgow roots included having the Student Privilege of "Open Access to the Shelves." A direct result was being enabled to write the Biography of Joseph Coats (1846-99), the first Professor, in 1970 [3]. This was written during the Nigerian Civil War era. Therefore, it was my dividend through the keeping of records. Little wonder that, I have great interest in the purposive recording of Request Forms.

Also important is the recognition of autolysis in the battered specimens [4]. Repeatedly, one had to stress proper fixation of surgical specimens. The worst form of this practice was the submission of smelly specimens, one of which already exhibited maggots, although putrefaction may be studied on its own [5].

"Communication," it has been argued, "really is vital" [6]. Steps to be taken during residency have included humanism [7]. I am persuaded that learners should humbly learn from me any hints prompted by my considered opinion not only of the hard facts of pathological slides but also of the soft hints accompanying them. All told, the environment must be such that "the chief responsibility of a teacher in the school of medicine is to create an atmosphere friendly to learning" [8].

In this context, current interest in the above themes is being shown in the Middle East [9], Ireland [10], and USA [11]. Indeed, the subject is most important worldwide.

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