EDITORIAL

TRENDS IN PATHOLOGY*

It is desirable to consider some of the trends in pathology in order to determine if they should be supported or if an effort should be made to point them in another direction.

1. Pathology is a major specialty of medicine both in theory and in practice. It is a major clinical specialty because it applies laboratory procedures to the diagnosis, treatment and control of disease.

The failure of many institutions to recognize pathology as a major specialty may, in part be related to failure of individual pathologists to merit such recognition. Primarily, however, it is related to the undue emphasis which has been placed on treatment of the patient rather than on diagnosis. Modern health care should place emphasis on health and its preservation rather than on disease and its cure. Many pathologists do little to strengthen the position of pathology. For one thing, they secrete themselves in the laboratory rather than assist the clinician actively by seeing patients. Not infrequently also, they turn over much of the management of the clinical laboratory to the technicians and it is not surprising then that they come to know less about the interpretation of technics than do their clinical associates.

It is relatively easy for the pathologist to improve his position. In the field of pathologic anatomy, the pathologist may advise the clinician on what tissue to remove for biopsy, perhaps after making a personal examination of the patient; the pathologist must assist the clinician in the training of residents in clinical subjects. In the field of clinical pathology, the pathologist must advise the clinician on the particular laboratory tests that would be valuable in diagnosis, frequently after examination of the patient and always after a study of the chart; and the pathologist must train the clinical residents in the choice and evaluation of laboratory procedures. If the pathologist wishes to be considered a physician, he must serve as a physician and have contact with people and patients; he must not confine himself to his microscope and his own little world.

2. Better public relations. The tendency of pathologists to the “ivory tower” attitudes has contributed to a lack of appreciation of pathology and pathologists by the public, by hospital administrators, and trustees. Pathologists should become participants in the activities of their community.

Within the hospital some hospital administrators are likely to look upon the laboratory as a service from which they can make enough profit to reduce the deficit of other departments. This attitude toward the laboratory represents a lack of appreciation of its true value and denies it its rightful position in medicine and in the hospital. Who but the pathologist should educate the administrator and the public on the matter of pathology? Of course, some individuals are not susceptible to reason and logic but it is strongly suspected that most conflicts

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are the result of a deficiency on the part of the pathologist in educating his administrator and trustees.

An institution, an organization or a profession is great and commands respect in direct proportion to the esteem of its individual members. Respect comes when others realize that a contribution is being made to individuals, to the community, to the nation or to mankind.

3. Pathologists in charge of hospital laboratories should be trained and interested in clinical pathology. The primary fixation on, and interest in, pathologic anatomy by many who call themselves pathologists is probably the greatest sin in pathology today.

A knowledge of how this situation has developed is basic to its effective correction. Pathologic anatomy came into being as a part of anatomy through the interests of Morgagni, Bonetus, and other early Italian and French anatomists. In France and in England it was taken up by clinicians, while in Germany under the leadership of Virchow it became established as a separate discipline. American pathologic anatomy is a direct offspring of the Germanic school. Clinical pathology, on the other hand, originated as an offshoot of clinical medicine. Sir William Osler, George Dock, and many other astute clinicians applied the expanding knowledge in the preclinical sciences to the diagnosis of disease and set up their own laboratories. Chemists, bacteriologists, serologists and others were brought in to assist.

In the United States both pathologic anatomy and clinical pathology were developed in large institutions, the former as a separate discipline, and the latter as a part of internal medicine. In this environment it was possible to have specialists, both medical and non-medical for both subjects, but especially in clinical pathology.

At the same time, there was a phenomenal growth of small and medium-sized hospitals in the United States. Clinical pathology in the small and medium-sized hospital is in the hands of technicians, and this is not good medicine. The clinicians in the hospital do not have the time to see that the laboratory is efficient and accurate and to assimilate the new knowledge in the field. Clinical pathology is an integral part of modern health care and deserves supervision and participation of professional personnel at the doctorate level.

The solution of this problem and establishment of a desirable trend consists in creation of training centers in the medium-sized and larger institutions for pathologists, not just pathologic anatomists, and in providing training at the same professional level which is followed in all other medical specialties.

The growth of clinical pathology has already exceeded the point where any one person can possibly have an adequate knowledge of all of it. The thousands of 50- and 150-bed hospitals must be furnished all the aid that laboratory medicine can offer. While the service in many such small hospitals may not equal that given in a 1000-bed hospital, the solution of this inequality may lie in the grouping of hospitals in a pyramid with a large teaching hospital at the apex. At least until we find some other solution, we should give our best efforts to training some
young men and women to serve as both pathologic anatomists and clinical pathologists to these small hospitals throughout the country.

In the medium-sized and large hospitals, which would be the training centers, there should be more than one person directing the work of the laboratory.

4. Greater utilization of non-medical professional personnel in clinical pathology. As health care has increased in scope and in its ramifications, it has become necessary to enlist auxiliary or ancillary personnel to work with the physician.

The concept that all health care must be carried out by either physicians or technicians is fallacious. There is a place in health care for the well trained Ph.D. Equally fallacious is the concept that all clinical pathology must be done by technicians. There is also a place in clinical pathology for clinicians and for well trained Ph.D.’s, particularly in chemistry and microbiology.

There can be no quarrel with the idea that the professional person who advises and treats the patient should be a physician, but this does not mean that other professional individuals should not lend their skills in making this advice and treatment available.

In the solution of these problems and in establishing a trend let us concentrate on our primary and immediate objectives: to render the best possible laboratory service in all hospitals for all patients, and to establish training centers for physicians to do this.

5. More research in clinical pathology by pathologists. In the discussion of this topic I hasten to emphasize that it is of no importance who makes a discovery in clinical pathology. The world benefits whether it is an internist, a surgeon, a dermatologist or a pathologist. But, since discovery generally comes best to the prepared mind, theoretically the pathologist should have the best prepared mind in his field. If we review the procedures used in the laboratory and the interpretations made from the results, it becomes apparent that most of them are made by other specialists and many, by Ph.D.’s.

Few hospital pathologists have time to do research. All of their waking hours are taken by routine work. Unfortunately many hospital directors take the position that they are not responsible for research. We must correct these ideas. Every institution and every person connected with health care has a responsibility for research. There is no better place to carry it out, either alone or in cooperation with clinicians, than in a hospital laboratory.

6. More integration of pathology and pathologists. There is a trend to greater integration of pathology and pathologists, and conversely to fewer schisms and less splintering within the field.

The major schism which has developed is that between university and hospital pathologists. This schism has little to support it. The acceptance of a difference ignores the fact that every university pathologist is also a hospital pathologist. The difference is only that the university pathologist in addition to being a hospital pathologist also spends some time in teaching and research. If we must have two classes, let us speak of pathologists in university centers, and pathologists in non-university centers.

When the pathologist to a non-university center at times disdainfully refers to
a university pathologist he means a pathologist who earns considerably less than he does, who is quite satisfied to work for a salary, who has settled most of the administrative problems which bother him, and who therefore is not particularly interested in the economics and politics of pathology.

Then there is the distinction between hospital laboratories and private laboratories. Many pathologists divide their time between the two. This distinction is as foolish as the separation of physicians who practice in a hospital from those who practice in an office. Most physicians practice in both and there is no reason why some pathologists should not do likewise.

Finally, there is the segregation of the experimental pathologist. Many pathologists in non-university centers are excellent experimentalists.

It is strongly suspected that most of the splintering in the field of pathology has resulted from the organization of our societies. The three major societies, the American Association of Pathologists and Bacteriologists, the American Society of Clinical Pathologists, and the American Society for Experimental Pathology, have developed separately. The criteria for membership have varied and the meetings have been held at different times each year. Recently the College of American Pathologists has been added as a fourth major society. Fortunately, its national meeting has been integrated with that of the clinical pathologists.

It would be desirable to bring all of these societies together, at least in spirit.

In summary, the desirable objectives in pathology are: to practice our profession in a manner that will (1) render the greatest service to the patient, (2) command the respect of our colleagues and associates, (3) make possible adequate training of those who will succeed us, and (4) be consistent with advance of knowledge by research. If the trends in pathology take these directions we need not worry about the future.

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