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# The History of Otolaryngology In New Orleans

George D. Lyons, MD

## FOREWORD

George D. Lyons, MD, now becoming "an elder statesman," he decided to summarize the early history of otolaryngology as it developed in New Orleans.

Francis LeJeune, MD, Sr., a much admired and loved otolaryngologist, has afforded a great insight through his memoirs in the early development of our specialty in his report of Otolaryngology in the South. Dr. LeJeune, Sr. began his brief paper just before his death. Excerpts from this paper have been used by the American Laryngological Association.

There will be no bibliography. Most of this information was obtained from Dr. LeJeune's memoirs, history departments of the Academy, Touro Infirmary, Eye, Ear, Nose, and Throat (EENT) archives and interviews with descendants of our early leaders. A special thanks to them for their time, research, and generosity of information. There has been some debate regarding the precision of some of the dates, but they are as chronologically accurate as possible.

## EARLY BEGINNING

The nineteenth century brought about many advances and changes in medicine. The basic sciences started this revolution and the clinical specialties followed. With the sophistication of warfare, there was a true need for specialty surgeons to manage the wounded. The first specialty recorded in the Vienna Medical Library was that of "military surgeons," by order of Emperor Franz Joseph. Trained physicians were either family practitioners or surgeons. Many surgeons further directed their efforts into specialized areas, some of the first were to eye and ear diseases. There was no formal training available in the U.S.; however, London, Paris, Heidelberg and Vienna developed specialty educational opportunities in the mid 1800's. Before and during the Civil War, there was little specialty activity in New Orleans.

One of our early giants was Otto Joachim, a Mississippi native who interned and trained in surgery at Touro Infirmary. He was an outstanding surgeon and directed his practice to otolaryngology. He further trained abroad for two years in Heidelberg and Vienna, returning to be the first to limit his practice to otolaryngology in the 1880's. Dr. Joachim established a free ENT clinic at Touro and Charity Hospitals. He was successful and bequeathed a large sum of money to establish a hearing center in New Orleans. It exists today as Joachim Hearing Center, managed by the EENT Foundation.

## U.S. EENT HOSPITALS AND CLINICS BUILT IN THE 19TH CENTURY

1817	First EENT Hospital in New London, CT
1820	New York Eye Infirmary (later Eye and Ear)
1821	Philadelphia Eye and Ear
1822	Pennsylvania Eye and Ear Institute
1823	Baltimore Eye and Ear
1824	Massachusetts Eye and Ear
1858	Chicago Eye and Ear
1868	NYC Ophthalmology and Clinical Institute
1869	Manhattan Eye and Ear
1876	New Orleans Touro Infirmary
1889	EENT Clinic, New Orleans

Today, most of the surviving institutions are associated with medical schools, however, in their early days these clinics and hospitals afforded independent education and training for many specialists throughout the United States.

## DE ROALDES AND THE EENT ERA OF NEW ORLEANS

Dr. Arthur W. de Roaldes was certainly one of the most influential men in the history of otolaryngology in New Orleans. Dr. De Roaldes was born in Opelousas, Louisiana in 1849 and died in New Orleans in 1918. He graduated from Tulane Medical School. From 1870-1871 he served in the Franco Prussian War and was awarded the Legion of Honor and was a hero of the time. From 1871-1873, he served as chief house surgeon at Charity Hospital and was well known for promoting an ambulance service and a trained nursing staff. Following Charity Hospital, he left for Vienna where he trained in Otolaryngology. He then returned to New Orleans and was among the first physicians in the U.S. to limit his practice to ear, nose, and throat diseases. He had a successful practice and was involved in a number of civic and local organizations. In December 5, 1889, he recognized the need for indigent eye, ear, nose, and throat care in New Orleans, and with money taken from a kitty from his weekly poker club he founded the Eye, Ear, Nose and Throat Clinic. This was the King House which rented for \$800 a year. In the first year he was overwhelmed with its success as there were over 33,000 free visits. The success of the Eye, Ear, Nose, and Throat Clinic was due to his collective efforts, as two EENT clinics founded earlier had failed.

In 1892, new quarters were needed and the EENT Hospital and clinics were opened in a refurbished boarding house at 203 North Rampart Street. De Roaldes, MD, went public for financial support of this institution. After five years in operation, it too, outgrew its facility as the consultations, operations, and indigent care continued to rise. In 1907, the Silver Dollar Saloon was purchased at 145 Elks Place and a new clinic for the management

of eye, ear, nose, and throat disorders was constructed. These were state of the art clinics. The hospital that was planned would not be a reality until 15 years later due to the lack of funds.

In 1896, De Roaldes, MD, began to lose his sight and though nearly blind, he retained his position at the EENT Hospital and continued to lecture residents.

He was a member of the American Laryngological Association and was elected president in 1907. He left a sum of money for a triennial prize to the Society. Today, this prize is considered the most prestigious award that can be given to an American Laryngological Association member.

The EENT Clinic and Hospital prospered under his devoted care and was considered to be one of the best training programs in the U.S. When he retired, he was Emeritus Professor at Tulane and honored by the EENT Foundation.

### THE POST-DE ROALDES' ERA

Gordon King, MD, who was born in New Orleans in 1876, graduated from Tulane Medical School in 1897. He trained at the EENT Hospital under Dr. De Roaldes and became his protégé. He was elected chief of the EENT Hospital in 1900 and was appointed professor and chairman of the Tulane Department of Otolaryngology. He had an untimely death in 1910, killed in a polo accident at the age of 33. His death was a great loss to the community and to the hospital.

With the passing of Dr. King and despite his own failing sight, Dr. De Roaldes resumed the position of Chief of Surgery service at EENT Hospital, and recruited Robert C. Lynch, MD, as an associate. Following Dr. De Roaldes' death in 1918, Dr. Lynch was appointed surgeon in charge of the ear, nose, and throat service at the EENT Hospital. Dr. Lynch graduated from Tulane Medical School, and practiced general medicine in Natchitoches, LA, for two years. He returned to New Orleans to do post-graduate work in ear, nose, and throat. He further studied in London, Paris, Vienna, and Freiburg, Germany. In 1912 he returned to New Orleans as Dr. De Roaldes' associate. He became professor of Otolaryngology at Tulane Graduate and Medical Schools and was on staff at Touro and Charity Hospitals. While in Vienna, he studied under Gustav Killian, MD, and became interested in his new model laryngoscope. He brought this technology back to New Orleans with him, modified it, and presented it to the American Laryngological Association and they named it the "Lynch suspension laryngoscope." He also described a new approach for frontal sinus surgery. It is still used today, known as the Lynch incision to the fronto-ethmoid region. He was a great teacher, president of the American Laryngological Association and on the editorial board of the Archives and Annals of Otolaryngology. He was one of the original directors of the American Board of Otolaryngology. An automobile accident in 1931 claimed his life at the age of 51.

### THE ERA OF TULANE AND LSU

The accidental death of Robert C. Lynch, MD, in 1931 left a void in the Otolaryngology Leadership at Tulane and EENT Hospital. Dr. Lynch had two protégés at the EENT Hospital who would fill this gap. They were Francis LeJeune Sr., MD, and George Taquino, Sr., MD. These two stalwarts in our specialty will be taken up individually. Immediately filling in for Dr. Lynch as co-directors of the ENT Service at the EENT Hospital were Raymond Hume, MD, and Francis LeJeune, MD.

Raymond Hume, MD, was named Head of the Tulane Department of Otolaryngology. Dr. Hume received his medical degree from Indiana University and did his post-graduate work there and at the EENT Hospital in New Orleans. He was a successful practitioner and active in teaching at Touro and the EENT Hospital. He received the two appointments upon Dr. Lynch's death in 1931. He held these positions until his death from a coronary in 1938. He was survived by a son who practiced otolaryngology in Mississippi. Dr. LeJeune succeeded Dr. Hume as sole Director of ENT at the EENT Hospital and Head of the Department of Tulane.

### LSU

In the same year of Dr. Lynch's death, Governor Huey P. Long established the LSU School of Medicine. He appointed, with the approval of the Board of Supervisors, the first Dean, Arthur Vidrine, MD. At that time, he was superintendent of Charity Hospital and was approved to hold both posts at Charity and LSU.

The basic science faculty were recruited from outside of Louisiana; however, 11 of the 13 clinical faculty Department Heads were Tulane graduates. Arthur Vidrine, MD, with the support of Edgar Hull, MD, appointed Homer Dupuy, MD, as the first head of Otolaryngology at LSU Medical School.

### HOMER DUPUY, MD (1871-1936)

Dr. Dupuy was born in New Iberia, LA, and received an AB and Master degree from Jefferson College. He obtained a PhD from Loyola University and his medical degree from Tulane in 1897. His post-graduate work was done at EENT Hospital and he held an appointment as assistant surgeon from 1899-1915. In 1915, he was appointed Chief of Otolaryngology at Charity Hospital. He held a professorship at Loyola University and taught oral surgery to dental students. He was nationally known for management of upper jaw cancer, and contributed over 100 articles to medical literature. He served as President of the Orleans Parish Medical Society in 1913 and President of the Louisiana State Medical Society in 1921. During WWI he served on the Louisiana State Advisory Board and was a member of the Louisiana State Board of Medical Examiners. Dr. Dupuy was a tireless civic leader and much sought after dinner speaker. He died at Hotel Dieu Hospital in 1936, from a bleeding ulcer, while still Head of the LSU Department of Otolaryngology. He was survived by three daughters and a son. His son is Homer Dupuy, Jr., MD, a retired Internist.

**GEORGE J. TAQUINO, SR, MD (1884-1953)**

George Taquino, MD, was born in New Orleans in 1884. His early education was in public schools and Soule's College in New Orleans. He was awarded a medical degree from Tulane University Medical School in 1911 and an Honorary Doctor of Science Degree from Loyola University in 1942. He did his post-graduate work at the EENT Hospital from 1911-1913 and was visiting surgeon there from 1914-1921. From 1912-1922, he was associated in practice with Dr. Clyde Lynch. During WWI he was a First Lieutenant in General Hospital #14. Dr. Taquino held an appointment to Charity Hospital from 1921 until his death in 1953. He also held appointments as senior surgeon at Touro and Hotel Dieu Hospitals. In 1931 he was appointed Professor of Clinical Otolaryngology. Upon the death of Dr. Dupuy in 1936, Dr. Taquino was promoted to Professor and Head of the Department of Otolaryngology and held this position until his death at the age of 68. Dr. Taquino was a member of numerous civic, social, and professional societies. Most notable of the latter was the Academy of Otolaryngology, the Triological, and the Broncho-Esophagological Societies, the College of Surgeons, and the American Board of Otolaryngology. At the time of his death he was associated with his son George Taquino Jr., MD, in the practice of otolaryngology. "I had the privilege of having Dr. Taquino as my Professor of Otolaryngology in Medical School; he was a wonderful and inspiring teacher." (George D. Lyons, Jr, MD)

**THE HISTORY OF EYE AND EAR HOSPITAL IN NEW ORLEANS**

LeJeune Era

Francis LeJeune Sr., MD, was born in Thibodaux, LA in 1894. He died in New Orleans in 1977. He graduated from Jefferson College in Convent, LA and attended Tulane University School of Engineering. He graduated from Tulane Medical School in 1920. He received his formal ear, nose and throat training at the EENT Hospital. He entered private practice with Clyde Lynch, MD, in 1922. He assisted him in the development and use of the suspension laryngoscope.

Upon the death of Raymond Hume, MD, in 1938, Dr. LeJeune was appointed Director of the EENT Hospital and Head of Otolaryngology at Tulane Medical School. In 1940, Otolaryngology at Tulane Medical School became a department and he was its first Chairman until 1953.

In 1941, along with Drs. Edgar Burns (urology), Curtis Tyrone (OB/GYN), Guy Caldwell (orthopaedics), and Alton Ochsner (general surgery) founded the Ochsner Clinic. These physicians established the Alton Ochsner Medical Foundation in 1944, which dedicated its services to medical education, patient care, and scientific research.

Dr. LeJeune's academic career as Department Chairman and Head of ENT at the EENT Hospital did not end in 1953. He headed a training program at Ochsner Clinic until the late 1950s. One of his notable trainees, who spent parts of their training

elsewhere and completed part of their training at Ochsner, was Brown Farrior, MD. Dr. Farrior stayed on staff for several years as otologist at Ochsner Clinic. More local notables were Jack Anderson, MD, Wallace Rubin, MD, Frank Norman, MD, and Bill Beatrous, MD. Like Brown Farrior, Miles Lewis did an otological fellowship at the Mayo Clinic and returned to Ochsner Clinic for a year's training with Dr. LeJeune in broncho-esophagology. He too stayed on staff, replacing Dr. Farrior as the otologist when Dr. Farrior left for Tampa, Florida. Other trainees of note were Ed Stevenson, MD, of Birmingham, AL, and Warren Stassi, MD, of Monroe, LA.

Dr. LeJeune was referred to as the Dean of Otolaryngology in New Orleans and as Chief to all who trained with him or associated with him in the specialty. He was most generous with his teaching and when he would give a series of lectures, usually in the old EENT Hospital library, he expected all the residents in the city to attend. He had no qualms in calling and asking why you were not there. He also let it be known that he was available for consultation by phone on any difficult case that he might help with in the field. He considered all the trainees in the New Orleans areas as his students and was always proud and kind to all at board examination time. He did, however, recuse himself from examining anyone from New Orleans. In the early 1950s, there were many programs approved and available for residency appointments; for example, there were three services at Charity Hospital: Tulane, LSU, and independent. There were private services at EENT Hospital, Ochsner Clinic, VA, and Touro. The American Board of Otolaryngology, under the guidance of Dean Lierle of Iowa, recommended that all programs be university based. The board recommended that Ochsner Clinic, the EENT Hospital, and VA Hospital join with the Tulane University Service. LSU would receive the independent service at Charity Hospital and other Charity Hospital affiliates. The Charity Hospital independent service was headed at the time by Dr. Jack Anderson and he had two residents in his service, Warren Stassi, MD, and Norma Kearby, MD. Warren was allowed to complete his training with Dr. LeJeune and Dr. Kearby was given an appointment to LSU. With all the re-shuffling, the universities were pressed to have full-time chairmen or geographical heads.

As Ochsner Clinic and its programs were well-established, Dr. LeJeune did not feel he could remain at Tulane and Ochsner. He resigned his chair in 1953 after 15 years and was replaced by James McLauren, MD, from Baton Rouge, until which time a full-time otolaryngologist could be appointed to that service.

He was a one-man recruiting sergeant to get local otolaryngologists into honor societies and participate in their programs. He took great delight in residents completing their certification and election to various otolaryngological posts. With all this, he established an esprit de corps in the New Orleans community, which continues today. He instilled the generosity of teaching to all who followed him. Dr. LeJeune was a man of the time. Antibiotics were discovered in his career, which had a profound effect on our specialty. There were doomsayers who predicted the demise of otolaryngology. However, Dr. LeJeune was one of our leaders who saw this as a breakthrough for our specialty, enabling it to tackle serious and many yet unsolved



problems. He and his generation were the pivotal group who directed the next and most advanced otolaryngology of all times.

Nationally he was well-known and appreciated, winning many awards and being elected to the presidency of our most prestigious societies. He was past president of the American Laryngological Association and had won three of its top awards, the Casselberry award in 1936, the Newcomb award in 1963, and the de Roaldes award in 1970.

Dr. LeJeune was also past president of the Triologic Society, the American Academy of Otolaryngology and Ophthalmology, the American Broncho-Esophagological Society, and the Louisiana/Mississippi Ophthalmologic & Otolaryngologic Society. He was a Governor of the American College of Surgeons and author of 78 published articles.

With his death, he left a legacy for New Orleans otolaryngologists to follow. All who knew him, respected and loved him.

The Francis E. LeJeune, MD, Lectureship

A note must be made regarding the Francis E. LeJeune, MD, Lectureship. This lectureship in his name was first associated with the Louisiana/Mississippi O & O Society. It was not well-attended and LeJeune, MD, Jr., on the advice of one of the first guest lecturers, Gabe Tucker, MD, a good friend of Francis LeJeune, MD, Sr., suggested moving the lectureship to New Orleans. This lectureship is rotated each year between the teaching programs of Tulane, LSU, and Ochsner. Later, the Greater New Orleans Otolaryngology Head and Neck Society joined in with the event adding to its success.

The 1950s - A Turbulent Decade

The 1950's brought many changes in the specialty of Otolaryngology, and many of these changes have persisted today. The popularity of the specialty diminished with the advent of antibiotics and vaccines which were proposed to eradicate most of the infectious diseases. The demise of otolaryngology was predicted; however, the indigent clinics of the EENT Hospital and Charity Hospitals continued to overflow with patients numbering well over a thousand per week. The ear, nose, and throat problems did not go away.

Following the retirement of Francis LeJeune, MD, from Tulane, James McLauren, MD, of Baton Rouge was appointed head of the program. There was no full-time chief. Dr. LeJeune joined Dr. Alton Ochsner in the early 40s as one of the big five founders of Ochsner Clinic. He solicited Mercer Lynch, MD, and Brown Fariior, MD, in the Ear, Nose, and Throat Department. Later Dr. Myles Lewis and Francis LeJeune, MD, Jr., joined him in this esteemed faculty which became internationally known.

The ENT clinics were still bustling with diseases such as diphtheria, tuberculosis, and syphilis with an occasional case of leprosy. Endoscopy was totally in the province of Otolaryngology and the tuberculosis patients' progress were followed by bronchoscopic

evaluations utilizing the old Samson Classification of endobronchial lesions. Otolaryngologists worked closely with the phthisiologists in tuberculosis management. TB was an occupational hazard among ENT residents nationwide.

Otology

The 50s saw Drs. Julius Lempert and Sam Rosen further develop deafness surgery. The advent of the operating microscope and microsurgery founded tympanoplasty. Drs. Wulstein and Zollner of Germany became renowned in repairing the bombing defects of the tympanic membrane and ossicular chain. Other developments in deafness surgery were by Dr. House in Los Angeles, Dr. Shambaugh in Chicago, and Dr. Shea in Memphis.

Laryngology

New advances in the management of laryngeal disorders were popularized by Drs. Max Som and Joseph Ogura, especially in conservation surgery for laryngeal cancer.

Rhinology

In the early 50s, Van Alyea, MD, presented new ideas on nasal physiology affording a new direction from destructive to functional surgery. This, in turn, led many to reevaluate current surgical procedures to the nose and upper respiratory tract and spurned new techniques in nasal surgery.

Facial Plastic Surgery

Plastic surgery in New Orleans was controlled by Drs. Neal Owens and Robert Meade, the well-known Owens-Meade Clinic. They dealt primarily with congenital and traumatic defects and little cosmetic surgery was being performed. Dr. Owens was Head of the plastic surgery section at Tulane and president of the American Board of Plastic Surgery. Resident training was a preceptor fellowship of two years after two-to-four years of general surgery. If one was chosen for a fellowship in this program, he had to sign a covenant not to practice within 500 miles of New Orleans after finishing his training.

Three otolaryngologic national groups organized to present their techniques of facial plastic surgery, especially rhinoplasty: the Sam Foman and Irving Goldman groups of New York, and the Maurice Cottle group of Chicago. The first two groups merged into what is known today as the American Academy of Facial Plastic and Reconstructive Society (AAFPRS), and the latter is now the American Rhinologic Society.

Allergy

For the first time allergy was identified as causing many problems in Otolaryngology. Treatment methods were designed by Franz Hansel, MD, of St. Louis and Herbert Rinkel, MD, of Kansas City. Dr. Rinkel's titration method is still utilized in allergic inhalant management. The first allergy clinic in New Orleans was set up at the Eye, Ear, Nose and Throat Hospital.

The EENT Hospital was the premier training program of the early 50s in the south. Many of our previous department chairmen graduated from this program. It was interesting in how they designed their method of staffing. Clinics were divided into various services directed by practicing physicians. For example, when Dr. LeJeune joined the Ochsner Clinic, he continued to do surgery at the EENT Hospital. His service was known as the LeJeune, Lynch and Lewis service, the three L's.

#### Independent Service

Under the guidance of Jack Anderson, MD, the Charity Hospital Independent Service was activated. He had three residents, a senior transfer from LSU, a second year from Tulane, and a first year, Norma Kearby, MD from Houston, Texas, who would later join the LSU Service.

#### The LSU Service

Upon the death of George Taquino, MD, Sr. in 1953, Valentine Fuchs, MD, a decorated veteran of World War II, was appointed head of the department. Unfortunately, Dr. Fuchs developed Leriche syndrome and, despite many surgical attempts, had to have both legs amputated. He still managed the department in the 50s. In the period after Dr. Taquino's death, LSU ENT almost suffered a loss of its program. Staff members that supported the program to keep it afloat were Drs. Joseph Palermo, George Taquino Jr., Harry Zoller, Valentine Fuchs, Ashton Thomas, and the Charity Hospital interns. Special help was provided by the chief resident on the Tulane Service, Denbo Montgomery, MD, Sr. He managed to keep the Charity Hospital Services intact, providing all the necessary surgery. In 1955, LSU recruited Ed Plowman, MD, as a senior resident from St. Louis University, George Lyons, MD, from a General Surgery residency, and Chris Haindel, MD, out of his internship to establish a new LSU Service. Other residents to join the service were Norma Kearby, MD, Armond Jacques, MD, and Joseph Palermo, MD, Jr.

There were seven ear, nose, and throat programs in New Orleans in the early to mid-50s, in which doctors could get approved training. Most of them were one or two-year programs requiring preceptorship training before being board-qualified. Approved programs were located at the EENT Hospital, three at Charity Hospital (LSU, Tulane and the Independent Service), Touro Hospital, the V.A. Hospital, and at Ochsner Clinic.

It must be noted that most of the advances that occurred in Otolaryngology in the 50s were made by private practitioners, as there was no full-time faculty at either university and little bench research being performed.

In 1957, under the direction of Dean Lierle, MD, from Iowa University, president of the American Board of Otolaryngology, big changes were to be made. He proposed that all teaching programs in Otolaryngology be university-based. This was unique in medical specialties, and otolaryngology was the first to advance it. He came to New Orleans and declared that there be only two approved programs, Tulane and LSU. Tulane would affiliate the EENT Hospital, V.A., and Ochsner Clinic. LSU would take over the independent program at Charity Hospital and

be available to absorb faculty and/or residents from the other programs. The university programs would be directed by a full-time department chairman, a new trend. At LSU, Dr. Fuchs was still department chairman despite his amputations, appointed George Lyons, MD, in charge of resident training. Tulane had appointed Harold Tabb, MD, as its new Chairman. He would assume the full-time position. Luis Rutledge, MD, boarded in pediatrics and otolaryngology, joined Dr. Tabb full time in the late 50s. Residents from New Orleans chosen to the Tulane service were Drs. Harold Cox, Bruce Edrington, and Anthony Scalco.

In 1958, a search committee was formed to seek a department chairman at LSU and Irving Blatt, MD, was recruited from Michigan University to head up the LSU Program.

Interestingly, the merger of these programs was successful due to the cooperation between the otolaryngological practitioners in New Orleans. The popularity of the specialty expanded.

#### Changes in 1960 - The Beginning of the Academic Years

Following the famous site visit in 1958 all ENT programs in New Orleans began reorganizing. For a program to be accredited the American Board of Otolaryngology (ABO) demanded that the program be university-based and have full-time or equivalent faculty. Geographical full-time staff was acceptable; therefore, university practices were encouraged. Due to the complexities of this decree, the individual programs with their affiliates would be handled separately.

#### LSU ENT - Blatt Era

In 1958, Valentine Fuchs, MD, department chairman, had serious peripheral vascular problems which required multiple surgeries and ultimately bilateral leg amputations. The service was managed by clinical faculty. George Lyons, MD, was given a part-time appointment by Dean Jack Fenerty, MD. A search committee was selected to recruit a full-time chairman. The pay was \$8,000 with consultation privileges from only the ENT faculty. These were LSU rules at the time and the package was quite unattractive. In 1960, Irving Blatt, MD, was chosen as chairman to the department and recruited Charles Abdo, MD, to join the faculty. They were the first full-time LSU otolaryngologists. Dr. Blatt recruited a full-time staff of audiologists and speech pathologists, a much needed service, under the direction of John Peterson, MD. During this period the medical school built a new wing to the Tulane Avenue location and a section was devoted to ENT. It consisted of five rooms replacing the old one room, one secretary that was shared by four departments. With these additions, the department was able to obtain training grants for resident research.

Government. This would allow an expansion for all facilities. Loyola Dental School was taken over by LSU and was housed on this campus. It would eventually serve as a location for the permanent buildings. It would be the home for the expanding audiology and speech sections of the department. Later, under Dr. Peterson's leadership a new school of allied health was

founded which included audiology and speech, he was the first dean. allied health sciences was first located in the old barracks then moved to the new nursing school building at 1900 Gravier Street.

Dr. Blatt had applied for and was granted Kresge support to develop a hearing research laboratory of the South. Michigan University, where Dr. Blatt trained, housed the northern unit. Charles Berlin, MD, was chosen to direct this laboratory which was located in the Florida Ave. barracks. These temporary buildings were used well into the 80s, until the entire department consolidated and moved into the newly constructed Lion's Building at 2020 Gravier St. across the street from the Nursing/ Allied Health School.

In the mid 60s, Dr. Abdo left LSU to enter private practice in Las Vegas, Nevada. In 1968, Dr. Blatt recruited Mervin Trail, MD, from John Hopkins University to be director of the training program. In 1969, Dr. Blatt left LSU for private practice and in 1970 George Lyons, MD, was appointed acting chairman of the department until a search committee could select a permanent chairman. Notable graduates of the LSU ENT program prior to 1955 were Spencer McNair, MD, ('30), the first to finish the program, affectionately known as the "Mushroom Doctor". His favorite past time was collecting wild mushrooms and on one stormy occasion he was lost in the woods for three days. He was a popular practitioner and his disappearance created quite a community concern. He survived and practiced well into the 70s.

H. Ashton Thomas, MD, ('33) one of the first presidents of the American Rhinologic Society (ARS) and secretary of the Louisiana State Medical Society for many years. Gerald Joseph, MD, ('42) one of the founders of the Baton Rouge Clinic and also a president of the ARS. Anthony Failla, MD, ('47) was also a past president of the ARS.

#### Lyons Era (70s-90s)

In 1970, the search committee selected George Lyons, MD, as the new chairman of LSU Otolaryngology. Mervin Trail, MD, had joined practice with Dr. Wallace Rubin, MD. Drs. Lyons and Trail were considered geographical full-time faculty, approved by the ABO, as there were no practice opportunities at the university. This was an exciting period in otolaryngology, for as predicted, there were many innovative techniques and much new available technology. The program was increased to three years of otolaryngology, with a prerequisite of one year of general surgery. In 1971, the Veteran's Hospital was added as an affiliate. Later in this decade, Earl K. Long Hospital in Baton Rouge was an additional affiliate. Tulane was constructing their new University Hospital and clinics. LSU was asked to join Tulane at the EENT Hospital. Turf battles were rampant and these new affiliates afforded opportunities to further ENT's surgical scope. The program had grown to three residents a year. There were many applicants, therefore, the program was increased to two years of general surgery and four years of otolaryngology.

In the early 1980s, the EENT Hospital planned a new hospital.

LSU Ophthalmology Department under the direction of Herb Kaufman, MD and LSU Otolaryngology Department joined with the Lion's Club of Louisiana to build the Lion's Eye and Ear Clinics at 2020 Gravier St. This would be the first clinics available for a university practice. It was hoped that the EENT Hospital and the Lion's Clinics could be housed as one, but this was not to be. The EENT Foundation built their new hospital on Napoleon Avenue adjacent to Baptist Hospital. At this juncture LSU planned to take over Hotel Dieu Hospital as their University Hospital; however, politics prevailed and Hotel Dieu became Charity West. This was a disappointment to Allen Copping, MD, chancellor of the Medical Center, who planned to further develop the west side of Claiborne Ave. into one large LSU Medical Campus.

Although the Earl K. Long Hospital affiliate was successful, there was a conflict with general surgery over head and neck procedures. This affiliate was transferred to University Hospital in Lafayette in 1991. It has operated well under the capable management of Bradley Chastant, MD.

After the Lion's building was completed, George Lyons, MD, became full-time and the Kresge Laboratory moved from the Florida Ave. Campus to 2020 Gravier St. From an EENT Foundation grant, a multi-channel cochlear implant program was formed, one of five of its kind in the world. The surgeons on the team were Drs. Herbert Marks, Dan Mouney, and George Lyons. The work up and rehabilitation team was Drs. Linda Hood and Jack Cullen from the Kresge Laboratory and Tammy Crabtree, MD, from the EENT Hospital. The results ranked with the worlds best and continued with Drs. Marks and Parkins as surgeons. This experience was most important as it was the first major successful clinical research effort with the Kresge Laboratory.

A voice clinic was opened and operated by LSU in the new EENT Hospital. When EENT Hospital was sold to Tenet Health Care HMO, the EENT Foundation afforded LSU Otolaryngology Department a grant to furnish a new voice clinic at 2020 Gravier Street. During the 80s and into the 90s faculty increased to cover the expansive needs of otolaryngology. Regionalizations in all the medical and surgical specialties were happening. ENT controlled broncho-esophagology; however, with the advent of the flexible endo-scopes, became dominated by the respiratory internist and gastroenterologist. On the other hand, the residents were trained in all aspects of head and neck surgery.

The EENT Foundation should be recognized for its support to otolaryngology and ophthalmology in New Orleans. Not only was it at one-time the premier training program in the south, but it supported other training institutions as well. In the 70s, the EENT Board purchased the first commercially available CO2 laser and supported courses to train many physicians in its use. The Foundation (replaced the Board in 1980) granted one of the first multi-channel cochlear implant programs, helped in refurbishing many existing clinics, and provided indigent care for eye and ENT diseases in the New Orleans community.

Manpower studies in the 90s projected an over population of otolaryngologists. The American Board of Otolaryngology cut all programs 25%, in LSU's case one resident a year. The program

changed again this time to one year of general surgery and four years of otolaryngology post-graduate fellowships became popular in cancer, plastic, otology, and laryngology.

#### Trail Era (90s)

Mervin Trail, MD, was selected to replace George Lyons, MD, as department chairman in October of 1993; Dr. Lyons was to stay on part-time until 2004. This was a stepping stone for Dr. Trail as he was appointed acting chancellor of the medical center in June of 1994, then chancellor the following year. He was also appointed Director of the Stanley Scott Cancer Center and negotiated a new building with support of Tenet Health Care. This new facility was built behind and connected with the Lion's Clinic at 2020 Gravier. The LSU ENT Department and Kresge would move into these new quarters releasing the ground floor of 2020 Gravier for a new student learning center in October 2000.

#### Nuss Era (90s and 2000s)

Daniel Nuss, MD, finished the LSU ENT program in 1987. He was appointed an assistant professor and served on the faculty for one year. He received an invitation to join Eugene Meyers, MD, at Pittsburg University for a 2 year skull base fellowship and one year more on their staff. Dr. Nuss returned to LSU in July 1991 as an associate professor. He was appointed acting chairman of the department in January 1995 after Dr. Trail became chancellor. From a national search he was selected as department chairman in January 1996 and remains in this office.

#### Private Practice

During the 70s-present, private practice has changed considerably. Prior to the 70s there was little available health insurance; however, the cost of medicine was affordable. For instance, in the 50s at the EENT Hospital, it was possible to do a tonsillectomy and adenoidectomy for the total cost of \$100. This included pre-op check by family physician, routine lab work, one day hospitalization, hospital and post-op visits, anesthesia, and the surgeon's fee. Compare this with today's cost even with inflation. Health insurance arrived and demanded the patients to be hospitalized for two days to qualify for reimbursement. It was much later that they realized their error and then cut it back to a one day stay, despite complaints by the surgeons. This was repeated over and over and increased the cost of hospitalization, created bed shortages, and escalated fees.

In 1971, at a British National meeting in Edinburgh, Scotland, a committee was appointed by the Academy of ENT to study the effects of the British National Healthcare System, the largest HMO in the world, on patient care. Medicare was on the way. To a man on that committee, all felt that the U.S. would have a similar system within 10 years. It did not happen. Instead, in 1980, private HMO's. With all these great plans medical cost have sky rocketed, profits transferred to administrators and private care has bogged down trying to conform to their requirements. The U.S. government is still studying national health systems and is gaining advocates.

Who knows what the next decades of medical care will bring? From the LSU Department of Otolaryngology, three academic chairs have been funded, Drs. Charles Berlin, George Lyons, and Mervin Trail.

#### Cochlear Implant

In the late 1980s, the EENT Hospital was successful with implanting single-channel cochlear implants. Due to this success, an invitation was extended from Graeme Clark, MD, the pioneer of the multi-channel cochlear implant, to our team to teach and participate in a seminar using this new technology. The developers of this technology began to standardize the procedure, at this early meeting. The multi-channel cochlear implant, "bionic ear," has brought hearing and speech understanding to tens of thousands of hearing and speech impaired people with severe-to-profound hearing loss in more than 80 countries. Through a combined effort of EENT Foundation, staff EENT support, and Kreske Hearing Research Laboratory (LSU-housed), the multi-channel cochlear implant technology was brought to the hospital. Surgeons on this team were Drs. Herbert Marks, Dan Mouney and George Lyons. The EENT Hospital was one of the first of five successful multi channel implant programs in the world. This Otologic Surgery technology has grown and advanced with many cases of neurological deafness helped with life-changing results.

#### Other New Technologies

The EENT Hospital purchased the first CO<sub>2</sub> surgical laser and associated optics in New Orleans. The technology was so new, there were no surgical courses available to instruct doctors on the use of the laser. After developing a surgical course for its doctors, the course was attended by doctors from all over the world. Drug studies and numerous other new technologies were introduced at the EENT Hospital.

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**Dr. Lyons** is an emeritus professor and former chief of the section of otolaryngology at the LSU Health Sciences Center in New Orleans.