
How I Came to Be the Dizzy Doctor of New Orleans

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I grew up in an Eastern European ethnic neighborhood in Chicago. I decided to become a physician because, while hospitalized at Cook County Hospital in Chicago for viral pneumonia at age 4½, I was fascinated by what I saw doctors and nurses do. My parents had never gone to school and I didn't know any doctors, so I waited until I was in first grade to ask my teacher, "Miss French, how do you get to be a doctor?" Her advice to me is paraphrased in these four important lessons: (1) You had better like people, listen and pay attention to what they say, and plan to work long hours. (2) School is an obstacle course. Forget whether you like the teacher or the subject. Get the best grades you can on the exams because if you don't, you'll never get to be a doctor. (3) It will take you 30 years to get where you want to be from where you are now. (4) I know you come from a poor family, so you had better get a job and start saving your money, because grade school and high school will be free, but you will have to pay for college and medical school. That summer I got a job selling ice cream bars on the streets of Chicago and made as much as a dollar on many days.

Mrs. French had other advice for me also. She told me how I could dramatically reduce the number of years I spent in school and, by following her suggestions, I was able to complete grade school in six years and high school and college in three years each. Then, I was accepted very quickly into the University of Illinois College of Medicine in Chicago. After graduating in 1946, I spent my internship at Cook County Hospital. Like all my classmates, I was enrolled in military service because it was wartime. Being too young to serve in the navy or air force, I was a soldier. The war was still raging as I completed my internship, but I was not sent overseas until after the war ended, when shipped out to Japan with the army of occupation.

In Japan, we took control of a hospital in Osaka and another in Tokyo, where we could provide care to the entire Far East command. I was sent to Osaka and there

reported to a wonderful physician, a colonel who was serving as hospital chief. On my arrival, he glanced at my papers and declared that, as I had had a month of interning in ear, nose, and throat (ENT) medicine, he was appointing me chief of the eye, ear, nose, and throat department. Others with equally lean experience were similarly placed in significant positions. We all were replacing doctors who had fought their way through the Pacific war, and we suddenly found ourselves with the impressive title of department chief at Osaka and Tokyo.

We were not without at least some guidance, however. The army, in its infinite wisdom, determined that we needed training, and so one week of every six months an expert was sent over to teach us. Dr. W.D. Currier of Pasadena, California, was the first doctor with whom I trained in Osaka. A graduate of Washington University in St. Louis, he had, while still a student in medical school, helped the ENT department to develop the audiometer. During that entire week of training, Dr. Currier talked to me about hearing testing, and I was fascinated. It was then that I decided definitely to pursue the specialty of ENT after completing my military service.

Dr. Arthur C. Furstenberg of Ann Arbor, Michigan, was next to train me. He and I hardly talked about medicine. Rather, because he and I both liked sports, we talked about football, baseball, basketball, and such. It wasn't until I was driving Dr. Furstenberg to the train station to return home that I told him I wanted to specialize in ENT medicine at the end of the coming year and I preferred that my residency be somewhere where the climate mimicked Osaka's—warm and humid—and somewhere on the water. Growing up in Chicago, I had come to dislike cold winter weather and was eager to leave it behind. Dr. Furstenberg encouraged me to write to his friend Dr. Francis LeJeune, chief of ENT at the Tulane University Otolaryngology Department, and to tell Dr. LeJeune of Dr. Furstenberg's recommendation.

I wrote to Dr. LeJeune and, a week later, received a response asking about my availability: That was it. The position was mine without my even completing an application! Later, I learned that Dr. Furstenberg was the chief of ENT at the University of Michigan, dean of

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the University of Michigan Medical School, and among the foremost ENT doctors in the entire United States. Because of a chance meeting with him in postwar Japan, I was invited to New Orleans for my residency training.

The following summer, I arrived in New Orleans to begin my residency. Among the many capable doctors I met during my residency was Dr. Jack Anderson, who proved to be very important to my career. He had just finished his residency when I began mine, and he lectured like the other, older experts did. However, while all the older experts gave lectures on surgery of the sinuses and the ear, Dr. Anderson spoke about the autonomic nervous system, about which I knew little. His lectures fascinated me, so I struck up conversations with Jack about the autonomic nervous system and, eventually, numerous other scientific topics, and we were soon scientific friends.

About 3 months later, I was examining a patient in the ENT clinic when Dr. Anderson called me out of the examination to talk. What he proposed was startling! He said, "You and I need to start an allergy clinic here at the Ear, Nose and Throat Hospital." This had not been done yet in the field of otolaryngology, and there were few general allergists in our community.

"Jack," I said. "I don't know anything about allergy. We haven't been taught anything about allergy. How can I do this?"

He said, "That's okay. I took a course last week. I'll teach you."

So, armed with Jack's knowledge of Dr. French Hansel's course in allergy, which he shared with me, we opened an allergy clinic. Patient use increased rapidly.

Dr. Anderson was aware of my keen interest in hearing and balance problems. He arranged to be appointed chairman of the ENT section of the Louisiana State Medical Society CME course that was administered annually and then invited Dr. George Shambaugh of Chicago to be the guest speaker. Dr. Shambaugh arrived in advance of his Society speaking engagement in order to address the Ear, Nose and Throat Hospital staff. This was a lecture I had no intention of missing!

When Jack Anderson introduced us that evening, Dr. Shambaugh invited me to be one of only 10 students who would participate in his endural ear surgery courses the following June. I felt extremely honored and privileged and was eager for the course to begin.

In June, I found myself back in Chicago for this one-month course. On opening day, Dr. Shambaugh related to the ten students assembled there—eight from the United States and two from foreign countries—that, at the close of the course, he would select one of us to spend a year with him. I was confident that it wouldn't be me: I had a new practice, a new wife, and a newborn child to attend to. Each morning we met in Dr. Shambaugh's office for a lecture, after which we would accompany the doctor on

his rounds. In the afternoons, some of us would assist Dr. Shambaugh in surgery and, in the evening, we'd do cadaver work. On the third Monday morning I arrived early, as usual, to his office. When Dr. Shambaugh walked in, he announced that I was the student he'd chosen to spend a year with him after the course was over. Of course, although this was a great privilege and an honor, I felt obliged to refuse his offer, explaining to him that I was just starting in practice and couldn't afford to accept a position for which there was no remuneration.

"That's fine," Dr. Shambaugh responded. "Jack and I have talked about it. You're going to come up here for one month each year when I give the course, and we'll do it that way."

The next year, as I was preparing to return to Chicago, Dr. Shambaugh called to say, "Wally, these are the lectures I want you to give during the course. Please write them and send them to me, so I can critique them and be sure you do them correctly." Suddenly, I was being steered into lecturing and teaching, something I had not previously considered. I must have performed well because, after only the first two years, Dr. Shambaugh invited me to accompany him as a guest lecturer at the Pan Pacific Surgical Conference in Honolulu. Shortly before the conference took place, however, a family tragedy occurred that would prevent Dr. Shambaugh's attendance at the conference. At his request, I attended alone and presented both his lectures and my own.

Through my association with Dr. Shambaugh during those early years, I gained from the world's leading ear surgeon firsthand knowledge of the causative mechanisms of ear disease. He was thinking of allergy, immunology, and metabolism way back then.

In 1954, in an effort to learn about research opportunities, I interviewed the chiefs of the departments of basic science at Tulane University and Chief of Pharmacology Dr. Fred Shouler. When I told him that I wanted to participate in his courses for information only, Dr. Shouler answered, "Wally, if you take the courses for credit toward a PhD in pharmacology, my department and I will be at your disposal for anything you need."

That was all the encouragement I needed! I immediately registered in the doctoral program in pharmacology. Unfortunately, however, Dr. Shouler passed away two years after I entered the program, and I didn't continue. During my tenure, though, I met Dr. Charlie Norris, an electronic engineer at the time who became intensely interested in human function. I tried to talk Charlie into becoming a physician, but he wanted to be a scientist. He entered and completed the PhD program, obtained a doctoral degree in pharmacology, and became involved in many other medical research areas.

One night, I brought with me to Charlie's course in electronic engineering an article I'd read by Drs. Aschan,

Stahle, and Henriksson in the *Acta Otolaryngologica* about a technique for testing the balance system. At the end of the course, I showed the article to Charlie and said, "I need some help. I need to be able to do this."

Charlie looked at the circuit diagram, picked up some pieces of wire that were on the floor, soldered them with dimes as though they were electrodes, plugged them into the giant recording apparatus that we had at the time, pasted them on my forehead, and said, "Look up. Look down. Look sideways." Then he said, "See, here's the ENG apparatus," to which I responded, "Charlie, we need to make something that we can use to test patients." So Charlie Norris, with my help, put together the first very, very simple ENG apparatus, and I began using that on patients back in 1957.

Of course, since that time, spectacular improvements have been made in all the techniques available for balance system recordings, with many new applications, not just the original caloric testing. Nonetheless, it all began in that classroom, empty but for Charlie and me and some makeshift parts.

Many people both in this country and abroad have been involved in the investigation and production of techniques to use in conjunction with ENG for testing patients. Owing to my exposure to many capable, innovative, thoughtful people, I became focused on neurootology before it became an acknowledged subspecialty. As a result of diagnostic advancements, I became more interested in otological mechanisms such as immunology and metabolic function. Therefore, I extend thanks to the following innovative thinkers, all of whom have focused on better patient diagnosis and more sophisticated treatment modalities.

Neurootological Innovators

USA	Countries Other Than the USA
Brookler KH	Aschan G
Glorig A	Barber H
Hart CW	Cawthorne TE
Kumar A	Claussen CF
Lindsay JR	Dix MR
McCabe BE	Fernandez C
Rubin W	Hallpike CS
Stennerson RL	Henriksson NG
Torok N	Jongkees LBW
	Norre ME
	Odkvist LM
	Oosterveld WI
	Pflatz CR
	Riesco-MacClure JS
	Sakata E
	Stahle J

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