

‘A Sound, Patient, Not Inspiring Teacher’

Yet George Dock’s clinical approach to teaching revolutionized medical education at Michigan and across America

BY JAMES TOBIN

Dock: *First, the eyes.*

Student: *I don’t see anything the matter with them.*

Dock: *Your eyes, I mean, not hers.*

THE FIRST FULL-TIME PROFESSOR of medicine in the U.S., George Dock, M.D. (1860-1951), was a protégé and friend of the legendary William Osler who called him “the ablest consultant in the United States.” One of Michigan’s great teachers of medicine, Dock was an internist who served on the faculty from 1891 to 1908, when he left for Tulane after a falling-out with Dean Victor Vaughan (Ph.D. 1876, M.D. 1878).

Dock was a superb diagnostician long before the revolution in diagnostic technology, and as a clinical pathologist he was regarded as the best in the U.S. His career offers a fascinating case study of medical education as it was practiced a century ago.

A small, slim man with a trim mustache and a center part in his hair, Dock believed deeply in the value of hands-on medical training, introducing the clinical clerkship at Michigan and providing a model for medical schools across the country. This was a departure from the

lecture-heavy education Dock had received in the 1880s at the University of Pennsylvania. (He also studied under pioneering physicians in Austria and Germany, where he got a great deal of experience, including five autopsies a day, six days a week.) His students not only peered through microscopes but palpated patients from stem to stern, poured oil down children’s throats, and administered ice-cold “tubbings” to patients with typhoid fever.

We know so much about Dock’s teaching because of his own attention to detail. At each of the diagnostic clinics he held with students every Tuesday and Friday afternoon from 1899 to 1908, Dock had a stenographer record every word. The transcript eventually ran to 6,800 pages — a document “very likely unmatched ...

in the history of medicine,” according to one historian.

He was “a sound, patient and not inspiring teacher,” recalled his son, William Dock, M.D., “until one decides to imitate his thorough and broad approach.”

A single symptom might launch Dock on a mini-lecture that covered much of the history of the disease in question. Once, for example, he and his class were examining a pneumonia patient whose leukocyte count had dropped, indicating recovery.

Dock: *What aborted it?*

Student: *The treatment he received here.*

Dock: *That is a good way to look at it. It speaks well for your charitable heart. There is nothing more natural than to think his care has been the cause of his change.*

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Dock (center, in suit) demonstrates clinical technique to an amphitheater full of students in 1898.

But “the fact is that pneumonia aborts itself,” he said. He recalled that as a medical student he had been taught to apply poultices of fly plasters to patients’ chests, “drawing literally quarts of serum” — but “poultice has never shortened the disease by a minute.” The best treatment, as with smallpox, was “an intelligent, cool-handed, kind-hearted nurse.” Over time, digressions like this added volumes to students’ stores of knowledge — and instilled a sense of humility.

Dock used phrases that few students could forget. Hemorrhoids, he said, felt “like a bunch of earthworms.” When a medical student had a stethoscope pressed to the chest of a pneumonia patient, he described the rales in terms too vague to suit Dock.

Dock: *Did they sound like hair rubbed between the fingers?*

Student: *They were much larger than that.*

Dock: *Did they sound like crackling in a flame? It seems to me there is a comparison more like it, and that is crackling a piece of rather stiff paper.*

His manner with students was all-business but respectful. He corrected by offering a new question. A quick, dry wit was always at the ready, as when he summoned a student named Larson to look closely at a patient.

Dock: *Larson ... come down a little nearer the scene of action. What do you think about his face?*

Student: *It is rather serious.*

Dock: *This isn't psychology. Miss Crozier?*

Dock fought Dean Vaughan’s efforts to move the Medical School to Detroit, where, Vaughan argued, students would see a greater variety of patients and diseases. Dock thought the patient population of Washtenaw County perfectly adequate for the school’s needs. Still, he was not always pleased with facilities at the original University Hospital.

Dock: *What do you think of his skin that you can see?*

Student: *It seems pigmented in both inguinal regions.*

Dock: *Part of that pigmentation looks like what? It looks like dirt. One of the unfortunate features*

about this place is the difficulty to bathe our patients because we haven't enough bathtubs.

If students learned nothing else from Dock, they learned that patients “are, after all, human, as your fathers and mothers or sisters are human,” and thus they were never to be regarded as mere medical “material.”

One day Dock was seeing a familiar patient, an elderly woman with cirrhosis of the liver, her body swollen with edema. Dock typically performed abdominal taps on her. This time the procedure was done by one of his colleagues, a Dr. McCormick.

Dock (to the patient about McCormick): *He comes from the same part of Ireland you do.*

Patient: *If Dr. Dock had not been here I would not have let him touch me.*

Dock: *You haven't had your whiskey yet. I think it is time you had some.*

Patient: *God bless Dr. Dock.*

Dock: *Happy days. [M]*

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