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From Berlin to Brady: Tracing the Origins of Urology Residency

Trevor C. Hunt and Ronald Rabinowitz

Department of Urology

University of Rochester Medical Center

Rochester, NY

AUA 2023
CHICAGO ★ APR 28-MAY 1

4/28/2023

HF01-07

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Disclosures

We have no actual or potential conflicts of interest in relation to this work and nothing relevant to disclose.

Background

- **Urology was one of the first specialties** to employ the training model known today as “**residency**”
- **These events are rarely taught** in the formal urologic curricula during residency training

To keep moving forward, it is imperative that tomorrow’s urologists understand how today’s system came to be

- **Methods** – broad literature search and review with focus on key events, changes, and people of interest

Tracing the origins of surgical residency

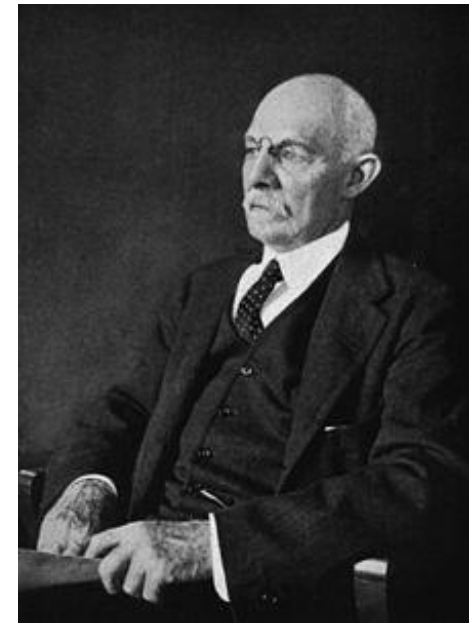
- **1500s** – surgical apprentice model is common, 5-7yrs
- **Netherlands 1700s – Boerhaave**, “Dutch Hippocrates”
 - “Father of Clinical Teaching” at the bedside
- **France 1802 – Napoleon’s *Internat des Hopitaux de Paris*** or “Interns of the Hospitals of Paris” (IHP)
 - *Internes, externes, “Au lit du malade”* bedside teaching
 - Notable figures such as Osler visited and would attend
- **Berlin mid 1800s – Bernhard von Langenbeck’s** system, living at the hospital w/ graduated responsibility
 - **Theodor Billroth** trained as one of his house officers (“residents”)



Langenbeck

William Halsted

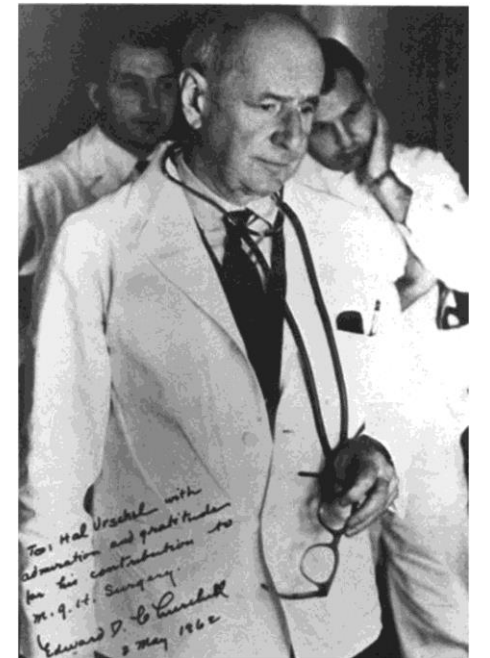
- **1878** – Halsted visits Vienna and trains under **Billroth**
- **1880-1886** – **The NYC years**, Osler's influence, daily teaching rounds, and eventually cocaine addiction
- **1889** – **Johns Hopkins Hospital** opens in Baltimore
 - **Halsted** initially recruited by Welch in his pathology lab
 - Becomes one of the “Big Four” founders as **Chief of Surgery**
- **Halsted's model** as earliest form of current residency
 - Drew upon prior influences and experiences in France and Berlin



Halsted

Residency begins taking “shape”

- **Halsted’s “pyramidal” model (1889)**
 - Drew on Billroth’s structure and Osler’s bedside teaching
 - 8 residents, 4 one-year, 4 continued indefinitely, 1 advanced
 - Rigid and hierarchical German influence, no guarantees, **goal of producing a single outstanding “professor of surgery”**
 - System evolved elsewhere, ex: MGH two-year initial period
- **Edward Churchill’s “rectangular” model (1938)**
 - Churchill at MGH proposed shift from their Halstedian program
 - Fixed # of residents (6) advance for a set number of years (4-5)
 - Chief model where 2 would stay on for an additional 1-2 years
 - **Remains the backbone of the model we still use today**



Churchill

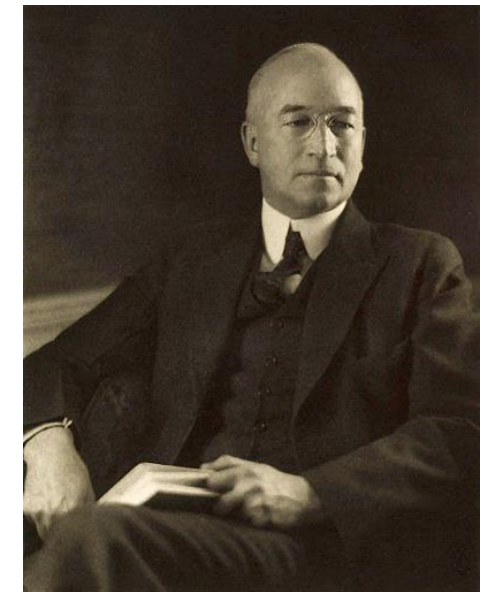
Hugh Hampton Young

- **1895** – Halsted hires 25 y.o. Hugh Hampton Young
- **1897-1941** – Young appointed and **served as Chair** of the Department of Genitourinary Diseases

In response to the appointment, Young is noted to have said, “This is a great surprise. I know nothing about genitourinary surgery”

To which Halsted replied, “We believe you could learn”

- Also influenced by Berlin and France during his visits
- Young now considered **Father of American Urology**



Young

Urology residency is born

- **1897-1915** – Young is allowed to recommend aspiring urologists to Halsted for surgery residency
 - **Frank Hinman Sr.**, Young's first "resident" from 1912-1915
- **1915** – opening of **Brady Urologic Institute** via a donation from Young's pt James Buchanan Brady
- Young devised a **7-year training program** in urology to begin alongside the Institute's opening



"Diamond Jim"

**Thus, the first true urology residency program
in America is born!**

Acknowledgements

Dr. Ron Rabinowitz

- AUA Historian and mentor extraordinaire

The William P. Didusch Center for Urologic History



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@TrevorHuntMD

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