

The art of medicine

Osler redux: the American College of Physicians at 100

Medicine, theology, and law were the principal subjects taught in medieval universities and thus became learned professions. Their practitioners gained esteem by helping people through difficult matters with uncertainty. Medicine's marriage to science and technology has reduced uncertainty in diagnosis, treatment, and prognosis, thereby diminishing the role of opinion, judgment, and wisdom as opposed to purely technical expertise. The French medical historian Danielle Clère, writing about a north American spin-off of the German *innere Medizin* with its promise of better understanding of disease through physiology and chemistry.

Internal medicine's boundaries were indistinct from the beginning. Dermatology, neurology, paediatrics, and psychiatry had already organised by 1885, when Osler and six other generalist-consultants met in New York City to form the Association of American Physicians. Osler advanced their cause by writing an encyclopedia textbook, *The Principles and Practice of Medicine* (1892), which made him famous throughout the English-speaking world. In 1897, addressing the New York Academy of Medicine on "the importance of internal medicine as a vocation", Osler observed that "its cultivators cannot be called specialists, but bear without reproach the good name physician: the physician proper", telling his audience that "the opportunities are still great, that the harvest truly is plenteous, and the labourers scarcely sufficient to meet the demand". The first seven or eight decades of the 20th century proved him right. North American internists served general practitioners as consultants in difficult cases but, unlike consultants in the UK, competed with them for primary-care patients in the outpatient arena.

The ACP resulted from the efforts of Heinrich Stern (1867–1918), a German-born New York City doctor impressed by an annual meeting of the Royal College of Physicians in London, met with six colleagues to establish the American Congress on Internal Medicine for "the purpose of facilitating scientific intercourse among physicians interested in internal medicine". The Congress convened in January, 1915, and its leaders incorporated the ACP in May, 1915. Buy-in came slowly; Stern died in 1918, and full-time faculty internists had by then two research-oriented organisations with restrictive membership: the Association of American Physicians and the American Society for Clinical Investigation, known respectively as the Old Turks and Young Turks. However, practising internists soon saw the value of the new college, whose *Annals of Internal Medicine* (founded in 1927) became indispensable for continuing education. In 1929, the ACP helped establish an organisationally separate American Board of Internal Medicine to administer specialty examinations. The ACP's conscious decision to remain a broad-based organisation explains in part why its power has never approached that of the three medical Royal Colleges in the UK. Through much of the 20th century the ACP and the separate American Board of Internal Medicine burnished the image of internal medicine as an elite form of generalism. The college sought inclusiveness in membership but maintained rigorous requirements for advancement, including for many years the board required an oral examination of candidates who had passed the written examination. One well-qualified applicant allegedly bunked the oral examination because his black bag did not contain wholeheartedly. At most USA medical schools chairs of medicine were more powerful than deans and the environment of top medical training programmes was rigorous and intimidating. The story goes that on one occasion the physician Eugene A Stead of Duke University, who has been the last professor of medicine in the Oslerian mould, heard a resident present a case from the previous evening and asked: "What did the spinal fluid show?" The exhausted resident chirped that he'd been up most of the night, that the patients needed equal attention, and that the case was extremely confusing. "Doctor", Stead lectured, "You're kidding me that life is hard. I already know that. I want to know what this patient's spinal fluid showed." Inspired by Stead's uncompromising insistence on excellence, the best of the brightest USA medical students disproportionately chose internal medicine through much of the 20th century. In 1959, the ACP's President could say accurately: "Internal medicine is the most important, the most rapidly growing, and the least understood specialty in the field of medicine."

The historian Rosemary Stevens described this paradox as "institutional importance and definitional ambivalence". During the closing decades of the 20th century, such challenges emerged to internal medicine's identity as an elite form of generalism. First, as the French traveller

Alexis de Tocqueville famously recognised during the 1830s, elitism does not sit well with most Americans. General practitioners wanted specialty status. Their appeals to the ACP for recognition and to the American Board of Internal Medicine for certification were turned down. The general practitioners responded by defining family medicine as a rigorous specialty based on a biopsychosocial model of disease, started the American Board of Family Practice (1969), and renamed their major organisation the American Academy of Family Physicians in 1970. Whereas the term “internal medicine” had always required explanation, family medicine promised definitional clarity as did a new specialty, emergency medicine. The second challenge to internal medicine came from its own proliferating subspecialties, of which 20 are now recognised by the American Board of Internal Medicine. By the 1970s most internal medicine residents sought additional training and certification. Subspecialists met many of their educational, social, and political needs through their own societies. Would internal medicine implode?

When writing about the history of American internal

Further reading

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Stevens R. Issues for American internal medicine through the last century *Ann Intern Med* 1986; 105: 592-602

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