BOOK REVIEW

Internal Medicine and the Structures of Modern Medical Science: The University of Iowa, 1870–1990. BY LEE ANDERSON. Ames, IA: Iowa State University Press, 1996. 262 pages.

Lee Anderson has provided us with the first book-length study of an eminent American department of internal medicine during the twentieth century. The University of Iowa's Department of Medicine is one of American academic medicine's success stories. Having become one of the premier research departments in the country, the Department's leadership wanted a commemoration of its rise to eminence. Unusually for a medical school, its chairman commissioned a professional historian to write the story; the result is a far more penetrating book than is common among medical school histories.

As in many medical schools, Iowa's Department of Medicine carries disproportionate weight, its story reflecting that of the school at large. Medicine followed an interesting trajectory at Iowa: decent mediocrity in the later nineteenth century; a renaissance during the years after the Flexner Report; straightened economic circumstances at the time of the depression; and finally, after World War II, accelerating growth and academic eminence. In tracing its history, Anderson explores many of the important themes of twentieth century American medical education. The teens and twenties were marked by the controversy over "full-time" university employment for clinical staff. Walter Bierring, head of medicine until the Flexner Report, was dismissed for being unwilling to give up private practice. His successor, the Hopkins-trained Campbell Palmer Howard, ironically continued to benefit financially from some private practice under the ensuing compromise on full-time.

As state support eroded and salaries fell during the 1930s, enrollments grew, stretching the Department's dwindling resources. Industry and foundation grants did not completely disappear, making it possible for some research to continue. Relations improved with Iowa's private practitioners as the University's private practice shrank in importance. Emerging specialties were reflected in the interests of members of the Department, although specialty-based divisions did not appear until much later.

The years after World War II were a watershed for American academic medicine as enormous sums began to flow into medical schools in support of medical research. As Anderson notes, these funds not only expanded the research enterprise, but altered the relation between that enterprise and the teaching and service functions of schools such as Iowa's. By the 1960s and 70s Iowa and its Department of Medicine were transformed. The awarding of federal research funds to individual researchers rather than to

institutions subverted the authoritarian departmental structures that had characterized medical schools until World War II. As the research enterprise expanded, Iowa's Department of Medicine began to resemble a confederation of loosely-associated research institutes, each with a clinical arm. Power resided with those division chairmen and faculty able to bring in the most money in the form of either clinical income or research grants. Growth in research money was complemented by growth in the use of high technology in the Department's clinical work. The opening of the first intensive care unit in 1964, the introduction of hemodialysis in the mid-1960s, and the beginnings of cardiac catheterization were all important sources of growth in clinical services.

As part of a public university, the medical school was responsible to the state of Iowa; the school at times had difficulty satisfying the legislature's desire that the school provide enough general practitioners for the state. Friction occurred over this issue after World War II and again in the late 1960s, issuing at the latter time in the school's family practice program. The 1960s were also a time of controversy over faculty governance, as many faculty felt that the school was too service-oriented, dominated by clinical department heads who focused upon clinical work rather than research and teaching. The non-clinical faculty were able to ensure themselves a bigger say in school affairs through administrative changes in the late 1960s that allowed more faculty representation on policy-making committees.

Anderson's story is "external" rather than "internal." Thus, we learn more about university and departmental administration than we do about research or patient care as performed by individual faculty. As Anderson concentrates upon the upper reaches of the university administration and upon successive department heads, below this level we gain a rather abstract picture of the divisions, attracting ever larger amounts of research money and responsible for rapidly increasing numbers of procedures performed and patient visits. While such statistics are an important part of the Department's story, we miss a sense of what the Department of Medicine felt like from the inside, of what it was like to be a junior faculty member, a resident, or a medical student at Iowa during the different eras of the twentieth century.

Anderson makes clear the pivotal importance of changes in departmental finances, yet we do not learn as much about them as we need to understand their impact. The full-time controversy was an enormously important conflict that divided medical school faculty all over the country from educators such as Abraham Flexner and his colleagues on the Rockefeller General Education Board (GEB), and it has not yet been fully examined by historians. The arrangement eventually reached between the GEB and Iowa was unusual, in that the GEB did not insist on the abolition of private practice in the university hospital as a condition of its grant to the school. We do not learn, however, exactly what the final arrangement was.

The "medical service plan," which specified the distribution of all university practice income, was another step taken by the school after World War II to deal with the vexed question of private practice. While we are given some details of the plan, and learn that it was bitterly opposed by some of the school's sur-

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geons, the manner in which the plan induced particular divisions or individual faculty to spend more or less time teaching, practicing, or seeing patients remains obscure.

In spite of these shortcomings, this case study amply justifies that approach to the twentieth century history of American internal medicine and medical education. Iowa provides an occa-

sion for investigating many of the important themes in this largely unexplored realm, and Anderson has made a good beginning in doing so. This pioneering work is a very important contribution to a still largely untold story.—**THOMAS HUDDLE, MD, PhD,** *Division of General Internal Medicine, University of Alabama at Birmingham School of Medicine.*

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