

A BRIEF HISTORY OF THE
DEPARTMENT OF INTERNAL MEDICINE
1813-2003

YALE SCHOOL OF MEDICINE





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Cover Photo

The Yale Department of Medicine circa 1922.

Front Row: James C. Fox, Jr., Harold M. Marvin, Francis G. Blake, John P. Peters, James D. Trask



Medical Grand Rounds, Fitkin Amphitheatre

“As I take the helm of the department, I look to the future with anticipation and excitement. The Department of Medicine, in partnership with Yale School of Medicine, Yale-New Haven Hospital and the Department of Veterans’ Affairs is well poised to build on its tradition of excellence in clinical care, education and research.”

– *Jack A. Elias*

A LETTER FROM THE CHAIR



The Department of Internal Medicine at Yale is again entering another exciting period in its long illustrious history. Dr. Horwitz's tenure was followed by a period of transition lead by Dr. David Coleman, Interim Chair of the Department. During this time we saw significant growth in the quality and size of the department's teaching, research and clinical programs.

As I take the helm of the department, I look to the future with anticipation and excitement. The Department of Medicine, in partnership with Yale School of Medicine, Yale-New Haven Hospital and the Department of Veterans's Affairs is well poised to build on its tradition of excellence in clinical care, education and research. We are entering an exciting era in medicine where modern tools of cell and molecular biology coupled with genomics, genetics, proteomics and epidemiology are leading to an impressive rate of scientific discovery and the rapid development of diagnostic and therapeutic tools relevant to the care of our patients. This reality challenges our desire to train the future leaders of academic and clinical medicine to meet this challenge. We need to provide training in these areas to ensure that our trainees are well prepared to understand and use these new tools and concepts to benefit their patients. In addition, we also need to provide state-of-the-art physician scientist training in these scientific disciplines to allow our graduates to participate and be at the forefront of these exciting scientific advances. At the same time, we are well aware of the need of our trainees to work in an environment which is both supportive and challenging, with balance between service and education and between professional and personal development. As we face new challenges in the first decade of the 21st century, we are heartened by the knowledge that those who came before us created a strong foundation for the department with the expectation that we will continue to strive to maintain an environment that supports research and scholarship of the highest quality, education and training that produces the future leaders in American medicine and provides compassionate state-of-the-art care to our patients.

A handwritten signature in cursive script that reads "Jack A. Elias MD".

Jack A. Elias, M.D.,
 Chair, Department of Internal Medicine
 Waldemar Von Zëdtwitz Professor of Medicine

The story of the Department of Internal Medicine begins in 1813, when Yale recruited **Nathan Smith**, one of New England's best-known physicians. Smith had already established a thriving medical school at Dartmouth when he came south to help found the Medical Institution of Yale.

Smith had farmed, hunted and fought Indians in the Vermont militia before stumbling upon medicine at age 24 when he witnessed an operation. By 1813, he was exceptionally well qualified for his era. He'd earned a medical degree from Harvard (which began offering medical education three decades before Yale), trained in Edinburgh and traveled through the wilderness on horseback visiting patients. Distressed by the sight of unqualified physicians abroad in northern New England, Smith had single-handedly initiated the course of medical lectures at Dartmouth in 1797. In the words of Smith's Yale colleague, Jonathan Knight, the new school in Hanover produced "a race of young, enterprising, intelligent physicians who all justly looked up to Nathan Smith as their friend and professional father."

Smith was indeed the father of internal medicine at Yale: he gave the first lectures on the theory and practice of "physic", surgery and obstetrics. Smith's three fellow professors included Knight, who taught anatomy; Benjamin Silliman, the chemist and geologist; and Eli Ives, who taught materia medica. Only Smith and Silliman were salaried, with Smith earning \$1000 annually plus fees (50 cents for a house call with a prescription, \$5 for surgery). Tickets admitting students to lectures provided income to the two unsalaried professors. When Smith died following a stroke in 1829, Ives succeeded him as the professor of medicine. Ives was the first American physician to teach a course in pediatrics. He had a profound knowledge of botany and kept a garden connected with the medical school.

He'd earned a medical degree from Harvard...and traveled through the wilderness on horseback visiting patients.

In 1845, the medical school faculty elected its first dean, Charles Hooker. Hooker's cousin, Worthington Hooker, served as professor of medicine beginning in 1852. A graduate of Yale College and Harvard Medical School, Hooker had practiced medicine for more than 20 years in Norwich, Connecticut, before coming to Yale. His groundbreaking book on American medical ethics, *Physician and Patient*, had been published in 1849. Charles Linnaeus Ives succeeded Worthington Hooker as professor of



Nathan Smith

COURTESY OF YALE UNIVERSITY ART GALLERY



George Blumer

medicine in 1868. Ives was the son of a local doctor who proved to be a popular teacher. When Ives resigned in 1873, David Paige Smith gave up a lucrative practice in Springfield, Massachusetts, to serve as Yale's professor of medicine. A grandson of Nathan Smith, he would leave a bequest establishing a professorship in his name.

David Paige Smith taught under a new dean, Charles Augustus Lindsley. Lindsley took charge in 1863 during a period of important advancements in medical education. These developments were made possible by two important changes in the structure of the medical school. In 1877, the school assumed responsibility for the New Haven Dispensary, the local outpatient clinic for impoverished patients. As a result, opportunities for Yale students to observe and take part in patient care expanded greatly. Lindsley oversaw a Friday afternoon clinic at the Dispensary, designed exclusively for students. Although the attending physicians at the clinic did not have faculty appointments, they instructed students about their areas of specialization.

...professors even lent the medical school money and pledged shares of their incomes to keep the school afloat.

In 1879, a charter by the state legislature granted the medical school autonomy from the state medical society, strengthening ties between the school and Yale College. The charter allowed the medical school faculty to set the requirements for a degree. The faculty lengthened the course of lectures from two years to three and augmented clinical and laboratory instruction.

A physician with a "genius for teaching," John Slade Ely, served as chairman of internal medicine at the turn of the century. Ely had a strong grounding in the sciences and had trained in Europe. After Ely died in 1906 – thrown from his horse on Chapel Street – an anonymous donor endowed a professorship in internal medicine in his name. The first to be honored with the Ely professorship was **George Blumer**, who, taking over as dean four years later in 1910, would help transform the medical school. The school had repeatedly verged on bankruptcy during the 1800s, in



Milton Charles Winternitz



Francis Gilman Blake

part because when the professors periodically raised standards, enrollments sank. The Yale Corporation customarily ignored pleas for more funds, and professors even lent the medical school money and pledged shares of their incomes to keep the school afloat.

Blumer used a sweeping indictment of medical education in North America to garner support for improvements. The Flexner Report, sponsored by the Carnegie Foundation for the Advancement of Teaching, deemed only 31 of the nation's 155 medical schools worth saving. Yale was among them. Blumer cited the report in pushing for better funding, for stronger support from the Yale Corporation, and for medical school control of the local hospital (despite the resistance of local doctors). Under Blumer's leadership—through diplomacy, networking and skillful fund-raising—the School of Medicine finally achieved a firm footing. The New Haven Hospital accepted a plan to give full-time posts to medical school faculty, establishing a modern teaching hospital.

The School of Medicine gained national prominence under pathologist **Milton Charles Winternitz**, Blumer's successor as medical school dean. Winternitz is credited in 1925 with establishing the "Yale system" of medical education. The new curriculum reduced the number of mandatory courses and increased elective offerings; encouraged collegial relationships among students and faculty members; and eliminated tests and grades, instead requiring students to take two comprehensive examinations and to write the thesis that had been obligatory for Yale students since 1839. Winternitz also helped the medical school to realize the full-time system for faculty.

In 1921, Winternitz appointed the first full-time chairman of the Department of Internal Medicine, **Francis Gilman Blake**. Blake oversaw the department's transformation from a single salaried professor and some part-time faculty to a full-fledged academic



John Punnett Peters

department. Blake encouraged his colleagues not only to teach but also to do research. Blake himself focused on infectious diseases, investigating the pathogenesis and therapy of pneumonia and the viral etiology of measles. His intense interest in research was reflected in his directorships on influential boards, including that of his previous employer, the Rockefeller Institute for Medical Research.

Blake brought with him from the Rockefeller Institute a brilliant clinical investigator and outspoken nonconformist, **John Punnett Peters**. Peters conducted research in metabolism, writing books and articles at a fierce pace. His 1932 reference book, *Quantitative Clinical Chemistry* (written with Donald D. Van Slyke) had a tremendous impact on clinical research. Peters urged residents to ground patient care in scientific principles and probed—even badgered—residents to justify every decision about patient care. He was a generous mentor for clinical clerks and supervised a large coterie of research fellows, many of whom went on to distinguished careers.

In 1937, Peters joined a committee of eminent physicians to promote a system of comprehensive health care in the United States. The medical establishment fought the proposal. *JAMA* editor Morris Fishbein argued that it would inhibit individual initiative. Peters contended that society is obligated to provide good medical care to people of all classes.

Peters was accused of being a Communist during the McCarthy era. Although he denied the charge, the Loyalty Review Board of the U.S. Civil Service Commission refused to withdraw the accusation. Peters protested his treatment all the way to the U.S. Supreme Court – but to his bitter disappointment, the Court threw out the judgment on a technicality rather than ruling on its merits.

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Gerald Klatskin
(right of patient)



Paul Bruce Beeson

Known as “a clinician’s clinician,” Klatskin was remarkable for his exhaustive history-taking....

Under Peters’ tutelage, liver specialist **Gerald Klatskin** became prominent in the department and in his field. Klatskin came to Yale as an intern in 1933 and only left to serve in the U.S. Army during the war. He spent part of his tour in India, where the prevalence of hepatitis sparked his interest in liver disease. Affectionately called “The Klat,” he possessed an encyclopedic knowledge of liver function and over the years developed a collection of 50,000 slides of liver biopsy specimens. Known as “a clinician’s clinician,” Klatskin was remarkable for his exhaustive history-taking, which sometimes unearthed a detail holding the key to a diagnosis.

Another prominent physician of the era was **Allan V.N. Goodyer**, the first full-time faculty member to serve as chief of cardiology. Goodyer joined the faculty as an instructor in 1948, a few years after developing fetal electrocardiography. Known as a consummate teacher and committed clinician, a colleague described Goodyer as a man of “quiet dignity.”

...Beeson focused his attention on the housestaff. He worked to attract strong interns, and competition for training at Yale intensified.

The department grew dramatically in numbers and prestige under Francis Gilman Blake’s beloved successor, **Paul Bruce Beeson**. Appointed chairman in 1952, Beeson focused his attention on the housestaff. He worked to attract strong interns, and competition for training at Yale intensified. He encouraged housestaff to participate in research, seminars and small group discussions. He made sure that they were exposed to the full spectrum of internal medicine, discouraging overspecialization. Beeson insisted that physicians pay personal attention to their patients and did so himself. At attending rounds, he did not stand at the foot of the patient’s bed and discuss the case but rather sat down, looked the patient in the eyes and said, “Tell me your story.”

Beeson advocated a high rate of post-mortem examinations; he sponsored a competition culminating in a trip to a research meeting in Atlantic City for the intern and resident accumulating



Philip Kramer Bondy



Elisha Atkins



Phyllis Tuck Bodel

the highest percentage of autopsy permissions. When the Veterans Administration Hospital opened in West Haven in 1953, Beeson made sure that Yale and the VA would be closely linked. This partnership provided access to facilities and teaching opportunities that strengthened research and medical education at Yale. Housestaff began working at the VA during Beeson's tenure. Beeson carried on his own research in infectious disease and co-edited two influential textbooks.

In his 13 years as chairman, Beeson built a strong faculty, tripling the number of full-time appointments to almost 70. Beeson brought **Philip Kramer Bondy** with him from Emory University. Bondy headed the metabolism section of the department and succeeded Beeson as chairman of internal medicine in 1965. Enthusiastic and well liked, Bondy worked effectively with the faculty and fostered an expanded role for the department in clinical service. In his first year as chairman, a formal agreement between the university and the hospital created Yale-New Haven Hospital. Bondy played an important role in bringing the full-time and community faculty closer together. **Elisha Atkins** arrived three years after Bondy, sharing with Beeson an interest in the mechanism and biological importance of fever, which he continued to investigate through animal studies. Atkins was an avid birder and was well read in the humanities. He pursued his interest in the liberal arts and in undergraduates by serving as master of Saybrook College at Yale College beginning in 1975.

A key collaborator with Atkins was **Phyllis Tuck Bodel**, an international leader in the study of fever. Bodel came to Yale as a research assistant in 1961 after a brilliant debut: while still at Harvard Medical School, she was the first student to read a paper in the general session of the American Federation of Clinical Research. A vigorous and creative investigator, she was known foremost as a generous mentor for students. In describing Bodel, Atkins remarked that her "hatred of oblique devices of power

...her "hatred of oblique devices of power and oppression...made her an outspoken champion of women's rights."



Samuel O. Thier



Edwin C. Cadman

and oppression ... made her an outspoken champion of women's rights." She died in 1978 at the age of 44.

By then, a dynamic new chairman, **Samuel O. Thier** led the department. During his tenure from 1974 to 1985, Thier strengthened the department and widened its influence within Connecticut and internationally. The faculty grew by a third, and Thier increased the responsibility and authority of the section chiefs. He helped the School of Medicine create a program linking the departments of medicine in 11 hospitals in southern Connecticut. Yale faculty began lecturing frequently at sister hospitals. Thier also established affiliations with hospitals and clinics abroad through the International Health Program, founded in 1981 by Michele Barry and Frank Bia. The program allows residents to work in underserved areas overseas as well as at remote Indian Health Service hospitals in the United States.

Thier set high standards for his housestaff, engendering lifelong devotion in his trainees as well as occasional high anxiety. (Housestaff mythology includes the story of a resident who fainted during questioning by Thier, hence the nickname "Syncope Sam.") Known for his clear vision and his ability to articulate his positions in a logical and forceful manner, Thier revitalized the Department of Medicine so that it achieved national prominence. Thier's work grew out of his commitment to one of medicine's most enduring values, that physicians have a responsibility not only to their individual patients, but also the obligation to serve the greater public good. Thier left Yale in 1985 to become president of the Institute of Medicine at the National Academy of Sciences. He went on to serve as president of Brandeis University and now heads the Partners HealthCare System, which includes the Harvard teaching hospitals, clinics and medical practices.

When Thier departed, **Edwin C. Cadman** filled the post as chairman of the Department of Internal Medicine. Cadman had spent several years on the Yale faculty before moving to the University

Housestaff mythology includes the story of a resident who fainted during questioning by Thier, hence the nickname "Syncope Sam."



Ralph I. Horowitz

of California at San Francisco to direct its Comprehensive Cancer Center. When he returned to New Haven, Cadman created the position of director for the residency program, naming Rosemarie Fisher; helped establish Yale's residency in primary care; and created the ambulatory component of the medicine clerkship, allowing students to choose rotations in such places as outpatient clinics and community physicians' offices. These initiatives continue to enrich the educational programs of the department.

Under Cadman's leadership, the department worked with the School of Medicine and Yale-New Haven Hospital to adjust successfully to changes in the health care system. Cadman left the chairmanship in 1994 to become senior vice president and chief of staff at Yale-New Haven Hospital. Five years later, he headed west to become dean of the School of Medicine at the University of Hawaii.

Ralph I. Horowitz was selected to lead the department after Edwin Cadman moved on to become Senior Vice President for Medical Affairs of the YNHH. A member of the department since 1975 when he came to Yale as a fellow in the newly created Clinical Scholars Program, he later led the Section of General Medicine and co-directed the Clinical Scholars Program with his mentor, Dr. Alvin Feinstein. During his tenure as Chairman, Dr. Horowitz strengthened patient -based research in the department, worked successfully with the Medical School to double the research space for the department in the newly built Anlyan Center and developed the Investigative Medicine Program, a unique MD to PhD program that offers rigorous training to physicians planning a career in the laboratory or patient-based research. This program is now administered by the School of Medicine and accepts applicants from all clinical departments. Our Internal Medicine Residency Training Programs flourished under the guidance of Dr. Horowitz, remaining among the most competitive programs nationally. In addition, he was instrumental in partnering with



Samuel D. Kushlan



Frederick L. Sachs

the Department of Pediatrics to establish the Combined Medicine/Pediatrics Residency Program in 1998. This program quickly became highly successful, competing for the brightest students in the country. The medical service at Yale-New Haven Hospital increased dramatically during Dr. Horwitz's tenure, putting further pressure on our training programs and challenging our ability to continue to provide first rate patient care. To deal with this challenge, the Department of Medicine, in partnership with the hospital, reorganized and expanded the Hospitalist Service dramatically. This expansion, by providing care to an increasing number of patients, protected the educational programs of the department, allowing us to create an optimal educational environment while meeting the accreditation standards set by the ACGME. Dr. Horwitz's first love has always been to mentor young colleagues, be they medical students, residents, fellows or junior faculty. He continued to do so despite the challenges of leading a large department, reflecting his personal commitment to the education and academic missions of the department.

Two outstanding physicians from the department have served as associate chiefs of the medical service. The first, **Samuel D. Kushlan**, has been an enduring presence at Yale since 1935, when he attended Yale Medical School. In 1967, he joined the department as associate chief, a post he held until 1982. **Frederick L. Sachs** succeeded Kushlan, and also served as associate chief of staff for Yale-New Haven Hospital until his death in 1999.

Kushlan still contributes regularly to the residents' morning report. "It's like having a mystery story every morning," Kushlan told *Yale Medicine* magazine. On the best mornings, solving that daily mystery incorporates teaching, research and clinical care, three pursuits central to the mission of the Department of Internal Medicine.



COREY LOWENSTEIN / PETER CASOLINO

Sterling Hall of Medicine