The development of patient-centered and narrative medicine in the late modern era transformed interactions between western medical doctors and their patients. The healing process now involved treating not just the illness, but interacting in more complex ways with the whole individual. This limited study focused on the Journal of the American Medical Association (JAMA) publications in the 20th century and examined various historical relationships between and among patient medical history-taking and the patient narrative. Relationships included medical education reforms, diagnostic technology, information technology, and medical science knowledge. These categories and variables, when compared to various historical contexts, provide greater insight on both past and contemporary patient-doctor interactions of the U.S. practice of medicine. For the physician, personal “illness narratives” initially were treated as the gathering of “raw data,” in the form of the patient’s medical history, but later came to be viewed as facilitated by the quintessential medicinal art—the “art” of medical history-taking.

**Method**

- **Primary Sources:** JAMA (1900-1970) via JAMAonline and a small sample of clinical case taking books.
- **Primary Source Search Limitations:**
  - U.S. and Canadian medical systems that discussed clinical case taking skills or mentioned the patient narrative regardless of clinical specialty, medicine, or surgery.
- **Methodology:**
  - Keyword search or phrase(s) of interest in JAMAonline and queries were separated by decade and evaluated for relevancy to topic.
  - Relevant titles documented in a data book along with any notable quotes and logged in excel “index” for category and subcategory sorting.

**Key Historical Time Periods**

- **1920s:** Standardization of medical education expanded to internships and residency programs.
- **1930s:** Standardized aptitude test requirements; medicine classified as a professional track.
- **1940s:** Psychology developed the “patient interview.”
- **1950s:** Furthering graduate medical education standards as results of World War II.
- **1960s:** Technological improvements influence diagnosis and case-taking.
- **1929:** “Subjective” History portions of Surgical History, not included are sections “present illness” and “personal history.”

**History-Taking as a Means for Proper Diagnosis**

“...successful treatment depends on a complete understanding of the patient and his particular problem... Recent clinical experience has led to the use of certain ‘tricks’ in history-taking in allergic diseases which are of such practical importance that their recognition constitutes a virtual advance in diagnosis and treatment.”

Dr. Francis M. Bockem, Harvard, JAMA vol 106 no. 12, 1936

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**“Art” of Clinical Case-Taking**

- **Findings:**
  - Particularity in earlier sources, case histories consider the patient narrative important, but the history ultimately seen as a means of information gathering.
  - Case history represented physician’s competency to diagnose and functioned as a way to communicate diagnoses and plan of care.
  - Presentation of case studies in journals represented the medical community’s way of facilitating new knowledge and treatment methods.

- **Conclusions:**
  - Medicine did not completely ignore the value of patient’s narrative.
  - However, respect of patient narrative remained part of physician’s benefit to care for patient.
  - By the 1960s, profession acknowledged a need to balance the “objective” medical science with the “subjective.”

**History-Taking and Patient Regard**

- **Findings:**
  - Medical educators called for a balance of objective medical science with the subjective patient narrative.
  - Medicine did not completely ignore the value of patient’s narrative.
  - However, respect of patient narrative remained part of physician’s benefit to care for patient.
  - By the 1960s, profession acknowledged a need to balance the “objective” medical science with the “subjective.”

- **Conclusions:**
  - Groupings illustrated topic to be multi-faceted and complex in nature.
  - Overall, the first half of the 20th century valued the history as first and foremost, an objective, thorough, and accurate diagnostic tool.
  - Clinical Case-Taking is a philosophical and applicative skill, taught through example and practice.
  - It is just as easily undervalued and neglected as it is overvalued.
  - It is refined through experiences.
  - Success in the “Art” seems to involve acknowledgement and balance of the value of the History as a component of the diagnostic process, a process by which physicians demonstrate their competency and knowledge of treating patients.

**Further Research**

- Continue evaluation of various articles and books of and related to the index categories.
- Plan to provide a comprehensive explanation of the factors that shaped 1950s-1960s convergence of the history taking and the patient narrative.
- Use of secondary sources to place current and additional findings within larger historical contexts.

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