Milwaukee Academy of Medicine

Volume VIII / February 2004

President's Comments

by Jim Woods, M.D.
President 2004

At a time when physicians have never before been challenged with so many issues, it is time for medical organizations to bolster their memberships and attack the medical problems of society. Our Academy is an organization dedicated to "the advancement of science and medicine, professional collegiality, public service, and the preservation of our medical heritage". We must not let go of the past, but we must move ahead.

This year under Dr. Lamb's excellent leadership, we have asked you a lot of questions, made some changes, and added a great group of new members. The Council continues to deliberate recommendations gleaned from the membership survey. The choice of tonight's speaker on volunteerism is the result of listening to your interests.

This year we face simultaneously an increasing ratio of senior citizens to physicians, at least 45 million uninsured, an increasing death rate in subsets of our Milwaukee community, global obesity and concerns about the "real costs" of medicine and nano-technology. This is not the time or place for the faint of heart. We promise to attack the societal and organizational issues honestly and professionally.

Thanks for allowing me to be your 113th President.

Academy members are encouraged to bring a spouse or guest to all programs. Potential new members may be eligible to attend meetings as a dinner guest of the Academy. Please contact Amy John at 414-456-8249 for further information or to make arrangements.

Retiring President's Comments

by Geoffrey Lamb, M.D.
President 2003

As I reflect upon my year as president I am impressed that it has been a very full year and that it has gone by far more rapidly than I had anticipated. We have had some stimulating meetings, ranging from Ulice Payne's inspiring remarks a year ago to an insightful look at artificial hearts at our last meeting. Along the way, we met Democratic hopeful Howard Dean and heard him discuss his platform on Universal Health coverage and listened to Linda Ganzini's first hand account of the Physician Assisted Suicide experience in Oregon. Those of you who had a bit of extra time had a chance to talk with these individuals in greater depth over a few drinks in the lounge upstairs afterward and really get to know them.

Much of this year has been spent somewhat behind the scenes engaged in a strategic planning effort, taking a hard look at the Academy and its future direction. Your council has put in long hours looking at the mission of the Academy, the comments and interviews with members, and in debate about our entry into the 21st century. The work of the council will be disseminated in the next few weeks in a document summarizing their thoughts and recommendations. But this will not be the final plan. These are merely the first brush strokes. Now it is the turn of the members of the Academy at large to take this document apart and give us your thoughts. Let us know what you agree with and what needs fundamental rethinking. This is a real opportunity to shape the Academy to meet your needs over the next few years.

I leave the Academy in good hands. The council has proven to be a group that is sincerely motivated to help the Academy reach its potential. They have put in hours of hard work and demonstrated amazing enthusiasm. Your next president, Jim Woods, is a man of ideals and vision who will take us along on the next steps to meeting our promise as the organization of thoughtful physicians able to serve as leaders in this community over the next years.

MILWAUKEE ACADEMY OF MEDICINE
1886

2004 Meeting Dates

January 20
February 17
March 16
April 20
May 18
September 21
October 19
November 16

Meeting Location

(unless location change is noted on program announcement)

University Club of Milwaukee
924 East Wells Street

6:00 p.m. reception hour
7:00 p.m. dinner
8:00 p.m. speaker presentation

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Medical Care in "Old Milwaukee"

by J.M. Cerletty

Solomon Juneau was the first permanent white settler in Milwaukee, arriving in 1818 as an agent for the American Fur Company. The indigenous Americans he encountered were primarily Potawatomi, who had dominated the western shore of Lake Michigan since the mid-seventeenth century.[1] About a dozen "Yankees" arrived in 1833. (A Yankee was one born east of Chicago.) The next key settler here was Byron Kilbourn, who arrived in 1834. Kilbourn was a Connecticut native who was a shrewd land speculator. The Indians had recently "been persuaded to sign away all but a few upstate remnants of their ancestral claims."[2] Kilbourn focused his claims on a marshy area just west of the Milwaukee River. It was said that when he filed for 300 acres in that region, he gave a $100 bribe to a federal clerk, and the transaction went smoothly.[2] The area he finally accumulated was south of what is now Juneau Avenue, and included most of our current downtown area between Sixth Street and the river.2 The corpulent "Colonel" George Walker also arrived in 1834. His development, Walker's Point, was on a peninsula just south of where the Menomonee River flowed into the Milwaukee River.[2]

Solomon Juneau

Byron Kilbourn

George Walker

Solomon Juneau had built a cabin on the east side of the river. Juneau at the onset ran the only store in town, and later became involved in real estate development. The 1836 map, shown here, was made based on memories of early settlers, including Dr. Enoch Chase, Milwaukee's first physician trained at a traditional medical school.

Map of Milwaukee (1836). Hatched areas are lowlands. The first settlers had already filled in a strip of the tamarack bog west of the river (area in left upper corner)[2]

What were the health problems the newcomers to Wisconsin faced? "During the early decades of settlement, no disease took a greater toll than malaria, commonly called ague. In the summer of 1830, three-fourths of the men stationed at Fort Crawford in Prairie du Chien came done with malaria. In 1841 malaria killed 80 of the 600 residents of Lake Muskego."[3] The influx of the Europeans had a devastating effect on the native population. "Measles, influenza and venereal diseases felled countless victims, but smallpox proved to be the deadliest of all."[3] The Potawatomi "died off like sheep."[4] Some Chippewa may have avoided infection in earlier epidemics because of vaccinations given by Dr. Douglas Houghton, who had been on an expedition in the upper Mississippi country in 1832.[4]

Dr. John K. Bartlett was born in New Hampshire in 1816. He was a graduate of Yale College in 1836 and of the New Haven Medical School in 1840. He arrived in Milwaukee in 1841. Forty years later, he gave an address to the Milwaukee County Medical Society summarizing many of the events of those decades. Fortunately, he recorded his talk, which is still available in the files of the Milwaukee Academy of Medicine.

Bartlett left New Haven in a covered wagon drawn by two horses which carried the mails and a few passengers. Stops were only made to change horses. The trip, said to be the best winter route, was via Baltimore, Pittsburgh, Indianapolis, Michigan City and Chicago. That trip took thirteen days. The Chicago to Milwaukee trip was slower and usually limited to thirty miles a day, since they stopped nightly to rest the horses.

Bartlett recalled "it was near the close of the afternoon of a bright February day, that the stage with a solitary passenger, descended the steep bluff at Walker's Point to the ferry, which took him across the Milwaukee River." Despite his February arrival, there was no snow on the ground.

Milwaukee's population at that time was estimated at almost 2000. There was only one brick building in the city, located on what would now be Third and Juneau streets. Bartlett vividly described a host of other buildings in

the area, structures long since gone. He noted the distinct points of settlement. Walker's Point with scattered dwellings lay to the south. The east side or "Juneau town" abutted on a marsh where "snipe shooting" was good "till some years after." John Plankington's butcher shop was nearby. To the west was the residence of Byron Kilbourn. The only bridge across the river at this time was on Chestnut Street (now Juneau), then called the Red Bridge.

Why did Bartlett choose to come to Milwaukee? He doesn't tell us this in his memoirs, but it is likely that the opportunities for land speculation and the medical needs of an anticipated rapidly growing population were key. Perhaps the same options were not available in New Hampshire.

Bartlett joined Dr. William Proudfit in his practice.[5] Proudfit had been in Milwaukee for three years. His building on Third and Juneau also housed his drug and seed store. This senior partner died of pneumonia in 1842 at the age of 37. Bartlett noted that there were then six doctors in Milwaukee. Their practice included the surrounding region. Patients as far away as Racine and Waukesha depended on them for medical aid. It was not unusual for the physicians to travel up to thirty miles in cases of "ordinary illness and midwifery, as well as surgery."

Dr. John Bartlett

Bartlett recounts a consultation in Port Washington in the winter of 1842. The sleighing was good. He was joined on the trip by Dr. Erastus Wolcott, a pioneer in the evolution of surgical techniques of that era. A deer hunter had shot himself in the foot. The primary care physician wanted to amputate, but the two consultants dissuaded him, since the ball had passed cleanly through the foot and was not infected. What would the physician's fee have been at that time? In 1846, a group of physicians in Waukesha County agreed to charge uniform rates for their services. Verbal advice or an ordinary office prescription cost fifty cents. Amputation of the foot engendered a bill of fifty dollars.[3] In 1868, the Milwaukee City Medical Association adopted a Fee-Bill. An office prescription was now one dollar. The cost of a foot amputation remained at fifty dollars.[5]

What was Milwaukee like in the eighteen-forties? "Hogs ran loose in Milwaukee's residential districts until the time of the civil war. Efforts to control this nuisance were resisted by people who argued that the hogs were efficient street cleaners and a cheap source of meat for the city's poor. Opponents argued that the animals sometimes grew mean, were a hazard to children, and that no one ever owned a dead hog."[6] The central district of Milwaukee developed a rudimentary sewerage system after 1845, but the residential districts had none.

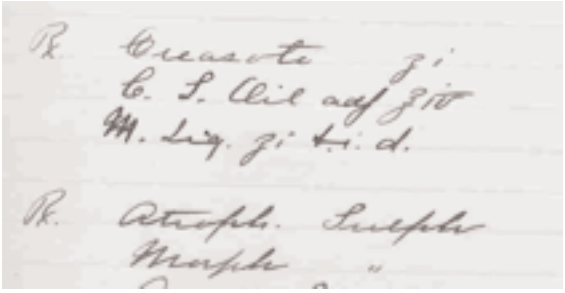
Smallpox made its appearance in Milwaukee in the spring of 1843, and the cases increased and "assumed a more virulent form" as the summer evolved. Drs. Bartlett and Bean rented a cabin on Oakland Avenue to serve as a "pest house" for patients. A "pest house" was a less than euphemistic name for a quarantine site for subjects with contagious diseases. This was an era before political correctness invaded the lexicon. A medical student, J.B. Selby, was placed in charge of the unit, which housed up to forty patients. Selby later practiced in Milwaukee. He was actively engaged professionally in the cholera epidemic of 1850, which resulted in almost 200 fatalities. Smallpox epidemics recurred in 1846, and again in 1868. The disease was more common among recent immigrants, who had shunned vaccination. A minor outbreak was reported in 1892. Cholera appeared periodically in the 1850s. Typhus affected some Milwaukeeans in the late nineteenth century.[5]

"Consumption (tuberculosis), lung fever (pneumonia), diphtheria and other respiratory afflictions were not common in the 1840s, thanks to isolated conditions, but among families stricken with these infections, mortality was high."[4] Children were especially sensitive to diphtheria, and the disease rapidly spread to siblings. The resultant multiple mortalities often devastated a family.

What were the therapies available to the medical practitioner at this time? When Louis Frank wrote a brief biography of John Bartlett in 1913, he made the following comments. "In therapeutics, Bartlett deviated from the then (mid nineteenth century) universal custom of giving enormous doses of nauseating agents, indiscriminate bleeding and similar barbarous practices."[5] But what was his therapeutic armamentarium in 1840?

Patent Medication for tuberculosis[3]

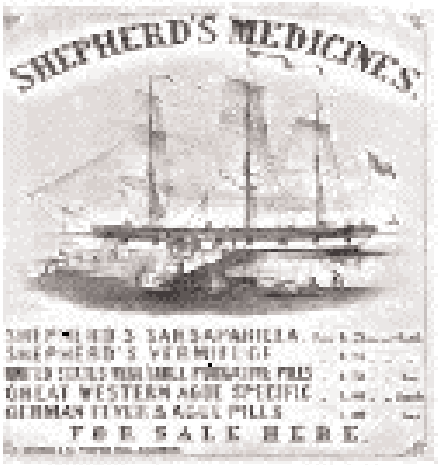
Hospitalized patient with tuberculosis received creosote as an expectorant, cod liver oil, atropine and morphine



Medical Care in "Old Milwaukee"

Bleeding and calomel (mercury chloride) were standards. "It was not always easy to bleed a patient who had a faint pulse and could not raise his head from the pillow, but the doctors were resolute. The patient had to be very ill before a 'doctor' was called, even at 50 cents or a dollar a visit. Home remedies were standard, with efficacy judged by taste."[6]

In the 1840s to 1860s (and likely beyond), patent medications were available to patients and physicians alike. They were highly advertised.



A sample of the "therapies" available in the mid-nineteenth century.[7]

Certainly, one of the most egregious examples of the therapy of the time, was reported by Dr. H.B. Willard of Jefferson County. His patient, a 3 yr-old boy, ill with typhus, seemed more apt to die from the treatment than from the disease. The therapy included calomel & rhubarb extract, followed by camphor, ipecac, opium and soda. The nape of the neck was blistered and mustard poultices were placed on his ankles. A day later balsam and turpentine were given, followed by an enema. Despite this, the boy survived![6]

Pioneering added to the already considerable health hazards of the time. The practice of medicine and regulations for public health were at a low level in the half century before the Civil War. Medical practice was in a state of near anarchy in which anyone could practice who felt a call. "No form of charlatanry seemed too blatant. The state of the medical fraternity was as low as the knowledge of matters of public health and personal hygiene would imply."[6] The profession enjoyed no particular respect nor advantages of income. One Wisconsin practitioner in Dodge County reported his cash earnings for one year as $68.[4] Perhaps his patients noted that his interventions were more harmful than helpful.

Dr. Walker Bean was Bartlett's partner from 1843 until his death two year later. A newspaper editor who was his patient, described Bean's therapy. "He bled me, cupped me, and gave me three doses of strychnine a day for three days." Strychnine was given as a stimulant. It was usually prescribed as nux vomica, obtained from the seeds of an Asian tree and containing the medicinal alkaloids strychnine and brucine. As its name implies, it was also used as an emetic.[5] Cupping was the application to the skin of glass cups, partially evacuated by heating, in an attempt to draw blood towards or into the skin.

"Bleeding, vomiting and purging the patient were standard therapeutic procedures. They drugged patients with Epsom salts, calomel and jalap (a violent cathartic) to purge the bowels. Laudanum, a tincture of opium, was used for pain, quinine to reduce fever, and a combination of opium, ipecac and antimony known as Dover powder to generate sweat."[8]

Blood-letting dates back to the time of Hippocrates. It was recommended for fevers, inflammations, a variety of disease conditions and, ironically, for hemorrhage. Although, it fell in and out of favor, it persisted into the 20th century and was even recommended by Osler in the 1923 edition of his Principles and Practice of Medicine.[9]

Physicians' equipment in the 1840s was simple. Most had a horse and saddle bags. Homemade splints and bandages, crockery or pewter hot water bottles, a few drugs and a small assortment of instruments were standard. "He made his own pills and tinctures and compounded all his medicines."[4] After 1860, most had stethoscopes and perhaps a few obstetrical instruments. Tooth forceps were common, since dentistry was usually practiced in conjunction with medicine.

Country Doctor. Engraving after a drawing by A. R. Waud. 1869[10]

Surgery was rudimentary. Antisepsis lay in the future, so infections were the rule, rather than the exception. Gangrene was common. Compound fractures often led to amputation. Chloroform was used, soon to be followed by ether anesthesia.[7] Because of the high incidence of puerperal fever after delivery by a physician, many women chose to have a family member or midwife assist them at delivery. Semmelweis pointed out the need for simple hand washing to prevent post-delivery infections as early as 1850. Even so noted a surgeon as Theodor Billroth was a slow convert to Lister's concepts.[11] In Milwaukee, Dr. Nicholas Senn was an early proponent of antisepsis, but this approach to augment surgery did not become standard until the 1890s.

Surgery was making rapid strides in the latter half of the nineteenth century. In Milwaukee, Wolcott did the first nephrectomy in 1861. In Switzerland, Emil Kocher performed the first thyroidectomy for goiter in 1876. He later received the Nobel prize for his advances in this area.

Dr. Curtis A. Evans delivered the presidential address before the Milwaukee Academy of Medicine in the spring of 1922. The title of his

talk was "Milwaukee Medical Societies; an Eighty-Five Year Retrospect."[12] He recounts the varied medical societies that evolved during that time, and some of the clinical cases discussed at these sessions. The earliest record was that of a meeting of the Medico-Chiurgical Club in January 1837. The case reviewed was that of "a short, thick apoplectic looking gentleman with lumbago, who had not received any benefit from his homeopathic treatment." Must have been a lean year for "great cases." In 1851, the society received from the county a sum of $600 to provide care for the poor. How that was doled out to individual physicians is unclear.

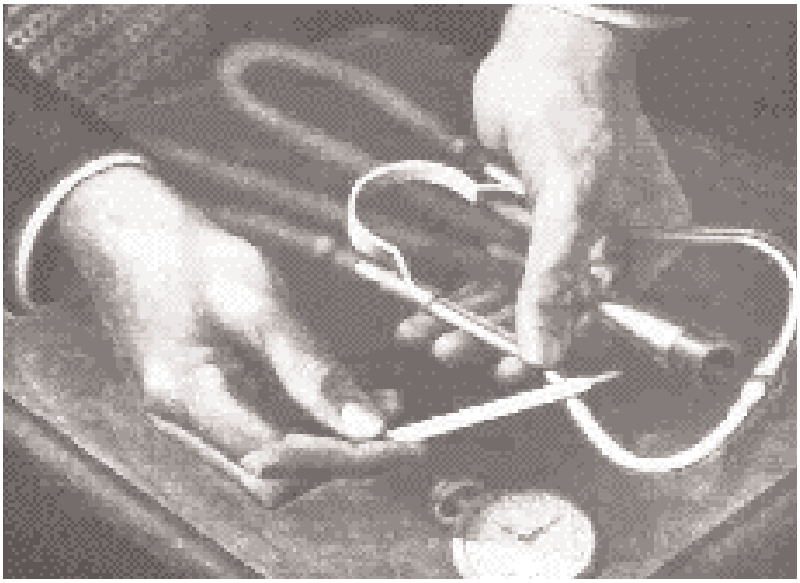
The most unusual of the cases discussed in this review was that of an 1848 clinical problem. This one is not for those of you tending to be queasy. Dr. Spaulding presented a man who had two fistulous openings on either side of the epigastrium, which "extended several inches below the skin and cellular tissues." Various therapies had been tried including infusion of silver nitrate, packing, hot fomentations of warm milk, warm beef and liver, and incisions with a knife, all of which were fruitless. Spaulding was induced to try "at the suggestion of a learned Doctor of the Emerald Isle" the application of warm puppy. The animal was "first beheaded and then split through the spine and applied at blood heat. This application was soon followed by the most intense pain, but when it was removed, forty worms, varying in length from a half inch to three inches, perfectly white and round, were found adhering to and greedily devouring the canine morsel. The next three applications of this dry poultice were followed by similar results so that 83 worms in all were removed. This novel and curious therapy restored the patient to health." I will leave it to the parasitologists to identify the culprits, likely nematodes.

Less esoteric presentations included the demonstration of an ophthalmoscope by Dr. Bartlett in 1871, at which time members were able to see the fundi of a kitten and one of the society members. In 1872, Dr. Nichols was invited to demonstrate the use of the laryngoscope. Dr. Senn presented his first paper on 'Thrombosis." The paper was listened to with marked attention.

Now medical advertising for physician and hospital services suffuses through our media outlets. During a recent commercial break (during a Packer game) three different hospitals proclaimed the excellence of their cardiac programs. In the nineteen fifties and sixties, such advertising was anathema. What was the policy in old Milwaukee?

Clearly, Nicholas Senn was an icon in the history of Milwaukee medicine. One would think he was beyond reproach. Interesting comments about Senn were made by Dr. J. S. Bach, celebrating his fiftieth year in medicine in 1934. His article "Some Things I Remember" was published in the Milwaukee Medical Times. Bach recalled that Senn "was not the least bit modest as to his ability and did not hesitate to proclaim himself as an authority. No one thought of challenging the high estimation in which he held himself, for it seems his temper was rather fiery." Bach also notes that in 1877, Senn had hired ten women to come each day to ring the large, loud bell on his door and visit him for a time as if they were his patients. For these services he paid them each a dollar a day.[14]

G.K. Tallmadge, Marquette University School of Medicine's only Professor of Medical History, reported that Drs. Solon Marks and Nicholas Senn had aspirations to become professors or even Deans of a new medical school. Marks, another icon of the past, was a member of the Milwaukee Medical Association. In 1871 the Association censured him for giving to the newspapers a self-laudatory report of the manner in which he had treated a patient injured in an accident. Subsequently, he had to apologize publicly in order to regain his standing in the Association.[14]



Family Doctor. Grant Wood. 1941[10]

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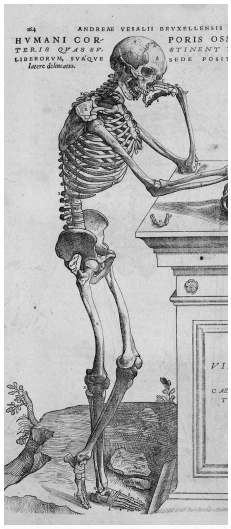
Book Review



by Nick Owen, M.D.

Drinking Water and Infectious Disease: Establishing the Links,
Edited by Paul Raymond Hunter, Mike Waite, and Elettra Ronchi
Published by CRC Press

Ensuring the safety of world water supplies is an extraordinarily complex operation. In developed countries, coordination among primary care physicians, hospital laboratories, reference laboratories, local and state (national) health departments, centralized communicable disease surveillance centers, food standards agencies, individual water and sewage treatment facilities, water engineers, public health and preventive medicine physicians, purveyors of health care products, the media, and others all play a role in dealing with supplying safe water, monitoring it, and dealing with water contamination.

Drinking Water and Infectious Disease reviews the state of the art for each of these groups and operations and their missions, as well as describing several water-bourne epidemics and their causes. Chapters are devoted to specific pathogens, how they cause problems, and the difficulties in their detection and management (both of patients and the water systems).

Although organized to facilitate reading by outsiders, the book is basically designed as a summary of the state of the art of water management and perhaps best used to outline the activities of each discipline for their partners in other fields.

One of the major lessons learned is that many of the indexing and screening tools (eg. 100,000 e.coli in water) are not good markers for other contaminants and other commonly used screening technologies and water treatments are too insensitive to protect the water supply. Not only does the science of water protection need to improve but much of the world has almost none. ~

Academy's Rare Book Collection

by Norm Engbring, M.D.

Among the rare books in the Academy's Horace Manchester Brown collection are many that relate to anatomy. In perusing some of these early works it is of interest to compare the illustrations and to note the progressively more detailed descriptions and illustrations of the early anatomists.

Galen (131-201 A.D.) was one of the earliest anatomists. He was a Greek physician, anatomist, and founder of experimental physiology. Unfortunately, his anatomical descriptions were based on animal rather than human dissections, and contained many errors which awaited correction by later anatomists.

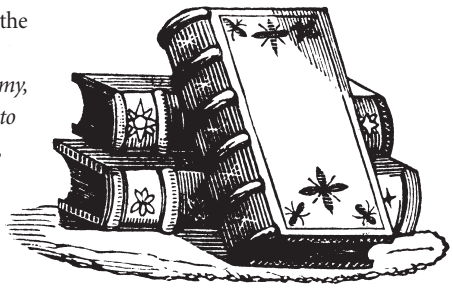
Bartolomeo Eustachi (1524-1574 A.D.) expanded on the works of Galen by his personal investigations into human anatomy. Few of his works were published during his lifetime. The book obtained by Horace Manchester Brown contains some of the collector's personal notes about the author:

Having an especial aptitude for Anatomy, he devoted the greater part of his time to that important branch of the profession, and enriched it with many important discoveries.

Like Vesalius, Eustachius was unable to disenfranchise himself entirely from the influence of Galen, and under the influence of that great teacher of Pergamos he endeavored to reconcile his own discoveries with the teachings that held the minds of anatomists enchained even in the presence of the demonstrable contradictions, that the dissecting table revealed.

Andreas Vesalius (1514-1564 A.D.) was born in Brussels. Coming from a family of physicians, he also became a physician. He continued his studies in France and Italy and became a professor of anatomy.

Vesalius revolutionized the teaching of human anatomy, discarding many of the prevailing teachings of Galen. He published De Fabrica Humani Corporis in 1543, a massive work that generated both praise and condemnation from contemporaries. Osler described it as "the greatest book ever written, from which modern medicine dates."



Many of the illustrations for his book are attributed to Calcar.

Charles Estienne (Carolus Stephanus), of France, began his anatomical investigations before Vesalius and published his work in 1545. The artistic quality is crude in comparison with that in Vesalius. Estienne was persecuted and imprisoned for heresy and died in prison.

Juan Velverde di Hamusco, a Spaniard who studied in Italy, expanded on the works of Vesalius. His work was published in 1607.

Pietro Berrettini, a Roman painter and architect, created anatomical plates in a different style from earlier artists. The plates were made about 1618, but were not published until 1788.

Many more works on anatomy are also included in the Academy's library. These books are available to scholars and may be accessed through librarians in the Todd Wehr library at the Medical College of Wisconsin. The collection is a treasure that had been acquired mainly by earlier members of the Academy and has been passed on to the current membership.

**Further information about these individual texts can be obtained from the Milwaukee Academy of Medicine website: www.milwacademyofmedicine.org*

I Want To Be Like Mike

In memorium: Michael Gryniewicz, M.D.

*2-16-39 to 1-4-03**

by Matthew Lee, M.D.

Mike died the other day. He was my friend, mentor, and partner. He was an obstetrician/gynecologist in our community for about 30 years. Mike was quiet but full of humor. I saw him almost every day of the week the past 4 years. He taught me much while we were together, and he has taught me much as we are apart. I learned a lot about his life at his funeral and from his family. However, I have learned volumes about what it means to be a doctor from his patients. Since his death, my partners and I have been seeing his patients. I have had the privilege to see many.

When I see Mike's patients, I am first struck by the size of the chart. To look in the back and see documentation, Pap reports, and billing sheets from 20 years ago is fascinating. $200 for a delivery? Then as I talk with his patient, we grieve together. Mike was in good health and his death at age 62 was a shock. Then I listen to her stories about how Mike helped deliver her baby, comfort her fears, cared for her during a hysterectomy, listened about a friend in trouble, encouraged her to leave an abusive relationship, was with her during a divorce or through the death of a child. With each patient it is a different story, but always a story. I am now just learning, in a very intimate way, how he impacted these women's lives. He is teaching me what the patient-physician relationship means.

At the end of the day it is the relationship that matters, not HIPPA, liability reform, healthcare cost, new technology, or revenue generated. These things have their place, and need to be tended, but I am being taught what comes first. As I read the biography of Mike's life, a biography written in the lives of these women, I am humbled to turn each page to discover more about what it truly means to be a doctor. I still see these women as Mike's patients, and I am just a temporary fill-in. Through my education at his side, I can only hope that I leave a biography such as this told by patients of my own.

** Mike was in private practice in Milwaukee from 1972 to 2003. He practiced at Community Memorial Hospital and St. Joseph's Hospital.*

The 1,222nd Meeting

September 16, 2003

by Arthur Derse, M.D., J.D.

On September 16, 2003, Academy members and guests heard Linda Ganzini, MD, MPH, Professor of Psychiatry and Medicine at Oregon Health Sciences University (OHSU) and Senior Scholar at the Center on Ethics in Health Care at OHSU describe her research on the five year Oregon experience with physician assisted suicide. Dr. Ganzini explained that physician assisted suicide as a means of death is still a minuscule portion of the annual deaths in Oregon (13/10,000, or just over 0.1%). In her studies of the reports to the state of Oregon required of the physicians who participate in this practice, some interesting facts about the characteristics of these patients emerge. The patients who request, and ultimately act on their request for physician assisted suicide, are not, for the most part, motivated by pain, or lack of finances, and are not patients who moved to Oregon to avail themselves of the procedure. Instead, these patients, in general, value control and are concerned about their lack of control over their lives as they die. They are more likely to be independent, often without close family support, and to value that independence highly. Dr. Ganzini noted that these patients pose a challenge to health care providers who hope that better pain relief and adequate support from health care team and family support would circumvent requests for physician assisted suicide. The question and answer period was animated, and Dr. Ganzini joined Academy members and guests in an informal discussion after the meeting.

MILWAUKEE ACADEMY OF MEDICINE
1886

The 1,223rd Meeting
October 21, 2003

by Elaine Drobny, M.D.

The 1223rd meeting of the Milwaukee Academy of Medicine commenced with the presentation of the Academy's Distinguished Achievement Award by Dr. Kevin Kelly to Dr. Jordan Fink, Professor of Internal Medicine & Pediatrics, Allergy & Immunology at the Medical College of Wisconsin.

The evening's lecture entitled "Women's Health Initiative: Findings & Clinical Implications" was given by Dr. Jane M. Kotchen, Professor in the Division of Epidemiology at the Medical College of Wisconsin. She is a leading investigator in the recently published Estrogen and Progestin Trial.

The Trial was undertaken to determine whether postmenopausal hormone treatment would reduce the incidence of cardiovascular disease. It was discontinued early when, at the five year mark, evidence was found of increased risk of aggressive breast cancer in those women taking HRT.

Dr. Kotchen explained the data and the statistics to us and a lively discussion ensued, initiated by Dr. James E. Aiman, Professor of Obstetrics & Gynecology at MCW who added his comments, clarifications and objections.

In spite of breast cancer concerns, fewer fractures and colorectal carcinomas were found in the study group. Care must be taken to not extrapolate the data to other ages or other types of hormones. Dr. Kotchen advised us to study the available data and help our patients to make their own informed decisions regarding HRT.

The 1,224th Meeting
November 18, 2003

by Jeff Jentzen, M.D.

Shelley McKellar Ph.D. from the Department of History and History of Medicine program at the University of Western Ontario presented a talk entitled "Artificial Hearts: Technology and Organ Replacement in 20th Century Medicine" for the 1,224th meeting of the Milwaukee Academy of Medicine on November 18th, 2003.

Dr. McKellar examined the topic of artificial heart transplantation to illustrate the potential of technology and life-prolonging mechanical devices in medicine. She used the development of the Jarvic-7 artificial heart and its implantation into Barney Clark as a jumping-off point to explore the ethics, economics and utility of employing medical technology as a life-prolonging tool for modern medicine. Dr. McKellar's long interest in technology and its role in medicine was evident in her vivid use of illustrations and her grasp of the historical development of artificial hearts, leading to the current AbioCor Artificial Heart Program. The topic sparked a spirited debate by medical ethicists, practitioners, and economists in attendance.

The 1,225th Meeting
January 20, 2004

The 118th Annual Meeting (1,225th Meeting) of the Milwaukee Academy of Medicine on Tuesday, January 21st, 2004 saw the departure of President Geoffrey Lamb who led us through a year of interesting programs and, more importantly, a review of the Academy's operations and objectives conducted as a Council Review of a Membership Survey (to be presented later).

The Academy's Humanitarian Award was presented to Dr. Catherine E. Wolf honoring her years of work in Haiti.

He introduced his successor, Jim Woods, who started the year by presenting Dr. Richard Bransford who spoke on "Volunteerism: Working Outside Your Comfort Zone". Dr. Bransford is an inspirational surgeon who has spent his career caring for and salvaging Africans, primarily children, in numbers and with problems which most of us can scarcely imagine. A truly inspiring presentation.

The editors would be happy to consider any original submissions from members for publication.

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