



MILWAUKEE ACADEMY OF MEDICINE

Volume XI / January 2005



President's Comments

by George Walcott, M.D., President 2005

Those of us who have lived in Milwaukee for several decades are reminded how harshly world competition treats organizations that fail to adjust. The Journal Sentinel series by John Schmid, surely a Pulitzer prize candidate, describes the demise of major corporations which in the seventies were models of strength and executive leadership. They are but memories. The African Americans who emigrated from the deep south to do the hard work are now in many instances economic orphans.

Perhaps more surprising is the replacement in the ranks of employers who made car frames, tractors, malt and beer by medical service corporations. Aurora, Covenant, and Columbia St. Mary's are now the large employers hiring the skilled and the unskilled; nonprofits provide work and redistribute income, but at a high price to the private sector. Will they too disappear in a few decades like Allis Chalmers, Schlitz, Pabst, and A.O. Smith?

Our January 18th Annual Meeting speaker is Dr. Robert Nesse, President and CEO of the Franciscan Skemp Health System in LaCrosse, part of the Mayo Health System. He has spoken and written extensively on change in the medical marketplace. How can we avoid being crushed by medical delivery corporations? We will need to understand new technologies and cope with constant cost pressures without losing our professionalism.

Come to the January 18th meeting, meet Dr. Nesse, join your Academy colleagues, and sharpen your viewpoint. ∞

Retiring President's Comments

by Jim Woods, M.D., President 2004

The church I attend requires 4 services (masses to some) to fit in all the people. Each service is intentionally exactly the same. In other words, the same announcements, the same music (horrors), the same message etc. The goal is that the congregation grasp the concept of practicing " unity in the midst of diversity. " The Academy has physicians from at least four decades attending our meetings, participating in our programs , and providing our leadership. Perhaps the greatest accomplishment of the latter is to keep us relevant to all and keep us committed to each other. There is a way to enact and embrace change without ignoring tradition and history. That is what we are trying to do, but each member must get the "vision". Helen Keller , when asked "what could be worse than being blind?" said " that's easy, having no 'vision"! " I hope each of you will continue to support Dr. George Walcott as your new President. It has been a special privilege to serve this year with you. Thanks. ∞

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2005 MEETING DATES

January 18

Annual Meeting, Robert Nesse, M.D., Exploiting Change in Healthcare

February 15

Management of Morbid Obesity, Panel Discussion

March 15

April 26

AOA/Academy Meeting, Julie Freischlag, M.D.

May 17

September 20

Bioethics Topic

October 18

November 15

History of Medicine Topic

MEETING LOCATION

(unless location or time change is noted on program announcement)

University Club of Milwaukee

924 East Wells Street

6:00 p.m. reception hour • 6.30 p.m. dinner

(Please note, this is a new earlier start time for the dinner.)

7:30 p.m. announcements and speaker presentation



New Academy Members 2004

Please join us in welcoming the following new members to the Milwaukee Academy of Medicine:

- Orlando Alvarez, M.D.
- Jamie Baisden, M.D.
- Robert Feulner, M.D.
- Mary Ann Gilligan, M.D.
- Ammar Hatahet, M.D.
- Erwin Hirsch, M.D.
- Charles Kidd, M.D.
- Keith Oldham, M.D.
- David Ota, M.D.
- Richard Pircon, M.D.
- Carol Pohl, M.D.
- Jaswinder Sidhu, M.D.

It Seems Like Only Yesterday

by Jim Cerletty, M.D.



I was a senior medical student assigned for my first experience on an obstetrics rotation. My fellow student was ill, so I knew I would have to handle alone the probing questions that the staff physician would fire at me. At that time, I thought that Leopold's maneuvers were something related to the Franco-Prussian War of 1870, not a method to determine the status of labor. A young woman was in the delivery room. This was her first child, and she seemed eager to get the job done. The delivery room nurse had me scrub and gown. The attending physician was "on his way." The resident assigned that day was involved in a caesarian section. I started to sweat, and my pulse rate rose by the minute. What do I do? What, God forbid, if the baby is a breech? The new mom increased her contractions. The rest happened in a few seconds. The baby exited and almost literally flew into my hands. I laid the baby on the mother's abdomen so she could see him. "It's a boy," I told her. The nurse helped me (let's face it, she did the job) clamp and section the cord and deliver the placenta.

The following morning, I visited this woman on maternity rounds. She knew I had "delivered" her child. She was ebullient and almost manic with joy. She carried on and on about what a joyous field obstetrics must be and what gratification I must feel with each delivery. Finally, she asked whether I still could remember my first delivery. I replied, "It seems like only yesterday."

On, September 5, 1954, I was a shy, quiet freshman student at Marquette University School of Medicine. The most important event of my medical life happened that day. I met Walt

Hogan. He is the man who has an international reputation in gastroenterology but also has an international reputation in humor. If laughter was truly the best medicine, Walt could cure the world's ills. Everyone knows Walter, and everyone loves him. There is no one at the Medical College who is more beloved. He is the spirit and treasure of this medical school. Walt was selected as president of our first year class. As Walt puts it, I was never in his class. Our bantering over the years has been memorable. In our running battle of wits, Walt invariably comes out on top.

Elizabeth Daniels was a seventy-year-old woman I cared for as a junior student. She was suffering from hepatic failure secondary to biliary cirrhosis. No liver transplants were available at that time. The two of us spent many hours together. The medical support efforts were palliative, but not curative. Her shriveled, jaundiced body housed a soul of immense strength and understanding. As she lay dying, this callow young student, frustrated at his and medicine's failure to save her, sat at her bedside, holding her hand, and finally breaking into tears. In her last hour of life, this special woman reversed our roles. It was she comforting me, assuring me that I had done everything possible and was going to be a great doctor.

It was called a rotating internship, and I was assigned to Obstetrics again. No ultrasounds, no fetal monitors existed in that era. The area was unencumbered by the presence of anxious fathers. No husbands ventured (or were allowed) into this sanctuary. The intern sat with the mother in the delivery suite, coaxing her through labor, timing her contractions and checking her cervix for the degree of dilatation.

Virginia was twenty-one years old and expecting her first child. Her labor extended for twelve hours. Her contractions gradually became more frequent, and I held her hand as they increased in intensity. Between contractions, I became her confidant as she told me of her hopes for this child. Virginia was a dancer. This hobby gave her such great joy that she assured me that her daughter (she blushed at the assumption that the baby would be a girl) would have the formal lessons she had missed. She fantasized about the various ballet companies that would pursue her prima ballerina. I would be invited to the opening nights!

We went together to the delivery room. The staff physician was called, but I doubted that he would arrive in time. The actual delivery began smoothly, despite the neophyte who was positioned at her perineum. I controlled the baby's head, and my left hand slid across the infant's back, until it reached a soft protrusion in the lumbar area. "It is a girl, isn't it?" she whispered, almost as a plea. I nodded. "Let me see my ballerina," she nearly shouted. I held the baby who was not perfect. The failure of nature to close the spinal column led to a defect known as spina bifida with an accompanying meningocele. This child, if she survived infancy in that era, would never walk. She would never dance.

It was another era. I had finished a rotating internship at a military hospital. The Army turned me over to NATO which sent me to a small dispensary in central France, where I was to care for 2,000 military personnel and their dependents, who lived in sequestered housing areas, several miles from the base.

Late on a Saturday morning during my second week in France, I was at the

dispensary finishing the suturing of a laceration, when a call came in from a housing area declaring a medical emergency. A thirty-year-old woman had been found unresponsive in her house. She was a new arrival, so the neighbors knew little about her. Her husband was on temporary assignment elsewhere and could not be reached by phone.

My catecholamine levels rose. What was the differential diagnosis of coma in a young woman? Could it be a ruptured cerebral aneurysm? Or was it a drug overdose or diabetic coma? What was I failing to consider? Before the two medics and I left, I looked at our emergency kit. It looked like it was left over from the War of 1812, containing suture kits galore, rolls of plaster for casting, an outdated rubber intubation kit, a vial of morphine and some antihistamine tablets. What was the differential diagnosis of coma? How do I treat coma? There truly is occasional divine intervention. I told the medics to get some ampoules of 50% glucose and syringes just in case the woman was hypoglycemic. We were on our way, two unskilled medics and a neophyte two weeks out of his internship, determined to save a life

The settlement contained innumerable dwellings. As we approached, it was evident that news of the calamity had spread like wildfire. A minimum of sixty people were standing in the streets, awaiting me in judgment and expecting no less than an instant cure. They parted before our ambulance as the Red Sea had done at the command of Moses. We entered the house and were amazed to find more than twenty people in the unit; countless others peered through the windows and open doorways. Talk about pressure to succeed! The woman was lying on the



Sargeant Hall in foreground

couch. She was completely unresponsive. A cursory exam revealed that her pupils were not dilated; her skin was cool and moist; her pulse and blood pressure were normal. Please Lord, please Hippocrates, help me!

The only potentially useful item in our emergency kit was the glucose. I found an antecubital vein and slowly administered 50 ml. of the solution, hoping for a response. Looking up and about, it was apparent that additional scores of bystanders had crowded into the room in the few minutes since my arrival. As I withdrew the needle and syringe, the patient opened her eyes, looked at me, asked what had happened and then sat up.

There was a brief moment of complete silence. The murmurs and rumbles of the throng inside and outside of the room completely abated. Then, almost as suddenly, the clapping started; first within the room, and then from outside, soon reaching a crescendo, as the spectators displayed their approval of this modern day miracle worker, this young captain in the Medical Corps who brought the

female Lazarus back to life.

In my many years of practice since that day, I have never achieved this degree of adulation from patients or families. If I had allowed it, the crowd would have taken me away and made me their king. Since that time, like many physicians, I have awakened hypoglycemic patients from their stupor with intravenous glucose. But I doubt that it ever has been done in a more dramatic setting for so large a non-medical audience. As the days passed, the excitement quieted down. The only aftermath was that for a brief time, our clinic visits increased as the chronic patients came to see whether this new wonder doctor could heal their depression, their headaches, their obesity or other incurable woes. Within two months, I was just another army general medical officer.

Sargeant Hall, constructed in the mid-fifties, was named after the physician-administrator who governed the County Hospital for much of the first half of the twentieth century. It was built on 87th street, just east of the hospital and connected to it by an

Continued on page 4

It Seems Like Only Yesterday (continued)



underground tunnel. At the onset, it was a residence for house staff, serving as home for single interns and residents and as sleeping quarters for those on call. The first floor contained two recreation rooms, housing a piano (out of tune), a pool table, a ping-pong table and a large TV set. For about twenty years, Ms. Anne Moncher, who served as den mother, hall monitor, financial adviser and sundry other roles, ruled Sargeant Hall. Her house was governed by her high moral standards. Celibacy was to be prized, and she was going to maintain that status for the single residents and interns who lived there, no matter what the cost. Whether she used a periscope to peer over the transoms is still debated. Since she had a key to all the rooms, only the most libidinous of the occupants took the risk of being discovered in flagrante delicto. It was rumored that one offense led to expulsion to the much higher priced apartments of Wauwatosa.

After Ms. Moncher left in the early seventies, the famous (or infamous) Fluid Round parties began. These egalitarian sessions trapped people on their way to the parking lot, and the mix of physicians, students, nurses and secretaries and others produced memorable parties that are still recounted (and likely embellished) by many. In the early nineties, Sargeant Hall had a brief stint as a dormitory for students of Wisconsin Lutheran College. Did another Ms. Moncher arrive on the scene? In early September 2000, the Hall, replete with memories, was razed.

Who were the best teachers, our mentors? So many of the attending staff before the late sixties were volunteer unpaid physicians. These doctors would make rounds three days a week,

generally taking a six-week assignment. I was fortunate to have Dr. Paul Labissoniere as one of my attending staff. Paul knew and still knows medicine, and he knew how to deal with people. His sensitivity, charisma and class made him the ideal mentor. I ran into Paul about twenty years after our stint together. I was surprised that he was about five foot, eight inches in height. I had remembered him as a giant in all respects.

Ed Lennon was another giant in medical education. As a first-year resident, I was assigned to his team. The homespun style of this legendary teacher is hard to describe. When our team was making rounds, the numbers grew, as students and house staff from others teams joined us to hear his clinical assessments. As one student put it, "I never picked up so many clinical pearls!" All this teaching was embellished by his sense of humor. Carl Junkerman was the only other physician who approached Lennon as a teacher and mentor. He earned the title of the Doctor's Doctor. The house staff gave teaching awards to the best volunteer and full-time attending staff. Only Carl Junkerman won awards in both classes. Hiring Carl as Chief of General Internal Medicine was Dan McCarty's best move.

There were and are so many other clinical giants and teachers. I am reluctant to mention the list of names, for fear I will omit some of the stalwarts.

Mike Keelan, often referred to as "Iron Mike" (out of his hearing distance), ranks with Walt Hogan as one of MCW's MVPs. Mike, Don Tresch and Ron Siegel were the "Blessed Trinity of Cardiology." Mike was clearly God the Father. It is of interest that all three members of this trinity were third basemen on the softball fields.

Paul Schactman, a 1980 graduate of our residency program, took his cardiology fellowship at a prestigious center in New York. I met Paul midway during his training program. I asked about the quality of his fellowship. "It's great and the faculty are superb, but there is no one here who can walk on water like Mike Keelan."

Tony Pisciotta was a beloved clinician, researcher, and humorist. For bawdy jokes, give me Ed Stewart, followed closely by Tom Russell. Triple threaters in the roles of clinician, teacher and researcher are Ed Duthie and Larry Ryan. Andy Norton, nicknamed "Nortmania" enlivened the educational programs. Dave Schiedermayer is a superb clinician who also is a storyteller, a poet and an ethicist.

Basal Varkey and Kasavan Kutty are perennial "Best Teacher" awardees. I cannot omit the surgeons. Stu Wilson has always been technically excellent, and also is beloved by patients. Jeff Schwab in orthopedics is another superstar. Another MCW icon is John Kampine.

If there is a successor to Hogan and Keelan, my nominee would be Jim Sebastian. This beloved Professor of Medicine has become the soul of education for medical students and post-graduate trainees. His sense of humor is legendary. At the annual convocation of the school, Sebastian and Gary Kolesari walk off with a ton of teaching awards. The award of tenure has been bestowed on only two faculty members in the clinician educator track. Sebastian is one of them.

The patient stories are endless. The joy of discovery that led to resolution of a patient's problems is the most gratifying of all endeavors in the field of medicine. The wonderful nurses who worked with us merit another story. It seems like only yesterday. ☺

Book Reviews

by Nick Owen, M.D.

The Great Plague: The Story of London's Most Deadly Year

A. Lloyd Moote and Dorothy C. Moote
The Johns Hopkins University Press,
Baltimore & London, 2004

This unique volume is the retirement project of an academic California couple, he a professor of 17th century history and she a microbi-

ologist and health care educator. The second unusual feature entailed years spent in England reading not only secondary sources but exploring the archives of personal letters, diaries, business ledgers, business correspondence, and municipal documents seemingly miraculously preserved from the time of the plague.

Thus we have weekly documentation of death rates parish by parish but also a continuum of how these

events affected the lives and businesses of the 17th century writers – almost like being there.

In a substantial epilogue, the microbiology of the plague is discussed in historical context including contemporary attempts to isolate yersenia DNA from exhumed victims to further trace the epidemiology of the serial plagues that cursed England (rats, fleas, and seaports don't quite do it). ☺



by Nick Owen, M.D.

The Truth About the Drug Companies

Marcia Angell, M.D.
Random House, New York, 2004

Marcia Angell, M.D. in her book, *The Truth About the Drug Companies: How They Deceive Us and What To Do About It*, Random House, New York, 2004, discusses some of the serious problems in the drug industry as well as some inappropriate behavior on the part of the medical profession which this has engendered. Although excessive drug costs and their causes are the major issue a multiplicity of other sins are discussed.

Her attack on the adage that the high cost of new drugs is required by the high cost of research and development seems well taken, as the costs seem exaggerated and indeed much of the research is independently funded by the NIH and other sources.

The co-opting of physicians, both at the level of educating prescribing physicians to order what the drug companies are promoting through detailing and medical education lectures and the signing on of researchers, panelists, commissioners, and congressmen to promote pro-drug regulation or legislation is disturbing.

The controlling of research trials and their publication is self-serving and scientifically dishonest. Likewise, manipulations of the patent process and exclusivity rights and the resulting legal maneuvering serve only the drug companies.

Dr. Angell faults the medical profession for not retaining control of the educational, research and regulatory processes. Back to back articles in Volume 351 #18 of the *New England*

Journal of Medicine (Blumenthal "Doctors and Drug Companies" p. 1885 and Studdert "Physicians and the Pharmaceutical Industry" p. 1891) document the inappropriate relationships better than any other source that I have seen.

One needs to supplement Angell by reading an essay by Malcolm Gladwell on p. 86 of the October 25th, 2004 *New Yorker* magazine entitled "High Prices: How to Think About Prescription Drugs". Gladwell makes several original points, one being that although drugs under patent protection are more expensive in the USA, generic drugs are cheaper here than elsewhere in the world. A second point is that overall drug costs are determined by the prevalence of use as much as by other factors. He lastly points out that the development of an adequate system informing prescribers and patients which are the best and least expensive drug choices for a given situation would be a key step in the control of drug prices. ☺



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

Forrester Raine, M.D.

by Dr. Wayne Boulanger
Former Columbia Hospital Chief of Staff

Two thousand nine will be Columbia's centennial year. By that time many of the Columbia medical staff members who worked at making their hospital the best that it could be, who were truly pillars in the structure of medical practice in Wisconsin, will have been long forgotten.

It is almost 50 years since one of the strongest of those pillars last strode Columbia's corridors – Doctor Forrester Raine. Some of our current staff probably never heard of Forrester Raine, but those of us who knew and worked with him, who were inspired by his knowledge, his surgical skills, his strength of character, professional honesty, and forthrightness, will not forget what he did for us and for Columbia.

Sometime in 1952 or 1953, during my internship when I was wondering where to go in my career, I talked things over with Doctor Raine as he was waiting to begin an operation. He was then in his early 50's and at the high point in his surgical profession, Chief of Surgery at both Columbia and the V.A. Hospital at Wood, and a Clinical Professor of Surgery at Marquette. He suggested that I apply for admission to the surgical residency at the V.A. and I looked no further (the V.A. general surgical program encompassed four years at that time, while Columbia was approved for only three.)

My own assessment of my surgical skills was not very high then, so early in my medical life, and if the highly-regarded Doctor Raine hadn't seen me as a potential surgeon I doubt that I would have taken that step. And in the first two years of my residency I was often to wonder if my seldom-wrong

mentor hadn't made one of his rare mistakes.

Forrester Raine was born in Dayton, Ohio, the son of a professor of English literature who also happened to be a Congregational minister. His mother was a registered nurse. The Raine family moved in 1913 to a farm in Kentucky where young Forrester found farmwork onerous enough to convince him that he wanted to go into engineering. After a brief trial, he soon switched to a pre-medical curriculum program, largely at his mother's urging, at Berea College. He completed the course and actually entered the Ohio State University School of Medicine in the fall of 1918. But those were unpredictable times, and in a few weeks he landed in the Army Officer Candidate School in Virginia, ultimately becoming a lieutenant of artillery. Resuming his education in 1920, upon discharge, he took a B.A. at Oberlin, and then returned to O.S.U. Medical School for two years, after which he transferred to Boston University, receiving his M.D. in 1924.

After graduation the 24-year-old Doctor Raine headed for Milwaukee, having been attracted by the surgical reputation of Doctor Jack Yates, a well-known disciple of Doctor Halsted of Johns Hopkins. He interned at Mount Sinai in Milwaukee and then signed on at Columbia for his surgical training under the leadership of Doctor Yates. He completed his training in 1927 and then joined Doctor Yates in his private practice.

Thoracic surgery became his special interest, and in 1936 Doctor Raine performed the first pneumonectomy ever done at Muirdale.

His service time after World War I did not exempt him from military service during World War II. Having held a

reserve commission from 1919, he entered active duty in 1941 as Chief of Surgery at the 147th general hospital in Hawaii, where he also served as surgical consultant for the central Pacific theater.

In 1946 he returned to Milwaukee where he resumed his private practice at Columbia and, under the aegis of the Dean's Committee at Marquette, helped to transform the V.A. Hospital at Wood into a legitimate teaching hospital with the most sought after surgical residency in the state. By the time I began my surgical practice at Columbia in 1957, Doctor Raine had reached the end of his surgical career which in its final few years had been limited by two major physical problems – rheumatoid arthritis and idiopathic pulmonary fibrosis; but he maintained his teaching activities at the V.A. Hospital, running the Tumor Board and chairing the surgical M & M conferences.

The above biographical sketch leaves much unsaid about the man and doesn't address the personality of this longtime Midwesterner who sounded like a native Kentuckian, nor does it convey his no nonsense approach to surgery and the teaching of young surgeons. He was a proponent of the direct approach, both in surgical diagnosis and in his interpersonal relationships. A superb operating room teacher, even when his gnarled hands were crippled by arthritis, he was a fast, efficient technician who wasted no motion – who never said much while operating except for a few stock expressions which all of us who worked with him remember still....

I cite, for example, the case of Mrs. Gold who was admitted to Doctor Rosenbaum's cardiology service at Columbia to be prepared for mitral commissurotomy. She had mitral stenosis with atrial fibrillation. Shortly



after admission, she flipped a saddle embolus, which was quickly recognized. This was about ten years before Fogerty catheters became available, so Doctor Raine approached the aorta through a standard abdominal incision. I don't know if he had ever operated on a saddle embolus before, but although the operation went well he pronounced it a "witch kitty".

Mrs. Gold recovered well, without complication, and Doctor Raine was soon able to proceed with a commissurotomy while I still had the good for-

tune to be on his service. In those days, mitral commissurotomy was accomplished by a finger fracture technique. The valve, according to Doctor Raine, as he probed through the open atrium with his knobby right index finger was "tighter than Dick's hatband".

I always marveled at his orderly thought processes. For instance, when he conducted the Tumor Board and Mortality and Morbidity Conferences at the V.A., he would dictate the summary of each case to his secretary immediately after discussion was completed with-

out using notes. The summaries never required editing, and the secretaries never seemed to have any problem with his speech mannerisms – even though it must have taken them a while to figure out that a "grayed eel" meant a "great deal".

There have been many contributors to the excellence of Columbia's medical staff over the course of a near century, but few bring back memories in the way Doctor Raine did and still does.

Reprinted by permission from The Physician Newsbrief (Columbia Hospital) ~

2005 President's Award ~ Elaine Drobny, M.D.

The Academy's Nominating Committee has selected Elaine Drobny, M.D. to receive the 2005 President's Award at the Annual Meeting on Tuesday, January 18th.

The President's Award is given annually to a member of the Milwaukee Academy of Medicine who has immeasurably enriched the Academy by their presence, their work and their personification of our motto - non nobis nascimur - we are not born unto ourselves.

Dr. Drobny joined the Milwaukee Academy of Medicine in 1986. She

has served in many capacities including: President, President-Elect, Treasurer, Membership Chairman, History of Medicine Special Task Force Chairman, Member of the Strategic Planning Committee and the Bioethics Committee. Dr. Drobny will begin a 4 year term on the Academy's Board of Trustees beginning in January 2005.

Join your fellow Academy members at the January 18th Annual Meeting to recognize Dr. Drobny for her unstinting efforts and dedication to our organization. ~

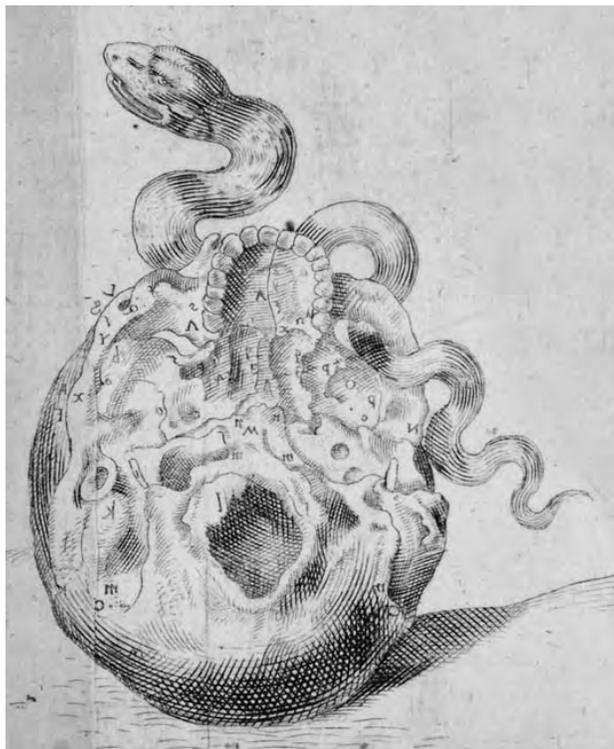
Humanitarian Award

Each year at the Annual Meeting in January, the Milwaukee Academy of Medicine presents its Humanitarian Award to an exemplary individual who has significantly improved the welfare of our community. This year the award will be presented to Jan Hoeksema who has used her teaching skills to found, develop, and raise funds for a magnificent neighborhood center at 3429 N.

Martin Luther King Drive. The center's activities include a Safe and Sound after-school program for 600 young people, tutoring, mentoring, employment programs, alcohol and drug counseling programs, a print shop which teaches entrepreneurial and small business skills, and a food service training program for clients with criminal records and alcohol and drug problems. ~

~ Email Reminder

If you have not already done so, please email your current email address to the Academy office, amyjohn@execpc.com, so that you can be easily contacted for general correspondence and feedback gathering. You will not receive program announcements or the newsletter via email unless you specifically make that request. Thank you.





Officers and Members of the Council for 2005

George Walcott, M.D., President
Ralph Schapira, M.D., President-Elect
James Woods, M.D., Immediate Past President
Rajiv Varma, M.D., Secretary
Rita Hanson, M.D., Treasurer

Council

Matthew Lee, M.D.
Donald Beaver, D.O.

Committee Chairs

Bioethics

Art Derse, M.D., J.D.

Finance

Rita Hanson, M.D.

Fund Development

James Stiehl, M.D.

History

Jeff Jentzen, M.D.

Raymond C. Zastrow, Jr., M.D.

Membership

Jerry Van Ruiswyk, M.D.

Newsletter

Nicholas Owen, M.D.

H. David Kerr, M.D.

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Robert Karlman

Carl Knauer

Walt J. Wojcik

Mary Wolverton, J.D.

The 1,230th Meeting September 21, 2004

by Nick Owen, M.D.

Having on several occasions attended staff meetings at which the organization's attorney updated the audience on the latest government regulations (a dry reprise of regulations plus dot your "i's" and cross your "t's"), I was delighted to listen to Jessica Wilen Berg J.D. discuss E-Medicine on 9/21/04. An Associate Professor of Law and Bioethics at Case Western Reserve University Schools of

Medicine and Law, she discussed e-mail and tele-medicine as enhancements of medical communication - each with advantages and drawbacks.

The former include expeditiousness and the presence of a written record; the latter lack of privacy, lack of face to face confrontation, and lack of acknowledgement of receipt.

A well organized and fluid presentation; anyone missing the meeting is encouraged to seek another opportunity to hear Professor Berg speak or read her publications. ☺

The 1,231st Meeting October 16, 2004

by Nick Owen, M.D.

A group of 50 Academy members and guests enjoyed an extraordinary experience at the 1,231st meeting of the Academy on October 16, 2004. President James Woods opened the meeting by presenting Drs. Charles Kidd and Keith Oldham for election to membership.

He was joined at the podium by Dr. James Lee who introduced Dr. Adolf Stafl M.D., Ph.D., Professor of

Obstetrics & Gynecology who was presented with the Distinguished Achievement Award 2004 to honor his development and promulgation of colposcopy. Professor Stafl accepted the award with a delightful biographical recitation of "how it happened".

The evening's speaker was Bert Hansen, Ph.D., Professor, Department of History, Baruch College, The City University of New York; his novel topic, "How LIFE Looked at Medicine: Magazine Photography and the

The 1,232nd Meeting November 16, 2004

by H. David Kerr, M.D.

The 1,232nd Meeting of the Academy was held at the University Club on November 16, 2004. The evening's speaker was James R. Baker, Jr. M.D., Chief of Allergy and Immunology and Professor and Director of the Center for Biologic Nanotechnology at the University of Michigan. His topic was entitled

"Nanotechnology for the Enhancement of Human Health." The meeting was well attended, and the audience greatly enjoyed a talk that was lively, witty, and replete with comprehensible examples of the uses and mechanisms of action of nanomaterials in medicine. The boldness and audacity of this new area of science was evident to all. Dr. Baker described several areas of current investigation that included

To The Membership

We have three requests of all members of the Academy:

- 1) Have you heard an outstanding talk lately at a meeting or course which ought to be shared with fellow Academy members? If so, please let the program committee know.
- 2) Likewise, have you read a great book? Tell us and we'll read it and review it or better yet, write a review and we'll publish it.
- 3) We're always looking for original writing whether medical or general; send anything you are interested in sharing.

All communications should be directed to: Amy John at the Academy.

American Public's Image of Medical Progress". Professor Hansen pointed out how accurately and positively LIFE magazine portrayed science and scientific development in text and principally in pictures until the early 1960's when pictures gave way to an emphasis on text and the down-sides of science began to take precedence.

Many of us found images we recalled from youthful perusal of LIFE and wondered what influence this had on our choice of medicine as a career. ☺

delivery of therapeutic agents in "nanoemulsions", placement of molecule-sized cancer or radiation sensors at the cellular level (the second in preparation for humans going to Mars), molecular surgery, and augmentation of damaged functions (as in bolstering improvements in memory loss). Many compliments were voiced at the end of this "dynamite" presentation. ☺