



# MILWAUKEE ACADEMY OF MEDICINE



Volume XIV / January 2006



## 120TH ANNUAL MEETING

Wisconsin State Representative Curt Gielow (23rd Assembly District, R – Mequon) will be the keynote speaker at the Milwaukee Academy of Medicine's 120th Annual Meeting on January 17th, 2006. Representative Gielow has taken a lead role in various issues related to healthcare in the State of Wisconsin. He will talk to the Academy about broad areas of health policy in Wisconsin, including healthcare fundings and the medical malpractice situation.

Representative Gielow has a Bachelor's degree in Pharmacy and a Master's degree in Healthcare Administration. He is a Ranking Member of the Personnel & Finance Committee.

Please attend the Academy dinner  
and Representative Gielow's talk!

*Ralph Schapira, M.D.*  
*President 2006*  
*Milwaukee Academy of Medicine*



**120th Annual Meeting**  
Tuesday, January 17th, 2006

**University Club of Milwaukee**  
924 East Wells Street  
Milwaukee, Wisconsin 53202

Cocktails 6:00 p.m.  
Dinner 6.30 p.m.  
Awards and Presentation 7.30 p.m.

Cocktails: \$6.50  
Dinner: \$40.00  
Presentation: No charge  
Reservations required.  
Email: [milwacademyofmed@execpc.com](mailto:milwacademyofmed@execpc.com)  
Spouses and guests are encouraged to attend.



## 2006 MEETING DATES

### January 17

Annual Meeting,  
Wisconsin State Representative Curtis Gielow

### February 21

David Rosner, Ph.D., Professor of History & Sociomedical Sciences, Director, Center for the History & Ethics of Public Health, Columbia University  
History Matters: Lead Poisoning, Vinyl Chloride, Corporate Power and Environmental Health Policy

### March 21

### April 25

(Please note, this is the 4th Tuesday of the month).  
AOA/Academy meeting.

### May 16

**September 19**  
Bioethics topic.

### October 17

### November 21

History of Medicine topic.



## MEETING LOCATION

**University Club of Milwaukee**  
924 East Wells Street  
6:00 p.m. reception hour • 6.30 p.m. dinner  
7:30 p.m. announcements, awards  
and speaker presentation



# From the Academy's Rare Book Collection



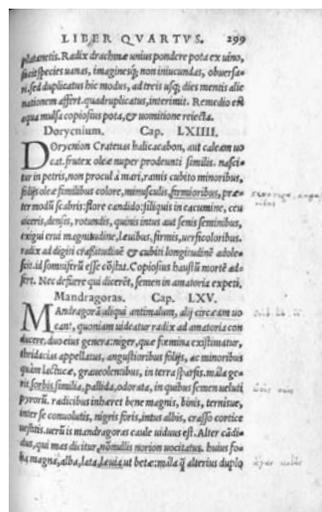
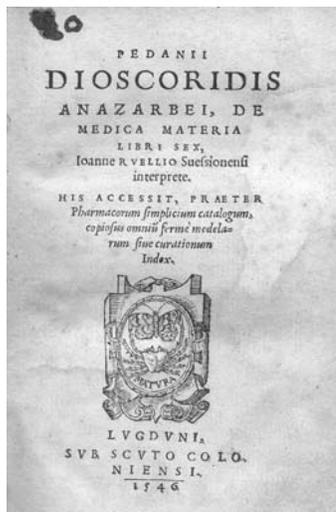
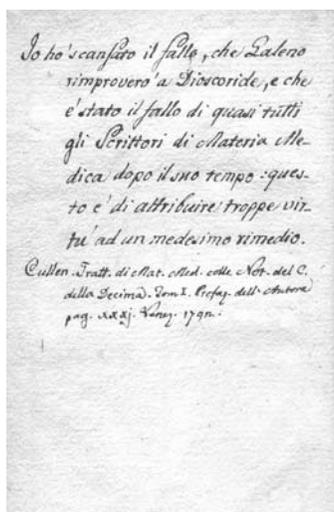
Review by H.D. Kerr, M.D.

The Academy holds three copies of De Materia Medica, the ancient herbal of Dioscorides Pedanius of Anazarbos (De Medica Materia Libri Sex), two translated by Ioanne Ruellio (Basileae 1542 and Lugduni 1546) and one by Andrea Matthioli (Vinegia 1550).

Dioscorides (c40-c90 AD) was a physician of Greek origin in the Roman army, born in Anazarbus in present day Turkey. He traveled widely in Italy, Greece, Gaul, Germany and Spain and during these travels collected cures and treatments. His work included descrip-

ing adulteration., The use of Salix (the willow) was described as: "...the bark being burnt to ashes and steeped in vinegar takes away corns and other risings in the feet." (perhaps the basis of the salicylic acid plaster). He introduced hemlock as medicine useful for the external treatment of skin infections. An example of a non-botanical treatment was a description of a paste made from verdigris or other copper compounds used in the sterilization of wounds (1). A method of using wine to extract the active anesthetic ingredient of the mandrake root was included:

remained in continuous use. Copies were kept in Benedictine monasteries where herbs were grown and used. Subsequent translations were arranged in alphabetical order and the order of original groupings was lost. Where local climate prevented growing a particular plant, a local plant was substituted and the original identity of the plant lost. During those many centuries the book was copied, translated, illustrated, and recopied in an academic version of "Simon Says." Plant illustrations became more symbolic and less literal and, therefore, could not be



tions of more than 600 plants and quickly became the most celebrated herbal of antiquity.

The book was a definitive and practical clinical manual that was still in use in the 1600s in Europe and the Moslem world. It was divided into groups of medicines having similar therapeutic activity and was very comprehensive. Examples of such activities included sleep inducing, relaxing, drying, stopping of pores, causing thirst, and emetic. About 80% of the substances listed were herbal. Individual descriptions contained notations on drug properties and actions, medicinal uses, harmful effects, botanical description, useful parts of the plant, harvesting, storage, adulterations, and methods of detect-

"The wine of the bark of the root is to be given to such as shall be cut or cauterized. They do not apprehend the pain because they are overborne with dead sleep" (2).

No contemporary version of the text survives. Thus, we must depend on translations and copies. The oldest known manuscript copy is the "Vienna Dioscorides" (512 AD) in the Austrian National Library. It was illustrated with 400 full page hand colored plates by a Byzantine artist for presentation to the daughter of the Emperor of the West in appreciation for her contribution to a church in Constantinople.

De Materia Medica was not "lost" during the Middle Ages as was the case with many ancient texts. Rather it

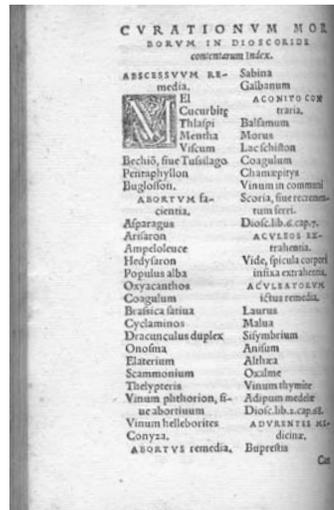
relied upon for use in identifying plants. Attempts to reverse this process were made by the Salerno Medical School in the 1100s with their employment of detailed plant identification and testing of effectiveness. They published their results in their book, Circa Instans (3).

Copies were translated from Greek to Latin and from Latin to Arabic. An illustrated copy was sent as a gift by the Byzantine emperor to the Abbasid Court in Baghdad in the late 700s AD. There it was translated into Arabic and dispersed as far as southern Spain. Scholars in Moslem Spain and North Africa added other plants. At the time Baghdad fell to the Mongols in 1258 copies in Spain and Sicily were being

translated into Latin. Thus the influence of Greek science persisted despite time and political changes.

The invention of movable type in the 1400s led to a proliferation of printed works among which were medical texts. At about the same time, Constantinople fell to the Turks and many Greek scholars fled west. With them they brought copies of classic texts. Many were then printed, first in Latin or Greek and later in other European languages. The earliest works, competing with hand-written and illustrated books, were quite expensive, mass marketing being slow in development. The Incunabula ("infancy") collection of the National

pharmaceuticals are today's "specifics", depending upon scientific proof to support their uses, botanicals continue to be used for more general purposes often without scientific proof of effectiveness. The production of herbal medicines and products is largely unregulated in the United States. A general effort is being made in the area of ethnobotany toward authentication and standardization of botanical medicines (4). The eventual goal is to stimulate local production of herbal medicines with the assumption that pharmaceuticals will remain too expensive for much of the world's population.



Library of Medicine, books printed in the 15<sup>th</sup> century after the invention of movable type, contains 320 such works, including a 1499 edition of *De Materia Medica* printed in Venice in Greek. One of the translations held by the Academy was done by Andrea Matthioli, a notable physician who developed a detailed knowledge of botanical medicines and their use. He added his own notations to the translation as well as 500 additional plants, some of which were from the New World.

Botanical medicines remain in very common use throughout the world and survive, probably for price and cultural reasons, despite the advertising of the pharmaceutical houses. Where phar-

**References:**

1. Majno G. *The Healing Hand: Man and Wound in the Ancient World.* Harvard University Press, Cambridge MA, 1975, p 113.
2. Carter AJ. Narcosis and nightshade. *BMJ*;1996;313:1630-1632.
3. Petrucelli RJ. Monastic incorporation of classical botanic medicines into the Renaissance pharmacopeia. *Am J Nephrol* 1994;14:259-263.
4. Fairbairn JW. Perspectives in research on the active principles of traditional herbal medicine: a botanical approach. *J Ethnopharmacol* 1980;2:99-104.

POSTEME  
 Testi di fornaci  
 AITENCONI  
 ouero Panocchie  
 Oliuo saluatico  
 Fichi secchi  
 Gomma di radici di moro  
 Pece secca  
 Paliuro  
 Ortica  
 Sterco di buoi  
 Lupini  
 Atriplice  
 Conixa  
 Piantagine  
 Nasturcio  
 Aceto  
 Isatide  
 Iringo  
 Abrotano  
 Acino  
 Belgioino  
 Panace asclepio  
 Coriandro  
 Hammoniaco  
 Onobrichi  
 Gladiola  
 Mandragora  
 Galiosfi  
 Lappola maggiore  
 Picnocomo  
 Fecia di uino  
 ALL'ENFIAGIONI  
 Frondi di tutti gl'alberi  
 ghiandiferi  
 Paliuro  
 Grafcia di porco  
 Brasica  
 Zucca  
 Xanthio  
 Bulbi  
 Isatide  
 Smirnio  
 Tragorigano





Although I have railed extensively and often about the negatives associated with retirement, I am forced to acknowledge one of its benefits--that of freedom to travel. The travel brings with it negatives of its own, and having just returned home after having endured the "trip from hell" I believe I am eminently qualified to issue these travel tips:

1 No matter how great and compelling the wanderlust may become, stay home!

If we all adhered to that simple rule, the remainder of this treatise could be left unwritten, but it seems we just can't help ourselves, and travel we must.

2 So if you must travel, stay away from airplanes because airplanes, innocent as they may be in their own right, are associated with airports, which although they were not yet in existence when the concept of purgatory was dreamed up, they certainly fit its definition.

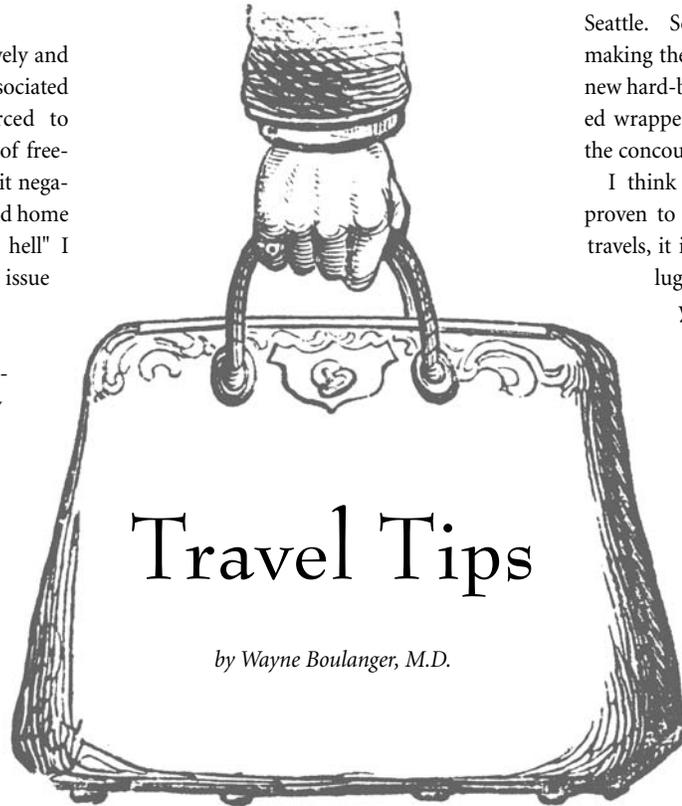
You younger Catholics won't remember the time when by performing some specified praiseworthy acts we could gain indulgences, thereby shortening our eventual terms in purgatory by a finite number of days. (As I recall, three hundred days was a popular number.)

The practice was abandoned by the church hierarchy somewhere along the line, probably because the bookkeeping became too complicated and burdensome -- even for the computer age.

If the system were still operative, however, I would suggest that having to go to an airport in order to begin one's trip ought to be worth at least six hundred days indulgence.

But no amount of indulgences can save those airport officials who make announcements over their public address systems. I have been in airports all over North America, Europe, and Asia, including Siberia, and have yet to understand a single word of the gibberish they issue. Purgatory is just too good for them.

I can understand and condone the increased



airport security measures since 9/11, but having to remove one's shoes at the checkpoint strikes me as being a bit much when trying to make it to the assigned gate on time. Apparently my mother's dictum regarding the necessity for clean underwear at all times must now be extended to socks as well.

3 Whenever possible, travel by automobile. Yes, I know it's a bit hard to make it to Europe that way, but at least touring the Americas is amenable to that approach. Cars permit far greater latitude than planes when luggage volume is a consideration, and it certainly is if you're a family.

I'll never forget trying to jam all of our purchases into suitcases when leaving China, and failing miserably in the attempt. We didn't even come close. This necessitates a hurry trip to the "friendship store" for an extra hard-body suitcase. As it turned out the "hard body" wasn't nearly hard enough, as we were to discover when we went to retrieve our luggage from the Northwest Airlines carousel in

Seattle. Some of our junk is probably still making the circuit, no longer confined in our new hard-body suitcase which we finally located wrapped around a pillar in the middle of the concourse.

I think if there is one factor which has proven to be my *bête noire* throughout our travels, it is luggage. I'm not referring to lost luggage here. After all, when it's lost you don't have to carry it, and eventually it makes it to your hotel room anyway. Besides, if it happens to be delivered in your absence from the room, you don't even have to come up with a tip for the guy who delivers it.

No, I'm talking about tours involving quantities of baggage which have to be transported from airport to hotel. Our hotel in Venice, for instance, was located right on the Grand Canal. I was in charge of the Wisconsin Surgical Club in those days, and accepted responsibility for thirty sets of bags on that trip, for which handling charges had been prepaid- which in Italy apparently bears little relevance.

(Here I must digress and point out the necessity, when in charge of a group in foreign lands, of learning to curse in the vernacular of the country you've chosen to visit, especially if you're going to have to deal to any great extent with the local porter.) I felt distinctly handicapped in Venice in discussing with those worthies their refusal to remove our bags from the hotel without additional remuneration. While in the Marines, living as I was with a large number of New York Italians, I did manage to master a few choice Italian phrases, and in Venice I employed them with what I thought was reasonable effectiveness, but they fell woefully short of matching the invective I received in return.

Prepaid tours pose a problem with meals as well. While the cost of dinners is always covered, unfortunately (and this is a direct quote): "The wine is not included Signore". The wine is never included, and there is always an additional charge to make up the difference - so the

*Continued on page 5*

# Book Review

by Nick Owen, M.D.

## *The World Is Flat: A Brief History of the Twenty-First Century*

by Thomas L. Friedman, Farrer, Straus and Giroux, N.Y. 2005

This is not a medical book but rather speaks to the infrastructure on which the study and practice of medicine are based. Friedman postulates this. What the contemporary electronic revolution has done to communication and thus to business, medicine, and politics and most everything else has metaphorically flattened the earth.

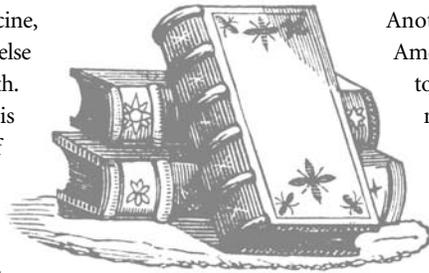
The first portion of the book is devoted to a detailed chronology of the development, evolution, and application of electronic technology. It is particularly vivid as it is derived in large part from interviews with the principal players supported by analysis of the resulting businesses and societal changes—a truly impressive story.

Friedman's secondary premise is that most of the ingenuity and entrepreneurialism in this story is American in

origin; however by a number of measures we are losing our world leadership largely by falling behind in math and science education. His observations and conclusions are quite convincing.

Another of his concerns is a diminution of American national self-interest as opposed to the exuberant patriotism exhibited by many competitor nations. This is documented daily in our media by incidents of self-interest and factionalism and a general tendency towards promoting controversy rather than working for consensus in national policy.

We can all continue to teach and mentor individually as well as support our educational system; however fostering cooperation and forwarding national goals is much more difficult in the current atmosphere. A challenge! ∞



*Continued from page 4*

headwaiter marches up to the tour leader with the bill. You must realize that members of the Wisconsin Surgical Club are a select group. They are not dummies, and they scatter like fallen leaves before an October wind when a waiter approaches bearing a piece of paper. So I'm once again left in the lurch reaching for my money belt sitting there bemoaning my linguistic inadequacies where expletives are concerned.

So much for Europe.

4 When traveling by automobile, stick to the Interstate Highway System. The more family you have with you, the more vital that truth becomes. Rest areas on the I System may vary in quality of amenities, but their distance

apart (usually about 60 miles) is predictable and well-posted.

This is especially important when there is a degree of urgency involved.

5 When on the road, leave your pets at home. They aren't accepted in some national park, and if they are, unpleasant encounters with some of their wild cousins can occur.

They aren't accepted in a lot of hotels and motels either, although ingenious owners have been known to find ways of circumventing that rule. For example, Laverne and I arrived at the Green Gables Motel in Canmore, Alberta, one afternoon last September about the same time as a young couple. The Green Gables is a pet-free establishment. That proscription didn't prove to be much of an obstacle for these young

pet owners. They engaged a room on the ground floor. Right after signing in, she collected the key, went to the room, opened the window, removed the screen and hubby slipped the Schnauzer out of the car and through the window into her loving arms.

It was probably not a first-time experience for Fido. He never let out a peep.

6 And finally, you are all familiar with the American Express Card motto: "Don't leave home without it". To that I would append a key phrase: "Don't leave home without it, and certainly not without Pepto-Bismol and Lomotil". ∞

*This article originally appeared in the Columbia St. Mary's Physician Staff Newsletter.*



# A Complement of Compliments

By J. M. Cerletty

When is the last time you complimented someone? What expression of praise or admiration for another has escaped your lips? Have you shown any act of civility, courtesy or respect for anyone recently? That's what I said to myself in the mirror this morning. Positive feedback is much discussed, but rarely used. If I'm bad at this, you are even worse. I can't remember a recent compliment I received, maybe because I don't deserve one. Still, I have received a few verbal bouquets in past years, and I'd like to share some of them with you.

I was walking down the hospital corridor, when a voice called to me "Young man, can you help me?" Let me tell you, it has been a few years since anyone called me young man, so I turned and smiled at the older woman who was beckoning to me. She needed some assistance in finding a clinic which she could identify only by a room number. When I delivered her to her destination, she thanked me, noting that I certainly was a handsome lad. The fact that I just had taken her to the Cataract Clinic at the Eye Institute somewhat lessened the impact of the praise.

When I was a medical student and intern, I lusted for the future day when I would have a patient tell me that I had saved his or her life. Over the years, I learned that patients almost always perceive that their doctors have helped them, and they sometimes are convinced that the doctors have cured them. They seldom acknowledge that we on occasion save their lives. They credit their cure from virulent infections to the antibiotics, and the resolution of their diabetic ketoacidosis to the insulin, not to the physician who administers the curative therapies. Occasionally surgeons receive the credit (for lifesaving) that they deserve for treating a ruptured viscus or a vascular catastrophe.

Last year, a clerk in a store rushed up to me, addressed me by name and told everyone within fifty feet that I was the man who saved her life. I didn't remember her, but the bulging eyes and surgical neck scar suggested that I might have previously seen her previously for her Graves disease. When I asked her how I had saved her life, she answered "You're the man who referred me to that wonderful surgeon, Stu Wilson."

Men pride themselves on their physical prowess. They recall their athletic accomplishments from years or even decades ago, and brag about these stories to their ever so patient spouses and children with regularity. With each retelling, another embellishment is added. They seek the approbation of their listening audience, assuming that all will agree that they have or had the talent of an Olympic champion. It's my turn. In my early teens, my friends and I regularly played a game called "strike out." A tennis ball was hurled at a brick wall (part of a school building), aiming at a chalked-in strike zone. The batter called the pitch a strike or ball if he did not choose to swing. If the ball was hit and caught either on the fly or while bouncing on the asphalt by the pitcher or a fielder, the batter was out. If the ground ball reached the street untouched, it was a single; if it reached the opposite sidewalk, a double; through the leaves of the trees, a triple, and over the trees, a home run. The game could be played with just two people, alternating as pitcher and hitter. At most, one or two fielders were added.

We played for hours almost every day; some days it felt as though my arm would fall off from the host of different pitches I threw. I was a "power" hitter. A well hit tennis ball travels a great distance. The Thirty-Eighth Street School playground record was a ball hit into the third backyard north of the school. One day, I hit one that seemed to disappear into the ozone layer. The four of us searched for the ball. By the time we reached the fourth backyard, we were in new record territory. The ball lay in the middle of the yard of Mr. Schnabel, the reclusive grouch who was rumored to sleep with a pistol under his pillow. An elderly German woman accosted us as we entered her domain. "Vat you vant?" she asked. When we explained that the ball had entered her backyard during our game, she looked at the distant school building, at the ball in her garden, and then finally at me and said "You should be in der major leagues!" delivered in a German accent that left no room for doubt about the accuracy of her observation. It was my personal best jock compliment.

I pride myself on my sense of humor. Perhaps I might be faulted for my occasional venture into somewhat ribald jokes ("You are

stretching the boundaries of decency," said one listener.) I love making people laugh, hopefully with me rather than at me. Perhaps you might even smile at least once while perusing this essay. I suppose that eliciting a chuckle or even a guffaw from a listener is compliment enough for a would-be comedian, but it might on occasion be reassuring to hear someone say that one has a fantastic, great, good or even an adequate sense of humor. Laughter truly is the best medicine.

I love to sing. Mine was a musical family, with every member facile with a musical instrument (except me). My father had all his children singing almost before we could speak. Pitch is important in music. Pitch is the subjective quality of a complex sound or tone, that is dependent mostly on frequency. Perfect pitch is a rare quality; the gifted one can sound without effort or prompting an E-flat or other tone without the benefit of a musical instrument. I have imperfect pitch; I can tell only when someone is off key, even if that person is me. Listening to various singers over the years can be painful to someone with this attribute.

I have the type of voice that belongs in a large chorus, with me situated in the back row. It's difficult to remember how I had the temerity to sing a solo at a high school talent show at age sixteen. I like to blend in with the other voices. But when the national anthem is played, I can't stop myself from belting out the melody, although the lofty notes of "the land of the free" in recent years are threatening to snap my vocal cords or break various blood vessels. The urge to vocalize also cannot be restrained during the Yuletide season. At my parish church, children gape at me from rows away as my volume exceeds the entire congregation when carols are sung.

This past Christmas, I attended services with the handicap of a mild laryngitis. The other church attendees were not in a singing mood, but I was. After the services, the elderly woman in front of me turned and told me that she was glad she had been in front of me, so she could enjoy my voice. "You should be in the choir!" she said. As I left the church, I saw that she had removed her hearing aid and was frowning at the instrument.

By the way, I'd like to compliment you on your diligence in reading this essay through to its completion. ☺

## The 1,238th Meeting • September 28, 2005

by Nick Owen, M.D.

At the 1,238<sup>th</sup> Meeting of the Milwaukee Academy of Medicine held at the University Club on September 28<sup>th</sup>, 2005, the audience was treated to one of the liveliest discussions in my thirty years of attending meetings of the Academy. The speaker was Susan Dorr Goold, M.D., M.H.S.A., M.A., Director of the University of Michigan's Bioethics Program and Associate Professor of Internal Medicine and Health Management and Policy. Her topic was "Bedside Rationing: Inevitable or Immoral?"

The discussion was somewhat broadened by including "generic cost control" as a rationing problem. After introducing her topic and outlining the terms of discussion, Dr. Goold presented a series of case vignettes for open discussion which ranged from life and death decisions through those dealing with the quality of life to the classic prescribing of trade name drugs as opposed to generics to facilitate insurance reimbursement.

The audience participated enthusiastically. ☺



## The 1,239th Meeting • October 18, 2005

by Nick Owen, M.D.

The 1,239<sup>th</sup> meeting of the Milwaukee Academy of Medicine was held at the University Club on Tuesday, October 18<sup>th</sup>, 2005 and featured the presentation of the Distinguished Achievement Award 2005 to Elizabeth R. Jacobs, M.D., Professor of Medicine and Physiology, Chief Pulmonary and Critical Care Medicine, Medical College of Wisconsin by Ralph Schapira, MAM President-Elect acknowledging both outstanding teaching and research.

Dinner was followed by four speakers attacking the question - AIDS; Are We Losing the Fight? The lead speaker was James Vergeront, M.D., Director of the Wisconsin HIV/AIDS Program. After reviewing Wisconsin's excellent AIDS programs and the statistics indicating a good initial success in the campaign, he showed that our success rate is beginning to slip.

Bevan Baker, CHE, City of Milwaukee Commissioner of Health, spoke next and emphasized that in his jurisdiction frequency of HIV infection paralleled the incidence of poverty which necessitates a joint attack.

David Fisk, M.D., Assistant Professor of Medicine, Medical College of

Wisconsin and former Medical Director of the AIDS Resource Center of Wisconsin, confirmed the quality of Wisconsin programs but has some "wishes" which he outlined with the acronym ITS:

I – more integration of care

T – more and better distribution of testing sites

T – supervised treatment programs

Karen Ivantic-Doucette, MSN, APN-BC, ACRN, Clinical Assistant Professor at Marquette University College of Nursing, HIV/AIDS Certified Family Nurse Practitioner in faculty practice at the Aurora Medical Group in downtown Milwaukee and Member of the Presidential Advisory Council on HIV and AIDS in Washington, D.C., took us from southeastern Wisconsin to the global AIDS picture with some frightening statistics, and finally, a plea for each of us to help.

Dr. Richard Olds, in commenting from the audience, emphasized that the key to the attack on HIV is prevention of infection. ☺



## The 1,240th Meeting • November 15, 2005

by Nick Owen, M.D.

Midst all the media coverage of the impending annual influenza season and potential bird flu pandemic, the topic of the 1,240<sup>th</sup> meeting of the Milwaukee Academy of Medicine at the University Club on November 15<sup>th</sup>, 2005 was "Avian Flu: What's All the Flap?" by Gregory A. Poland, M.D., F.A.C.P., Director, Mayo Vaccine Research Group, Mary Lowell Leary Professor of Medicine, Department of Internal Medicine, Mayo Clinic and Foundation.

In actuality, Dr. Poland arrived late and on the spur of the moment, Dr. Seth Foldy recruited a panel consisting of : Kelly Hendrickson, M.D., Attorney Jeff Clark, and Chris Mol, all of whom very adroitly fielded questions from the floor.

On arrival Dr. Poland took over the podium. Both presentations were excellent, but to paraphrase Lewis Carroll, "answers came there none". The pandemic is inevitable; when, is the question. Tamiflu stockpiling and prophylaxis is not the answer and should be strongly discouraged. Unless a new method of making antibodies is developed or new drugs are discovered in the interim and the resulting product distributed in time (all unlikely), we will have to fight the bird flu with the traditional hand-washing, masks, quarantine and isolation. ☺



#### Officers and Members of the Council for 2006

Ralph Schapira, M.D., President  
Rita Hanson, M.D., President-Elect  
Jerome Van Ruiswyk, M.D., Treasurer  
Rajiv Varma, M.D., Secretary  
George Walcott, M.D., Immediate Past President

#### Council

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

#### Committee Chairs

##### Bioethics

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

##### Finance

Jerome Van Ruiswyk, M.D.

##### History

Jeffrey Jentzen, M.D.  
Raymond Zastrow, M.D., Co-Chair

##### Membership

James Stiehl, M.D.

##### Newsletter Editor

Nicholas Owen, M.D.  
and H. David Kerr, M.D.

##### Program

Seth Foldy, M.D., M.P.H.

##### Executive Director

Amy L. John

##### Board of Trustees

##### Physicians

Kesavan Kutty, M.D.  
John Petersen, M.D.  
Elaine Drobny, M.D.  
Geoff Lamb, M.D.  
James Hartwig  
Erwin Huston, M.D.  
Walt J. Wojcik  
Mary Wolverton, J.D.

## Retiring President's Comments

by George Walcott, M.D.  
President 2005

### Tough Choices Ahead

We Americans are overpricing the cost of medical care for all but the wealthiest. With \$600 for simple suturing and every hospital system on an expansion program, we need to apply brakes on the medical growth. We all want the most definitive imaging for our patients and we are constantly looking over our shoulders for liability exposure. Every clinic seeks access to the most refined testing and needs orders to pay for it.

Can society and health professionals say "no"? Delivering less than what our patients want is often a ticket out our door. Most patients want a private system they can afford. Best practices or almost best practices can be established to scrutinize the frequency of follow-up imaging: scans, endoscopies, stress tests. Title XIX and nursing home programs with open-ended home

visits, PT, OT, and columns of expensive medications, monthly rotations to the hospital have had minimal oversight.

"Just say no" may apply to new hospital and clinic building programs except with the approval of the state legislature, multiple expensive proprietary medications, frequent specialty consultations for the near end stage chronically ill.

45 million Americans are uninsured and many more underinsured. We spend \$5670 per individual annually on health care. Premiums or family coverage have soared more than 50% from 2000 to 2004 sinking families and businesses. We spend twice as much as any other industrialized country yet have 16% uninsured.

Constellations of income producers, state and federal officials need to force the tough choices. Inaction will further devastate businesses and our neediest citizens. There are many health care delivery models among our industrial neighbors from which to apply our unique stamp. ∞

## Humanitarian Award

Karen Ivantic-Doucette, MSN, KAPN-BC, ACRN will receive the Academy's 2006 Humanitarian Award at the January 17<sup>th</sup> Annual Meeting for her efforts to combat AIDS and assuage its victims in Milwaukee and Africa.

*The Humanitarian Award is presented annually to an exemplary individual or group who has significantly improved the welfare of our community by virtue of their courage, tirelessness, compassion and vision. ∞*

## President's Award

The Academy's 2006 President's Award will be presented to Nicholas L. Owen, M.D. at the January 17<sup>th</sup> Annual Meeting.

*The President's Award is given annually to a member of the Milwau-*

*kee 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. ∞*



### 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.



### Email Reminder

If you have not already done so, please email your current email address to the Academy office, [amyjohn@execpc.com](mailto: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.



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

