# MILWAUKEE ACADEMY OF MEDICINE

Volume XV / June 2006


## President's Comments

*by Ralph Schapira, M.D.*
*President 2006*

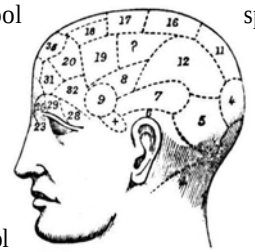
I am often asked, as I am sure are many Academy members, whether medicine is a good career choice. This question frequently comes from parents of high school-aged students (or the students themselves) who are considering colleges that have a successful pre-medical program. Recently, I have come to pause when contemplating my answer. Do any of us know what the practice of medicine will be like in several years given the rapid pace of change? Consider the following examples:

The financing of medicine is in dangerous disarray and the spending for healthcare is becoming an unsustainably large fraction of the US gross domestic product (16% in 2004 or 1.9 trillion dollars). Nonetheless, many Americans remain uninsured or underinsured (about 50 million are uninsured at last count) and have limited access to healthcare. Not to mention that Medicare is going broke.

Economic "globalization" is affecting medicine as it is many industries – for example, advances in technology allow images (radiography and pathology) to be interpreted by physicians anywhere in the world and critically ill patients to be cared for by physicians located in remote "electronic ICUs."

The increasing legal recognition of the role of non-physician healthcare providers (nurse practitioners, opticians, pharmacists, etc.) is influencing the traditional role of the physician.

The rapid expansion of osteopathic medical schools and non-US medical schools in the Caribbean relative to allopathic medicine is changing the educational background of physicians in graduate medical education programs, not to mention the continued immigration of non-US medical school graduates to the US.



Between 1996 and 2002, there was greater than a 25 percent drop in the number of US allopathic medical school applicants from the 1996 high of 46,965 applicants to a nadir in 2002 of 33,625 applicants. The trend since 2002 has reversed: the number of applicants to the 2005-2006 medical school class increased to 37,364. In 2005, about 45% of applicants became first-year enrollees (matriculants) in one of the 125 US allopathic medical schools. Some allopathic medical schools in the US are increasing their class size to help alleviate the anticipated shortage of physicians – but will the applicant pool continue to increase to assure high quality applicants?

The ACGME's increasing oversight of graduate medical education (especially work-hour regulations) is changing the face of graduate medical education.

US medical school seniors, saddled by debt and increasingly concerned about "lifestyle" choices, are shunning traditional primary care specialties such as internal medicine and family medicine for fields such as dermatology, emergency medicine, radiology and anesthesiology – leaving the residency programs of primary care specialties challenged to find a sufficient number of high quality applicants.

Significant disparities in physician pay are serving to make the primary care specialties even less attractive compared to the "procedure-based" specialties

Academic medical centers (many of which care for large numbers of poor populations) are facing significant financial challenges in trying to compete with private hospitals and their networks.

Medical schools are struggling to attract physician scientists – those who will be the pillars of future medical discovery – and to assure that future students join the physician scientist track.

Although the public perception of physicians is generally positive, issues such as the relationship between physicians and industry (i.e., pharmaceutical and device companies) and the inability of physicians to adequately police their own profession are causing increasing concern – not to mention the issues of patient safety and medical malpractice. Are physicians doing a good job to assure that those in our profession are competent, practicing safely and with integrity and free of drugs, alcohol and other unprofessional conduct? Many think not.

Medical records are a mess and fully integrated, inpatient and outpatient electronic medical records are the future. This will require a major change of physician culture in the workplace.

I don't have the answers, certainly. The only belief I have is that the profession will be very different in the few years it will take a high school student to enter medical school.

In any case, I hope the Academy (and the newsletter in particular) can be a forum to discuss some of these issues. Replies welcome!

### 2006 MEETING DATES

**September 19**
Bioethics topic.

**October 17**
Distinguished Achievement Award

**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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# From the Academy's Rare Book Collection

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


The Academy holds a copy of the collected works of Girolamo Fracastoro (1478-1553). Opera Omnia: In Unum Proximo Post Illius Mortem Collecta . . . Accesset Index Locupletissimus/Hieronymi Fracastorii . . . (2nd Edition. Colophon date 1573).

Fracastoro was a physician of Verona, celebrated in his own day for his major contributions to the study of the origins and treatments of epidemics. This was a natural area of interest for a physician not far removed in time from the horrific decades of the Black Death, cases of which were still seen during his lifetime.

He was born in Verona and educated at the renowned University of Padua studying literature, mathematics, philosophy, astronomy, and medicine. He first taught logic and philosophy as a member of the Padua faculty at age 19 and a year later taught anatomy. Copernicus (b 1473) was one of his colleagues. Fracastoro departed in 1508 to enter medical practice and soon developed an international reputation. Not confining himself to medicine, he pursued varied interests in mathematics, astronomy, music, geography, writing poetry, and in the medicinal properties of plants (1). During construction of a cathedral in Verona he was consulted about the discovery of fossilized mussels at the site. As did his contemporary, Leonardo da Vinci (b 1452), he concluded that fossils were the remains of prehistoric animals and were not capable of spontaneous regeneration. The general opinion of the day held that new mussels could appear from these shells spontaneously. In astronomy his observations and calculations led to writings about planetary motion. To better view the dark spots on the moon, he developed a method, as did da Vinci, for using lenses in combination to magnify the lunar surface.

His patrons included the Church and probably the Medici family. Financial assistance allowed him time for writing and for investigations. He held an official medical position at the Council of Trent.

Fracastoro is remembered for having named syphilis, a new epidemic disease, thought to have been brought to Spain by Columbus' sailors. His poem presents the character, Syphilis, a shepherd who had offended the gods and who thus had a terrible disease visited on him. Fracastoro used the details of Syphilis' suffering to give a graphic description of secondary and tertiary syphilis, that he called "Syphilidis sive Morbi Gallici" (Syphilis, or the French Disease, 1530). The poem was dedicated to his patron, Cardinal Bembo, a very close friend of Lucretia Borgia. Mercury was Fracastoro's recommenced treatment for syphilis, and its use continued until the 20th


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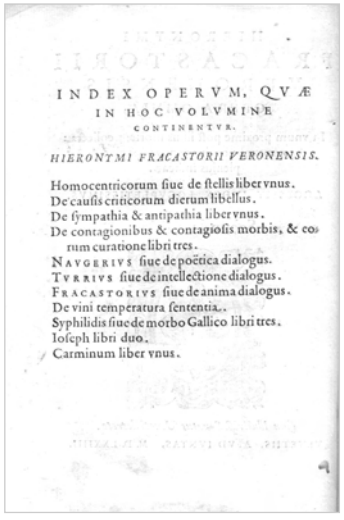
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Homocentricorum siue de stellis liber vnus.
De causis criticorum dierum libellus.
De sympathia & antipathia liber vnus.
De contagionibus & contagiosis morbis, & eorum curatione libri tres.
NAVGERIVS siue de poëtica dialogus.
TVRRIVS siue de intellectione dialogus.
FRACASTORIVS siue de anima dialogus.
De vini temperatura sententia.
Syphilidis siue de morbo Gallico libri tres.
Ioseph libri duo.
Carminum liber vnus.


HIERONYMI FRACASTORII
DE CONTAGIONIBVS ET CONTAGIOSIS MORBIS ET EORVM CVRATIONE
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AD ALEXANDRVM FARNESIVM CARD. AMPLISS.
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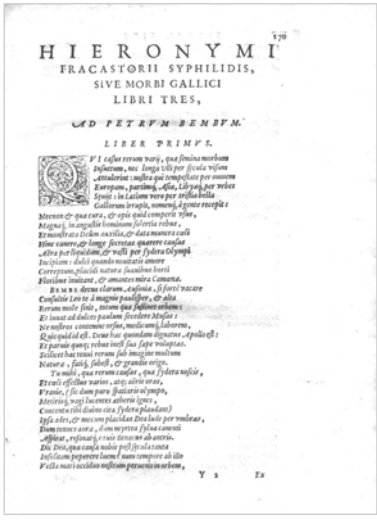
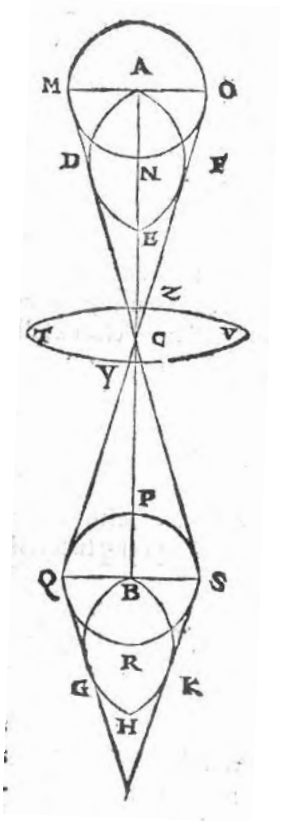

HIERONYMI
FRACASTORII SYPHILIDIS,
SIVE MORBI GALLICI
LIBRI TRES,
AD PETRVM BEMBVM.
LIBER PRIMVS.

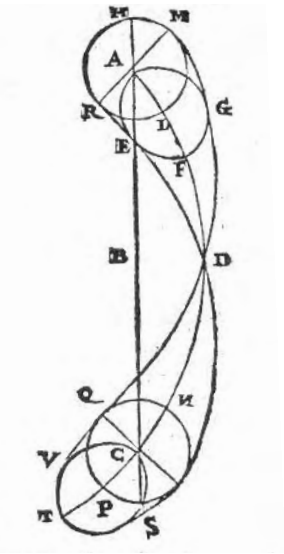
century. Science and tradition coexisted during this period and the use of mercury may have had astrological origins. The key question was whether destiny, "the stars", or free choice, or both were at play in the development and treatment of disease. Physicians of the Middle Ages and Renaissance used the horoscope and reckoned the influence of critical movements of the stars on life on earth. Chaucer's doctor (2), for example, was able to

> . . . guess the ascending of the star
> Wherein his patient's fortunes settled were.
> He knew the course of every malady,
> Whether it were of cold or heat or moist or dry.

Fracastoro's major work was "De Contagionibus et Contagiosis Morbis et Earum Curatione (On Contagion and Contagious Diseases, 1546) in which he described numerous contagious diseases. These included typhus which was considered a new disease in the Renaissance "new to our generation" but "known to our ancestors in Cyprus and neighboring Islands" (3). Its prevalence increased markedly in Fracastoro's time, however. Noted were associations with crowding, famine, and poverty. Although not identifying the cause he noted that typhus occurred in circumstances where people could not keep clean and, therefore, as later research demonstrated, were exposed to the body louse that transmits it. Such settings included military camps, jails, ships, and hospitals. It was "…contagious but not rapidly . . . and only by handling the sick." Patients had "red spots on the arms, back & breast, and often they break out red like the bites of fleas…the urine in some was suppressed, which was a very bad sign…We have seen in them three pints of blood burst forth from the nose and shortly thereafter (they) die…" (3). By keen observations, firm and logical associations, and detailed examinations he was able to unite disparate findings into specific illnesses.

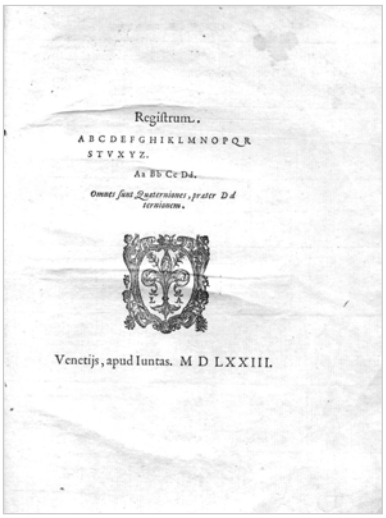
Through reasoned examination he theorized that diseases were transmitted by agents too small to see, but particulate, "minute and insensible particles" that acted on specific humors and vital body spirits, and that these could be passed by direct contact, by carriers such as soiled clothing, or through the air. An illustration of the fact that his theories were not based on mere dreams was his citing scabies among the diseases spread by soiled clothing or direct contact. His theories were praised at the time but were eclipsed by more mystical views of disease such as those of Paracelsus. Centuries would pass before this theme was picked up again and proven by Koch and Pasteur (4).




**References:**


1. Westfall, Richard S. The Galileo Project: Girolamo Fracastoro, 1995. http:// gallileo.rice.edu/ Catalog/ NewFiles/ fracastoro. html.
2. Whitfield, Peter. A History of Astrology. Harry N. Abrams, Inc, Publishers, 2001, p 122, 163-4.
3. Major, Ralph. Classic Descriptions of Disease 3rd ed. Charles C. Thomas Publisher, Springfield, IL, 1965, p 7-9, 37, 164.
4. Rosen, George. A History of Public Health. The Johns Hopkins University Press, Baltimore, 1957, 1993, p. 81-3.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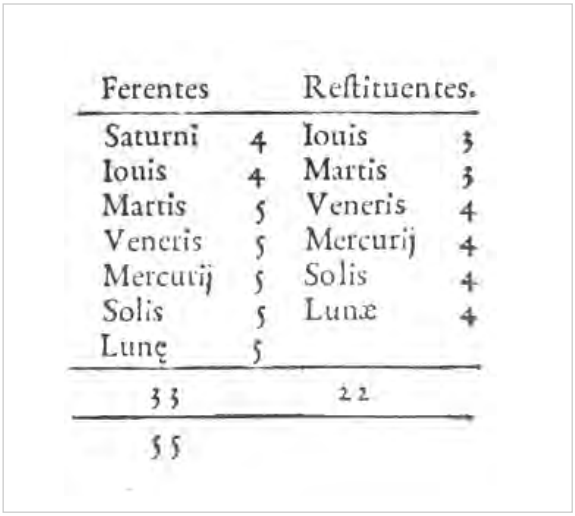

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# Jim's Porch

*by J.M. Cerletty*

So much of our past lives have been spent in our abodes, our apartments, houses, flats, condos... the places we call our homes. What special places in those dwellings carry the most positive memories? Is it the kitchen, with all those olfactory memories? Mom's apple pies in the oven, the Thanksgiving turkey, the rich aroma of morning coffee or sizzling bacon? Or is it the den, with its comfortable chairs, the blazing fireplace, the stereo music? The dining room with the family dinners, birthday cakes, the late evening round table discussion ? How about the workroom down in the basement, repairing toys with your five-year-old, while listening to radio broadcasts of sporting events? When I close my eyes and think of the past, my musings and reveries take me back to the porch.

Pull out the photo albums of your parents, grandparents and older ancestors. Marvel at how many of the sepia-toned snapshots have the porch as the setting. Note the white cottage or bungalow with the older generations seated on the porch swing. The young men have shed their suit coats, but still wear their cellulose collars and ties. They are seated on the porch steps or are leaning against the railing. You sense it is a very warm day, but the women still wear long dresses, and high collars. Someone in the background holds a banjo or mandolin, hinting that the group will soon burst into song. Off to the side is a small table with glasses and a pitcher filled with what appears to be lemonade. A bush is nestled just to the left and appears to be in full blossom with lilacs, so it must be late May, or, more likely early June. Did the aromatic blooms smell as sweet one hundred years ago as they do today?

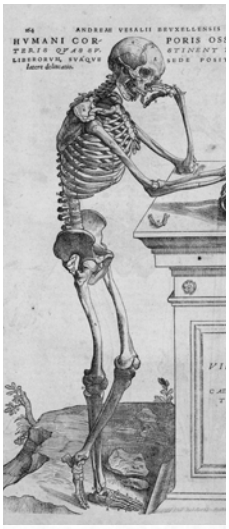
The porch of my childhood was unscreened and faced the street. We lived downstairs in a duplex, so our porch was covered. The upstairs porch had metal flooring that was unfriendly to bare feet in the summertime. My first memories of the porch are of my grandfather, sitting in a rocking chair, armed with a fly swatter. He often held a pipe with a deeply curved stem, which he used more to gesture than to smoke. He was a curmudgeon of the highest degree (some would say he was a grouch); his position on the porch warned neighborhood children that they better not trouble his flowerbeds. But he was a loveable grouch. Everyone, from children to the elderly, called him "grandpa." Invariably, they would stop by to get his brief reviews on the weather, current politics or his specialty "the good old days."

On some warm Sunday afternoons, my father would sit on the porch steps, playing his guitar, and singing. He would recruit his children one by one, expanding from duet to trio until we were all singing. Our neighbors seemed to enjoy the music, and often shouted out requests. My children enjoyed his serenades.

But more often, the porch was a solitary refuge, a place for one of us to escape from the hub-bub of a large family in a small duplex. As a medical student, I sat on the porch, pouring over my basic science texts. My only diversions at these times were provided by an attractive redhead, who sauntered by often, and seemed to enjoy ignoring me.

My present porch is fully screened and faces west, looking out over a conservancy. On warm summer nights, my wife Susan and I relax on our porch and read. Within a few minutes, the two of us are chatting away. Even though I am retired, I still scan the New England Journal, and I pour over favorite endocrine journals. We watch for the first appearances of fireflies, which I always call lightning bugs. We debate whether mayflies appear in June, or the June bugs show up in May. In any case, some bugs are bumping into the screens. As the temperatures rise, the cacophony of the tree frogs "symphony" grows in intensity. The rhythmic sound of the crickets seems relatively melodious. Enter the cicadas. Now, that's volume! We love the porch. Sit on your own porch and relax. Listen and relax to the sounds of summer.

# Book Reviews



*by Nick Owen, M.D.*

### *1491: New Revelations of the Americas Before Columbus*,
Mann, Charles C., Alfred A. Knopf, New York, 2005

Are you interested in returning to your school days and updating the scanty history of pre-Columbian Americas which was then available? Advances in anthropology, archaeology, geology, and history have expanded and changed the story dramatically. Envision large organized communities scattered from Peru to Cahokia with significant river and seaside build-ups, extensive sophisticated farming and conservation. Though some of the societies were autocratic, others were highly organized democracies, whence the concept of the noble savage. Interestingly, Central and South American civilizations rivaled or exceeded those of the fertile triangle, Egypt, and China in population, building, and productivity.

Of interest to physicians is the fact that many of the building blocks for our greater understanding of this story came from developments in DNA technology, genetics, and botany.

In *1491* Mann summarizes the work of many scientists who are exploring the pre-Columbian history and ecology of the American continents and makes an interesting story of it. He points out that his children learned the same scanty and often inaccurate material that he had learned in the 1940's and 1950's and that the mission of his book is to be sure that the next generation is better informed. ~

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### *Postwar: A History of Europe Since 1945*,
Judt, Tony, Penguin Press, New York, 2005

*Postwar, A History of Europe Since 1945*, by Tony Judt, is a magnificent book, a tightly and clearly written exposition of the situation in Europe at the end of World War II, nation by nation, and of the significance and importance of ensuing events as they transpired. That's the good news.

The bad news is that the book is a long, hard read and full of the disgusting things that people did to each other (mass murder, torture, genocide, etc.) as part of the war and its aftermath.

Two generations have passed since the end of World War II, each generation having multiple interests in repressing or revising the role of their nations and ancestors in the events in question. Judt has taken on the mission of unraveling the revisions and telling the truth. A bit of a shocker!

A necessary background to understanding Europe as it is now with some solid hints for the how and why of developments in the Middle East and the USA. ~

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### *The Creating Brain: The Neuroscience of Genius*,
Andreasen, Nancy C., M.D., Ph.D., New York, Dana Press, 2005

Do you know why London taxi drivers have larger hippocampi than others their age or why symphony musicians have larger Broca areas? These and other intriguing questions are explored by Dr. Andreasen as part of her quest to study the neuro-anatomy and physiology of genius. This is part of the continuum of the study of the correlation between neurological structure and function. ~

Additional questions include: How much of creativity and genius are products of nature (genetic) or nurture and can the adult brain be trained?

Recent medical graduates may have learned some of this in school but it's all new and fascinating to us old-timers.

# Calling the Doctor

*by Wayne Boulanger, M.D.*

Have you tried it lately?

Fifteen years ago when I maintained an office I truly believed that my telephone provided direct access for my patients when they wished to speak to me. I think most of my colleagues functioned under that same principle and Diane, my office manager/secretary, understood that concept and supported it vigorously.

I'll admit that a few of my patients abused the process. I remember Josephine O., who had been referred by Elwood Mason for gastric surgery and who had adopted me as her primary physician when Elwood died. She had many and varied symptoms which she invariably enumerated over the telephone on Sundays during Green Bay Packer games on TV. I once asked her why she always called me just after the kickoff, to which she blandly replied, "I knew I'd catch you at home."

But during one memorable game she called to tell me that her eyes "were burning". I knew that she had been seeing Dr. Ken Fabric, her ophthalmologist, on a regular basis, so I asked her, "Josephine, why don't you call Dr. Fabric?" She was appalled at the suggestion and responded, "Well," and she meant it to sting, "I'm not going to bother a *specialist* on a Sunday!" I must point out here that Josephine O. was an exception, and in retrospect an amusing one at that. Most callers were considerate and respectful, and their calls were appropriate and to the point.

Those calls would probably be just as appropriate and necessary today, but they're almost impossible to complete because the doctor has placed himself smack-dab in the middle of an electronic maze built around the complexities of a push button telephone system and a series of disconnected female voices offering numerous options but not that of direct communication with a doctor. And of course the maze becomes even less negotiable if he's part of a group practice.

Sometimes I get so frustrated trying to talk to a machine that I slip into profanity as a mode of expression, but even that doesn't satisfy because those electronic ears won't react to a really creative swear word any more than they do to ordinary English.

Keep in mind that at age eighty my short-term memory is a bit compromised. When the machine offers me five or six options for buttons to press, by the time I reach the end of the menu I can't remember what the first several choices were, at least one of which might have been the most suitable to my circumstance.

Why not wait until after office hours and catch him at home, you ask. Unfortunately, the ones to whom I have entrusted my deteriorating carcass are too slippery to be caught by that simple ploy, and I end up discussing my aches and pains with an answering service operator who is probably sympathetic, but even less qualified to deal with my problems than I am myself.

I am sure younger, more adaptable patients who grew up with in this electronic world of computers and video games have figured out how to beat the system or have become inured to it. They probably don't know that you're not actually supposed to converse with a doctor, but I find myself thinking about my Casco days when Dr. Fencil saw me, actually laid his hands on my quivering abdomen, diagnosed appendicitis, piled me into his Buick, stopped off at my home for clean underwear, and drove me to Green Bay to the hospital.

And I didn't have to push a single damn button.

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

# The 1,241st Meeting • January 17, 2006

*by H.D. Kerr, M.D.*

The 120th Annual Meeting of the Milwaukee Academy of Medicine on January 17, 2006 marked the departure of President George Walcott, MD. He led the Academy through a year of change and controversy.

The Academy's Humanitarian Award was presented to Karen Ivantic-Doucette, MSN, APN-BC, ACRN honoring her 20 years of work in Africa and Milwaukee on behalf of people suffering with AIDS. The Academy's President's Award was presented to Nicholas L. Owen, MD for his many years of loyal service toward the betterment of our organization.

Dr. Walcott introduced his successor Dr. Ralph Schapira who in turn introduced the evening's speaker Wisconsin State Representative, Curtis Gielow who spoke on the subject of "Wisconsin Healthcare—Ailing, Broke and Under Attack." Representative Gielow, a pharmacist, is Chairman of the state Medicaid Reform Committee and Chair of the Speaker's Task Force on Medical Malpractice Reform. He described the scope of the problem of health care finance in Wisconsin. About 15-18 percent of workers' income is spent on health insurance. About 15% (1 person in 7) of the Wisconsin population is receiving Medicaid. That program in turn comprises 20% of the state budget. A small percent of Medicaid recipients consume a large percent of the available money. He alluded to spending for mental health as being a "big problem". The mental health area is underfinanced and badly understaffed. He pointed out that solutions must come from people who work with these problems. He urged the physician audience to participate in solving these manifold problems by advising and counseling elected representatives. But will they listen? The gross waste and patient abuse of the Medicaid program is obvious to anyone who inquires. Should patients be discouraged from taking an ambulance to an emergency department for care of a toothache? Who is minding the store? Isn't some money that should be spent on mental health care being eaten up instead in the burgeoning prison system? Mr. Gielow expressed his frustration with the finance and organization of this system and the challenges that we face. It was a frank and disturbing talk about problems well known to all of us. ~

# The 1,242nd Meeting • February 21, 2006

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

David Rosner, PhD, Director of the Center for the History & Ethics of Public Health at Columbia University knew something strange was happening when his book *Deadly Dust* went to a second printing. In his presentation "History Matters: Lead Poisoning, Vinyl Chloride, Corporate power and Environmental Health Policy" he noted that "Most historians are happy to sell 200 book copies, including one to their mother." The history of occupational and environmental toxins involves investigating the dual topics of "what industries knew and when they knew it" and how they responded to that information. The latter was of great interest to attorneys. Similar work on lead poisoning and vinyl chloride has placed Dr. Rosner in the middle of debates about liability and environmental health policy. Findings included in his most recent book, *Deceit and Denial* (co-authored with Gerald Markovitz) influenced state and municipal policy regarding the lead pigment industry's responsibility for lead hazards that poison thousands of children annually. It also led to unprecedented corporate-sponsored attack on his professional ethics as a historian that included subpoena of peer reviewer comments. Here displayed is an object lesson in the contemporary importance of historical research and the importance of academic freedom. Dr. Rosner presented several contrasting illustrations of the public and private statements by both industries. Those interested in learning more about his work (including the full text of attacks on it) can find more at http://deceitanddenial.org/ ~

# The 1,243rd Meeting • March 21, 2006

*by Helmut Ammon, M.D.*

Sridhar Vasudevan, M.D. (Clinical Professor of Physical Medicine & Rehabilitation, MCW) gave a broad overview of modern pain management based on our understanding of the underlying pathophysiology. He discussed the pathways of pain signaling and perception, the gate theory of pain, and the pharmacology of pain control. Superimposed on biological events are psychological and social factors which affect the patient's perception and ability to cope with pain. A rational and successful approach to treatment takes these complex interactions into account. Multiple modalities and disciplines are required in the management of chronic pain and must be tailored to the circumstances and needs of a particular patient. The rehabilitation team may need to include physicians, nurses, psychologists, physical and occupational therapists, social and vocational rehabilitation workers. ~

# The 1,244th Meeting • April 25, 2006

*by Amy John*

The Academy's annual joint meeting with the Medical College of Wisconsin's Alpha Omega Alpha Chapter (AOA) was held on April 25th at the University Club. Dr. James Sebastian, Counselor of the AOA Chapter, amused the audience with his personal anecdotes about each of the 28 student inductees in attendance as they came forward to accept their framed AOA Certificate. Fourth year MCW student (and four time state fiddle champion) Meghan McGowan, concluded the AOA portion of the program by entertaining the audience with a combined version of Ashoken Farewell by Jay Ungar and a traditional Irish tune called The Cookoo's Nest.

Joseph Zuckerman, M.D., Professor and Chairman of Orthopedic Surgery at New York University Medical Center was the keynote speaker. The title of his inspiring presentation, geared specifically for the graduating medical students, was titled "Professionalism in Medicine: Lessons I Have Learned." Dr. Zuckerman is a 1978 graduate of MCW and began his presentation speaking about his medical student days in Milwaukee working at Miller High Life Brewery . Dr. Zuckerman shared several personal life experiences that have occurred over the course of his medical career and how they shaped his interactions with his patients today. ~

MILWAUKEE ACADEMY OF MEDICINE
1886



# Retiring President's Remarks

*by George Walcott, M.D.*

## 120th Annual Meeting

Tuesday, January 17th, 2006

The next medical challenge is soon to be upon us. It will be different. Previous challenges pioneered medical discoveries and the biologic underpinnings of disease. As a result, a large array of diagnostic and therapeutic tools are readily available. Medical advances have stimulated an enormous scientific and medical establishment. The next medical challenge will be of a different sort, and it will not be an easy adjustment for doctors.

As a country we can no longer afford to deliver equitably medical expertise, hospital care, and pharmaceuticals in the timely setting of privacy and comfort our citizens have come to expect. Our aging population soon to be joined by boomers is consuming an ever-increasing share of our nations' wealth. Whether it is the automobile industry or Medicare recipients, our workers cannot make products to compete in a world that spends a fraction of what we do for health care.

Already 45 million Americans including 8 million children have no health insurance at all. We spend $5670.00 per capita annually on health care, twice as much as any other industrialized country. New gleaming hospital buildings are being constructed next to shuttered factories. Those factories offered productive work to neglected minority youth so they would not drift into lives of crime and destructive behavior. We need to keep good jobs in Wisconsin not export them to other states or countries because as one prominent local CEO said, "Our company cannot afford health care here." We cannot return to the Milwaukee of 30 years ago but we can strive to retain the productive employment skills that support a healthy service, public and health care economy.

The doctor's calling is to provide his or her patients with the best care. Fears of liability have dramatically increased testing,imaging, and follow - up visits. Our patients are critical that we meet every perceived need as long as somebody else is paying for it. A patient's family fired me for being reluctant to call for a helicopter flight to transport an elderly patient with a stroke from a Milwaukee community hospital to Froedtert when a half hour ambulance trip would have been as appropriate. We want a ride for mother that shows how much we love her.

Patients deserve expert, personal, timely care. They should not have to wait 18 months for an operation as they do in Canada or the United Kingdom. On the other hand so called not for profit hospital mega corporations are the largest private employers in some communities including Milwaukee. Hospital systems should be the servants of the community not communities standing by as hospital chains build grander structures battling for patients and power.

Communities and our elected officials need to rein in hospital building programs, over imaging and the malpractice liability concerns that drive expensive, defensive medicine. Mechanisms are necessary to control open-ended therapies for end stage chronically ill and nursing home patients with reams of proprietary medications, monthly trips to the ER and the resultant multi thousand-dollar billings. There are strong vested interests defending the medical industrial complex and a fragmented public perception of the consequences. The time is overdue for that to change. Other industrialized countries have devised approaches to which we can apply our unique stamp. The Academy needs to support sensible measures for a less wasteful, less adversarial, fairer medical environment. All our citizens should be able to receive timely, expert, affordable care.

## 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, so that you can be easily contacted for general correspondence and feedback gathering. Thank you.

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