



# MILWAUKEE ACADEMY OF MEDICINE

Volume VII / September 2003

## Professionalism

by Geoffrey C. Lamb, M.D.  
President

In the movie, *The Emperor's Club*, Kevin Kline portrays Mr. Hundert, a dedicated boarding school teacher who thrives on molding the moral character of his charges while teaching them the intricacies of Greek and Roman history. In this elegantly told tale, the viewer grows to admire this honorable man who places the ideals of his profession foremost in the day-to-day interactions with the students and the school.

He is clearly a masterful teacher and loves what he is doing. However, he finds himself challenged by a student who sees no point in the "old fashioned" moral code and ethic Hundert espouses, yet he recognizes that this student has great potential to excel. In the process, Hundert faces challenges to his own professionalism as pragmatism, expediency and his moral code come into direct conflict. Although the tale focuses on a teacher, the moral lessons are applicable to anyone in the practice of Medicine as well.

There are many who believe that a new morality is evolving in this country and that the standards of profes-

sionalism that have been so closely intertwined with medical practice over time are beginning to fade. In practice, advertising is becoming commonplace; business structures geared toward profit dominate the marketplace. Stories abound of patients being transferred to other institutions for financial reasons. Even at the Medical School level, the AAMC Senior Graduation questionnaire reflected that nearly 16% of students have witnessed or experienced some act that they would consider unprofessional. Toward this end, there has been an increasing focus on the need to

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### 2003-2004 Academy Meeting Dates

- September 16, 2003
- October 21, 2003
- November 18, 2003
- January 20, 2004
- February 17, 2004
- March 16, 2004
- April 20, 2004
- May 18, 2004

### University Club

- 6 PM reception hour
- 7 PM dinner
- 8 PM program

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

*Programs of the Milwaukee Academy of Medicine are supported by an unrestricted educational grant from Forest Pharmaceuticals.*

## Physician Assisted Suicide and Decision-making Capacity: the Oregon Experience

September 16th, 2003 Academy Program

by Nick Owen, M.D.

The first fall meeting of the Milwaukee Academy of Medicine on September 16<sup>th</sup>, 2003 will be addressed by Linda Ganzini, M.D., M.P.H. Dr. Ganzini is Professor of Psychiatry and Medicine at the University of Oregon Health Sciences

Center as well as serving as Director of the Gero-psychiatry Fellowship Program at OHSU and the Inter-professional Palliative Care Fellowship at the Portland VAMC. She is a Senior Scholar at the Center on Ethics in Healthcare at OHSU.

Her research on the effect of the Oregon Death with Dignity Act has

resulted in five first authored publications in the *New England Journal of Medicine* and *JAMA*.

She will address the Academy on the topic *Physician Assisted Suicide and Decision-making Capacity: the Oregon Experience*. Announcements for this event will be mailed September 1. ☺

## Wisconsin Advanced Care Planning Initiative

The End of Life Coalition of Greater Milwaukee is sponsoring a special event on October 13, 2003. Attorney General Peggy Lautenschlager and William H. Colby, Lawyer and author of *Long Goodbye: The Deaths of Nancy Cruzan* will be kicking off a

statewide advanced care planning initiative in Milwaukee. The coalition, comprised of healthcare institutions, physicians, and others, has been working on end of life issues for over 3 years.

Plans are being finalized for the October 13<sup>th</sup> events which will

include events at breakfast, lunch, and après work reception for physicians, attorneys, clergy, chaplains, social workers, and other medical professionals. For more information call Gordon Putnam at 262-253-4807 or email gputnam@prodigy.net. ☺

# Our Heritage

## Medical Education in Milwaukee

by J.M. Cerletty, M.D.

Solomon Juneau was the first permanent white settler in Milwaukee, arriving in 1818 as an agent for the American Fur Company. A few years after his arrival, his wife Josette became ill, and the couple had to travel to Chicago for health care, because there were no physicians in Milwaukee. Within fifteen years after Juneau's arrival, Milwaukee began to grow rapidly, thanks to land speculation and the extensive influx of immigrants. By 1841, there were 2,000 people in the city, including eight physicians.

In 1835, the first medical school-trained physician to arrive in Milwaukee described it as "so full of fever and ague...that it could not hold any more." But two years later, the same physician wrote to a New York relative that the village was "so full of comely young lasses" that easterners ought to be "quick to move here."<sup>1</sup>

Who was the first physician in Milwaukee? Thayer<sup>1</sup> and King<sup>2</sup> believe it was Enoch Chase, a Dartmouth Medical College graduate who arrived in 1835. Chase practiced medicine for only a few years, and then became highly successful in business. Dr. Alfred Castleman arrived later the same year. He was president of the State Medical Society in 1850, 1851 and in 1855. Later he was made surgeon of the Fifth Wisconsin Infantry.



Dr. Enoch Chase



Dr. Alfred Castleman



Dr. Erastus Wolcott

One of the luminaries of that era was Dr. Erastus B. Wolcott, the first great surgeon in the area. He was a graduate of the College of Physicians and Surgeons in New York. Wolcott performed the first nephrectomy in 1861.<sup>2</sup> Over the next few

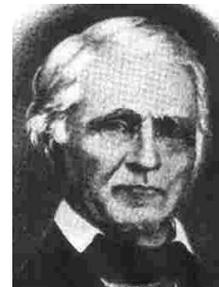
decades, the physician numbers grew, proportional to the population rise. That prompted the issue— should a medical school be created in Wisconsin?

What was the quality of the physicians who came to Milwaukee in the eighteen forties and fifties? Many had no formal medical training and were charlatans whose expertise was solely chicanery. Since medical licensure did not exist at the time, anyone could proclaim himself as a "doctor." King described "a host of herb doctors, bone setters, soothsayers and quacks of all descriptions, preying on a gullible public. Anyone who could put on a bold front, grow a Van Dyke beard, wear a frock coat and silk hat, sport a gold-headed cane, and have the necessary crooked mind, could call himself a physician, hang out his shingle, and be in business."<sup>2</sup> Other physicians had worked as apprentices with established physicians, who frequently served as preceptors for many trainees. The host of German physicians who joined the community had attended well-established medical schools in their homeland. US-trained physicians were invariably graduates of eastern schools.

Wisconsin was organized as a separate territory in July 1836. The territorial governor at that time was Colonel Henry Dodge. This career military man served in various actions in the 1830s. His second in command at that time was Zachary Taylor. After Taylor's success in the War with Mexico, he ran for the presidency. Dodge was asked to be his running mate but he demurred, and Millard Fillmore took the slot and eventually the presidency upon Taylor's death (*sic transit gloria*).<sup>3</sup>

Even before Wisconsin had been granted statehood in 1848, territorial Governor Dodge sent a bill to the Legislative Assembly incorporating "The Wisconsin Medical College" which was to be "located in or near the city of Milwaukee." Governor Dodge was quoted as saying that "the object of this incorporation shall be to promote the general interests of medical education and to qualify young men to engage usefully and

honorably in the practice of medicine and surgery."



Gov. Dodge,  
the first  
proponent of  
a Wisconsin  
Medical School

Nothing came of this effort to create a medical school in Milwaukee. Efforts to establish a medical school in the Milwaukee area were attempted again in 1850, 1868 and in 1881. Lack of financial support and poor organization seemed to be the main reasons for failure to reach this goal.

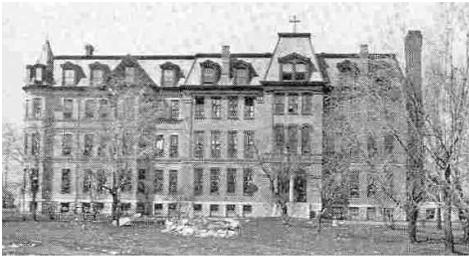
In 1885, a number of physicians formed an association to found a School of Medicine and Surgery in which only the disciplines of Medicine and Surgery would be taught. Their institute was to be known as the Milwaukee School for Surgery and Anatomy. No diplomas were to be considered, but rather only licenses to practice would be issued. The president of this association was the renowned Nicholas Senn. Dr. Senn arrived in Milwaukee in 1870. This Chicago Medical School graduate was an eminent medical teacher whose fame as a surgeon spread throughout the world. He eventually joined the faculty at Rush Medical College. Later, he was a medical officer in the Spanish-American war. Unfortunately, he was unsuccessful in creating the Milwaukee School for Surgery and Anatomy.<sup>4</sup>



Dr. Nicholas  
Senn

Another attempt to start a school was made in 1891 at the instigation of a num-

ber of physicians practicing in the area. Milwaukee's St. Mary's Hospital declared its willingness to provide clinical experience for students in the school. Louis Frank, the historian of Milwaukee medicine in the nineteenth century, was one of the hopeful organizers.<sup>4</sup> Financial support to endow the contemplated institution never materialized.



*St. Mary's Hospital, circa 1880*

Diploma "mills" appeared in Milwaukee in the 1890s. The Wisconsin Eclectic Medical College, which opened in 1894, graduated its only class in 1896. The dean of that "school" was arrested for selling diplomas. In February of 1896, three "businessmen" incorporated the Milwaukee University. This purported "medical school" sold diplomas for two hundred dollars. The State Attorney general brought charges of fraudulence against the "university". No one appeared for the defense, and the Court dissolved the corporation in November 1896.<sup>6,7</sup>

William Washburn, an erudite and respected local physician, said that "until 1893, the members of the medical profession in Milwaukee had been slumbering on in a sort of peaceful and decent mediocrity, discharging their duties as family practitioners with a modicum of success, but creating and occupying no place in the world of science or education, and taking no active part in the course of events."<sup>5</sup> Washburn and colleagues pushed the issues and a Milwaukee medical school was born.

**The First "Successful" Medical School**

In 1893, the first "successful" medical school began when the Wisconsin College of Physicians and Surgeons opened in October of that year with 42 students in attendance. In 1894, two of its students received an M.D. degree, the first physi-

cians to graduate from a Milwaukee medical school. At its onset, the College was located at the corner of 25<sup>th</sup> and Walnut streets. The school was immediately adjacent to the aging Presbyterian Hospital, which was utilized to some extent for clinical teaching.



*Wisconsin College of Physicians and Surgeons and Presbyterian Hospital. 1884  
The old building at 25<sup>th</sup> and Walnut Streets*

In 1898, the school moved into a new building at the corner of Fourth Street and Reservoir Avenue. The institution had started with a small capital stock that gradually increased until it amounted to \$100,000. In 1906, the stockholders of the school surrendered all of their holdings to the trustees of the College. As a result, the faculty became more interested in the advancement of the students than in making their stocks pay dividends. A dental department was opened in the school in 1899.

The school provided some clinical experience for the students at St. Joseph's Hospital, which was located across the street. By the turn of the century, the major clinical affiliation was at Milwaukee County Hospital. In the school's bulletin of 1908, comments about the County Hospital were as follows: "This great institution is situated in the town of Wauwatosa, easily reached by electric car, and annually treats a very large number of patients. Its rooms and wards rarely contain less than 200 patients, most of whom are available for clinical demonstration

and instruction. Very recently, this hospital has nearly doubled in size and a large clinical amphitheater has been added, so it is now an essentially modern institution and furnishes greatly increased facilities, not only for teaching, but also for scientific research and observation."



*County Hospital. 1910*



*St. Joseph Hospital. 1910*

In 1909, the Wisconsin College of Physicians and Surgeons affiliated with Carroll College of Waukesha, Wisconsin, but retained its own management and Board of Trustees. By 1909, there were over 50 clinical faculty members affiliated with

## Our Heritage

the school. One of the leading members of the faculty was W.H. Washburn, M.D. who was Vice President of the school, and Professor of the Principles and Practice of Medicine, and Clinical Medicine. Washburn was a Rush College graduate who arrived in Milwaukee in 1885. He was a highly respected physician and teacher who became involved in local medical organizations. He also began a program of clinical case studies with colleagues in the community.



*Dr. William Washburn*

The Chief of Pediatrics at this school was Doctor Henry Berger, another Rush graduate. His obituary, noted in Frank's book about the Medical History of Milwaukee from 1834

to 1914, is of interest. "Dr. Berger's deplorable early demise at the age of 43 years was due to 'aneurysma' of the heart, caused in the attempt to check a spirited, frightened horse for a distance from the South to the West side. Its rapid development brought upon his death within two years."<sup>4</sup> Different "hassle" factors existed in those days.

In 1894, a second school, the Milwaukee Medical College and School of Dentistry, was organized. This school opened that year with an enrollment of 96 students in a four-story building on Ninth and Wells streets. The school was adjacent to the old Trinity Hospital, which had been built years before. By 1896, the old hospital building was removed and a new building was erected, which functioned as a hospital and medical college.



*Milwaukee Medical College & Trinity Hospital. (right)*

In the spring of 1902, the Milwaukee Medical College was made a defendant against accusations of inefficiency and irregularities in a suit brought by the Milwaukee County Medical Society. It was contended that diplomas were granted to men not properly qualified, that some had been authorized to practice

medicine before they received a diploma, that courses advertised were not actually given, etc. The Milwaukee County Medical Society concluded its accusation with the statement that the school was a "menace to the reputation and good standing of the medical profession of the city and state." The school countered with a libel suit against the president of the County Society. A bitter legal feud ensued and the charges were finally brought to the Association of American Medical Colleges. This group felt that the irregularities were true and recommended that the College be indefinitely suspended from membership in the Association. After further deliberation, this vote was reconsidered and the College was "severely censured."

Sometime early in its existence, the Milwaukee Medical College established a relationship with County Hospital for providing clinical experiences for its junior and senior medical students. The 1908 bulletin of the Milwaukee Medical College noted that regular clinics were held daily at the County Hospital so it is obvious that students from Milwaukee's two schools were utilizing this hospital for their clinical and educational experiences. A certificate noting completion of clinical rotations at County was given to graduates of the Milwaukee Medical College.

In 1907, the Milwaukee Medical College became affiliated with Marquette University, which added a semblance of academic validity. Some thought the affiliation was more based on merger of their football teams. Walter Camp began a national ranking of football teams and players in 1889. Lee J. Foley, a Milwaukee Medical College student, who later begat physician-sons Tom and Dave, received a Camp award in 1910. The combined team defeated all Wisconsin-based elevens that year.



*The 1910 Powerhouse Team*

In 1908, the total enrollment of the Medical and Dental Schools was nearly 350. A nursing school was added. At this point, there were over 100 clinical faculty affiliated with the school. The major clinical teaching affiliations were at the County Hospital, the County Insane Asylum and Trinity

Hospital. Maternity experiences were provided at Misericordia Hospital. By 1912, tuition at the Milwaukee Medical College was \$70 for each of the two semesters. About 180 students received their M.D. degrees from this school in the first decade of the 20<sup>th</sup> century.

The famous Carnegie-sponsored Flexner report which started the revolution in medical education was issued in 1910. The report led to periodic inspections of medical colleges by the Council on Medical Education of the AMA. That year, both the Wisconsin College of Physicians and Surgeons and the Milwaukee Medical College received "B" ratings by the Council. However, the 1912-13 review gave a "C" rating to both schools. Since a number of states adjacent to Wisconsin refused to recognize colleges rated in class "C", the Wisconsin State Board of Medical examiners was alarmed at the new classification of their schools. The Council on Medical Education was asked to advise how the schools could achieve a higher rating. The major recommendation was for a merger of the two existing schools. When this report and recommendation became known to the medical students, the entire student body of the Milwaukee Medical College left their classes and marched to the Wisconsin College of Physicians and Surgeons and enrolled themselves there with the understanding that action would be taken immediately to make the change required to obtain a higher rating. Since Marquette University had been burdened with the nominal responsibility of the Milwaukee Medical College without any significant control over it, the University welcomed this crisis. The Wisconsin College of Physicians and Surgeons was financially insolvent at this time and could not offer prospects of academic improvement.

### **Marquette University School of Medicine Evolves**

Prominent members of the medical profession in Milwaukee, under the leadership of Louis F. Jermain, MD, approached Marquette University and promised to support efforts to form a university oriented medical school. In 1913, Marquette University purchased outright the building and equipment of the Wisconsin College of Physicians and Surgeons and leased the building of the Milwaukee Medical College. Marquette University Medical School was now organized, and Dr. Jermain became the first Dean.

Efforts were immediately begun to improve the academic condition of the school in accordance with the recommendation of the Council on Medical



*Marquette University School of Medicine. 1914.  
Fourth and Reservoir Streets*

Education. The first full-time faculty members were appointed, but the major part of the education was provided by volunteer faculty support from physicians in the community. One full year of pre-medical collegiate work was established as a minimum requirement for admission, but by 1915, entrance requirements were raised to two years of collegiate work. By 1915, the school received a class "A" rating. Some clinical teaching programs were started at St. Joseph's hospital, then located across the street from the medical building on Fourth and Reservoir streets. However, the major clinical experience for senior students, and to some extent junior students, continued to be at County Hospital. The Marquette Dispensary Clinic in the medical school building provided ambulatory training. Some clinical work was done at Trinity Hospital in the old Ninth and Wells streets building of the former Milwaukee Medical College.

In 1917, the Carnegie Foundation offered Marquette University School of Medicine one-third of a million dollars toward an endowment of one million dollars. The school was reorganized and the entire administration of the medical school was delegated to a Board of Trustees. This step was taken to assure donors that no funds would be diverted to university purposes other than the medical school. The campaign to secure the two-thirds of a million dollars through public subscription was successful.

The Medical School bulletin in 1917 noted that the annual tuition was \$200 and estimated that room and board for a full year would be close to \$250. In the fall of 1918, there were 76 students distributed over the four years. Because of the World War, a continuous session of the medical school was held during the

summer of 1918 in an attempt to meet the medical needs of the military services.

Additional clinical training sites for students at that time were available at Johnston Emergency Hospital, located on Second and Sycamore (Michigan) streets. Pediatric clinics were held at the Milwaukee Children's Hospital, at that time located on Tenth and Wells streets. Completing the newer clinical training sites was South View Municipal Hospital, also known as the Isolation Hospital, on Mitchell Street. In 1920, the satisfactory completion of one year of internship in an approved hospital was added as a requirement for the MD degree. In that same year, Mrs. Harriet Cramer, the widow of a local newspaper publisher, added one million dollars to the endowment. When the new medical school building on Fifteenth and Wisconsin was built in 1932, it was named the Cramer Building

Dean Louis Jermain became Dean Emeritus in 1926. He was followed as Dean by Bernard McGrath, MD, Professor of Surgery. In 1933, Dr. Eben Carey was appointed Dean. In that same year, the class size was increased to 100 students. In 1935, Armand J. Quick, MD, one of the school's most illustrious names, joined the faculty in the Department of Pharmacology. By 1939, the requirement for admission to the medical school was raised to a minimum of three years of pre-medical liberal arts collegiate work.

World War II led to many changes. In July 1942, all teaching activities in the school went on an accelerated program. Vacations were few and short. Some courses were shortened, and electives were dropped. The Army Student Training Corps and the Navy 12 programs were organized, and all of the students were enlisted and placed in uniform. Graduation was in May and November. By September 1947, regular academic years were restored.

In 1967, the Marquette University School of Medicine was experiencing some financial problems and appealed to the State of Wisconsin for financial aid. The medical school severed ties with Marquette University. The separation from the Jesuit University resolved the church-state issue and cleared the way for the Wisconsin Supreme Court decision that approved infusion of some funds to aid the school.

The funds were raised by an increase in the tax on beer, leading to frothy comments by local comedians. In 1970, the Board of Directors of the Medical School adopted a more regional name and Marquette Medical School became the Medical College of Wisconsin. Froedtert Hospital was constructed and evolved into the major teaching facility for students and postgraduate trainees.



Milwaukee County General Hospital became the John L. Doyne Hospital. In 1995, the County Hospital was officially closed. The building was razed three years later. A fitting epitaph for this institution might well be "Give me your tired, your poor." Thousands of physicians learned their clinical skills here.

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# Book Reviews



by Dave Kerr, M.D.

## ***Physician: The Life of Paul Beeson,***

Richard Rapport  
Barricade Books, Inc.  
Fort Lee, New Jersey 2001

Dr. Richard Rapport, a neurosurgeon, presents an excellent and highly readable biography of Dr. Paul Beeson, born in 1908, whose career in medicine spanned most of the 20<sup>th</sup> century. The book is timely in that the details of his life and career stand in marked contrast to today's regimented and bureaucratic practice of medicine and medical education. His career provides a bridge from 19<sup>th</sup> to 21<sup>st</sup> century medicine, from Osler's emphasis on the examination of the patient to today's reliance on the machine. The status of medicine as a profession has been diminished by commercial pressures, and it is now less often described as a noble

calling. Beeson's life presents us with an example of professional standards to emulate.

Beeson knew and worked with many of the luminaries of the last century and this biography is replete with pleasing little bits of information about them and their lives. One example given concerns his time as Nuffield Professor of Medicine at Oxford where Dr. Beeson gave the aging Hans Krebs a job and a lab.

His father was a general practitioner and had a series of practices in the west and Alaska. His father's example undoubtedly was incorporated into his own celebrated kindly approach to patients and to the details of teaching his students. His career seems to exemplify genius of the ordinary American sort. When given opportunity, whether for research at Rockefeller University, or for teaching at various medical schools, or for scholarship in research or textbook writing, he responded by giving

each his best. He seems to have worked from the view that if one's heart is pure, things will work out. He rode the wave of modern scientific medicine and used science to explain his clinical puzzles, whether they were yesterday's or had festered for decades. An example of this was his continuing work on the origins of fever.

The author does not acknowledge that he must have been very confident of his abilities and not shy about opportunity. In 1943, at age 35 and four years after completing his chief residency, he and his friend Walsh McDermott became the editors of Cecil's Textbook of Medicine. Most notable, however, were his large number of friends and his method of teaching medicine by example a method familiar to most of us but sadly fading in today's Western world. Read this biography for its perspective and its fascinating details. ∞

by Nick Owen, M.D.

## ***From Chaos to Care: The Promise of Team-Based Medicine***

David Lawrence, M.D.  
Perseus Books Group  
2002

From Chaos to Care addresses several major issues in contemporary health care delivery. Although the book is consumer service and safety oriented, the recommendations are directed to practicing doctors. The recommendations are utopian in scope but represent desirable systematic care which we need to approach incrementally.

Working from the outside in, each healthcare delivery program needs to provide the patient with timely

telephonic or live access to a competent member of the individual patient's care team 24/7 as well as providing patient education incorporating both instruction regarding how to use the system, and outlining the elements of self-care which are required to make the system work. The program must include patient and provider reminders to schedule and keep appointments and list components of each visit for both parties.

The next issue is elimination of the multiple errors in health care delivery outlined in several recent surveys of health care services as currently delivered, and the last is reducing fractionation of care with resulting opacity and lack of coordination. Health care organizations need to provide each practitioner with

24/7 access to the computerized medical record of all potential patients in his practice which includes insurance coverage and restrictions, current medications and treatments, their side effects and complications, and the same for potential addition of new therapy. Likewise, the program needs to include computer access to a frequently updated "optimal method of diagnosis and treatment". Fragmentation can be attacked by providing a coordinated multi-disciplinary network of care / care-givers who collaborate with physicians to deliver team specialty care for complex and chronic illnesses.

By combining these elements in a care system, most of the complaints about current models can be obviated and more of healthcare practitioner's time can be devoted to caring. ∞



# Call Me Bill

by Wayne J. Boulanger, M.D.

Doctor William H. Frackelton died at age 92 a few months ago. He had retired in 1977 and had been living in Hilton Head, so his death may have escaped local notice, at least to a degree. That's a shame. He was quite a guy. I don't know if Reader's Digest still publishes those items entitled "My Most Unforgettable Character", but if they do he would easily qualify as my nominee.

A Shorewood native and graduate of Harvard Medical School, Doctor Frackelton interned at Columbia Hospital and had a year of surgical residency here as well, then went on to complete his surgical training at Passavant Memorial Hospital in Chicago. In 1940, he joined Doctor Fred Stratton in his Milwaukee practice. He received his associate staff appointment at Columbia in 1941.

Of course in 1941 the United States entered World War II, and Frackelton ended up in the Army at El Paso, Texas, doing plastic and reconstructive surgery on wounded soldiers who had been transferred there following initial wound care in the field.

It was there that he perfected the hand surgery skills which were to bring him national acclaim. After 5 1/2 years at El Paso he returned to Milwaukee and resumed his practice at Columbia, his Marquette faculty position, and Director of the Plastic Surgery Service at the VA Hospital.

As its President, he hosted the first meeting of the newly constituted American Society for Surgery of the Hand in the Columbia Hospital Auditorium in 1952.

And it was in 1952 as an intern that I first had a chance to meet and work with this talented, complex individual from whom I was to learn more about the practical aspects of wound care than from any other of my teachers.

Part of the reason for his excellence as a teacher arose from his insistence on the achievement of perfection. Whenever he did anything, whether it was a plastic wound closure or ballroom dancing, ex-

cuting the steps taught him by Louise O'Brien in her classes in modern dance, every move had to be just so - and heaven help you if you were his assistant in the operating room or his unsuspecting partner on the dance floor. He never asked me to dance, but I certainly spent a lot of time assisting him during surgical procedures. He had extremely strong, dexterous hands, and if mine weren't positioned exactly right, I felt that strength as he corrected my laxity — sometimes with a little added pressure.

Once he had settled on a routine or a technique it was incorporated into his repertoire, and that routine or technique permitted no deviation until he himself modified it. Changes were occasionally made after his return from a meeting where he had adopted a new wrinkle or found a new instrument with which he had fallen in love.

I remember one morning when I was scheduled to assist him on a hand case. He had visited a department of surgery somewhere and had learned to make a hand pillow by folding a surgical towel in such a manner as to create a 4 x 4 inch ball for stabilizing the patient's hand position during the operation. The surgical nurses all had to learn to fold the hand pillow properly. That technique was never permitted to vary - remaining unchanged until Frackelton retired 25 years later.

The correct application of surgical dressings is quite a major component of plastic surgery. No one was ever more cognizant of that truth than Frackelton himself. The operation would have barely begun when he would ask: "Now shall we talk about dressings?" I never saw anyone dress a wound as skillfully or as quickly as he could. As hard as I tried, my dressings never looked as neat or stayed in place as well as his did.

But one place where I was able to put the tricks he had taught me into use was on his service at the VA Hospital, where I was on a somewhat longer leash. One day I scheduled a case even though I thought he was going to be out of town at a meeting. I went into what I considered my best Frackelton

impersonation routine throughout the case: the folding of the hand pillow, the voice, the mannerisms - everything but the skill. I was so engrossed in my Frackelton persona that I did not notice that the room had become unusually quiet while I was putting on my show. I had just uttered in my most patrician tones: "Shall we talk about dressings?" when I heard the real Frackelton voice over my shoulder — "How is everything going?"

Fortunately, he was a good sport about that and most of my other shortcomings, and I was pleased upon entering practice to be included on his guest list from time to time.

As time passed, Frackelton became the first Professor of Plastic Surgery at the Medical College of Wisconsin, and was named Department Chairman as well. At the height of his career the Mayo Clinic recognized his preceptorship skills and arranged for their plastic surgery residents to come to Milwaukee to work with him. Some of them were later invited to join his group.

Oddly enough, in spite of his major surgical accomplishments, Frackelton's exhibits displaying a simple measure to prevent ring finger avulsion injuries at the American College of Surgeons Clinical Congress in 1967 brought him his greatest national notice. (Co-exhibitors were Doctor Jack Teasley, Doctor John E. Woods, and Doctor Donald M. Levy. Creation of slots in the ring which would cause it to spread open and preserve finger integrity if the ring became accidentally caught on a projection was the key point in the demonstration.)

In spite of the awe in which he was held by so many of us, he always wanted to be "one of the guys". For instance, if there was someone in a group that he thought that LaVerne or I might know, but whose name he had forgotten, he would take us aside and ask us who the person was, then later on greet that individual by name.

His desire to be just one of the guys led to his habit, when introduced to someone, to suggest: "Call me Bill". When I was invited to call him Bill, somehow I never could - anymore than I could have called Miss



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## 2003 Distinguished Achievement Award – Jordan Fink, M.D.

Doctor Jordan Fink has been selected to receive the Milwaukee Academy of Medicine's Distinguished Achievement Award for 2003. It will be presented at the October 21, 2003 meeting.

Dr. Fink is Professor of Internal Medicine and Pediatrics, Allergy and Immunology. He received his medical degree from the Marquette University School of Medicine and completed his residency in Internal Medicine at the Milwaukee County Hospital. He next undertook a fellowship in Allergy and Immunology at Northwestern University Medical School under Dr. Roy Patterson following which he returned to Milwaukee to serve on the faculty of the Marquette University School of Medicine and the Medical College of Wisconsin.

He is Board Certified in Internal Medicine as well as in Allergy and Immunology. He has been listed numerous times in the various "Best Doctors" lists. He has received the American

Academy of Allergy and Immunology Distinguished Service Award and a special recognition award. He is a member of the Association of American Physicians and the American Society for Clinical Investigation. He has served on numerous committees of the American Academy of Allergy, Asthma, and Immunology and was its president in 1984-1985. He is perhaps best known for his work in the area of hypersensitivity pneumonitis, and more recently he has focused on latex allergy. He has published almost 350 articles in his field.

He has contributed his knowledge and care to the medical community and to his patients spanning four decades. He has trained the majority of allergy and immunology specialists delivering care and consultation throughout Milwaukee and the state of Wisconsin. ∞

*Assimilated from multiple letters of nomination submitted by his peers. N. Owen, editor*

## Professionalism

*continued from page 1*

rededicate ourselves to professionalism in our practice and to inculcate those who will be joining the profession in the future with the essential principles that have guided medical practice through the decades.

Two years ago, the American College of Physicians, in conjunction with the American Board of Internal Medicine, felt compelled to issue a statement on professionalism that was published in the Annals of Internal Medicine. The ACGME has come out with new guidelines for residency training based on 6 "competencies" and is requiring residency programs to develop specific curricular interventions to document improvement in outcomes within these competencies, one of which is professionalism. The Medical College has developed a professionalism project in which a small cadre of faculty is working to develop curricular components to

enhance professionalism through all 4 years of medical school.

This is an area in which I feel the Academy can make a contribution. Many of the leaders in Milwaukee's medical community are members of this organization and there are a number of members who have the experience and wisdom acquired by practicing through many decades of change. As an organization dedicated to promoting the quality of Medicine in this community, we are uniquely positioned to have an impact. At the Medical school, we could work with the faculty to make available senior physicians from the community to give students first hand experience from those in practice. In the community, we can offer assistance to medical staffs for workshops, grand rounds and staff meetings. As we look toward the future of the academy and ways in which we can make a difference in Milwaukee, the promotion of professionalism in Medicine should be a major theme. ∞

## The 1,221st Meeting

May 20, 2003

G. Edwin Howe, the President and CEO of Aurora Health Care addressed the 1221st meeting of the Milwaukee Academy of Medicine on Tuesday, May 20, 2003.

His topic was "The High Quality of Medicine, Why Wisconsin Should Set the Pace". He told us that the excellent health care institutions of southeastern Wisconsin providing support for the outstanding physicians should keep us in the lead. ∞

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

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## Announcement: Dr. Michael McBride

Dr. Michael McBride, a fellow member of the Milwaukee Academy of Medicine, has been called to active duty in the Army Medical Corps beginning September 22, 2003. He will serve a 90 day tour at Landstuhl Hospital, Federal Republic of Germany. ∞