



MILWAUKEE ACADEMY OF MEDICINE

Volume X / September 2004



MEETING ANNOUNCEMENTS

E-Medicine

September 21, 2004
1,230th Meeting

*Jessica Wilen Berg, J.D.,
Associate Professor of
Law & Biomedical Ethics*

Telephonic doctor-patient communication has been governed by concerns regarding access, clarity of information, anticipation of lack of patient comprehension and presumed patient intolerance of bad news.

Now that we have e-mail and the internet, there are ethical and legal concerns superimposed. Case Western University's Jessica Berg, an attorney, who teaches in the Law and Medical Schools, will explore these and other issues generated by the intersection of the old medicine with the new age of the internet.

How Life Looked at Medicine: Magazine Photography and the American Public's Image of Medical Progress

October 19, 2004
1,231st Meeting

*Bert Hansen, Ph.D.,
Professor of History*

Prior to television news, much of the visual imagery of health care and progress in medicine was portrayed in news magazines, in particular Life magazine. Bert Hansen, Ph.D., Professor, Department of History, Baruch College, CUNY, will show us many of these images and discuss how Life handled and influenced health care during this era.

Biomedical Nanotechnology

November 16, 2004
1,232nd Meeting

*James R. Baker, Jr., M.D.,
Professor of Medicine*

James R. Baker, M.D. is the Director of the University of Michigan Center for Biomedical Nanotechnology which promotes a multi-disciplinary approach to study the application of nanomaterials to cellular engineering, drug delivery, and gene transfer. He is chief of the Division of Allergy and Immunology and an expert in the area of decontamination of biological and chemical agents. He has researched problems in preventing illness as a result of bioterrorism or bio-warfare.

He will address the Academy on the topic of Nanotechnology.

2004-05 MEETING DATES

2004

September 21 E-Medicine
October 19 Life Magazine & Medicine
November 16 Nanotechnology

2005

January 18 Annual Meeting
February 15
March 15
April 26 AOA/Academy Meeting,
Julie Freischlag, M.D.
May 17
September 20 Bioethics Topic
October 18
November 15 History of Medicine Topic

Meeting Location

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

University Club of Milwaukee

924 East Wells Street
6:00 p.m. reception hour
7:00 p.m. dinner
8:00 p.m. speaker presentation

The Academy's Program Committee convened over the summer months to develop a list of potential program topics. The list will be used as a guideline for planning the open meeting slots for 2005. If you have any comments, suggestions or feedback regarding the following list of topics please direct your comments to Amy John, Executive Director at amyjohn@execpc.com or 414/456-8249. We welcome and encourage Academy members to propose suggestions for programming or outstanding speakers.

Special thanks to our members who submitted program suggestions throughout the year.

Programs for consideration:

obesity as a disease • public registration of clinical trials • clinical research • medical errors • Doctors Without Borders • Partners in Health - Paul Farmer • Tommy Thompson on one of the following topics: public policy regarding AIDS, public policy regarding obesity, Where is Medicare going? • good office screening for the top 7 • PET Scanning: Use and Abuse • metabolic syndrome • diabetes • Alzheimer's disease • cancer survivorship • graduate medical education in changing times • physician burn-out • lipidology • healthcare economics • global recurrence of TB

Leprosy and Numismatics

by H. David Kerr, M.D.

Coins, tokens, medals, medallions, and other miscellanea related to leprosy have existed for centuries and reflect societal attitudes towards the disease. They are found in museums, private collections, and offered for sale in such diverse locations as coin shops, mail order, and e-bay.

The Oxford English Dictionary (1985) defines leprosy as a "loathsome disease which slowly eats away the body" and cites Hobbes' notation in "Leviathan" that "such men are cleansed of the Leprosic of Sin by Faith". Also cited is Bristoe's "Theory of the Practice of Medicine" (1878) where "the children of leprous parents are more likely to become infected (with leprosy) than the children of healthy parents". These two views, holding that leprosy is a punishment from God (or "the gods" in other cultures) and that it is spread from person to person, have governed societal attitudes toward leprosy throughout the world for centuries. Groups of people with leprosy can have physical features in common reflecting the characteristics of the disease, and thus some can be identified on sight. These abnormalities include flexion deformities of the hands and feet, loss of eyebrows, nasal deformities, visual loss, and various non healing burns and ulcerations.

Since antiquity lepers have been shunned as outcasts living apart from others on the fringes of society. This attitude was held both in Europe and the Far East, but was softened somewhat in Europe on the return of soldiers from the Crusades. Since that period various organizations have developed to benefit lepers. In the enormously popular 19th century novel written by Lew Wallace, Ben Hur breaks Roman Empire societal taboos in order to find his mother and sister living in squalor in the Valley of the Lepers. Although the setting of the novel was ancient, his actions provided a clue that modern societal attitudes were changing.

Leprosy has been traditionally linked to the Bible. "Lazar" and "lazaretto", both from medieval Latin, refer to lepers and places where lepers stay. Both derive from one of two men named Lazarus described in the New Testament. One was raised from the dead by Jesus. The other is described in Luke as the leper outside the gate of the rich man. He was denied even crumbs from the rich man's table. In hell, the rich man is not given even a drop of water. Logically, leprosy should be associated with the latter person but the word "lazar" refers to the first. St. Lazarus is the patron saint of lepers.

A leprosarium was established outside the walls of Jerusalem by the Military & Hospitaller Order of St. Lazarus of Jerusalem in 1098 during the first Crusade. The Order was unique in being the only chivalric organization caring for lepers and other outcasts. It developed into a military power complete with warships to protect its various centers. The St. Lazare district of Paris and the railroad station, Gare St. Lazare, are memorials to the work of this still active order. The Order has issued medals, decorations, and insignia for centuries.

A similar history with wanderings about Europe for centuries is held by the Sovereign Military Order of Malta, still a nation with its own street address in Rome, and still operating hospitals and leprosaria. The Order of Malta finances its good works with its own coinage.

Details of the day to day workings of colonies, districts, islands, and other ways of separating lepers from the rest of society provide a view to the social and physical difficulties of the disease. Sufferers still had to live somehow and society had to provide means for feeding their families and paying their bills. In the Gouda leper colony (Holland 1600s) tokens were issued to lepers to allow them re-entry after a day of seeking alms outside the walls of the colony. Lepers used a box-like device with a hinged "clapper" to announce their coming. Contributors could drop

coins into the box. Later, the coins were removed from the box by colony employees without the leper ever touching them. The leper would be issued a cash receipt for use within the colony or the coins would be given to the leper's family if the family lived outside the colony.



Gouda Token

By the late 1800s coins were issued by at least fourteen nations (including China, Japan, Korea, Thailand, Malaysia, and Nigeria) for use within leper colonies only. The aim of health officials of the various nations was to continue the longstanding practice of minimizing lepers' contact with the outside world. Outgoing mail was sanitized with a hot iron and special uncontaminated coverings were used. Dread of contact with lepers resulted in a dearth of hospital volunteers from the local populations. The Palo Seco Hospital in Panama has never had a volunteer. Lepers colony coins may symbolize an unrelieved tension and temporary compromise between the ancient ways of exile still in force in the early 20th century and the increasingly modern views of humane treatment based on science.

A leper hospital was built in Caracas, Venezuela in 1659 at the request of King Philip II of Spain. The Hospital de Lazarinos continued in operation (later as Cabo Blanco) until the early 1970s. The Isla de Providencia leper colony was established in the early 1800s on an island in Lake Maracaibo. In 1826 Simón Bolívar established the Lazareto Maracaibo on the same island. Later, coins were issued for the use of residents of each facility but only within the confines of the facilities. Lepers are still seen on the streets of Latin American cities and have prompted the interest of many

physicians, notably Che Guevara who worked at one of the Venezuelan facilities. Columbia and Brazil also had leper colonies with coinage.



20 Bolívars
Brass

A number of leper hospitals and colonies were established in the United States and its territories following the end of the Spanish American War in 1898. The Palo Seco Leper Colony (later continued as the Palo Seco Hospital) opened in Balboa in the Panama Canal Zone in 1907 after a worldwide leprosy scare in the 1890s. As part of the legal creation of the Canal Zone the United States agreed to construct and operate hospitals for the insane, consumptives, those with incurable diseases, and lepers. Coins for the colony were issued from 1919 to 1952. Very few remain. Money was disinfected and deposited for cash sales to prevent the accumulation of savings and also to prevent organized escape attempts.



1 Dollar
Aluminum

The St. Croix Leper Asylum was established in the early 20th century in the Danish West Indies by the Odd Fellows of Denmark. The United States purchased the Danish Virgin Islands in 1917 but the asylum continued in operation until 1958.

The Culion Island Leper Colony, 150 miles southeast of Manila, Philippine Islands, began in the early 1900s, soon after the end of the Spanish American



5 Bit

War, with 600 patients. It became for a time the world's largest leper colony having 4,000 residents in 1922. Its population was estimated to comprise 40% of all lepers in the Philippines. The colony was closed in the 1930s but lepers continue to live there. Coins were struck for the colony by the Bureau of Health from 1913 to 1930. A museum with a library and archive was built on the island to provide a record of the sufferings and achievements of the residents. Leprosy is believed to have existed in the Philippines at the time of the Spanish conquest. A leper shelter was built in Manila in 16th century by Franciscan friars. Under Spanish rule Friday was lepers' day and lepers were permitted to walk the streets seeking charity.



20 Centavos

The leper settlement on Molokai, Kingdom of Hawaii, was established in 1866 and made famous by the work of Father Damien. Paper ration tickets were issued there but no coinage. The U.S. National Leprosarium was established in 1921 in Carville, Louisiana. In 1982 the center produced a Mardi Gras doubloon token with a nine-banded armadillo on one side and the Administration Building on the other. *M. leprae* has been found in armadillos, chimpanzees, mangabey monkeys, and humans.

Many people, famous and not, have been associated with work done for lepers. One notable example is Albert Schweitzer (1875-1965), an Alsatian



Medal



physician, theologian, philosopher, and organist who was awarded the Nobel Peace Prize in 1952 for his medical missionary work in Africa. He used the prize money to build the leper hospital at Lambaréné, Gabon. Numerous medals celebrate his achievements. His work was commemorated on the coins of East and West Germany as well as the United Arab Emirates.



Paris Mint Medal

Mother Teresa of Calcutta (1910-1997) founded the Order of the Missionaries of Charity, a Roman Catholic congregation of women dedicated to the care of the poor and destitute of India. She was awarded the Nobel Peace Prize in 1979 for this work. One of her activities was the building of a leper colony called Shanti Nazar (Town of Peace) near Asansol, India. She is depicted on a 1975 UN medal showing an emaciated child with a food bowl reaching out.

These are but a few of the many orders, people, and places associated with the care and treatment of those with leprosy. As yet there is no vaccine against this disease and no quick cure.

REFS:

1. McFadden RR, Grost J, Marr DF. The Numismatic Aspects of Leprosy: Money, Medals, and Miscellanea. D.C. McDonald Associates, Inc., 1993.
2. The Gouda Token (photo credit). Rijksmuseum Het Koninklijk Penningkabinet, Leiden, The Netherlands.

From the Academy's Rare Book Collection

A Botanical Arrangement of British Plants: The Uses of Each Species in Medicine, Diet, Rural Economy and the Arts with an Easy Introduction to the Study of Botany, etc., etc.

Reviewed by H. David Kerr, M.D.

William Withering (1741-1799), famous for his description of his clinical use of purple foxglove (*digitalis*) in treating congestive heart failure (1785), was learned in other areas of science. He became an eminent botanist and wrote (1776) "A Botanical Arrangement of All the Vegetables Naturally Growing in Great Britain", the first complete scientific compendium of British plants and the first to use the naming system of the Swedish physician and botanist Carolus Linnaeus (genus, species). The book's two volumes contained much new information about edible foods, those known to be poisonous to livestock, the natural places where particular plants grew, their medicinal properties, and their time of flowering. He called upon his readers to "reject the fables of the ancient herbalist and build only on the basis of accurate and well considered experiments". This is still good advice regarding the "ancient herbalists" of today's world.

The Academy holds a copy of the three volume 2nd edition set (1787) renamed "A Botanical Arrangement of British Plants: The Uses of Each Species in Medicine, Diet, Rural Economy and the Arts with an Easy Introduction to the Study of Botany, etc., etc." Withering was assisted in this edition by Dr. Jonathan Stokes, a fellow member of the Lunar Society. His meticulous work broke new ground in the study of algae and agar-

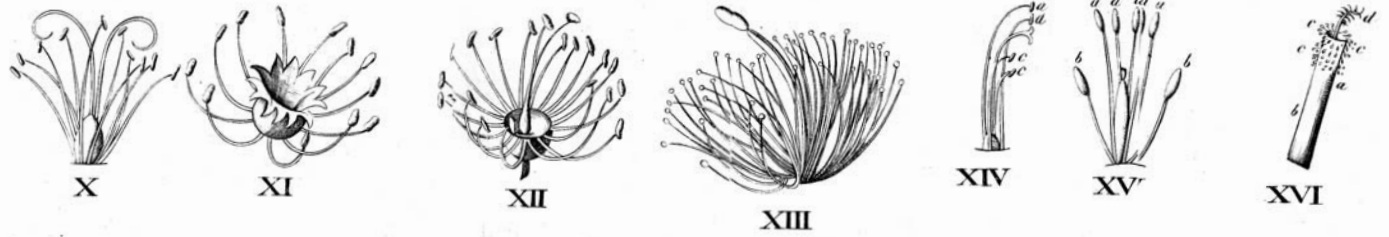
ics. He published the third edition in 1792 and more editions were published by his son after Withering's death. The book remained in print until 1877. He was elected to fellowship in the Linnaean Society in 1784, and in his honor a plant, "Witheringia Solanacea", a member of the potato family, was named for him and was included in his epitaph.

Withering also studied the soil that nourished plants. This led to investigations on the calcium content of several types of marle with a view to their use to fertilize soil. His work on a local heavy ore led to isolation of barium by Humphrey Davy in 1808. Witherite, a form of barium carbonate, was named in his honor and led to his fellowship in the Royal Society of London. He experimented in work aimed at making arsenic more soluble, and the use of stainless steel for scalpels. He studied Stonehenge and lightning. Along with his many interests he kept up a large clinical practice.

Through the Lunar Society he met, befriended, worked with, and corresponded with many of the luminaries in science of the day. His broad vision and fascination with the world around him should be a challenge and an inspiration to us today to do more in following our own stars and duties.

Ref: Lee, M.R., William Withering (1741-1799): A Birmingham Lunatic. Proc R COLL Physicians Edinb 2001: 31: 77-83.





A
 BOTANICAL ARRANGEMENT
 OF
 BRITISH PLANTS;

INCLUDING
 THE USES OF EACH SPECIES,
 IN
 MEDICINE, DIET, RURAL ECONOMY AND THE ARTS.
 WITH AN EASY
 Introduction to the Study of Botany, &c. &c.

ILLUSTRATED BY COPPER PLATES.
 THE SECOND EDITION.

By WILLIAM WITHERING, M.D. F.R.S.
 MEMBER OF THE ROYAL MEDICAL SOCIETY OF EDINBURGH, AND
 PHYSICIAN TO THE GENERAL HOSPITAL AT BIRMINGHAM.

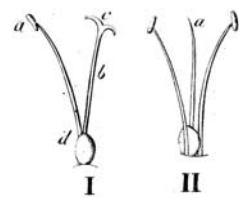
INCLUDING
 A NEW SET OF REFERENCES TO FIGURES.
 By JONATHAN STOKES, M.D.
 LATE PRESIDENT OF THE ROYAL MEDICAL SOCIETY OF EDINBURGH,
 CORRESPONDING MEMBER OF THE SOCIETY OF ANTIQUARIES
 OF SCOTLAND; PHYSICIAN AT KIDDERMINSTER.

V O L . I .

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Book Reviews

by H. David Kerr, M.D.

War Hospital: A True Story of Surgery and Survival.

Sheri Fink, M.D.
Public Affairs, 2003

W*ar Hospital* is a fascinating and disturbing work focused on the physician staff of a hospital in the small city of Srebrenica, the size of Sheboygan, and located in a largely Muslim area of Bosnia. Using interviews with involved physicians, humanitarian aid workers (notably Medcins Sans Frontieres), and military personnel the author assembles and describes clearly the events leading up to the city's horrible demise in the summer of 1995 at the hands of the Bosnian Serb army. In the process she allows the reader to see the relatively light impact that international aid workers had in mitigating the ongoing tragedy compared to the local physicians. Their dilemma is framed in the opening pages by a scene where a young man is about to undergo leg amputation by a nervous 32 year old pediatrician. Of the 7 local physicians there were no trained surgeons. Forced

by events to practice mass medicine they eventually learned surgical procedures far beyond their training, and they improvised. They lacked sufficient anesthetics, reliable imaging equipment, pharmaceuticals, and food. International physician help was occasional and brief. They could not flee nor could they save their families.

The physicians of Srebrenica, population 70,000, functioned in isolation from the rest of the former Yugoslavia. They were surrounded by their enemies, the heavily armed Bosnian Serbs, and imprisoned by the artificial "safe area" created around their city by the United Nations, enforced by 200 UN soldiers stationed at an "observation post", their duty being to protect humanitarian aid workers. The dearth of communication modalities available ensured that no dialogue with outside forces would be possible. The excuse for the conflict seems to have been the Ottoman conquest 600 years before and then the domination thereafter of generational hatreds between villages whose populations contained a sprinkling of modern attitudes along with ancient loyalties. On the margins of

their lives were the cowardly UN forces and their labyrinthine UN military command apparatus, designed to say "no" to air assistance requests with as much delay as possible. Against the process that produced refugees the UN did little and thereby abetted the eventual result. The well armed Bosnian Serbs faced down the UN and NATO, threatening to kill their 30 Dutch soldier hostages if air power was used against them. The UN capitulated. Srebrenica was conquered and 7,500 men and boys were massacred. The Bosnian Serb leader was Radovan Karadzic, a physician.

The author dispassionately presents the various ethical issues raised by "This sadistic sociology experiment called Srebrenica" as one of the local physicians called it. She challenges the reader to answer them. She concludes sensibly that "humanitarian aid means little in the face of deadly violence." Will the 21st century be filled with such conflicts in Balkanized countries fought with modern weapons but with "humanitarian" ideas seen as quaint creations of the 19th century? *War Hospital* is well worth reading. ∞

by Nick Owen, M.D.

Your Money or Your Life: Strong Medicine for America's Health Care System

David M. Cutler
Oxford University Press, 2004

By examining the forces (players and economic forces) that have defeated previously attempted or proposed strategies to decrease health care costs and constructing off-setting controls (subsidies for excellence-penalties for poor performance) David Cutler in *Your Money or Your Life* presents a rational health care sys-

tem which he estimates could be brought in at no increase in cost beyond annual increase in cost of living. Major changes include coverage for the uninsured with subsidies or incremental tax credits to compensate for lack of means to pay. Insurance is individual and universal and not employer-based.

I see two potential weaknesses in the proposal as presented: 1) the controls

are provider-based and the only motivation for consumers is cost control which doesn't provide penalties for non-compliance (such penalties are necessary to produce savings implicit in preventive medicine costing less than emergency care); 2) the sub-system for deciding optimal goals for care process and outcomes lacks models for outcomes of day to day medical problems (e.g. respiratory infections-non surgical injuries-and the like) which make up the bulk of office practice.

Nonetheless, *Your Money or Your Life* represents the most rational attack on health care costs that I have yet seen. ∞



Medical Wards Revisited

by Eric Cohen, M.D.

Jim Cerletty's recent article on the 1945 Intern strike at Milwaukee County Hospital could not bring back those memories for me, since I was not yet born. But its photograph of the sixteen-bed ward brought back memories of my own, of multi-bed wards that formed my training at Charity Hospital in New Orleans. I paused to lament the passing of this era, that commonality of sickness and healing that formed a link to the wards of the hospitals of centuries past. In such places Semmelweis cured puerperal fever, and, more recently, Oliver Sacks awakened post-encephalitic Parkinson disease.

Then I realized that we still have common wards, big places where up to two dozen people get care at the same

time, in full view of each other, open to all. I go there once a week, sometimes more often. It's the dialysis unit. What a place it is, this throwback to the medicine of our grandfathers. Patients are together, with nurses and doctors and hear, see, and smell each other's suffering and healing. Curtains are there only for emergencies. Rounds are truly "at the bedside". Housestaff gather, in full view of their patient and neighboring patients. Osler himself would take easily to these rounds.

I have wondered what consequence there is for patient care, for interaction between patients, and for our own professionalism, when medicine is practiced in full view. It's probably a good thing to have all eyes on the doctor. After all, what happens to Mr. Jones in bed one will soon happen to

his neighbor. The neighbor's expectation is surely conditioned by what he observed, minutes before.

And what of dialysis patients themselves? They do talk when we're away. They know some of each other's hopes and fears. I suspect that they grade us, too, comparing opinions - a cooperative effort.

Will JCAHO forbid this, in the name of privacy? Will HIPAA force a change? Not likely, in this era of cost containment. It would be very expensive to dialyze patients in private rooms, and is therefore seldom done, except when necessary in ICUs. We can dialyze several patients at a time efficiently, with one nurse or technician taking care of up to four patients. One-on-one would add too much to the cost.

So if you want old-fashioned medicine, visit the dialysis unit. ∞





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President's Comments

by Jim Woods, M.D.
President 2004

The president of the American College of Surgeons has proclaimed this "the year of the resident". This was done because the leadership understands the importance of the young surgeons in the future of their (my) organization. This new initiative is long overdue, and may also stimu-

late us to think differently about our Academy. Many of the issues facing the young physician e.g. debt, increased regulation, lower reimbursement — are new to our profession. Rather than taking the ostrich approach, we must face the issues head-on, make changes when necessary, and be willing to sacrifice — to prepare for the future of our Academy of Medicine. ~

2004 Distinguished Achievement Award ~ Adolf Stafl, M.D.

by Matthew Lee, M.D.

Each year the Academy honors one of our colleagues for distinguished achievement. This year's recipient is Dr. Adolf Stafl. Dr. Stafl is a pioneer in the field of gynecology and was instrumental in bringing the art and science of colposcopy to the United States.

If there is one disease of women that was greatly impacted in the 20th

century, it was cervical cancer. Since 1950, the incidence of cervical cancer in this country has decreased almost 70%. This is in no small part due to Dr. Stafl. I'm glad to count him as one of my mentors in training. Those who know him personally will agree that he is a scholar and a gentleman in the truest sense of the words. Please join the Academy on October 19th, 2004, as we honor Dr. Stafl. ~

The 1,229th Meeting May 18, 2004

by H. David Kerr, M.D.

The 1,229th Meeting of the Academy was held at the University Club on May 18, 2004. The evening's speaker was G. Richard Olds, M.D., Professor and Chairman of the Department of Medicine at the Medical College of Wisconsin. He delivered an enthusiastic and informative talk on the subject of "emerging infectious diseases", provocatively entitled "Revenge of the Rain Forest". He reminded us of the "new truths" of

medicine, notably that a health problem in a remote geographic location can easily become a health problem in the developed world or in another remote location. As we found recently with monkey pox, the supposed barriers to the entrance of infectious agents are largely illusory. The importation of exotic species that may be the source of disease is often regulated in a casual way, in contrast to the movement of people. Dr. Olds quipped that "it is easier for a giant Gambian rat to get into the United States than

for a Gambian". There remains much to be learned about the world of infectious agents. Their ecological niches and reservoirs must be explored, and their method of developing infectivity to other species must be defined. These are also elements in the development of bioterrorism agents and defense against them. Our response to these new problems demands observation and scholarship by practitioners and medical researchers coordinated with well organized and effective local public health systems. ~



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. You will not receive program announcements or the newsletter via email unless you specifically make that request. Thank you.