President’s Comments
Eating, drinking, schmoozing, marketing - what’s not to like?

Rita Hanson, M.D.
President 2007

It hardly seems possible that half my term of office is a thing of the past, and the membership drive event that seemed so far in the future when it was designed and approved by the Council last spring is now just weeks away!

As all of you are well aware, attracting and retaining a ‘critical mass’ of active Academy members has become more challenging in recent years, so we’ve decided to try something a little different this year to rekindle interest among current members in what the Academy has to offer, and to attract potential new members as well.

This event will feature a wine auction and will also showcase our rare book collection and plans for increasing the visibility and use of this valuable resource by Academy members as well as medical students and the community at large.

Members of the Academy (and their significant others) will be invited to attend and to bring with them a potential ‘new recruit’ for membership in the Academy (the new recruit attendees are welcome to bring their significant other as well). So – please do mark your calendars. The ‘official’ invitation was mailed to you earlier this month.

In addition: members have asked us to provide advance information on meeting dates, topics and speakers to help plan their calendars. You’ll find the fall programs listed below. Thanks to Dr. Ralph Schapira for all his hard work as Program Chair.

Coming this Fall .........

September 18, 2007
Michael Oldani, Ph.D., M.S., Assistant Professor, Medical Anthropology, Sociology, Anthropology, and Criminal Justice Dept., University of Wisconsin - Whitewater
Tales from the Script: How Drug Reps (and Big Pharma) Influence Doctors’ Prescribing
Practices - An Insider/Outsider View
Based on his nine-year experience as a pharmaceutical salesperson and his current ethnographic work in cultural psychiatry and medical anthropology, Dr. Oldani will share his research regarding how the pharmaceutical industry works behind-the-scenes to influence doctor prescribing.

October 16, 2007
Distinguished Achievement Award Recipient
Walter J. Hogan, M.D.
Professor of Medicine and Radiology
Division of Gastroenterology and Hepatology, Medical College of Wisconsin
Gastroenterology: The evolution of the subspecialty and the contributions of the “Milwaukee Group”
Dr. Hogan will discuss the past and future of Gastroenterology and the input from our “hometown” researchers and clinicians to the development of GI Medicine over this spectrum of time.

November 20, 2007
Judith Leavitt, Ph.D.
Ruth Bleier WARF Professor
History of Medicine, History of Science and Women’s Studies UW – Madison
The History of the Role of Fathers in Childbirth

Winter/Spring Program Dates 2008
January 15, February 19, March 18, April TBD, May 15
These programs will be held at the University Club of Milwaukee. Cocktails at 6 p.m., dinner at 6:30 p.m., program at 7:30 p.m. For reservations, please contact amy@milwaukeeacademyofmedicine.org

Membership Drive & Wine Auction
Friday, September 7th, 2007
6:00 p.m. - 9:00 p.m.
at the home of
Dr. Daryl Miser and Rita Hanson
3600 N. Lake Drive
Shorewood, Wisconsin
RSVP by September 4th, 2007
amy@milwaukeeacademyofmedicine.org
or by telephone 414/456-8249

Members of the Academy (and their spouse or guest) are invited to attend and to bring with them a potential ‘new recruit’ for membership in the Academy (the new recruit attendees are welcome to bring their spouse or guest as well).

Academy members are requested to contribute two identical bottles of their favorite wine to the event — one for tasting, and one to be auctioned off. An announcement will be made at the time of the event regarding the funds raised at the wine auction.

An hors d’oeuvre buffet will be served.
Celsus

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

AVRELII CORNELII CELSI DE RE MEDICA LIBRI OCTO. ACCESSERERE IN PRIMUM EIUSDEM, HIEREM[ae]TH RIVERI BRACHELII COMMENTARIJ DOCTISIMI : IN RELIQUIOS VERO SEPTEM, BALDVINI RONSEI GANDENSIS, REIPUB. GOUDANæ MEDICI, ENARRATIONES. Lugduni Batavorvm, ex officina Plantiniana, apud F. Raphelengium, 1592.

DE RE MEDICI LIBRI OCTO. ED. NOVA, CURANTIBUS P. FOUQUIER ET F.S.RATIER. Parisis, Bailliere, 1823.


ommaso Parentucelli (1397-1455), born in Liguria northeast Italy the son of a poor physician, became a priest and a brilliant scholar. During this period the works of ancient Greece and Rome were being rediscovered in monastic libraries and their contents helped drive and influence the humanist ideas of the early Renaissance. Petrarch (1304-1374) whose epic poetry began the revival of Classical literature and learning, established convincingly that there was no inherent contradiction between studying the classics and Christian thought. This argument helped dispel opposition to the ideas of the early Renaissance. He assembled one of the earliest private libraries comprised of volumes he used to research his writings. Realizing that it could benefit others as the monastic libraries benefited him, he offered his library to the Republic of Venice. Parentucelli possessed an expert's knowledge of books and bibliographies, monastic libraries, booksellers' and publishers' collections, and was an avid book collector. In his travels and inquiries he discovered works in diverse locations that had not been read in centuries. Among these was De Medicina by Celsus (c25 BC-50 AD), found in 1433 in the Basilica of St Ambrose in Milan, the copy having been hand written in the 10th century.

In 1441 Cosimo de' Medici employed him to assemble a list of books and manuscripts for a magnificent library at the Dominican monastery of San Marco in Florence, intended particularly for the use of scholars. The paintings of Fra Angelico, a devout Dominican friar, adorned the walls and the high altar. Father Parentucelli as Pope Nicholas V became a cultural leader of the Renaissance, promoted reform, and rebuilt the city of Rome. He founded the Vatican Library in 1448 "for the convenience of the learned". It soon became, with 3500 volumes, the largest library in Western Europe and included manuscripts from the imperial library of Constantinople perhaps sold in desperation. That besieged city fell to the Ottoman Turks in 1453.

De Medicina was first printed in Florence in 1478, the third medical book among the incunabula, the earliest books after Gutenberg in 1456. It was very popular and influential for centuries thereafter. De Medicina contained the first history of Western medicine and is the oldest source existent on Roman and Alexandrian medicine. Celsus cited 72 medical authors in his text, but the only work which still remains in complete or near complete form is by Hippocrates (c 460-377 BC). The Hippocratic Corpus, assembled at the Library of Alexandria about 200 BC, consisted of eighty anonymously written medical works linked to Hippocrates. Through Celsus' single work a window is opened through which medical practice in the ancient Western world can be seen, especially the changes wrought by Alexandrian and early Roman medicine. De Medicina comprises eight books and is the only surviving part of Celsus' De Artebus, an encyclopedia that included works on rhetoric, philosophy, military strategy, jurisprudence, and agriculture.

Precious little is known about Aulus Cornelius Celsus. The patrician Cornelius family had been a power in Roman society since Etruscan times. He was born in Colona Narbo Martius (now Narbonne in southwest France), an important crossroads on the Via Domitia, the paved coastal road linking Italy to Spain. Most believe that he was not a physician but rather an expert compiler and encyclopedist. Some argue that the text, replete with clinical details, reflects the knowledge of an experienced physician (1, 2). Quintillian numbered him among the philosophers, and Pliny the Elder referred to him as an "auctor" (author or authority). One can explore this question directly in the very readable translation of De Medicina found on the internet (3). Of the beauty of his use of the Latin language and his erudition there has never been controversy.
His influence on subsequent Roman medical practice is unknown but speculation holds that it would have been minimal because the work was written in Latin and most practitioners were Greek. Why then was it written at all and in such detail? Precise descriptions of hernia surgery would have been unlikely topics to enlighten other educated folk. An overall view of Roman medicine from various angles such as thoughtful hospital design, the vast variety and purpose of surgical instruments, and the practice of obtaining the best physicians (Greeks) implies considerable sophistication and a broad and deep professional organization. Given the size of the enterprise he could have had many Roman readers.

De Medicina exerted enormous impact on Renaissance practice and was required reading in medical schools into the twentieth century. Joseph Lister studied Celsus. Problems are described in a systematic and authoritative manner. He included only verifiable and well established facts. In contrast to modern medical literature Celsus does not use jargon. Most surprising are the details given of surgical procedures: "Sometimes the abdomen is penetrated by a stab of some sort, and it follows that intestines roll out. When this happens we must first examine whether they are uninjured, and then whether their proper color persists. If the smaller intestine has been penetrated, no good can be done... The larger intestine can be sutured, not with any certain assurance, but because a doubtful hope is preferable to certain despair; for occasionally it heals up..." He continued by describing how to restore the intestines to their proper position, how to suture, and post-operative care (3. Book VII p33-34).

He advocated learning anatomy by dissection of cadavers and by on the spot observation of injured patients. Celsus decreed as cruel vivisection of animals or humans. He combined anatomy and theoretical knowledge of diseases with the importance of practical experience saying that "Even philosophers would have become the greatest of medical practitioners, if reasoning from theory could have made them so; as it is, they have words in plenty, and no knowledge of healing at all." (3. Prooemium p6)

Maxims and slogans from Celsus are still part of modern medicine. Best known are his four cardinal signs of inflammation: "rubor et tumor cum calore et dolore." A close second is his definition of acute diseases as those "... that either finish the man quickly, or finish themselves quickly." (4) He advised that sometimes wounds are best left alone but at other times urgent treatment is mandatory:

"When a man is wounded who can be saved, there are in the first place two things to be kept in mind: that he should not die of hemorrhage or inflammation." There follow detailed instructions as to how to proceed. These include tying off vessels and application of direct pressure.

Described also are the uses of various tools including an arrow extractor, the cyathiscus of Diocles—a miniature post hole digger with one tip bent inward and containing a perforation to engage the point of the arrow. The sides shield the barbs permitting the arrow to be withdrawn. De Medicina was not illustrated but many of the instruments described were found in the excavations of Pompeii and Herculaneum and could be matched neatly to the text.

The details and comments of Celsus were a revelation to the physicians of the Renaissance. Through the energies of scholars and conscientious monks the ancients were enabled to reach into the future and set new and higher standards for the people of Renaissance Europe.

References:
My Celebrity Consultation

by J. M. Cerletty, M.D.

Some physicians are consulted by the rich and famous. Clinicians in my specialty of endocrinology occasionally are asked to attend the ills of celebrities. I'm certain that a number of my colleagues evaluated the Graves' disease of George and Barbara Bush. The thyroid problems of one of our Olympic athletes prompted the input of a number of consultants in my field. John Kennedy's Addison's disease certainly required the opinions of the hormone experts. Did they call me? No, my celebrity consultations are of a different ilk, as you will note in the following story.

Samson was the pride of the city of Milwaukee for many years. The fact that Samson was a gorilla should not have any adverse implications on the aesthetics of the natives of our fair city. Samson was a premier primate of immense size who entertained visitors to the Milwaukee County Zoo from the late sixties to the very early eighties. The gorillas are the largest of the apes, and Samson was the largest of the gorillas in this country. Visitors stood in awe as he ferociously wrinkled his furrowed brow at them and occasionally hammered on the reinforced glass walls of his large cage. Children tittered and chuckled as he daintily squeezed the juice from an orange into his mouth. "He's the Biggest!!" said Joe Milwaukee with that hubris unique to our community when addressing the gaping visitor from the flatlands of Illinois who appeared stupefied by our King Kong.

Bigger is better, they all said. Samson is huge, so imagine what behemoths his male offspring will be. Thus began the orchestrated courtship of the zoo's superstar. Not any lady gorilla would do: this arranged "marriage" had more input then the commingling organized for the bloodlines of royalties of the great empires of the past. She had to be special, but mostly she had to be big. They checked out this female's ancestors more carefully than the most pernickety future mother-in-law. The size of her sire and her mother's sire were of major interest. Above all, she better be fertile! She better exude pheromones at concentrations adequate to lure even a eunuch. Her estrus cycle must be flawless. The search for Miss Perfection was on!

In the interim, it appeared that Samson himself was aware of the plans. He strolled around his cage, displaying his turgid member with increased frequency each day. These circumstances prompted a number of letters and calls to the zoo, apparently from older ladies, demanding that something be done to stop this impropriety. It was said that the only specific suggestion given was to put the gorilla in baggy trousers.

Rumors that Delilah had been found were rampant. The most widely circulated one had her being transported from the Paris zoo, resulting in radio and television wags doing their "Oo-la-laah" routines ad nauseum. Expectant parents considered naming their sons Samson. Double entendres abounded. At long last, she was discovered in the San Diego Zoo. "Thank God," all cried, "an American girl." The circus environment continued. The director of the zoo lost all sense of decorum when he reported that the word was, "she's hot!"

What to do about the honeymoon? How to ensure connubial bliss? Where's the romance in all this? Do they need a mattress? Do they use the classic missionary position? What is gorilla foreplay like: Do they, pardon the pun, monkey around? Would they actually do it in front of spectators? More snickering comments of the air waves. Samson jokes at the office water cooler. This was the big time!

It was assumed that since most humans prefer to make love in private, gorillas, who are so like us in many ways (and vice versa), would prefer the same. The voyeurs in the community howled when the plan of privacy was announced. Samson's abode was cordoned off from the zoo visitors. Rumor had it that zoo personnel, their families, several aldermen, one state senator, the governor's aide, and maybe even our law-and-order police chief had front row seats. Stories that video cameras were on constantly were widespread. Some claimed that infrared cameras would document the nocturnal passionate activity.

You won't believe this. Nothing happened. Delilah (or whatever her name was) was completely ignored by Samson. She lay seductively in the cage, with her lips part-
ed in the most sensuous poses, but he ignored her. Maybe he didn’t know how to behave without the gaping throngs outside his cage. After two months, the show was opened to the public. Nothing happened. Could it be? God, no! This monstrous, muscular epitome of gorilla potency and fertility! Could he be —no, don’t even think it! Could he — the public wasn’t ready for this in 1970! A huge, gay gorilla? It was unthinkable! There was obviously another explanation.

Someone suggested that he had encountered a missionary when he was an ape toddler in Africa, who swore him to a life of celibacy. Other, equally bizarre explanations were proffered. Finally, as is customary in a society where the male is in charge, the blame was cast upon the female of the species. Delilah was a trollop, a slattern, a veritable ape harlot! What self-respecting ape would dally, much less copulate with that slut?

Thus began the processional of the apes. No international search this time. Just a series of local female gorillas. After six to eight weeks of inactivity, one would be replaced by another. The bimbo parade, it was called. After a year, Samson was left alone. His penile tumescence was again more visible, though less frequently than in the past. No one was ready to beg the question, so another male gorilla never entered his cage. Most people firmly believed that he was just waiting for Miss Right.

Medical opinion was obtained. Since apes have disorders similar to humans, such input might be helpful. A beloved local endocrinologist was consulted, and he offered his erudite opinion. Since he was cognizant of the massive size and strength of the ape and the fact that a gorilla must be rendered comatose before a physical examination is performed, he referred the case to a burly urologist who he felt bore a striking resemblance to the primate. Samson’s testosterone level was never questioned, and he had repeatedly demonstrated that the corpus cavernosa of his phallus were distensible. A sperm count? How could a sample be obtained? It seemed unrealistic to give him a plastic cup and a copy of a pornographic magazine. The issue was put on hold. Maybe, maybe, one could get a specimen, and artificially inseminate it into another Delilah, and the baby would be huge, and Milwaukeans would be even prouder, and we all could brag more to those stupefied flatlanders, and on and on.

The months rolled by. In 1980, Samson reached his 31st birthday. He was treated to a cake, but no fellow gorillas were in his cage to share it. He looked as healthy as ever. No annual physicals, cholesterol levels or stress tests. His erections occurred less frequently, but, let’s face it, he was, age-wise, over the hill. More plotting sessions were held—how to get his sperm? Lots of wacky ideas were proposed, none of which was accepted. On November 28, 1981, Samson arose from his slumber as usual. Two hours later, a keeper saw him collapse to the floor, victim of an apparent heart attack. A zoo code 4 was called, and the veterinarians and one physician arrived on the scene shortly. A dilemma arose. He was a pulseless non-breather. Mouth-to-mouth? Chest compression? It was never considered. A sperm specimen was taken from his seminal vesicles and quickly frozen. Observers reported that Samson roused slightly, smiled and died — a happy gorilla.

Samson was stuffed and is on display somewhere. In a freezer in our town is the seed of a prodigious ape, awaiting that really huge Delilah of tomorrow.

---

To The Membership

We encourage members to submit items for publication. We are always looking for original writing, either medical or general.

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.

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.

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

---

A Membership Note

The Milwaukee Academy of Medicine is an association of many of Milwaukee’s leading physicians, and we are always looking to add new members. Each of you has an associate, a frequently used consultant, or a colleague you admire and consider a leader in the medical community. Please get his or her name to Amy, invite them to a meeting as the Academy’s guest and let’s get them to join us.
Harry Beckman
by Wayne J. Boulanger, M.D.

In the preface of the sixth edition of his best-selling textbook, Treatment in General Practice, (WB Saunders, 1948), Harry Beckman wrote: “I have looked upon myself merely as an editor, and I hope that no more than editorial liberties have been taken in any portion of the book. Of course, it has not been possible to keep my own opinion inevitably in the background; hence I elected in the beginning to write in the first person so that there might be at no time any confusion as to whose work or views were being presented.”

I think that statement explains in part why Harry Beckman’s Pharmacology Department offered what was, in my opinion, the most popular basic science course when I took it in 1949 at Marquette.

I would have been much more likely to read more of the medical literature during those subsequent years if other medical writers had paid more attention to style and less attention to the format; which for generations made scientific reading assignments so deadly dull and stereotyped.

I do not know what drew Harry to Milwaukee. He had graduated from the University of Louisville School of Medicine in 1921 and had interned at the New York Skin and Cancer Hospital from 1921 to 1923. He began his career as a pharmacologist in 1923 when he was hired on as an instructor in the Department of Physiology and Pharmacology at Marquette. By 1925, he had already assumed the chairmanship of the newly constituted Department of Pharmacology. By 1928 he had been named to the Executive Faculty, a seven-man group that really ran the school. He took a leave of absence from Marquette from 1930 to 1932 to study at the University of Vienna and to have time to upgrade his book, the first edition of which bore a 1930 copyright.

The sixth and last edition of Treatment in General Practice appeared in 1948. In 1949, he inaugurated the Yearbook of Drug Therapy which he edited through 17 editions. I think it was during this period when he accumulated those thousands of reprints that he brought with him to Columbia Hospital when he retired from the Medical College. He converted the Medical Library from what he called “the snooze room” into a first-class source of information.

It was Harold Hardman, Harry’s successor at Marquette, who reminded me that Harry hadn’t started out with a plan to become an educator at all, but actually began his professional career as a county agricultural agent in Kentucky. It will be hard for his students who sat in on those interesting lectures at Marquette to believe this, but Beckman in his early years was a stutterer. Fortunately for him and for us, he overcame that handicap, but not a facial tic, which we would observe on occasion during his lectures.

The lectures were well organized and delivered with a touch of humor, and they often clarified questions with regard to physiology that Percy Swindle, the Professor of Physiology, had left unanswered.

During my surgical residency, I had a small research project dealing with breast cancer, and was given laboratory space in Beckman’s department. I never spent a day in which he wasn’t also there working on his book, wearing those green eyeshades, always writing in long hand in that easily identifiable, but not so easy-to-read script of his.

We were fortunate to have his wise counsel at Columbia until 1971 when he and his wife, Jane, retired to Center Sandwich, New Hampshire. When Laverne and I visited there, he was still writing, setting aside specific times every day for work in order to keep his mind sharp. It obviously worked very well.

One of our purposes in visiting was to interview him for the Milwaukee Academy of Medicine. That effort was a failure due to his unwillingness to talk very much about himself. He preferred telling stores about Armand Quick, whom he had hired for the Marquette Faculty in 1935, and about Marquette in general.

I think one of his stores about Armand Quick says a lot about both of them:

Quick’s reputation as an expert in coagulation had grown rapidly after arriving at Marquette, and he was invited to give a paper at a meeting in New York. Harry accompanied him on the train and en route rehearsed Armand in his delivery.

They arrived in New York late in the day, checked into their hotel room, and went straight to bed. They had barely settled in when there was a knock at the door. Armand responded and opened the door. There on the threshold stood two women whom Harry recognized as ladies of the evening. Not so Armand, who politely asked what they wanted, whereupon the spokesperson for the pair queried: “Can we do anything for you boys?”

The unsophisticated Armand, deeply impressed, answered, “I don’t think so, thank you,” and gently bade them good evening. Then he turned to Harry and said, “Isn’t this a wonderful hotel?”

Harold Hardman in an obituary piece on Beckman closed as follows: “He started out in life stuttering and he ended up hard of hearing. In between, he contributed significantly to the science of pharmacology, and enriched the lives of many friends. In the end, I suspect that his hearing deficit didn’t bother him greatly, for I have the feeling that he had already heard all that was worth hearing.”

Those of us who went to Marquette were lucky to have known him, and having him at Columbia those few years at the end was indeed a bonus.”
How Doctors Think

Most doctors will be familiar with much of the guidance in Dr. Groopman’s book, How Doctors Think, Jerome Groopman M.D., Houghton Mifflin Co, Boston 2007), and a read will serve as a recall. However, given our human ability to make mistakes and the book’s clear demonstration of failures of reproducibility of our efforts we can all stand a refresher occasionally. This friendly, well written summary is a quick and easy source of advice on how to think clearly medically.

I missed references to the doctor as a person and how this can affect his/her thinking. Education (type and quality), family life, fatigue, and leisure do alter intellectual function; but maybe that’s another book.

Communication in Medical Care


There are a multiplicity of interesting observations, but there is more detail and sociologist’s protocol than would be useful for most practicing physicians; however a distillate would be invaluable. It seems to me that the optimal role for this interesting book would be in the hands of those physicians teaching interviewing, physical diagnosis and office practice to medical students.

A prime observation from this study for this retired doctor is the conclusion that negative recommendations are more often poorly received by patients/parents (e.g. no antibiotics for viral respiratory infections) than positive recommendations. Unfortunately, many recommendations are forgotten. Were I to start practice over again with this information, I would develop a personalizable handout recommending the agents, dosage, and frequency of those measures I wished the patient to take including instructions dealing with what circumstances mandated an urgent callback and how soon to call in the face of non-improvement. I would fill this out reading it to the patient/parent as I did so and then ask them to read it back to me with any questions.

To minimize negative responses I would start with the diagnosis, the need for hospitalization, tests, antibiotics, etc. and then go on with the positive instructions and end with the prognosis. The last things said are the best remembered.

Two other points worth noting: 1) there were a number of comments about the use of computers to take notes or to prepare prescriptions or instructions during the interview as being disruptive and decreasing the quality of information transmitted; 2) reading this as a physician I noticed some communication difficulty between sociologists and physicians which probably doesn’t invalidate the observations but makes one uncomfortable.
The 1,253rd Meeting
May 15, 2007
by Helmut Ammon, M.D.

Speaker: Ronald G. Pirrallo, M.D., M HSA, FACEP
Professor, Emergency Medicine
Medical College of Wisconsin,
Director, Medical Services,
Milwaukee County EMS

Milwaukee County EMS
Preparedness and Response

Dr. Pirrallo defined EMS as “practice of medicine outside the hospital.”
He reviewed how the concept of EMS developed in battlefield medicine where it became clear that evacuation of casualties from the battlefield was necessary for any successful treatment. In 1966 the first mobile ICU for cardiac care was established in Belfast Northern Ireland, a White Paper on Accidental Death and Disability was published in the US, and the Highway Safety Act placed the Department of Emergency Services in the Department of Transportation. In 1970 the first Emergency Medicine Residency Program was organized, and in 1979 EM was recognized as the 23rd medical specialty by the AMA. The Board of EM was established in 1984.

In Milwaukee the Emergency Response System was organized in 1973 by the Medical College of Wisconsin, the Milwaukee County Board and the West Allis Fire Department. As a consequence of these arrangements all firefighters in the Milwaukee region are cross-trained as Emergency Medical Technicians, 1400 as EMT-Basic and 260 as EMT-Paramedic.

The system is rather unique in having a single plan for the entire region with one EMS Medical Director; it is county coordinated and physician directed. In December 2006 the responsiveness of the system was successfully put through a real life test in the explosion at the Falk Corporation. A concern for the future is the lack of reserve capacity in hospital beds to treat any mass casualties.

The presentation was well received and stimulated a lively discussion.

Humanitarian Award Nominees Needed

Each year the Milwaukee Academy of Medicine selects a recipient for our Humanitarian Award.

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

The Academy council is seeking letters of nomination (by November 1st) for this award which will be presented at the Annual Meeting on January 15th, 2008. Please contact Amy John at the Academy office (amy@milwaukeeacademyofmedicine.org) if you would like a listing of past recipients or more information on the nomination process.

A Follow Up to the June 2007 Newsletter
by Nick Owen, M.D.

Google

Communication with Google regarding computerizing (scanning) the Academy’s library indicated that they are not interested in including that type of material at the present time.