

# 184 Years of Medicine in Brown County

*Reviewed by Earl Thayer*

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## *184 Years of Medicine in Brown County*

Written by Richardson, Benson L., MD

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“The period 1900-1920 were the golden years of surgery in Green Bay. A surgeon could operate on a multitude of conditions using anesthesia in a clean operating room. IFEs scalpel could cure appendicitis, gall stones, or a strangulated hernia. The State of Wisconsin required physician licensing but there were no restrictions on what an MD could do in the operating room. A physician, regardless of training or experience, could perform any procedure if he felt confident in his own skill. There were no pathologists or hospital staff committees to monitor the results. Favorable reputations were quickly established by word of mouth. The patients were grateful and paid the doctor according to their means. There were no income taxes. The doctor could easily acquire wealth if he kept busy operating.” (page 37)

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Earl Thayer served the Wisconsin Medical Society for 35 years, 15 of those as its Secretary/General Manager. He also served as the President of the American Association of Medical Society Executives in 1976-1977. He authored an award-winning history of the Medical Society of Milwaukee County and many other articles/papers on Wisconsin medical history.

“The most significant changes in medicine since the first doctors came to the shores of the Fox River are found not only in the tremendous advances in knowledge and the technologies created. The patient-physician relationship has been altered. No longer does the patient have an unwritten bond exclusively with his physician. The large group to which the physician belongs and the insurance carrier for the patient may hover over the medical decisions the doctor and patient make. Patients have more information and a larger role in decisions. The patient as a consumer of health care may dictate which provider will deliver a service within the bounds of a managed care contract. Conflicts between the consumer, provider, and the insurance company may be decided by a neutral mediator. In the past, the family doctor made the decisions. That trust has been dissected into a weakened relationship.” (page 125)

Between those two paragraphs Benson L. Richardson, MD, a retired internist-endocrinologist from Green Bay, delivers a eulogy on the death of independent medical practice in his 141-page book *History of Medicine in Brown County, Wisconsin 1816-2000*. Under the subtitle *A Transition, Independent Medical Practitioner to Multispecialty Clinic Provider*, Richardson expresses frequent longing for the “golden years” of patient-doctor

relationships, yet nowhere does he suggest that patients aren't better off for the enormous changes that have come to health care since those years of which he writes with such aching nostalgia.

Richardson opens his book with a brief recognition of American Indian and French influence in what is now known as Brown County. In 1816 Dr. William Hening became the first military physician to come to Wisconsin as part of a contingent of soldiers sent to build Fort Howard near the mouth of the Fox River. Dr. William Beaumont arrived as the fort's surgeon in 1826. Those interested in Beaumont might cringe at the thought of yet another book dealing with that respected physician. However, Richardson draws upon many little-used US Army and Wisconsin Historical Society records to show a highly compassionate though often controversial doctor who acted “with an exclusive eye to the comfort of the sick.”

Dr. David Ward arrived in 1829 as the first civilian physician in Green Bay, and Fort Howard closed in 1852. By then Brown County had a population of more than 6000, and probably as many as 10 physicians. Richardson describes the “primitive and often brutal nature” of frontier medicine, with the doctor depending mostly upon his senses for diagnosis, though offering little of benefit to the patient. This era changed for the better after the Civil War as physicians

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returning to Green Bay brought with them improved treatments of injury and illness learned by hard experience on the battlefield.

Green Bay's first civilian hospital, called Cadle Home, was built in 1874. Its 22 rooms never housed more than five or six patients at a time, and it closed eight years later. However, its coming and going

Sisters of Misericorde were enlisted to open Green Bay's second Catholic hospital, St. Mary's Hospital. Dr. W. Webber Kelley was a major force in assuring that St. Mary's was available to all physicians for general surgery.

St. Mary's had hardly opened its doors when Dr. Julius Bellin arrived in Green Bay in 1904 with degrees in

velop even minimal standards for hospital care. Despite their growing use elsewhere in Wisconsin, Green Bay doctors fiercely resisted having pathology or radiology available in the local hospitals. St. Mary's finally achieved accreditation in 1920, but Deaconess and St. Vincent's fought off accreditation until 1936 and 1954, respectively. Similarly, attempts to bring continuing education to Green Bay were either ignored, opposed or short-lived. Richardson reports that "Green Bay had a reputation for 'bad medicine' based upon alleged fee splitting, lax surgical standards and a poor academic environment." Distressingly, Richardson offers no interpretation of this unusually frank observation, discussion of which might have added significant value to his writings.

Group practice came to Green Bay in 1929 over the opposition of many solo doctors. It thrived, enabling the partners to "double their salary" in the first six months. Yet, no other major clinic came to the county for another 30 years. Starting in 1960, five new multispecialty clinics were established within five years. The hospitals modernized, combined, specialized and adapted to several versions of the term "health centers." Richardson called the 1970s the "tumultuous years" for physicians and health care attributing this to the "escalating cost of medical care ... a malpractice crisis ... the beginning of managed care ... the influence of third-party payors ... and the destabilization of the independent physician and small group practice."

Richardson recalls that the Brown County Medical Society was "actively involved" in attempting to control the changing environment, but largely failed. With obvious sadness he says, "The days of the individual or the personality-based practice of medicine have

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prompted the medical and business communities of Green Bay to unite in developing Green Bay as a medical center for northeastern Wisconsin. Their efforts would start the very transition which is the focus of Richardson's book.

While the physician population of Green Bay grew rapidly in the late 1800s and early 1900s, Richardson attributes the growth of hospitals largely to the activities of four physicians, three of whom dominated surgical practice in the area for several decades. In 1888 the Sisters of St. Francis from Springfield, Ill, opened St. Vincent's Hospital. Dr. J. R. Minahan arrived in Green Bay in 1891, quickly established his presence as a surgeon, and made large donations of cash and property that enabled St. Vincent's to expand. In return, the Sisters equipped and staffed private operating rooms for Minahan and often excluded other physicians from the operating suites. In 1898, Robert E. Minahan, who practiced both law and medicine, joined his brother and the two were able to control who operated at St. Vincent's for years.

In 1903 the Canadian based

both dentistry and medicine. With hard work and a friendly personality, Dr. Bellin became a major competitor to Dr. J.R. Minahan, established a small hospital of his own, then enlisted the backing of the Wisconsin Conference of the Methodist Episcopal Church to launch what was known as Deaconess Hospital in 1907. The result was a no-holds-barred competition involving alleged bribes and patient stealing by the three hospitals and their associated physicians. Nonetheless, Richardson concludes that "these were dedicated, conscientious, hard-working men who dominated the course of medical practice in Green Bay and Brown County for more than three decades."

Richardson notes that with no hospital staffs or medical group practices, the Brown County Medical Society was the "only venue" and the "unifying organization" for discussion and action on some medical and most political and economic concerns such as charity care, fee schedules, office hours, and clinical topics.

He also calls attention to the extreme reluctance of physicians in Green Bay in the early 1900s to de-

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gone and will not likely ever return to Brown County.

“Fortunately, physicians continue to be motivated by the same principles that brought the frontier doctors to this area,” Richardson concludes. “Relieving pain and suffering, treating the sick and dying, and encouraging health are enduring endeavors of every physician. It is more difficult in today’s medical community.”

The older physician reader will likely share a good deal of Richardson’s wistful recollections of what he calls the “golden age” of surgery, although many will dispute the period to which he applies that term. The younger physician will find it an interesting, but somewhat confusing, story of the evolution of independent medical practice to a medical subset of the corporate health care conglomerate. The medical historian and discerning non-medical reader will no doubt look upon it as opening a door to more questions than it answers.

That Brown County and Green Bay have had a medical experience that is rather unique for Wisconsin is fairly apparent. What prompts curiosity is why. Was Green Bay so unique in having “fiercely independent family doctors?” And where are the poignant stories from the doctors’ lounge that Richardson says inspired his book? He seems to have overlooked many wonderful opportunities to convert that “oral history... of the fraternity” into the truly human side of doctor/patient relations.

Despite frequently annoying listings of physicians merely to indicate new arrivals in the area, and errors of style and spelling that often beset a first-time author of medical history, Richardson is to be congratulated for his ambitious work. Is it too much to hope that other physicians around Wisconsin would make similar efforts to record the history of medicine for their locales?



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