A Glimpse into our Past

The Journal at 25

By Kendi Parvin, Wisconsin Medical Journal
Managing Editor

100 years. In putting together a retrospective of the Wisconsin Medical Journal’s first century, it quickly became clear that there was no way to adequately cover its nuances in just a few pages. But a few pages is what we have so we have opted to take a look at the Journal at key increments: 25, 50 and 75 years.

Over the years, the Journal underwent a number of changes: new editors, different formats, and the addition and consequent elimination of regular features as necessitated by the times. For example, during the World War I and II years, the Journal devoted considerable space to the war and what physicians could do to help. Members were urged to “do their part,” and for those who could not serve, there was a reminder every few pages to buy liberty bonds.

But some things remained constant. Since its early days, the Journal has been the official publication of the Wisconsin Medical Society, and as such, has included information relevant to Society members. A President’s column or page was a regular feature for decades, along with County Medical Society proceedings and lists of officers. Some features are still part of the Journal today, such as the Proceedings of the Society’s House of Delegates and book reviews and member news, though we no longer report marriages. But beyond a vehicle to keep members abreast of Society news, the Journal has always been a source for timely scientific information.

In 1926, regular features in the Journal included a president’s page, editorials, abstracts, and case reports. The “Preventive Medicine” section, edited by W.D. Stovall, MD, included reports about tuberculosis, safe water, obesity, and scarlet fever, to name a few. The “Journal Clinic” featured cases for diagnosis, which were followed the next month by discussion and diagnosis. A sample of topics were “Discussion of Acute Otitis Media With Mastoiditis,” “Observations on the Results of Sanatorium Treatment for the Tuberculous,” and “Repair of Bone Fracture.”

One of the more interesting issues of 1926 was the Third Annual Lay Issue (Vol 25, Issue 1), which was introduced as follows:

Scientific medicine has traveled far and fast in recent years. The average span of life has been lengthened from 33 years to 58 years and the end has not been reached. But we have come to the point where further advance requires an understanding assistance from the public at large, particularly from those who lead public thought.
We now know that pure water and pure food have practically eliminated typhoid fever; that vaccination prevents smallpox; that Wisconsin children need not die of diphtheria; that infant mortality is steadily decreasing and that childbearing is decreasingly hazardous; that tuberculosis and infectious and communicable diseases each year are pushed further and further from our doors. We know that basic medical practice acts and similar public health laws, well enforced, will keep the quack and pretender from preying upon those who most need capable service. All this and more has scientific medicine accomplished, often without public aid.

Cancer and diseases of the heart and kidney challenge the Future. For just as we advance the span of life, so do these forms of disease claim more and more each year. They too can be checked but no without public assistance. Now, more than ever, does medical science need the aid of the public. And with that aid, given intelligently through individual effort, the time is not far distant when we shall be able to point to an average span of life of 75 years...

Articles in the lay issue included “How Wisconsin Purchases Health For Its Citizens,” “The Use and Abuse of Drugs,” “Health in Wisconsin Industry,” and “Combatting Smallpox in the Lumber Camps of Wisconsin.”

The topics featured in each issue offer insight into medicine at the time, as do the advertisements. Several ads in 1926 were for sanitoriums for the treatment of tuberculosis. Other ads were for products ranging from Frank’s Kraut Juice to the Victor X-Ray Corporation, to Eli Lilly and Company’s Scarlet Fever Antitoxin, and The Willows Maternity Sanitarium, which was a “seclusion home and hospital for unfortunate young women.”

A Reference Supplement, which later became known as the annual “Blue Book” and was printed from 1924 to 1989, included pertinent Society and legislative information: members of the Wisconsin Legislature, federal and state income tax provisions, federal and state prohibition act provisions affecting medical practice, and information about narcotics laws, licensure, the American Medical Association, and more.

Medical Writing

The Editorial Board of this Journal not infrequently has received papers submitted for publication that were excellent from the point of view of scientific work accomplished, but poor from the point of presentation. The Board is anxious to receive and publish papers from Wisconsin. We believe that many more can be published if more pains are taken to write the papers in a concise and lucid style.

Realizing that medical writing is a distinctive field, the Board has purchased six copies of the excellent book on this subject by Drs. Simmons and Fishbein, published by the American Medical Association. The book is short and full of vital information. Copies will be loaned to members of the State Society without other cost than the return postage.

A sample of the ads appearing in the 1926 Wisconsin Medical Journal
The Journal at 50

The Journal marked its 50th anniversary in 1951. Regular features at the time included a President’s Page, case reports, and scientific articles—most of which were presented before the Society’s Annual Meeting in 1950. Topics included the diagnosis and treatment of multiple sclerosis, spina bifida, vein stripping, and carcinoma of the breast and colon.

“Comments on Treatment,” “As It Looks to Your State Board of Health,” and “Comments from the Wisconsin Press—The Doctors’ Looking Glass” also appeared in each issue.

The Journal Bookshelf was available to any Society member. The Society received and reviewed textbooks, which were then made available to Society members for study.

Editorials ranged from “Health in Our Penal Institutions” and “Polio Consultation Service” to “Physicians Alerted Against Malaria in Returned Korean Veterans” and “Doctor, Did You Attend Your Convention?” It was interesting to note that, “The 1951 Annual meeting of the State Medical Society of Wisconsin has gone down into history, and, everyone will agree, it was one of the most successful meetings ever held. There were upward of 2200 registrations, and the comments heard were very, very favorable.”

“The Medical Forum” featured non-scientific news items of interest for physicians. Articles had both Wisconsin and national focuses. “M.D.’s Advise Selective Service on Doctor Draft,” “Cut in Federal Aid Delays 11 Hospital Projects,” “Physicians Asked to Be on Lookout for Biological Warfare and Sabotage,” and “Faith Healers Fined $100” were among the headlines. It is evident from the articles in this section that many of the issues facing medicine then are still prevalent today. And as the following excerpt illustrates, although some priorities are very different today, the Society’s mission to improve the health of the people of Wisconsin has been consistent.

A program for legislative action on four of the most important health and welfare problems in Wisconsin was outlined by the president of the state medical society in a letter received today by the Governor and state legislators. Dr. H. H. Christofferson, Colby, urged legislators to:

1. provide homes for the aged and senile by taking “suitable action” in the current session and avoiding further studies if possible.
2. consider carefully any laws affecting “limited” licenses.
to treat the sick.

3. oppose compulsory cash disability insurance on the basis that it leads to the socialization of “all the people of all trades and professions.”

4. encourage doctors to locate in sparsely settled areas of Wisconsin by supporting a bill by Senator Melvin R. Laird of Marshfield.

The medical society president asked the legislators to “fully analyze such problems and cast your opinion as your conscience dictates.”

“Health is not a political issue—it is the personal problem of each of us,” Dr. Christofferson stressed.

Finally, advertising also provided insight into what was happening at the time. Particularly ironic were the appearance of a number of cigarette ads, for both Camel and Philip Morris, and ads for products like Johnny Walker Blended Scotch Whiskey and Coca Cola. Advertising was sold through the State Journal Advertising Bureau of the American Medical Association, and in addition to advertisements for Terramycin, Pronestyl, Dilantin, other products featured included Ovaltine, Florida oranges, Luzier’s Fine Cosmetics and Perfumes, and Sabel Corrective shoes.

The Prologue to Future Peace

Once again our Nation’s honor and the safety of our people become involved in what is truly a World War. We, of the medical profession of Wisconsin, recognize our call to duty and stand ready in the countless ways that are the privilege of the medical man to serve our country’s needs, both militarily and civilian. The part to be played by our profession will be a grand one, important as well as indispensable...

We, of this country, know that in the immediate future there is much uncertainty, but we take courage and unbounded satisfaction in knowing that the end of the road is clear and that as we approach it we shall find our Nation and the people of all countries, dedicated to the glory of world peace and to the building of an era in which men may live with men as good neighbors.

Gunnar Gundersen, MD, Vol 41, Issue 1, January 1942, Cover.

A sample of the ads appearing in the 1950 and 1951 Wisconsin Medical Journals
The year 1976 marked our nation’s bicentennial and the 75th anniversary of the Journal. To commemorate the Bicentennial, throughout the year the Editorial Board presented a series of papers on medical history. They included “History of the Study Committee of the Wisconsin Maternal Mortality Survey,” “The Influenza Epidemic of 1918,” and “Wisconsin’s Surgical Heritage.”

Regular features again included editorials, Society news, and instead of “The Medical Forum” from 1951, this volume included “Front Page—Update,” a series of short newsworthy items, and “News You Can Use,” which was located at the back of each issue in the Journal’s “Medical Yellow Pages.” The Yellow Pages were aptly named, as they were yellow and included classified ads and meeting announcements.

Among the scientific offerings that year were “Operative Management of Abdominal Aortic Aneurysms in Patients Over 70 Years of Age,” “Ethanol Levels in Burn Patients,” “Herpes Scalp Infection Associated with Fetal Electrode Placement,” and “Nephrotic Syndrome in Association with Hodgkin’s Disease.” The Journal also featured case reports and abstracts, along with “Comments on Treatment,” which was edited by Edwin C. Albright.

And the advertisements? Gone were the ads for cigarettes. They were replaced instead with those for Valium, E-Mycin, and Neosporin, along with the US Navy and Air Force, Mercedes Benz, and US Savings Bonds.

We have for some years now lamented the intrusion of all sorts of “doctors” into our once private use of the term. Our efforts have been personal, professional and now political, in an attempt to limit use of the name doctor.” A novel approach should be to abandon the term altogether, to let the rascals have it and take for ourselves a term that could not be so easily stolen. Other professions seem not to have so much trouble. When I hear reference to Attorney Robert Heider or Attorney Len Zubrensky, I do not wonder if either are real estate salesmen, or five dollar tax men; from the term “attorney” I know they went to law school and that they will for the most part not practice any specialty of law unless they have some background or training in the subject. There are similar clear implications to terms such as bookkeeper and accountant, where at least the sophisticated layman knows the difference by the very use of the term itself. Perhaps the term we all know but seldom use, physician, could be used to clearly signal medical training plus general responsibility to practice only within a medical specialty for which some training has occurred. It is amply clear that today the term doctor can mean anything from a skilled surgeon, to a chiropractor, to a faith healer (legally entitled to use the title “doctor”), to any of several dozen other meanings. Why should physicians have to fight to indicate their role in society?

Physician Name Yourself

We have for some years now lamented the intrusion of all sorts of “doctors” into our once private use of the term. Our efforts have been personal, professional and now political, in an attempt to limit use of the name doctor.” A novel approach should be to abandon the term altogether, to let the rascals have it and take for ourselves a term that could not be so easily stolen. Other professions seem not to have so much trouble. When I hear reference to Attorney Robert Heider or Attorney Len Zubrensky, I do not wonder if either are real estate salesmen, or five dollar tax men; from the term “attorney” I know they went to law school and that they will for the most part not practice any specialty of law unless they have some background or training in the subject. There are similar clear implications to terms such as bookkeeper and accountant, where at least the sophisticated layman knows the difference by the very use of the term itself. Perhaps the term we all know but seldom use, physician, could be used to clearly signal medical training plus general responsibility to practice only within a medical specialty for which some training has occurred. It is amply clear that today the term doctor can mean anything from a skilled surgeon, to a chiropractor, to a faith healer (legally entitled to use the title “doctor”), to any of several dozen other meanings. Why should physicians have to fight to indicate their role in society?

Physician Name Yourself

We have for some years now lamented the intrusion of all sorts of “doctors” into our once private use of the term. Our efforts have been personal, professional and now political, in an attempt to limit use of the name doctor.” A novel approach should be to abandon the term altogether, to let the rascals have it and take for ourselves a term that could not be so easily stolen. Other professions seem not to have so much trouble. When I hear reference to Attorney Robert Heider or Attorney Len Zubrensky, I do not wonder if either are real estate salesmen, or five dollar tax men; from the term “attorney” I know they went to law school and that they will for the most part not practice any specialty of law unless they have some background or training in the subject. There are similar clear implications to terms such as bookkeeper and accountant, where at least the sophisticated layman knows the difference by the very use of the term itself. Perhaps the term we all know but seldom use, physician, could be used to clearly signal medical training plus general responsibility to practice only within a medical specialty for which some training has occurred. It is amply clear that today the term doctor can mean anything from a skilled surgeon, to a chiropractor, to a faith healer (legally entitled to use the title “doctor”), to any of several dozen other meanings. Why should physicians have to fight to indicate their role in society?

Physician Name Yourself

We have for some years now lamented the intrusion of all sorts of “doctors” into our once private use of the term. Our efforts have been personal, professional and now political, in an attempt to limit use of the name doctor.” A novel approach should be to abandon the term altogether, to let the rascals have it and take for ourselves a term that could not be so easily stolen. Other professions seem not to have so much trouble. When I hear reference to Attorney Robert Heider or Attorney Len Zubrensky, I do not wonder if either are real estate salesmen, or five dollar tax men; from the term “attorney” I know they went to law school and that they will for the most part not practice any specialty of law unless they have some background or training in the subject. There are similar clear implications to terms such as bookkeeper and accountant, where at least the sophisticated layman knows the difference by the very use of the term itself. Perhaps the term we all know but seldom use, physician, could be used to clearly signal medical training plus general responsibility to practice only within a medical specialty for which some training has occurred. It is amply clear that today the term doctor can mean anything from a skilled surgeon, to a chiropractor, to a faith healer (legally entitled to use the title “doctor”), to any of several dozen other meanings. Why should physicians have to fight to indicate their role in society?
An Editor’s Viewpoint

30 After 25 (years)

In 1953 I was pleasantly surprised to find my name included as a member of the Editorial Board on the masthead of the Wisconsin Medical Journal. No one had notified me of this appointment. I guess it came about because I had submitted a few unsolicited papers for publication in the preceding five years. At that time almost all of the papers in the Journal were from presentations at the annual meeting of the Society and were actively solicited for publication. At this much later date, I find some of my early offerings acutely embarrassing and would hope they have long since been forgotten. Now it is a rare year when a single paper from the annual meeting is submitted to the Journal. The type of presentation has become much more of a slide show and less formal and less suited for publication. Overall, though, the number of scientific papers has increased and the quality has certainly improved.

The medical editorship of the Journal had been secure with the staff at the Marshfield Clinic for 25 years. Doctor Robert Baldwin held the position for 12 years prior to my succession in 1962. At that time I thought 12 years was an awfully long tenure, and here it is suddenly a quarter of a century later. I have certainly enjoyed my years with the Journal and they were made more pleasant and less arduous with the splendid support of Earl Thayer, Mary Angell, and Marge Stafford...

Although there have been periodic changes on the Editorial Board, the turnover has generally not been rapid and some of the Board members have continued serving under the grandfather clause. Since every paper is reviewed by every Editorial Board member, there have been some priceless comments over the years. One of them pertained to a paper submitted by three authors of professorial rank and the comment was that “obviously this paper will have to be rewritten in English.” Another was that “I tried to make a few corrections but by page 3, I was a coauthor.” “Advise publication in the Journal of Irreproducible Results.”

About one particular hornblower, a Board member commented, “If this is published, advertising rate should be charged.” Another commented that “learning language must be a real hard lesson for children since we adults, even professionals of learning disabilities, have the most difficulty in expressing ourselves gracefully.”

There have been many changes in the Journal just as there have in the medical profession. Over the years, there have been a number of shortlived monthly features such as Roentgen Riddles, Surgical Grand Rounds, Therapeutic Dilemmas (a really great series edited by the late Harry Beckman), and the CPCs. Each CPC was submitted by a different pathologist from around the state, and I could plan on spending an entire Sunday afternoon attempting to straighten out the laboratory reports in these exercises.

But the changes in the practice of medicine have been even more profound. Not only are some of the surgical procedures now outmoded, and some diseases now rare to nonexistent, but also there has been the introduction of new techniques for diagnosis as well as for surgery. Then there are new medications, of which probably 90% were not available just a few short decades ago.

But the practice of medicine has become even more complex with the advent of DRGs, HMOs, PPOs, peer review, Medicare and Medicaid, and the increasing restrictions and regulations that are imposed. Certainly these factors have made early retirement much easier for a number of my contemporaries and colleagues.

I wish Doctor Sautter well as he takes over the medical editorship and I hope he derives as much pleasure as I have from my associations with the Journal in the past 25 years. As I assume emeritus status, I have assured one and all that mine is a hands-off policy but that I would be available upon request. I have asked to retain my soap box so that I can contribute to the editorial columns when sufficiently aroused.

—Víctor S. Falk, MD, Edgerton

The mission of the Wisconsin Medical Journal is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

The Wisconsin Medical Journal (ISSN 1098-1861) is the official publication of the Wisconsin Medical Society and is devoted to the interests of the medical profession and health care in Wisconsin. The managing editor is responsible for overseeing the production, business operation and contents of Wisconsin Medical Journal. The editorial board, chaired by the medical editor, solicits and peer reviews all scientific articles; it does not screen public health, socioeconomic or organizational articles. Although letters to the editor are reviewed by the medical editor, all signed expressions of opinion belong to the author(s) for which neither the Wisconsin Medical Journal nor the Society take responsibility. The Wisconsin Medical Journal is indexed in Index Medicus, Hospital Literature Index and Cambridge Scientific Abstracts.

For reprints of this article, contact the Wisconsin Medical Journal at 866.442.3800 or e-mail wmj@wismed.org.

© 2004 Wisconsin Medical Society