

***** FINAL REVISED VERSION SENT 8-5-2009**

PRESIDENT'S MESSAGE

Please plan to attend the 2010 AAHM meeting at the Mayo Clinic in Minnesota

The American Association for the History of Medicine (AAHM) will hold its 83rd annual meeting at the Mayo Clinic in Rochester, Minnesota from Thursday evening April 29, 2010 through Sunday May 2, 2010. Before going further, I want to emphasize that reaching Rochester is much easier than you might think. Situated between the north-flowing Red River and the south-flowing Mississippi, Minnesota is almost equidistant from Massachusetts and Washington. Rochester International Airport (RST) is served by American Airlines (via Chicago) and Delta-Northwest Airlines (via Minneapolis and Detroit). I predict that you will be pleasantly surprised when you check the internet for flight options. The airport is just nine miles from the clinic and the conference hotel. For information about Rochester see www.rochestercvb.org/visitors/aboutrochester.asp

When the AAHM last met at Mayo Clinic in 1966, George Rosen delivered a presidential address entitled "Some Newer Approaches to the History of Medicine." He encouraged his audience to view medicine "in a societal framework" and argued that "the patient deserves a more prominent place in the history of medicine." It is fitting that Rosen conveyed this message on the Mayo campus. The clinic is not a typical academic medical center (fashioned around a medical school where research often tops the agenda). Mayo is the prototypical private multispecialty group practice. Its main mission is providing highly coordinated patient care in an environment enriched by extensive educational and research programs. Mayo trained more specialists than any other institution in the 20th century, and it pioneered many innovations in patient care. Two staff members shared the 1950 Nobel Prize for their roles in the isolation and clinical use of cortisone. In 1955, open heart surgery was performed routinely in just two institutions in the world: the Mayo Clinic and the University of Minnesota. The first CT scanner in North America was installed at Mayo in 1973.

A common question is how a world class medical center is located in a town of 100,000 in southeastern Minnesota. I will explain this in my presidential address next spring:

The Origins and Evolution of the Mayo Clinic, 1846-1939 A Minnesota Family Practice Becomes an International "Medical Mecca"

Multispecialty group practice was invented at the Mayo Clinic more than one hundred years ago. Reporting on his 1906 visit to Rochester, a Canadian physician proclaimed, "All parts of this vast Mayo machine move with the regularity and precision of well disciplined troops." In addition to watching Will and Charlie Mayo perform surgery, he studied how the Franciscan Sisters ran St. Mary's Hospital and how the diagnosticians and the non-physician staff operated the office practice: "When one has seen the various activities centered here, the degree of excellence to which diagnostic methods are carried, the extreme pains which the large staff of specialists take in their various departments,

and the master minds controlling this huge machine, he can understand why the hotels and boarding houses of Rochester find it difficult to accommodate those who seek relief.” The Canadian doctor pinpointed (and promoted) the central organizing principle that differentiated the Mayo practice from all others a century ago: “Specialization and cooperation, with the best that can be had in each department, is here the motto. Cannot these principles be tried elsewhere?”

Arlie Barnes, chair of Mayo’s Board of Governors, told the professional staff in 1949: “The level of excellence of medical and surgical practice continues to advance at the Clinic.” But the cardiologist warned his colleagues, “We are in a highly competitive position in the practice of medicine here.... We have to face the fact that the present favorable economic climate may not always obtain. If we can sustain our reputation for a superior type of medical service on a basis of reasonable fees, we shall have built a backlog of goodwill that should furnish the basis for continued successful operation under adverse circumstances.” President Barack Obama said in a June 2009 televised White House interview: “The Mayo Clinic, everybody has heard of it. It has got some of the best quality care in the world. People fly from all over the world to Rochester, Minnesota, in order to get outstanding care. It turns out that Mayo Clinic oftentimes provides care that is as much as one-third less expensive than...some other health care systems that aren't doing as good of a job. Now, why is that? Well, part of it is that they have set up teams that work together....”

The Mayo model of care that has attracted attention for more one hundred years places the patient at the center of an integrated system of diagnosis and treatment. In 1910, Will Mayo described the dynamics of specialization and the philosophy at the heart of the group practice he and his brother were building. One of his main messages was that specialization must not distract doctors from thinking of the patient as a whole person.

The sum-total of medical knowledge is now so great and wide-spreading that it would be futile for one man to attempt to acquire, or for any one man to assume that he has, even a good working knowledge of any large part of the whole. The very necessities of the case are driving practitioners into cooperation. The best interest of the patient is the only interest to be considered, and in order that the sick may have the benefit of advancing knowledge, union of forces is necessary. The first effort made to meet the situation was in the development of clinical specialties. Man was divided for treatment into parts, as a wagon is divided in the process of manufacture. Each part of man was assigned to those who could devote special attention to their particular portion, giving the benefit of superior skill in treatment. Unlike a wagon, man could not be treated in parts, but only as a whole....[so] it became necessary to develop medicine as a cooperative science; the clinician, the specialist, and the laboratory workers uniting for the good of the patient, each assisting in the elucidation of the problem at hand, and each dependent upon the other for support.

Mayo began building up productive and widely admired programs of postgraduate training and research a century ago. Yale physiologist and medical historian John Fulton was president of the AAHM in the early fifties. His father, a St. Paul physician, was president of the Minnesota State Medical Society in 1898 when he told its members about a “great advance in modern methods of teaching medical science... ‘postgraduate instruction.’” He continued, “In the city of Rochester, there is a hospital which renders, probably, as exact and thorough postgraduate teaching as any school in our country.”

Fulton was talking about St. Mary’s Hospital, opened in 1889, where the Mayo brothers operated and discussed patient care with an ever-expanding stream of professional visitors. Six years later, William Osler was master of ceremonies at a dinner in New York City celebrating postgraduate medical education. The Johns Hopkins physician-in-chief told two hundred doctors that America had done some “great things” to improve medical education, but he lamented the lack of hospital-based clinical training. Will Mayo was one of four speakers that evening. Osler introduced the 42-year-old surgeon as the “teacher of teachers.” This was high praise from the Johns Hopkins professor; especially because Will did not teach at a medical school and had no academic appointment. His prominent place in the program reflected the role that he and his brother played in creating a unique educational environment in Rochester.

Will and Charlie formed the Mayo Foundation for Medical Education and Research in 1915. Their clinic, already a world-renowned center for diagnosis and surgical treatment, would now place much greater emphasis on training specialists and producing new knowledge. The same year they donated \$1.5 million to forge an affiliation between their foundation and the University of Minnesota. This led to a highly structured three-year postgraduate training program that influenced other institutions much as Johns Hopkins was the model for improving the medical school curriculum. Henry Sigerist, director of the Johns Hopkins Institute of the History of Medicine from 1932 to 1947 and founding editor of the *Bulletin of the History of Medicine*, reviewed Helen Clapesattle’s book *The Doctors Mayo* in 1942. Having emigrated from Germany a decade earlier, Sigerist said, “To the average European physician, Johns Hopkins is known as a great hospital and famous research and educational center, similar in many ways to institutions of Europe. The Mayo Clinic, however,...appears to him as something totally new, an institution that could not have originated anywhere but in America, a bold experiment that has succeeded. A fellowship of the Mayo Foundation is the dream of many ambitious European doctors.”

In my presidential address, I will explain how the Mayo Clinic was founded and thrived in a small Midwestern town and will illustrate some highlights of its history up to 1939, when the Mayo brothers died. Current statistics demonstrate the phenomenal growth of what a visiting doctor described as “the clinic in the cornfield” a century ago, when Rochester had a population of just over 7,000.

2008 statistics for Mayo Clinic (Rochester only)

Unique patients	338,937
Outpatient visits	1,500,000
Staff physicians and scientists	1,995
Residents, fellows, and temporary professionals	2,721
Allied health staff (clinic and hospital)	27,632
Total staff	32,348
Rochester population	100,000

Saint Marys Hospital and Rochester Methodist Hospital (Mayo-owned)	
Total beds	2,059

Total admissions	61,664
Total surgical cases	52,491

For additional details see www.mayoclinic.org/rochester that includes virtual tours and 360 degree panorama views of the Rochester campus. The concurrent sessions at the AAHM annual meeting and associated events such as the book exhibit and ticketed luncheons will be on the Mayo campus or in the hotel complex that is connected to the clinic and much of downtown Rochester by an extensive system of enclosed pedestrian walkways. The Friday evening reception following the Garrison Lecture will be held at the Rochester Art Center.

The Rochester Art Center Presents “Five Centuries of Medicine and Art”

The Rochester Art Center, four blocks from the clinic and headquarters hotel, will host a major exhibit in 2010 to coincide with the annual meetings of the American Association for the History of Medicine, the American Osler Society, and the Archivists and Librarians in the History of the Health Sciences. This show features more than 250 prints and engravings depicting a broad range of medical themes. Selected from one of the world’s largest collections on the subject, the works span five centuries: from a 1493 German woodcut *The Dance of Death* to Rosemary Covey’s 1998 wood engraving *Antigenic Shift*. Most of the prints in the exhibit were produced in the 18th and 19th centuries by artists and craftsmen who used various engraving, etching, or lithography techniques. They are grouped thematically with major sections devoted to anatomy, patients in various contexts, nurses, portraits of physicians, surgical treatment and other therapies, military medicine, caricatures, and patent medicine advertisements.

Artists seeking to depict the human form have studied anatomy formally or informally for centuries. Perceptions and representations of human anatomy were revolutionized in 1543 when Vesalius published *De humani corporis fabrica*. The exhibit includes exquisite impressions from the original 16th century woodblocks that were destroyed during World War Two. A large copperplate engraving from Bidloo’s 1685 anatomical atlas includes several detailed images of dissected hearts. Two huge color mezzotints printed by Gautier in 1759 depict the external and internal anatomy of a male and female in a most dramatic fashion. Lithographs produced in Paris by Bourguery between 1831 and 1854 are stunning because of their remarkable realism and exquisite hand coloring.

Portraits of physicians from antiquity to modern times include a 1596 engraving of Hippocrates and a 1949 lithograph of French surgeon René Leriche signed by Henri Matisse, his patient. Scientific and therapeutic advances are represented by images of Vesalius staring at a crucifix as he rests his hand on a cadaver, William Harvey describing his theory of the circulation of the blood to King Charles I, Edward Jenner vaccinating a child in 1796, René Laennec using the stethoscope he invented in 1816, and Louis Pasteur studying bacteria in his laboratory in 1885.

A section entitled “The Cycle of Life” includes images of birth, childhood, adulthood, old age, and death. Two highlights of this part of the exhibit are Albrecht Dürer’s 1511

woodcut *The Death of the Virgin* and Rembrandt's 1639 etching with the same title. Rembrandt's image drew upon Dürer's depiction of the scene with one very significant difference: the Dutch artist added a doctor who is feeling the dying Virgin's pulse. Images dealing with military medicine include a Winslow Homer wood engraving of a Civil War surgeon at work in the field, battle scenes from various conflicts over the centuries, and large World War One posters urging citizens to support the Red Cross.

Several 19th century ads for "patent medicines" are notable from the standpoint of graphic design and for claims that the products they promoted cured almost every ailment. One of the most engaging sections of the exhibit includes more than thirty 18th and 19th century caricatures by George Cruikshank, Honoré Daumier, James Gilray, William Hogarth, and Thomas Rowlandson among others. Most of the caricatures are hand colored, and many include captions satirizing doctors and quacks or the treatments they prescribed.

The bottom line

The annual meeting of the American Association for the History of Medicine is a fun event where opportunities to hear and discuss scholarly papers on a broad range of subjects are blended with social activities that encourage networking. Given the current interest in health care reform, participants should enjoy seeing the Mayo Clinic and appreciating why and how it has attracted more than 7 million patients and so much public attention since its creation more than a century ago. For more information, please contact Renee Ziemer, coordinator of the AAHM Local Arrangements Committee and the Mayo Historical Unit ziemer.renee@mayo.edu

W. Bruce Fye, AAHM President