

## History of the Pembine Conference

As we approach the milestone of the 70<sup>th</sup> consecutive Pembine or Tri-State Thoracic Society Conference, an opportunity arose to provide some history of the conference both for new attendees but additionally to remind others of some of the historic impact of the conference nationally and of the organization of the conference that has contributed to its success and persistence. While we are privileged to be part of the original Pembine conference, other states have copied the Tri-State Pembine model as an educational and social tool.

The first conference was known as the Michigan-Wisconsin-Minnesota Regional Tuberculosis Therapy Conference. It was held at the Four Seasons Club on June 3 and 4, 1944. The town nearest to the Four Seasons Club was the town of Pembine, Wisconsin, situated on the Menominee River, the border of Wisconsin and the Upper Peninsula of Michigan. The location was selected in part because its isolation would encourage camaraderie among attendees, but I suspect as well by the bar at which at the time was considered to be as much a draw as the golf courses and walking trails in the area surrounding the conference facility.

The initial meeting was conceived during friendly living room discussions in the preceding year that highlighted the disparity among friends of treatment methods for similar cases of tuberculosis. The initial conference engendered sufficient success that it was established in subsequent years at the same location with a regular date of the first weekend after Labor Day, with the date selected to allow reasonably pleasant weather, with a lessened cost structure as tourism would have diminished by then. Consecutive case review was intended to display variances of treatment within a single institution and to present both successes and failures so that a truly representative case mix would be allowed. Critical review and evaluation of the therapies employed became the expectation; with "frank, free and friendly" discussions but with "increasing quaintness and development of mutual respect the delegates found their discussions became even more candid, sometimes raucous and abrasive, but always basically friendly and often renewed in the bar after the meetings far into the night".<sup>1</sup> Didactic discussions were discouraged except by visiting guests and even then generally frowned upon. The purpose of the discussions was to "criticize ideas, concepts, procedures, techniques, and even attitudes, but not institutions or persons".<sup>1</sup> By the early 1950's with the increasing effectiveness of anti-tuberculus chemotherapy, additional topics were added to the agenda, with early non-tuberculus discussions on fungal infection and pulmonary function studies, farmer's lung, biopsy techniques, asbestos and hyperbaric medicine all added to the agenda, but always with the conservative case presentation model.

The discussions from the conference were summarized and reported annually in the Wisconsin Medical Journal. These reports were often cited in national publications dealing not only with TB, but with coin lesions,<sup>ii</sup> pulmonary resections and the like. The conference had not only regional, but significant national impact.

The small size of the Four Season's Club and the strong desire of the initial attendees to have concentrated interchange amongst those attending led to a prohibition against family members being in accompaniment of presenters. Initially, this restriction pertained as well to the exclusion of trainees, though as time went on and topics broadened, this latter restriction fell.

By the late 70's, trainees attending the Pembine conference were housed in a facility that was somewhat separate from the main lodge, and not used throughout the remainder of the year. The mustiness and poor accommodations were compensated for by the provision of kegs of beer and a piano with beer drinking, poker playing and singing in accompaniment of the piano constituting much of the evening's activities. By the late 70's, the raucousness of comment during presentations extended to "story telling" that would often interrupt presenters. Political correctness was unknown at the time, and not at all apparent in the conferences by any standard, and yet clearly no personal or group affront was ever intended.

By the mid 1980's, the general condition of the resort as a whole had substantially declined. Though new owners promised that with appropriate funding, the quality of the lodge would be drastically improved, there was no certainty of such funding and with an inability to actually determine what food was being served, the fate of the Four Season's Club was sealed. Over the next several years, the conference moved to the Fox Hills Resort in Mishicot, Wisconsin and then to the Grand Geneva Resort in Lake Geneva, Wisconsin with a single meeting at the Heidel House in Green Lake. The Mishicot location was purchased for development into a Native American Casino and the converted Playboy Hotel surroundings in Lake Geneva ran counter to the intimacy that the conference leaders sought. Dwindling attendance at that time with the transition of older TB docs to younger critical care physicians led to a lessening of the restriction against family members' attendance. Though this has certainly helped boost and retain attendance, at the same time, family activities lessened the virtual containment of participants and limited socializing with one another.

In September, 2000, the conference moved to its current location, the Landmark Resort in Egg Harbor, Wisconsin. Much of the remoteness and charm that was relevant to the success of the conference seems to have been recaptured, though karaoke has replaced the earlier piano accompaniment. The poker tradition and the nature of free comment both with regard to presentations and miscellaneous stories continue.

While most have deviated from a strict interpretation of consecutive case review, there remains lasting ties to the heritage of the conference with the inclusion of consecutive case presentations and tuberculosis topics remaining firmly incorporated into the tradition of Pembine. In an editorial in *Chest* in 1976,<sup>iii</sup> Dick DeRemee, from the Mayo Clinic offered his opinion as to the de-personalization of medical communication and instruction that had replaced much of bedside teaching and free and open case discussion. As he noted, the often times heated and controversial nature of the discussion engendered at Pembine only served to “heighten the interest” of all participants, by retaining the “very fundamental person-to-person, mouth to ear, gesture to eye forms of communication” that “somehow have been leached away from modern concepts” of medical education. He “would not hold to tradition for tradition’s sake, but this form of communication has endured because of its effectiveness”.

We should be proud that we are upholding the tradition of Pembine even as we struggle to maintain our numbers and resist efforts to “sterilize” the conference into something it was never intended to be. I have had the personal privilege of attending almost all of the past thirty-five conferences beginning as a fellow at the Four Season’s Club and believe as firmly as Dick DeRemee on the impact of the conference on those with whom I have worked and trained.

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February, 2014

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#### References

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