



MILWAUKEE ACADEMY OF MEDICINE



Volume XXXVIII / September 2014

President's Remarks

By Edwin G. Montgomery, M.D.

At 36,000 feet over the southern tip of Greenland, we were 6 time zones plus 5 more hours from home, enjoying an amazingly hassle-free flight from St. Petersburg via Copenhagen. Under paper thin SAS blankets I was ready to try to snooze. My noise-cancelling Boses were reasonably effective when I was interrupted by: "Are there any medical personnel on board? Would you please identify yourself to one of our flight attendants."

Twice previously on domestic flights I had found myself similarly beckoned. In each instance I questioned the wisdom of my responding because the issues were likely to be beyond my ken as a pediatrician. They were. In the first case, the elderly lady in the seat immediately in front of me had passed out, but her accompanying daughter assured us that this was a not uncommon occurrence, and the woman did quickly awaken. With reckless reassurance, after talking with the daughter and superficially examining her mother, and with unwarranted bravado I reassured the pilot that we could continue to Phoenix. He scoffed and we settled down in Omaha.

On another flight a chap about my age complained of chest pain and tightness, causing me to be similarly afflicted. Fortunately there was another physician on board, accustomed to treating adults, who took charge, and we were met at the Denver Airport at a cleared runway, with an assemblage of EMT's and an ambulance flashing red.

Fall 2014 Meeting Dates

September 16

Annual Bioethics Lecture
Robert Klitzman, M.D.
Professor of Psychiatry
Director, Masters of Bioethics Program
College of Physicians and Surgeons
Joseph Mailman School of Public Health
Columbia University

**Am I My Genes?:
Confronting Fate and Family Secrets
in the Age of Genetic Testing**

October 21

2014 Distinguished Achievement Award
Dennis Worthington, M.D.
Program title to be announced

November 18

Special Event
Medical College of Wisconsin
John Gurda: The Making of Milwaukee
(See page 3 for event details.)

Contact the Milwaukee Academy of Medicine office for reservations:
amy@milwaukeeacademyofmedicine.org
or 414/456-8249.

In recounting the latter experience to a good friend who practices emergency medicine, he suggested I should not have made myself known. I could be of little help and exposed myself to liability as I rendered advice that I was ill-prepared to proffer. We took a kick at whether a physician-patient relationship was established, and whether "Good Samaritan Laws" applied in the sky over a state in which I was not licensed. We had a good natured discussion in the abstract, reflecting that I would have been less vulnerable if I did not have an M.D., and that his insurance carrier had cautioned him not to respond in similar circumstances.

My conversation with him had been long forgotten, until I was trying to fall asleep over the North Atlantic. It took me moments to "come to," hoping that among 350 other passengers on our Airbus A340



Continued on page 7

DeFabrica Humani Corporis by Andreas Vesalius

Portions of this article, written by Norman Engbring, M.D. appeared in Volume I of the Academy newsletter in July 2001.

One of the major purposes for the founding of the Milwaukee Academy of Medicine was the development of a medical library for the use of its members as well as others in the medical community. For years the Academy maintained its library in a building rented or purchased for that purpose.

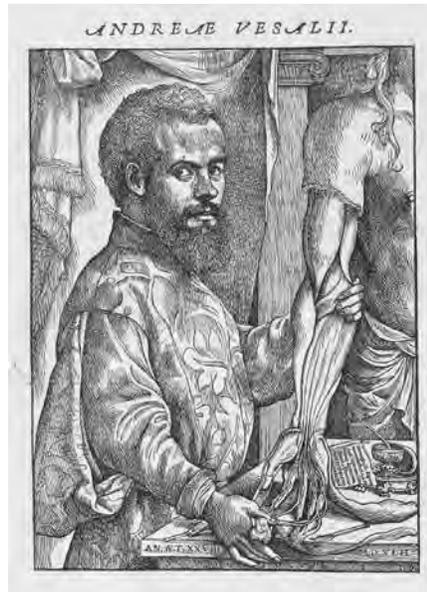
By the late 1930s the cost of maintaining that building was a serious drain on the finances of the organization and negotiations with Marquette University School of Medicine allowed for the transfer of the Academy's holdings to the medical school building. That transfer occurred in 1939 at a time when the Academy's library contained some 22,000 volumes and 151 periodical subscriptions while the school's library contained some 12,020 volumes and 214 periodical subscriptions. The Academy continued ownership of its collection. In 1953 the school constructed a new library, and the Academy gave its collection to the school with the exception of the history collections.

The Academy has maintained the original history collection and periodically added books to that collection.

A major part of the Academy's history collection has been received from the estate of Horace Manchester Brown after his death in 1929. Brown was a bibliophile who prided himself on his collection of rare medical books. He was a scholar of medical history, well versed in the classic languages and adept in translation. Brown's collection and the endowment fund established in 1930 to expand and preserve the collection have been the greatest asset.



Horace Manchester
Brown, M.D.
1857 - 1929



Other members of the Academy have also donated their history collections. At the present time the Academy owns the 337 volumes of the Brown collection as well as others making a total of 1,758.

The pride of Brown's collection was the first edition of "De Fabrica Humani Corporis" by Vesalius, for which Brown made several trips to Europe to purchase.

Andreas Vesalius was born in Brussels in 1514. He came from a family of physicians and he also became a physician. He continued his studies in France and Italy and became a professor of anatomy.

Based on his own meticulous dissections he discarded many of the prevailing teachings of Galen and others when he published his monumental work in 1543. This work generated both praise and condemnation from his contemporaries, many of whom considered him radical for deviating from the generally accepted versions of earlier anatomists such as Galen. His observations were largely confirmed by later anatomists.

Osler described the book as "the greatest book ever written, from which modern medicine dates."

As is true of most early medical books, the Vesalius is written in Latin. It has since been translated to English for current students of anatomy. Despite modern methods of reproduction, the illustrations in the recently published translation cannot compare with the original engravings.

The Academy's collection of books on medical history is housed in the climate-controlled vault of the Todd Wehr Library along with the history collection of the Medical College of Wisconsin. The complete holdings of the Academy can be found on the Academy's website: www.milwaukeeacademyofmedicine.org.

(The Academy is proud to share some of the holdings in the rare medical book collection on Tuesday, November 18th, 2014 at a special event being held at the Alumni Center of the Medical College of Wisconsin. See details on page 3.)

Milwaukee Academy of Medicine Special Event



Tuesday, November 18th, 2014

Alumni Center at the Medical College of Wisconsin

5:30 to 7:30 p.m.

Join us for this special event. You will have the opportunity to view some of the Academy's rare medical book collection.

5:30 – 6:30 p.m. | Reception, Book Viewing, Hors d' oeuvres and Hosted Bar

6:30 – 7:30 p.m. | Speaker Presentation

Reservations Required by November 5th | You are encouraged to bring your spouse or guest. | Cost: \$35.00

JOHN GURDA: THE MAKING OF MILWAUKEE

Milwaukee was known as “good land” to Native Americans, a place of abundant natural resources. It became, over the decades, a major Great Lakes port, a stronghold of industry, a capital of ethnic diversity, a model of good government, and one of the most livable large cities in America. “The Making of Milwaukee” is a fast-paced illustrated program that captures the full sweep of the community's history, from its wilderness past to the complex patterns of the 21st century. Highlights of Milwaukee's medical history, from famous physicians to first hospitals, will be included in the presentation.

John Gurda is a Milwaukee-born writer and historian who has been studying his hometown since 1972. He is the author of nineteen books, including histories of Milwaukee-area neighborhoods, industries, and places of worship. *The Making of Milwaukee* is Gurda's most ambitious effort. With 450 pages and more than 500 illustrations, it is the first full-length history of the community published since 1948. Milwaukee Public Television created an Emmy Award-winning documentary series based on the book in 2006.

In addition to his work as an author, Gurda is a lecturer, tour guide, and local history columnist for the *Milwaukee Journal Sentinel*. He holds a B.A. in English from Boston College and an M.A. in Cultural Geography from the University of Wisconsin-Milwaukee. Gurda is an eight-time winner of the Wisconsin Historical Society's Award of Merit.

Continuing Medical Education Objectives:

- Describe the formative dynamics that created the Milwaukee community of the twenty-first century, with particular emphasis on its tradition of cultural diversity.
- Briefly explore the role of medicine in local historical context.

RESERVATIONS REQUIRED:

Reservations can be made by email: amy@milwaukeeacademyofmedicine.org or by phone 414/456-8249.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the Medical College of Wisconsin and Milwaukee Academy of Medicine. The Medical College of Wisconsin is accredited by the ACCME to provide continuing medical education for physicians.



The Medical College of Wisconsin designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

From the Academy's Rare Book Collection

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

Francis Glisson (1597-1677)

Francis Glisson (1597-1677) was a celebrated British physician, innovator, researcher, teacher, and administrator of the 17th century. He was the second son of a tailor and grew up among at least 16 brothers and sisters in the small village of Rampisham in Dorset, southwest England. Nearby was the ocean, the soaring peaks of chalk, scattered woods, and farmers' fields. The village was mentioned in the Domesday Book. It suffered various invasions through history. Beautiful farms and the village still thrive today. In his time the inhabitants likely worked all day and into the evening and coped with harsh weather, tragedies and farm accidents. With a population of 125, misfortunes would be the stuff of common discussion, grief, and fury. A mind such as his would not forget such examples. His education at the local school was sufficient to secure his admission to Cambridge where he studied medicine.

He was a diligent student and made steady progress receiving his B.A. in 1624, and his M.D. degree in 1634. Dr. Glisson was elected to the Royal College of Physicians in 1635, and became Regis Professor of Physic at Cambridge in the same year. He held this post until his death.

After graduation he practiced medicine and married. We know that during the Civil War he practiced at Colchester and was there during the siege by Parliamentary troops in 1648. With other physicians he began his lifelong practice of joining groups interested in science and medicine, casual and formal. His membership in these organizations aided and stimulated his interests in research. In the Royal College he was in succession fellow, counselor, and president. He belonged to the "invisible college", a small professional group that



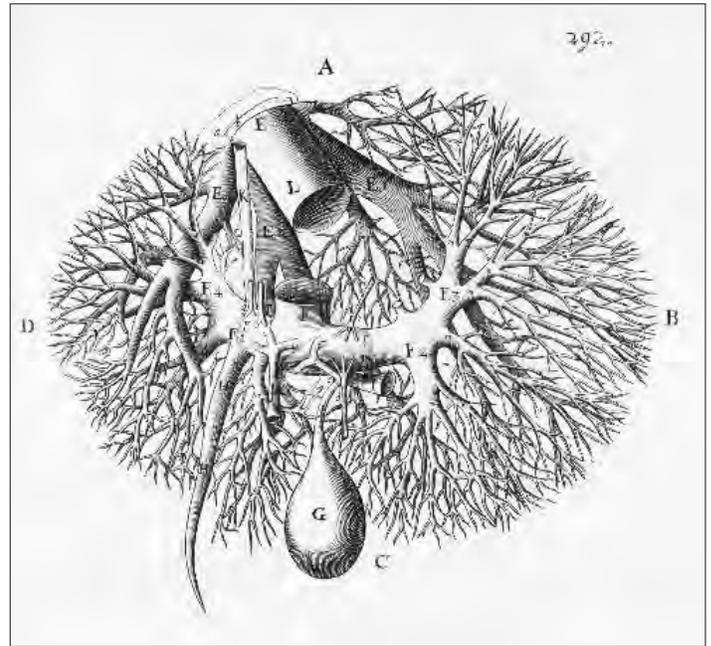
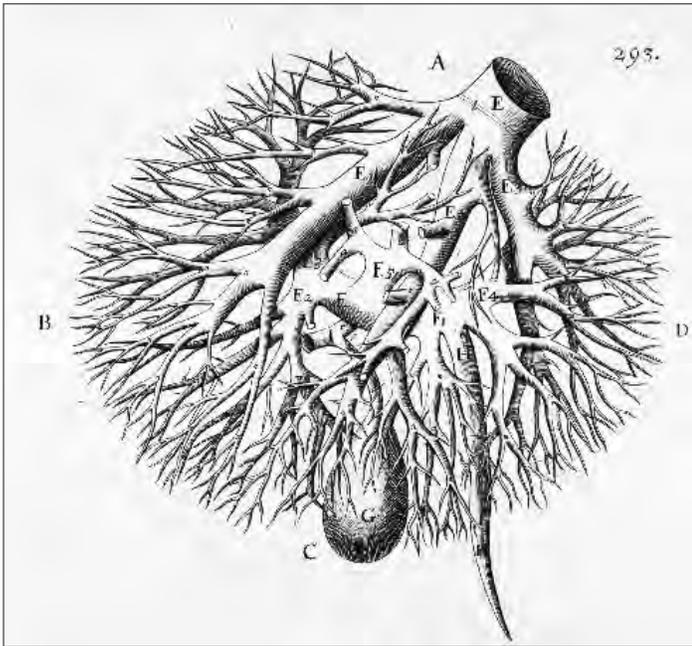
Francisci Glissonii...
Anatomia Hepatis.
Cui Praemittuntur Quaedam
ad Rem Anatomicam Universe
Spectantia. Et Ad Calcem
Operis Subjiciuntur Nonnulla
De Lymphae-Ductibus
Nuper Repertis.
Londini: Typis Du-Gardianis,
Impensis Octoviani
Pullein, 1654.
Editio nova,
caeteris emendatior.

met frequently to discuss and investigate particular scientific questions. Eventually he became one of the founders of the Royal Society. He admired and supported the work of William Harvey

(1578-1657). Because of Harvey's work Glisson realized that the function of the liver required renewed study and clarification. It could no longer be viewed as the body's creator of venous blood.

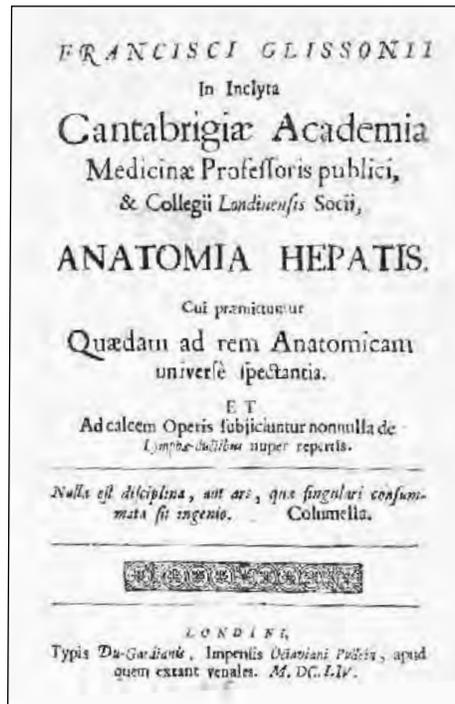
A talented dissector, Glisson meticulously examined the liver and all its parts in seeking to describe their functions. He mapped the hepatic vascular systems more accurately than ever before. He identified all parts. Of particular interest to him was the fibrous tissue sheath surrounding the liver, the branches of the hepatic artery, the portal vein, and the sphincter of the bile duct (later called "Oddi"). The sheath was, thereafter, identified as "Glisson's capsule". Glisson noted that "the tunic of the biliary tract may be six times thicker than normal...Stone perforates the substance (of the biliary tract)...It looks like a pipe." (1) He described the livers of oxen that he had often seen. "I knew very many who expelled fragments of these kings of stones in great quantity through the intestines...In oxen more of these occur in winter when fed hay or straw but rarely in the spring when they are fed fresh grass." (1) His valuable and popular work, *Anatomia Hepatis* (1654), presented the details of his study of the liver.

An earlier investigation resulted from a committee suggestion that rickets be studied by a group of members (2). Glisson was the sole author of chapters 3 through 14. He acknowledged the work of seven other contributors. His book, *De Rachitide* (1650) described the plight of the unfortunate children who were victims of rickets and also described infantile scurvy, a separate disease which sometimes had occurred along with rickets (1). His detailed and poignant descriptions were widely circulated. On examinations of afflicted



children he noted “the softness of their parts...their languidness, slothfulness, and stupefaction.” He noted that “...a kind of slothfulness and numbness doth invade the Joynts presently after the beginning of the disease and by little and little is increased so that dayly they are more and more averse to motion...Children don’t laugh so heartily, neither do they stir themselves with so much vigor and shake and brandish their little Joynts, as if they were desirous to keep out of their Nurse’s hands...and when they are angered they do not kick so fiercely neither do they cry out with so much fierceness as those who are in health...They are ingenious, not stupid... Their countenances are much more composed and severe than their age requireth, as if they were intent and ruminating upon some serious matter.” He went on to describe the increased size of the head, the withering of muscles, and the appearance of knots and swellings about the joints. “Some bones wax crooked especially” he noted. “First the shank bone, then the fibula, then the greater shank bone, then others. The teeth grow loose. The breast appears like the keel of a ship...the forehead sticks out.” He recognized that rickets was neither congenital nor contagious (1).

In the 1660s he wrote a work on abdominal organs, mainly stomach and intestines that was completed on the year of his death. The text was popular for the next hundred years and included his views



on irritability and muscle contractions. One can infer that his overall research direction revolved around basic questions such as “why is it here” and “what does it do?” “What happens to it in sickness?” He suggested this overall plan by implication in his writings on gallstones, including those in cattle. His knowledge of abdominal illnesses led to many consultations as did his vast knowledge of medicine. He served as Physician to Charles II.

Near the end of his fruitful and energetic life he studied light and devised a color specification system (1677) which was widely used through the next century. He used the primary colors yellow, blue, and red with a grey scale of 23 steps between black and white. He employed black, white, and lead-white ink for that part (3).

His work seems to reflect his wonderment of the works of creation. “How” and “what for” seem to be present at every turn in his drive to learn and explain. As an early member of the Royal Society he was likely urged, supported, and criticized in moving forward. It also seems that duty to the sick and to society drove him. He sought help and ideas and gave credit to those who came before him. Posterity says that he was neither of the past nor of the future. His inner spirit was driven by today and its problems. ∞

REFERENCES AND NOTES:

1. Major, RH. Classic Descriptions of Disease. Sixth Printing of the Third Edition. Charles G. Thomas Publisher. Springfield, IL. p. 594-600, 642-3.1965.
2. From the Old English “wrickken” meaning to twist.
3. Kuehni RG, Stanziola R. Francis Glesson’s color specification system of 1677. Color Res Appl 2002;27;15-19.

Book Reviews



By *H.D. Kerr, M.D.*

Shop Class as Soul Craft: An Inquiry Into The Value of Work

Matthew B. Crawford,
The Penguin Press,
New York, 2009

The author presents a reflection on work in the modern day. Using his own experiences in academia, as a business owner, and as an artisan, he examines and compares values and worth. “Shop Class” is an excellent book for physicians to read because much of what he describes in the business world is being applied to us. Now and then he quotes churlish management: “We view humans as being inferior versions of computers.” More and more we in medicine find ourselves supervised by a hierarchy of administrators. Management may not necessarily be knowledgeable and often may be ignorant of the details of our work. The notion of “team” medicine is fairyland to many of us and mocks the idea that medical school and residency are essential to practice medicine or in slavishly following guidelines. Dr. Crawford implies that finding the right path to real work is a personal quest. He presents an excellent and thought provoking book. ∞

By *Nick Owen, M.D*

Medical-Legal Aspects of Occupational Lung Disease

Stuart A. Levy, M.D.,
Lawyers & Judges Publishing Company, Inc.,
Tucson, 2013

Stuart A. Levy, M.D., a long time member of the Academy called to request that this new book, *Medical-Legal Aspects of Occupational Lung Disease*, Lawyers & Judges Publishing Company, Inc., Tucson, AZ, 2013, be reviewed. A copy was obtained from the publisher and ultimately donated to the library at the Medical College of Wisconsin.

The author states in his introduction that this is a unique book composed to integrate medical legal materials for those interested in this subject. As such the content should inform physicians and other healthcare professionals, attorneys, managers and owners of organizations whose operations pose potential health hazards, their employees and the public.

References are current to '07.

Of the many diseases listed the big five are: asthma, asbestosis, smoking, tuberculosis, fungal infection and perhaps sarcoidosis. (The later usually not considered occupational.)

He asks his audience a series of questions about occupational diseases, exposure, treatment, uses of diagnostic tests and the like. Both questions and answers are terse and to the point. There followed a list of agents and substances and the likelihood that they could damage the lung.

A well organized publication; it reminds us that there are often several ways to examine a problem. ∞

Meeting Review

The 1,309th Meeting

May 20, 2014

By Leslie Martin, M.D., M.P.H.

The 1,309th meeting of the Milwaukee Academy of Medicine was held at the University Club on May 20, 2014, with good company, good food, and a great speaker. Dr. Edwin G. Montgomery, President, opened the meeting.

Dr. Lee Lawrence was unanimously elected to membership.

Dr. Jack Kleinman then introduced Dr. Giulio Tononi, MD, PhD, Professor, University of Wisconsin-Madison, who spoke about Consciousness: from Theory to Practice.

“Only I am sure I am not a Zombie. Zombies only pretend to be conscious.”

Is consciousness a manifestation of an immaterial soul, or “merely” the activity and organization of a material mind? Some areas of the 12-billion-neuron cerebral cortex are essential for consciousness. Most of what the brain does is unconscious, with the conscious formulating some intents or observations. Functional imaging shows that different activities light up different areas of the brain, and that during consciousness, neuronal activity simultaneously and sequentially involves multiple areas of the brain. These patterns of activity can be observed when people are awake, or dreaming.

Integrated Information Theory (Tononi, 2004) derives postulates from observed phenomena. Some patients are “locked in” – conscious, but unable to communicate or move. It now is possible to subject them to Transcranial Magnetic Stimulation and objectively observe hdEEG response to evaluate for “consciousness.” Activity in the brain is localized and fragmented when unconscious, but connected when conscious. The patterns of activity in the brain are referred to as “qualia.” They correspond to a set of very complex integrated connections and probabilities within a system, and can be imagined as “shapes” within qualia-space. This theory is consistent with observations, such as the conscious and unconscious existing to varying degrees at different points in time, and exerting influence upon each other, and consciousness being altered during seizures.

Computers simulate intelligent behaviors. Recognizing faces, driving cars, answering questions, conversing like a spouse, and even understanding jokes, are all computer functions that are becoming possible. But will there be consciousness? If the architecture of the brain is what allows consciousness, then computers, integrating information sequentially, have little consciousness. ∞

<http://www.biolbull.org/content/215/3/216.long>

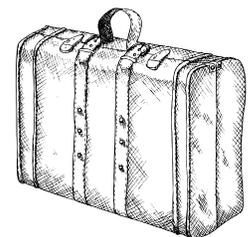
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President's Remarks

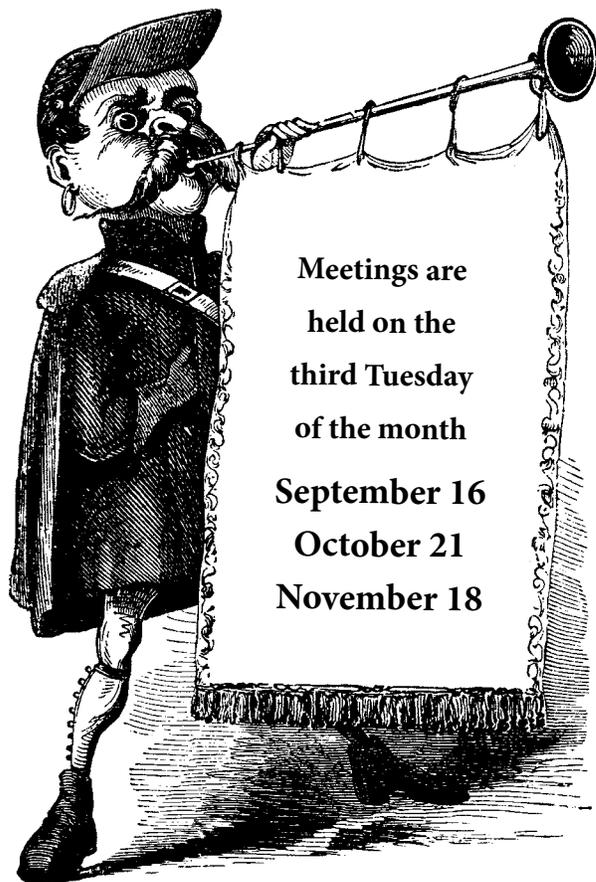
there would be a grown-up doctor, and then, with considerable reservation, climb over a drowsy Mary Jo and amble aft to find a flight attendant. I quickly found a most grateful purser who told me that the only other physician to have identified herself was a psychiatrist who had taken a pediatric internship. I quickly interjected that I was “only a pediatrician,” but would try to help and kept walking toward the rear of the plane. I asked what medical equipment might be aboard the plane and was told that there was none, not even a stethoscope.

The absolutely charming psychiatrist had suggested that the patient lie supine in the galley, which is where I found her with eyes closed, blouse pulled up, saying nothing, and crying softly. I edged my way past two hovering flight attendants and met her mother who told me that her nine year old daughter had complained of a “tummy ache,” and that she had eaten and “pooped” normally before they left Denmark. A soft abdomen and normal bowel sounds (elicited with ear to belly button) confirmed that she seemed to have nothing more than a “tummy ache,” possibly related to the strep throat for which was receiving amoxicillin.

A couple hours later I went to check on her, and found her and her 20 month old brother quietly ensconced on their appreciative mother's lap. Sleep eluded me for the rest of the flight home, but my chest pain quickly subsided. ∞



Please mark your calendar



Meetings are
held on the
third Tuesday
of the month
September 16
October 21
November 18

CME Change

There is a change to how Academy members can earn CME credits for the programs they attend. MCW is our joint sponsor for CME credits and they have implemented a new software platform. The new software is called EthosCE.

With EthosCE, Academy members, Faculty, community physicians and others who attend our CME programs can:

- View and print their CME transcripts and certificates
- Complete evaluations and quizzes online and/or from their mobile device
- Store all their CME credits they have earned from anywhere in one place
- Register for upcoming CME activities online

All CME attendance records and CME activities run through EthosCE, thus it is important for anyone who wishes to earn CME credit through MCW to set up a learner profile in EthosCE.

There is a link on the Academy website for instructions on how to set up your profile and enroll in CME activities .



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