



#### Officers and Members of the Council for 2007

(The following slate of officers, council members, committee chairs and trustees will be voted on at the January 16th Annual Meeting.)

Rita Hanson, M.D., President  
Jerome Van Ruiswyk, M.D.,  
President Elect  
Seth Foldy, M.D., Treasurer  
Matthew Lee, M.D., Secretary  
Ralph Schapira, M.D.,  
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Daryl Melzer, M.D.  
Helmut Ammon, M.D.

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##### Finance

Seth Foldy, M.D.

##### Fund Development

Carol Pohl, M.D.

##### History

Jeff Jentzen, M.D.

Ray Zastrow, M.D. Co-Chairman

##### Membership

James Stiehl, M.D.

##### Newsletter Editors

Nicholas Owen, M.D.

H. David Kerr, M.D.

##### Program

Ralph Schapira, M.D.

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# Thoughts on the Holiday Season

by David Shapiro, M.D.

As we move into America's so-called Holiday Season, it would be reasonable to reflect for a moment or two on what we mean by Holy Day, and in what way it is appropriate to discuss this within the context of the healthcare work that we do together. For some this is a topic to be avoided like the devil avoids holy water. For others it is the reminder of why they awaken in the morning, carrying the burden of life through the day and dedicate whatever energy they might have for the benefit of others. Judging by how it is discussed, one might think that these groups splice themselves like water and oil. Though as splice can mean pull apart or move together so can oil and water be either separated or pulled apart. Perhaps then we can add the soap required (as those who remember their Chemistry) to bridge these disparate camps.

First we must mention the disclaimer that for most of the world's population we are not moving into the Holiday Season. While it is true that two of the great religions of the Book and of monotheism view the end of December as this time, Muslims of course do not. Nor as far as I know do Hindus, Sikhs, Buddhists, Taoists, Jains, Pantheists, followers of Magick, Pagans, atheists and probably some other groups that I am "dissing" (admitted to OED in 2002) for no good reason other than ignorance; a poor but oft used defense.

What a group of people consider Sacred and why has long been a matter of much conjecture, though a few things can be said about it. For instance, we know that one set of objects, songs, gods and rituals will be considered Sacred by one group but not another, often within the same religion. It has been argued that the formation of reli-

gious beliefs follow a historical pattern from beliefs about animals and their divinity, to more general beliefs about nature, to beliefs about many gods and then a belief system around One God. Different people at different times in their lives clearly believe differently in this regard. From a biologic perspective one might argue that it is an example of ontology recapitulating phylogeny, though I don't think that adds anything but the opportunity to say "ontology recapitulates phylogeny" the mere saying of which has made countless students of Biology happy. Perhaps it is the ancestral pull of the notion that the development of the individual (ontology) mirrors the development of the species in some deep way and is a clue to both our individual worth and the beauty of nature itself. In this the saying portrays much that M. Eliade and J. Campbell would agree is inherent in ritual itself.

Holy of course comes from the same root as whole and heal and hale. Sharing much with what we do occurs regardless of our own particular beliefs or affiliations. Religion and Medicine could represent parallel universes, each with its own history, beliefs, rituals, and archtypes. We have parallel educational systems and hierarchy. We both have sacred spaces filled with symbols and imbued with meaning. We experience transformation as we move from being part of the laity to being practioners of ancient traditions of healing and belief. We celebrate this transformation and in some ways, as priests and yogis are, are then removed from society. We have special laws that in fact protect this same society from us when our understanding of these boundaries becomes blurred. We participate in the most intimate passages of

strangers, friends and neighbors alike, hoping against hope to ease these passages for all that we meet, regardless of any concept of individual value, other than the value of human life itself. Privileged to participate in the lives of others, we ourselves create the sacred spaces of healing, bringing together all that we can in the care and protection of all in our care. This is the work that we do, this is the celebration, in this and all of our holiday seasons. ~

*\* This article originally appeared in the Columbia St. Mary's Physician Staff Newsletter.*



## Email Reminder

If you have not already done so, please email your current email address to the Academy office, milwacademyofmed@execpc.com, so that you can be easily contacted for general correspondence and feedback gathering. Thank you.



The editors would be happy to consider any original submissions from members for publication.





# MILWAUKEE ACADEMY OF MEDICINE



Volume XVII / January 2007

## Message From Your 2007 President

Rita Hanson, M.D.  
President 2007

To the Members of the Academy: Almost 30 years ago, during my internship at St. Joseph's Hospital, I attended my first Milwaukee Academy of Medicine meeting as the guest of Dr. Robert Adlam. Coincidentally, that was also the first time I set foot in the University Club and had my first taste of the famous U Club cheese puffs. Time has not dimmed my recollection of the sense of awe and respect for this organization and all that it represents that I felt during that evening — nor has it diminished my enjoyment of the cheese puffs! It was very gratifying to be invited to membership in the Academy many years after that first experience, and I am very humbled and honored to be serving as its President for the upcoming year.

The fast pace of life in general, and of our professional lives and obligations in particular, threatens the continued existence of organizations such as the Milwaukee Academy of Medicine. Knowing that our members are faced with so many competing priorities and options, the leaders of the Academy are constantly striving to arrange programming that entices physicians to choose to spend several of their precious hours with us on the third Tuesday of the month, eight months out of the year.

One of the privileges extended to the incoming President of the Academy is the selection of the topic and the speaker for the January meeting. For the past 8 years, I have had the opportunity to participate in PPRNet (Practice Partner Research Network), the only EMR (Electronic Medical Record)-based clinical research

network in the United States. The experience has been tremendously exciting and gratifying, and I have relished the opportunity to collaborate with a cross-section of talented and dedicated physicians throughout the country who share a common interest in exploring the ways that an EMR can improve the quality of the care they provide for their patients. I hope that you will be able to join us on Tuesday evening, January 16th to hear Dr. Steve Ornstein, the Medical Director of PPRNet, speak about the PPRNet experience working with an EMR to drive quality improvement.

I look forward to serving as your President and welcome any and all suggestions you may have to improve the 'value' of your Academy membership. Please feel free to contact me by email at Rita.Hanson@wfhc.org

## The 121st Annual Meeting

**The Role of Electronic Health Record in Translating Research into Practice: the PPRNet Experience**

Steven Ornstein, M.D.  
Professor of Family Medicine  
Medical University of South Carolina, Director, Practice Partner Research Network (PPRNet)

**Tuesday, January 16, 2007**  
**University Club of Milwaukee**  
**924 East Wells Street**  
**Milwaukee, Wisconsin 53202**

Cocktails 6:00 p.m.  
Dinner 6:30 p.m.  
Awards & Presentation 7:30 p.m.  
Reservations required.

Email: milwacademyofmed@execpc.com  
Spouses and guests are encouraged to attend.

## Retiring President's Comments

by Ralph Schapira, M.D.  
President 2006

It has been a pleasure to serve as the Academy's President for the past year. It is inspiring to work with a group of physicians from Milwaukee who care deeply about the well-being of the community and the

profession. Times have changed, and many of the communal aspects of medicine have eroded. The Academy's spirit stands in stark contrast. Many thanks to the Academy's Council and members, Amy John, the Executive Director and the incoming President, Dr. Rita Hanson.

**2007 MEETING DATES**

January 16 • February 20  
March 20 • April TBA  
May 15 • September 18  
October 16 • November 20

**MEETING LOCATION**  
**University Club of Milwaukee**  
924 East Wells Street  
6:00 p.m. reception hour  
6:30 p.m. dinner  
7:30 p.m. announcements and speaker presentation

# From the Academy's Rare Book Collection

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

**Ambroise Paré (1510?-1590)**

**OPERA AMBROSII PAREI...A DOCTO VIRO PLEURISQUE LOCIS RECOGNITA: ET LATINITATE DONATA, IACOBI GUILLEMEAU.. Parisiis, Apud Iacobum Du-Puys, 1582.**

**THE WORKES OF THAT FAMOUS CHIRURGION AMBROISE PAREY TRANSLATED OUT OF THE LATINE AND COMPARED WITH THE FRENCH BY THO: JOHNSON. WHEREUNTO ARE ADDED THREE TRACTATES OUT OF ADRIANUS SPIGELIUS OF THE VEINES, ARTERIES, & NERVES, WITH LARGE FIGURES. London, Printed by Richard Cotes, and Will: Du-gard, and are to be sold by John Clarke, 1649.**

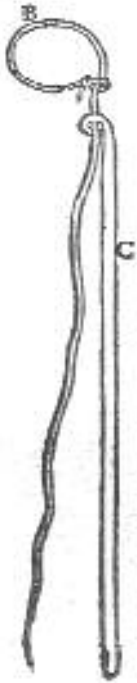
Son of a cabinetmaker, brother and brother-in-law of barber surgeons, he became the personal surgeon to four kings of France and was among the most innovative of Renaissance surgeons. He was famous in his own time, and his works were translated into several languages. He linked the principles of the deep past espoused by Galen and Hippocrates to justify his methods of modernizing medicine which involved observation and critical inquiry.

He was born in a small village in the province of Maine, southwest of Paris, and at age 13 began his apprenticeship to barber surgeons. He attended lectures and dissections while working for several years at the Hotel Dieu in Paris. It was a "vast and ancient" charity hospital with wards of 100 or more beds, each one holding 2 to 6 patients. Hospitals in those days were charged

with accomplishing all or part of the seven Biblical works of mercy: feed the hungry, give drink to the thirsty, clothe the naked, visit the sick, shelter the homeless, ransom the captive, and bury the dead. Hospitals admitted the homeless and starving, the ill, the crippled, the aged, the blind, the insane, and the helpless orphans. A separate institution was usually set aside for the contagious but not at the Hotel Dieu where their wards intersected those of other patients (1). Paré gained much practical medical and surgical experience in this milieu. Even more came on his chosen path that balanced a private practice in Paris with frequent forays as a battlefield surgeon with the armies of France. His experiences led to writings and inventions in various areas of medicine and surgery. He studied anatomy under François Sylvius, became a prosector, and later wrote an anatomy textbook. He was a strong believer in the importance of anatomy to a surgeon and his text was influenced by Vesalius' *Fabrica* (1543).

In 1541 he successfully passed a master barber surgeon examination and became a member of the barber surgeon guild. Because of his outstanding accomplishments in surgery and due to a strong endorsement by Henry II he was grudgingly given membership in the College of St. Côme in 1554. The surgeons there were "of the long robe" and ordinarily had nothing to do with barber surgeons. Paré was derided as unfit for membership because he could not speak Latin, but his achievements eventually raised the dignity and status of both groups to a level equal to that of physicians.

His career as a military surgeon began in 1537 with the armies of Francis I in the Piedmont area of northern Italy. He was appalled by the carnage wrought by the arquebus, a forerunner of the musket and essentially a portable cannon with



*Illustrations on pages 1-5 of this newsletter issue are from the above books.*



an open pan in which gunpowder was added and ignited by a slow fuse. It was a new weapon in Paré's day, having come into prominence in the Battle of Pavia in 1525 where French knights were defeated by Spanish arquebusiers. The arquebus ball could often pierce knights' armor and produced fearsome wounds. Loading and firing could inadvertently spray the user and ball-making assistant with flaming gunpowder resulting in severe burn injuries. Bags of gunpowder could be ignited accidentally or during battle. Compared to the arduous tasks of learning to use the longbow or training to be a knight, the arquebus was a simple weapon to learn and ushered in the use of mass armies of lightly trained soldiers often formerly social dregs. The highly trained knight was soon gone. By 1550 the arquebus had replaced the crossbow (2). Paré viewed them as "diabolical weapons".

Giovanni da Vigo, surgeon to Pope Julian II had written that gunshot wounds were contused, burned and poisoned. Gunpowder was believed to be poisonous and gunshot wounds were treated by Vigo's method of applying boiling oil of elderberry (sambucus), a poison itself, to cauterize the "poisoned" wound. Paré, a neophyte, followed the lead of his fellow surgeons and used this method on his first several patients. He ran out of oil and substituted an unheated mixture of oil of roses, egg yolks, and Venetian turpentine. This mixture was also mentioned in Vigo's work for use in treatment in the days following the boiling oil application (3-5). Overnight the

latter group slept well and improved while the former writhed in agony and worsened. Thereafter, Paré advocated and advanced the worth of personal observation over blindly applying recipes found in books. He was pragmatic.

Sylvius expressed keen interest in Paré's observations and convinced



him to write "Method of Treating Wounds Made by Arquebuses" (1545) which was quickly translated into several European languages and eventually even Japanese. It was read by military surgeons all over

Europe. Success and recognition gave him impetus to study general wound care. He later expanded his interests to include anything for which he could demonstrate improvement. He wrote about the treatment of arrow wounds, burns, gangrene, urinary stones, dislocations and fractures, the use of trephining for head injuries, the puzzle of pneumothorax, and the characteristics of spinal injuries. He pioneered the revival of use of ligature instead of cautery in controlling arterial bleeding. By controlling hemorrhage the injured could survive amputation. Ligature had been used long before in Alexandrian medicine but then abandoned. His writings convinced others to try this method(6). The tourniquet would not appear for another 100 years (1674).

Paré developed a leg prosthesis for above-the-knee amputees that permitted kneeling, had a fixed equinus position, and included knee locking control. He developed a prosthetic hand operated by springs and catches for a disabled French army captain. He also developed prosthetic eyes, a truss for hernias, an operation for strangulated hernia that avoided castration, and championed the use of autopsy to learn directly about causes of death. He revived the operation of podalic version in obstetrics, studied reimplantation of teeth, and invented a palatal obturator. He was an independent thinker and observer.

Paré's character encompassed a noble personality and traits of forthrightness, humanity, zeal, thoroughness, inventiveness, and

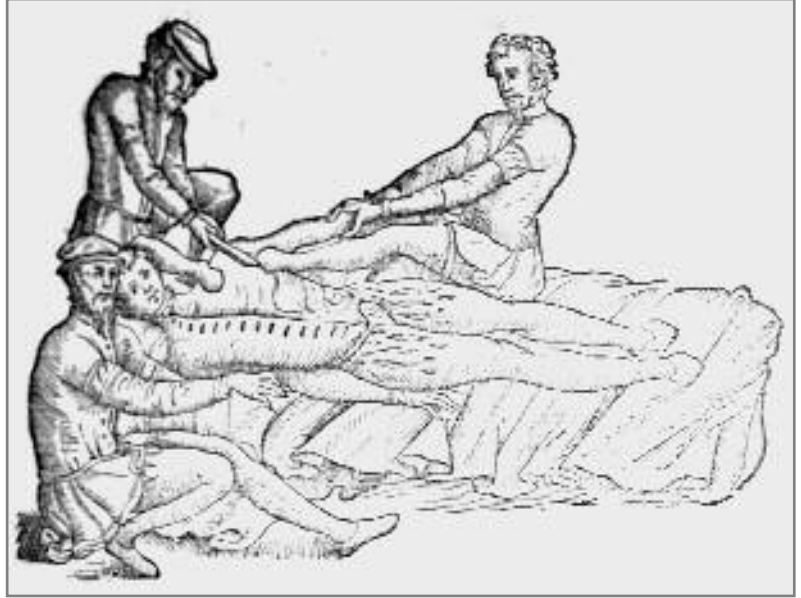
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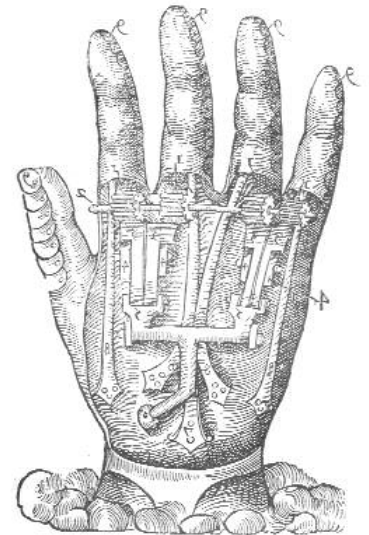
the ability to interact with all types of people. Ambroise Paré's life has been offered for centuries as a model for surgeons and general physicians to emulate. He returns to life again in the pages of his book, "Apologie et Voyages", where he describes in a series of land "Voyages", his years of work as a military surgeon. Publication of his collected works in vernacular French, not Latin, drew public criticism by the dean of the Faculty of Medicine of the University of Paris and other physicians. He replied by contrasting his practical experiences with those of the chair bound dean whom he refers in brief asides as "mon petit maître" (my little master). The book is included in the Harvard Classics series and is very entertaining in presenting the adventures and practice of medicine by a 16th century battlefield surgeon (3). Especially notable is the Voyage to Flanders where he was sent by the King to care for the younger brother of the Duke d'Ascot, severely wounded in the thigh by arquebus shot, and languishing near death for several weeks. Paré appears across the centuries as a diplomat and a leader, not a thrower of instruments or tantrums. He met and conferred with the several local physicians caring for this problem patient and led them to agree on a course of action. Much of it involved facilitating a better approach to nursing and to draining the wound. Their patient recovered. Paré never seems to have lost sight of the suffering patient nor was he detached.

The two Academy books contain many fascinating illustrations and are each about 400 years old. Inspecting them would be well worth one's time. "Opera" is the first Latin edition of his works, edited by his son-in law and pupil Jacques Guillemeau. ∞



#### References

1. Goldin G. Historic Hospitals of Europe, 1200-1981. Exhibit: October 1984-April 1985 National Library of Medicine, Washington DC.
2. Tunis, Edwin. Weapons: A Pictorial History. Baltimore: The Johns Hopkins University Press, 1954:70-83.
3. Paré, Ambroise. Journeys in Diverse Places, 1580. Cyber Studios, Inc, 2006. <http://pare.classicauthors.net/JourneysInDiversePlaces/Jou>.
4. Vigo, Giovanni da (1450-1525). La Prattica Universale in Cirugia/ Di M. Giovanni di Vico. Venetia: Appresso G. & I. Imberti, 1622. This volume is in the Academy library.
5. Donaldson, IML. Ambroise Paré's account in the Oeuvres of 1575 of new methods of treating gunshot wounds and burns. The James Lind Library ([www.jameslindlibrary.org](http://www.jameslindlibrary.org)), 2004.
6. Rutkow, Ira. Surgery: An Illustrated History. St Louis: Mosby, 1993:168-172.



# Metamorphosis

by J.M. Cerletty

Amphibians are cold-blooded and the most primitive of terrestrial vertebrates. Unlike reptiles, the amphibians have moist skins without scales. The group includes frogs, toads, salamanders, newts and the limbless earthworm-like, swamp dwelling caecilians.

A tadpole or polliwog is the larval, aquatic stage of amphibians. When the tadpole hatches from the egg, it is gill-breathing and legless and propels itself through the water by means of a tail. During metamorphosis, it develops lungs, legs, and other adult organs, and in the frog and toad, loses the tail.

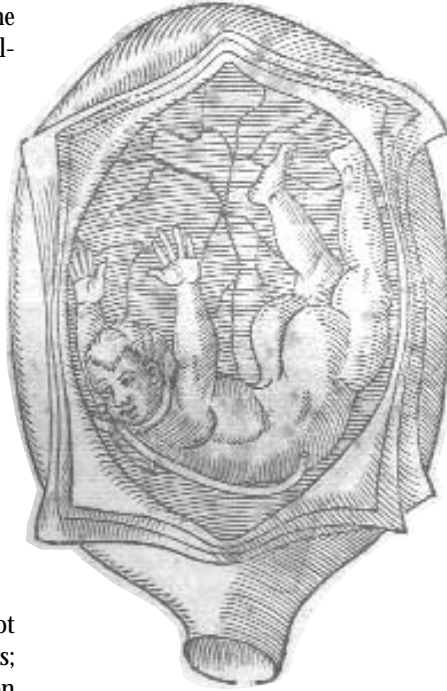
Just in case you have forgotten, most frogs require water, while toads tend to be more terrestrial. As depicted in older Budweiser commercials, frogs have bulging eyes, short no-neck bodies, long muscular hind legs for jumping, webbed feet for swimming and smooth brown or green skin. They capture insects and other food with a sticky, forked tongue. Most frogs lay their eggs in early spring (I'd prefer not to review their copulation techniques; suffice to say they give new definition to the term "leap frog"), and by the end of the summer, the metamorphosis to a four-legged adult is complete.

Toads do pretty much the same things that frogs do. Their warty skin is probably the basis of the old wives' tale that you catch warts from these creatures. The horned toad apparently has the same libido as the non-horny ones.

Every child has tried to catch polliwogs, and most have been successful. They are placed in an old fruit jar on a kitchen windowsill in the hope that the transformation to the adult frog will occur overnight. Most children are impatient and lose interest after a few days, and the poor tadpoles either fry in the sunlight or are disposed of by mom or dad. But when these little critters are caught by dad, who is using the polliwogs to impress his son or daugh-

ter with his knowledge of biology, it is then that the transformation is observed in its entirety.

My especial enthusiasm for tadpoles relates to my medical interests. Metamorphosis in these amphibians is accompanied by surging high blood



levels of thyroid hormone. If thyroid hormone is not present, metamorphosis will be delayed and the evolving adult frog will retain its tail. A little knowledge may be a dangerous thing, as the following story will indicate.

Some years ago, on a sunny spring afternoon, my four-year-old son and I made a sojourn to a lazy little creek in our neighborhood. The standing water was teeming with hundreds of exceptionally tiny polliwogs, creatures who might someday become very tiny frogs. The fine seine we had brought along allowed us to collect at least thirty of the darting swimmers. No fruit jars for these scientists-- a small fish bowl, out of direct sunlight on a kitchen cabinet was our observation post. How often do you change the water? What should

the temperature be? What do they eat? No control studies here. They get goldfish food, whether they like it or not.

Days elapsed. They lived, but they didn't grow. I put a rock in the bowl that cleared the surface of the water, just in case they turned into frogs overnight, so they would not have to tread water till I found them in the morning. Days turned into weeks. A few tadpoles died, I think of boredom.

The rest just gaped at me from the bowl, as if imploring me to do something. Why didn't they metamorphose? Were they all cretins with no circulating thyroid hormone? The water! Maybe our tap water was iodine deficient, so they were unable to make thyroid hormone. If I put too much iodine in the water, they might all die. If I put just enough in, how long would it take them to ingest it, trap it in their thyroid, link it to tyrosine molecules and on and on till they grew and they got legs and their damn tails fell off?

I decided to skip the middle men (their thyroid glands). I pulverized a 100 microgram thyroxine tablet (I used the brand touted by the pharmaceutical rep who had recently sponsored a lunch for our house staff--was this ethical?). I stirred my potential tail remover into the water. Science at its most cutting edge!

The following morning, I walked into the kitchen, slipped on something greasy and fell on my posterior. Looking up, I saw that there were no tadpoles in the bowl. Sitting on the counter, and on the floor beside me, were a host of small frogs. There was nary a tail among them. One look at their bulging eyes and the frenetic pace of their hopping suggested that my dose of thyroxine might have been too much. One former frog was squashed underneath my shoe (the little bastard tripped me). Incidentally, my four year old was impressed only by the fact that a frog had knocked me down. ~

# Humanitarian Award

MCW Saturday Free Clinic will receive the Academy's 2007 Humanitarian Award at the January 16th Annual Meeting.

The Humanitarian Award is presented annually to an exemplary individual or group who has significantly improved the welfare of our community by virtue of their courage, tirelessness, compassion and vision.

The Saturday Free Clinic is administered by second year medical students of MCW. The faculty advisor is Jim Sanders, M.D, of the CSM Family Practice Residency Faculty.

Each Saturday morning of the year the working poor without insurance line up to be seen at the CSM residency building. Initially a M1 or M2 evaluates the patient

then a M3 or M4 completes the evaluation. The medical students then present the case to a volunteer faculty Physician. The students and faculty collaborate to develop a plan of action.

These clinic mornings allow for M1's and M2's to be directly involved in real medical care and M3's and M4's to participate in the teaching of M1's and M2's as well as learning more of the arts and science of medicine. The clinic participants interact with the working poor, a class of patients often outside the other primary care outpatient clinics.

In summary, the value of the free clinic is equally for the students, low income non-insured adult patients and volunteer faculty. ∞

# President's Award

Owen Royce, MD

The Academy's 2007 President's Award will be presented to Owen Royce, MD at the January 16th Annual Meeting.

The President's Award is given annually to a member of the Milwaukee Academy of Medicine who has immeasurably enriched the Academy by their presence, their work and their personification of our motto - non nobis nascimur - we are not born unto ourselves.

Dr. Royce joined the Milwaukee Academy in 1948. His fellow members are well aware that he attends our meetings monthly. He exemplifies a dedication to our organization that is unparalleled. We hope you will join us at the January 16th meeting and celebrate with Dr. Royce and other members as he receives the Academy's 2007 President's Award. ∞

## ∞ A Membership Note ∞

The Milwaukee Academy of Medicine is an association of many of Milwaukee's leading physicians, and we are always looking to add new members. Each of you has an associate, a frequently used consultant, or a colleague you admire and consider a leader in the medical community. Please get his or her name to Amy, invite them to a meeting as the Academy's guest and let's get them to join us.

## The 1,246th Meeting September 19, 2006

by Nick Owen, M.D.

The 1,246th meeting of the Academy of Medicine was held at the University Club on September 19, 2006. After a short business meeting conducted by President Ralph Schapira, Arthur Derse introduced Clive Svendsen, Ph.D., Co-Director, University of Wisconsin-Madison Regenerative Medicine Program who addressed the Academy on "Stem Cells: The hype, the reality, and the promise".

After reviewing stem cell biology and the work of others in the field, Dr. Svendsen described his own work injecting stem cells into the spinal cords of mice with a mouse variety of amyotrophic lateral sclerosis. His findings suggest that although the stem cells do not replace dead cells they provide nurture and support for damaged and residual neural cells thus retarding the progress of the disease. Dr. Svendsen is an extraordinarily articulate speaker with a delightful sense of humor. ∞

## The 1,247th Meeting October 17, 2006

by Nick Owen, M.D.

On Tuesday, October 17, 2006, President Ralph Schapira convened the 1,247th meeting of the Milwaukee Academy of Medicine at the University Club. After a brief business meeting he presented the Academy's Distinguished Achievement Award for 2006 to Alonzo P. Walker, M.D., Professor and Chief, Division of General Surgery, Department of Surgery, Medical College of Wisconsin who then addressed the Academy on the topic "Breast Cancer in the Older / Elderly Woman".

After summarizing the demographics of breast cancer and pointing out that the recent improvement in mortality is less good in the population of older women, Dr. Walker reviewed the standards of care for dealing with breast disease and cited several reviews which indicated that failure to comply with standards both on the part of patients and their physicians was felt to be the major cause in the discrepancy in outcomes. ∞

## The 1,248th Meeting November 21, 2006

by H. David Kerr, M.D.

The 1248th Meeting of the Academy was held at the University Club on November 21, 2006. The evening's speaker was Susan C. Lawrence, Ph.D. Assistant Professor in the Department of History at the University of Iowa. Her topic was "Privacy and the Past: HIPAA and the History of Healthcare". Her areas of interest in Anatomy, Medical Humanities, and Medical History gave her a unique perspective in examining the impact of the Health Insurance Portability and Accountability Act on research and medical practice. Believing that everything had been said already about this controversial topic, the audience learned much more about very real threats of "privacy protection" to the ordinary conduct of historical research in medical and other areas. Individual efforts are greatly affected by the law and corporate rights to private information greatly enhanced. Much clinical research done in the recent past could not be done today. Dr. Lawrence presented a lively and thought-provoking talk that left many shaking their heads about what could possibly be next. Many compliments were voiced at the end of this excellent presentation. ∞



# Book Reviews

by Nick Owen, M.D.

**In Search of Memory,  
Kandel, Erik R.,  
W.W. Norton & Co.,  
New York, 2006**

The highpoints of this excellent book come in the form of reports of two interviews which occur after Kandel won the Nobel Prize for Medicine and Physiology in 2000. The first is a conversation with a congenial respected psychoanalyst who still can't "get it" that "mental illness" is mediated in the brain by electrical and chemical discharges (Kandel's life work) and thus best treated by drugs which change conductance.

The second interview consists of a sociable confrontation between Kandel (whose family was forced from Vienna by the Nazis) with the Chancellor of Austria to pressure him

and the Austrian state to acknowledge Austria's role in the Holocaust, another of Kandel's life goals.

There are also interesting discussions of how Kandel switched life interest from humanities to psychoanalysis and from psychoanalysis to brain science. Kandel relates the story of his life, education, training and philosophy intermixed with the history of the evolution of brain science, from the four humors of the ancient Greeks through the early anatomic studies of Golgi and Cajal with descriptions of the often ingenious contributory studies of the many neurophysiologists and chemists who have brought us to our current state of knowledge. Some of the researchers are historical but many are friends and associates of Kandel whom he introduces to us as individuals. Kandel continues to work on the mechanisms of consciousness.

A delightful way to bring oneself up to date on how the central nervous system works. ∞



## A Book Note

by Nick Owen, M.D.

For anyone who needs to revisit the controversy between creationism and evolution incorporating genetics, I recommend Dr. Francis Collin's book *The Language of God*.



## New Tax Law Allows Tax Free Withdrawals From IRA's for Charitable Gifts by Persons 70 1/2 or Older

A recent change to the tax law provides a temporary charitable incentive for certain charitable gifts made from an IRA. The new law allows individuals 70 1/2 years old and older to transfer up to \$100,000 in a given year directly from an IRA to a charitable organization and pay no income tax on that distribution. At age 70 1/2, holders of traditional IRA's must begin taking withdrawals, and that income is generally taxed. However, for qualified individuals, a distribution of up to \$100,000 in a given year, transferred directly to a charitable organization, will not be taxed under the new law. It is important

to note that the donation must be transferred directly from the IRA, by the IRA trustee, to the charity. Donors may not personally take possession of the withdrawn funds and later make a gift to a charity, and still benefit from a tax-free distribution. Currently, this special treatment is available for charitable gifts made in 2006 or 2007.

Any member interested in contributing an IRA charitable gift to the Milwaukee Academy of Medicine should contact Attorney Carl D. Holborn for more information (Phone: 414-276-5000 or e-mail: carl.holborn@wilaw.com) ∞



### To The Membership

We encourage members to submit items for publication. We are always looking for original writing, either medical or general.

Have you read a great book? Tell us and we'll read it and review it or better yet, write a review and we'll publish it.

Have you heard an outstanding talk lately at a meeting or course which ought to be shared with fellow Academy members? If so, please let the program committee know.

All communications should be directed to Amy John at the Academy.

