



MILWAUKEE ACADEMY OF MEDICINE



Volume XXVI / January 2010

Retiring President's Comments

by Seth Foldy, M.D., M.P.H.
President 2009

Why I Support Federal Healthcare Reform Today

We can do it. We can do it now, but perhaps not in six months (or even six decades).

In the House and Senate proposals, nearly all Americans will have paid access to health care. Insurance plans could not discriminate against the sick. The business of medicine could focus on preventing and treating illness instead of running away from (or shifting costs from) the uninsured. Reimbursement systems could begin to reward quality over quantity (particularly if a public option leads the way). And investments in prevention could pay measurable dividends to the American treasury, creating a virtuous cycle that might once again propel the United States toward the group of healthiest nations. (US ranking on life expectancy, infant mortality, and many other measures have been falling compared to nations that spend less than half per capita on health services.)

All of us can find things to criticize in current House and Senate drafts. The current reform model is not my view of medical nirvana (which is likely not your view of medical nirvana). A few days after the election of President Obama, Emily Friedman predicted at our November 2008 meeting that the buzzsaw of competing interests would likely destroy any attempt to reform such a massive business enterprise. In no endeavor is the "perfect" more likely to be an enemy of the "good". But as of today (November 1, 2009), there is actually a chance to garner the needed votes in both houses of Congress to start moving us toward the outcomes I've listed above. If waiting would bring us a better bill, I would counsel waiting – but history argues otherwise.

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President Elect's Comments

by Matthew Lee, M.D.
President Elect 2009

By the time we gather in January at our 124th Annual Meeting, we will no doubt still be wrestling with "health care reform". Not all will agree that the outcome is good, but such is the nature of our democratic system. The healthcare climate in Milwaukee is uncertain, and many questions dominate our professional lives. How will the Federal Government actions affect our practice? What changes at the state level will alter the landscape? How will policies of local government help community health? What pressures will this put on healthcare systems to further consolidate? What new technologies should we adapt? Is there a role for the independent physician?

These are all good and important questions that deserve leadership from the medical community. However, we find our way best when navigating from a fixed point. Our "north star" should be the best interest of the patient in front of us. The Milwaukee Academy of Medicine's motto embodies that understanding, non nobis nascimur – we are not born unto ourselves.

We risk this Hippocratic understanding of our profession when we are too caught up in preserving the status quo out of our aversion to change. Likewise, we are at risk when we demand change for change's sake. How then do we navigate this tumultuous sea while focused on our patient? The medical ethicist William F. May helps us see through the lens of a covenant relationship. The argument for a covenant relationship is laid out in his book, "The Physician's Covenant, Images of the Healer in Medical Ethics, 2nd Edition", 2000, Westminster John Knox Press. He writes that a covenant is a unilateral promise to act in a certain way regardless of another's actions.

We see this reflected in the Hippocratic oath. This means acting always in the patient's best interest,

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Please Join Us...

124th Annual
Meeting
Tuesday,
January 19th,
2010

University Club

6:00 p.m. cocktails
6:30 p.m. dinner
7:15 p.m. awards
7:30 presentation



Guest Speaker: Milwaukee County

Executive
Scott Walker



Contact the
Academy office
for reservations:
amy@milwaukee
academyof
medicine.org or
phone 414/456-8249

Fall 2009 Meetings

The 1,270th Meeting September 15, 2009

by *H. David Kerr, M.D.*

The 1270th Meeting of the Academy was held at the University Club on Tuesday, September 15th, 2009 and was well attended. Dr. Derse introduced the evening's speaker, Stephen Latham, JD, PhD and Deputy Director of the Interdisciplinary Center for Bioethics at Yale University. His topic was "Medical Futility, Ethics and the Law: Can Physicians Just Say "No" to Patients and Families?"

As the former Director of Ethics Standards for the AMA he was well qualified to explore the contentious

topic of refusing or discouraging families who request or demand treatment for their relative or loved one in hopeless situations. Equally important are the legal and ethical ramifications of such decisions. He began by pointing out how very difficult it often is to even define "medical futility", with confusion emanating from religious, ethical, political, and technical directions. Not mentioned was the lack of trust that families often harbor toward physicians. In the 21st century we are strangers to one another and will likely remain so. He divided the futility debate into three areas: definition, mediation, and procedural (statute or hospital). Although the vast majority of disputes are settled informally, the

remainder consume much time and involve professional and public exposure as well as frustration. Surrogate decision makers can be impediments to progress in settling these disputes. Dr. Latham offered some recommendations to anyone caught up in such a process: understand the law, go through the steps of the process, tell the surrogate the truth consistently, replace the surrogate if it makes sense to do so, do not offer choices that are not already on the table, do not equate doing something useless with doing nothing, and focus on the goal of patient comfort. Dr. Latham gave a very fine, thought provoking presentation that was enthusiastically received and appreciated by the audience. ∞

The 1,271st Meeting October 20, 2009

by *Nick Owen, M.D.*

The 1,271st Meeting of the Milwaukee Academy of Medicine was called to order at the University Club on October 20, 2009 by President Seth Foldy.

Two new members were welcomed to the Academy by unanimous vote: Nancy Havas, M.D., and Agron Ismaili, M.D. Dr. Jose Franco was nominated for

election at the November 17th meeting.

The speaker for the November meeting, Dr. Richard Weinshilbourn, and his topic, Pharmacogenomics, were announced.

Dr. Foldy then presented the Academy's 2009 Distinguished Achievement Award to James Thomson, V.M.D., Ph.D., Professor, Dept. of Anatomy, University of Wisconsin School of Medicine and Public Health, Jim Kress Endowed Chair, University of Wisconsin-Madison, Director of Regenerative Biology, Morgridge Institute for

Research. Dr. Thomson, long a leader in stem cell research, accepted the award and proceeded with his topic: Stem Cell Research: Implications for the Future of Medicine.

Having last addressed the Academy in 2003, he brought us up to date on progress in stem cell research, outlining both areas of progress and increased expectations as well as earlier expectations which now seem less likely to be fulfilled.

His presentation was well received and was followed by questions and answers. ∞



The 1,272nd Meeting November 17, 2009

by Nick Owen, M.D.

The 1,272nd meeting of the Milwaukee Academy of Medicine was called to order on November 17, 2009, at the University Club by President Seth Foldy who opened the meeting with the election of Dr. Jose Franco to membership and the reading of the names of Drs. David Abelson and Gwen Johnson for election at the Annual Meeting in January. The report of the Nominating Committee listing the nominees for the officers, council, and trustees were read and will be approved at the Annual Meeting.

Dr. Helmut Ammon took the podium to introduce the evening's speaker, Dr. Richard Weinshilboum, M.D., Professor of Cancer Genomics Research and Chair, Division of Clinical Pharmacology, Professor of Molecular Pharmacology & Experimental Therapeutics and Medicine, Mayo Clinic. After a clever introduction contrasting the pharmacology courses taught to the senior members of the audience with what he teaches Mayo medical students today, Dr. Weinshilboum led us

through an introduction to the intricacies of pharmacogenetics and pharmacogenomics and thus to the pathway to individualized medicine.

Using thiopurines and tamoxifen as exemplars, Dr. Weinshilboum reviewed the clinical experience with these drugs each having a majority of favorable outcomes and a small percentage of adverse results. In each case, genetic analysis of the genome of failed patients demonstrated an aberration which explained the failure. The balance of the program generalized the use of this process and after citing some other specific examples finished with implications and speculation of its utility for individual medicine; the objectives being: 1) avoidance of drug reactions, 2) maximization of drug efficacy, 3) selection of drugs appropriate to responsive patients.

Dr. Foldy closed the program by inviting the audience to attend the Annual Meeting in January and to bring guests to hear the speaker, Scott Walker, the Milwaukee County Executive, discussing the medical concerns of metropolitan government. Members were reminded to submit nominations for the Academy's Distinguished Service Award. ☺

New Members in 2009

Douglas Evans, M.D.
Jose Franco, M.D.
Dobie Giles, M.D.
Nancy Havas, M.D.
Samuel Hwang, M.D.
Michael Johnstone, M.D.
Agron Ismaili, M.D.
Tod Poremski, M.D.
Nanjappareddy Reddy, M.D.
Kaup Shetty, M.D.
Anita Thakur, M.D.

Proposed Officers and Members of the Council For 2010

OFFICERS:

Matthew Lee, President
Daryl Melzer, President Elect
Carol Pohl, Treasurer and Finance
Kurt Pfeifer, Secretary

COUNCIL MEMBERS:

Ellen Blank
Kavita Munday
Seth Foldy, Immediate Past
President

COMMITTEE CHAIRS:

Bioethics

Arthur Derse

Fund Development

Donald Beaver

History

Alonzo Walker

Membership

Edwin Montgomery

Newsletter

Nicholas Owen and

H. David Kerr

Program

Helmut Ammon

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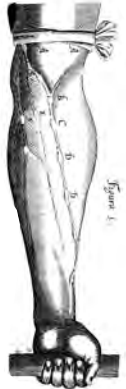
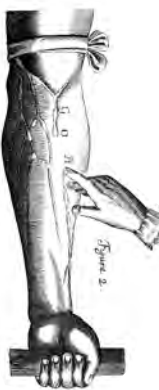
Mary Wolverton

Walt Wojcik

From the Academy's Rare Book Collection

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

William Harvey



William Harvey was born at Folkestone and raised in the area of southeast England known as “the Cinque Ports”. Here fishing and maritime commerce thrived. Ships from far and near visited the Channel. The ocean view from the heights of the chalk cliffs suggested the vast world beyond his home and the ships the grand complexity of life. His country was a hub and his family involved in farming and mercantile affairs. His many brothers and a sister were led by their hard working parents and encouraged in activities of the mind, practical knowledge, and common sense. Gregariousness mattered as did hard work. This sort of background later nourished many a New World genius. Farm knowledge from casual observation of the methods of moving or lifting water was useful. He may have seen slaughtered animals being bled for the use of the blood, and to make the dead animal lighter for handling. Such bleeding took a finite amount of time and produced a certain amount of blood, and then there was little left within the animal.

He was educated at Canterbury Grammar School and then received a medical scholarship to Caius College, Cambridge. The college founder recommended that part of his medical education be done abroad. He went to Padua, then the finest medical school in Europe, and best known for its anatomy instruction. Padua was a university run by students

and an offshoot of Bologna. It flourished due to its proximity to the Republic of Venice. Many of its students came from outside Italy. Harvey after being there a short time and in tribute to his outstanding personality and abili-

kept near the front of his mind for many years after graduation problems which bothered him such as the purpose of the venous valves or the explanations of blood flow. Robert Boyle (1627-1691) once asked Harvey what had induced him to think of a circulation of the blood (1). He answered that he noted that the valves in veins were all arranged to move blood forward from limbs toward the heart and to prevent movement in the opposite direction. This led him to think that the arteries sent blood to the limbs and the veins returned it. He thought, experimented, collected data, talked with colleagues, and compared with other species for the next three decades.

Received wisdom since Galen held that food was converted to blood by the liver, passed into the vena cava, and then used by the body as fuel. Dark blood originated in the liver and bright blood in the heart. Blood flowed from these organs to all parts of the body where it was consumed. Blood flow was believed to be driven by a sucking action of

William Harvey (1578-1657)

Guilielmi Harveji...Exercitationes anatomicae, de motu cordis & sanguinis circulatione. Cum duplici indice capitum & rerum. Accessit dissertatio de corde doct. Jacobi de back... Roterodami, ex officina Arnoldi Leers, 1661.

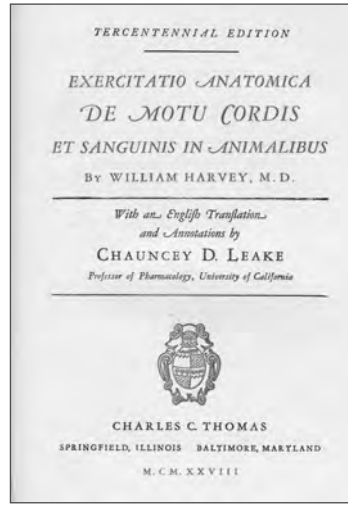
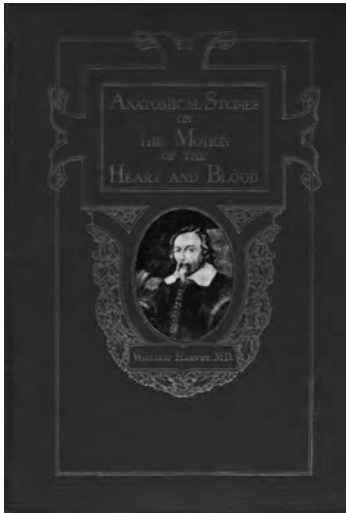
Exercitationes de generatione animalium : quibus accedunt quaedam de partu de membranis ac humoribus uteri & de conceptione/autore Guilielmo Harveo. Amstelaedami : Apud I. Ravesteynium, 1651.

Note: The Academy library contains four original works by William Harvey and four translations of his original works.

ty was elected to represent the English students on the university council (1). Among the faculty at Padua was Galileo (1564-1642). Another was Hieronymus Fabricius (1533-1619) who was the first to describe valves in veins. Fabricius taught thousands of students in his career. Few would have had an opportunity to work directly with the master. Harvey did. If ever a student learned from a teacher Harvey did. Evidently he

the heart and liver. Part of the blood was heated by the heart, given life spirit, and distributed by the arteries. The heat of the heart was cooled by the air from the lungs. Blood was believed to flow through pores in the interventricular septum. Shifts in blood flow were believed to occur constantly to meet the varying needs of the body. Practices such as blood letting were based on Galenic theory and continued for centuries.

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Harvey identified Galen as being his true “father in science” in that he believed in the value of experimentation to clarify questions in physiology (2).

After Padua, Harvey moved to London. Family and friends lived there. In order to obtain permission to practice, physicians had to pass questioning by the Royal College of Physicians. There was bias toward Cambridge and Oxford despite Padua’s being far above them. He passed the ordeal, began practice, and joined the College. Soon he was appointed physician to St. Bartholomew’s Hospital in London and held that post from 1609 to 1643. He married the daughter of a prominent London physician, Lancelot Browne, a member of the Royal Society who wrote the prefix for Gerard’s Herbal in 1597. Unfortunately they had no children. By all accounts Harvey was a good friend and colleague and a loyal capable doctor. During this period his father was mayor of Folkestone three times. His brothers became prosperous merchants with Daniel becoming ambas-

sador to Constantinople. The children followed their father’s advice to “keep fast knit together”. As an example, the brothers cared for their sister Amy’s mentally defective son through his whole life, and he became Dr. Harvey’s “ward in lunacy.”

Harvey was appointed Lumleian Lecturer on Anatomy and Surgery to the Royal College of Physicians in 1615 and held the post until 1656. It carried an annual stipend. The lectures included anatomy demonstrations and were intended to be practical and informative. For nine years prior to the 1628 publication of his book on blood circulation, Harvey discussed his views and experiments in these lectures. His lecture notes are preserved in the British Museum but have been notably difficult to decipher because of his handwriting, his English and Latin shorthand, and his own system of symbols. It was common for non physicians to also attend these lectures, and it is likely that Harvey and John Donne knew each other and that Donne attended at least one of his lec-

tures. The details of his sermon on quantitation and the heart could only have come from Harvey (1). He used the blood systems of more than eighty animals that he had dissected to point out how nature had solved the problems of blood distribution. He emphasized practical conclusions about the construction of the respiratory and blood systems noting that: the artery is built to contain pressure from within and the vein is not;

the airway is built to withstand external pressure; blood is changed as it goes through the lung; the heart drives the pulse; the ventricles beat simultaneously; there are no pores in the interventricular septum; there are two loops, pulmonary and systemic. He presented a clear view of the circulation, only lacking the details of how blood got from the artery circulation into the venous circulation (capillaries). Prior to Harvey there was darkness and confusion about the mechanics of blood distribution. His book, “On the Motion of the Heart and Blood in Animals” (1628) consisted of 68 pages and was printed by



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an obscure publisher in Frankfort. He calculated an approximate cardiac output and the mass of blood involved. Galen's theory required a vast amount of blood, by Harvey's calculations. He estimated that the heart capacity was 1.5 oz (1 oz = about 30cc) and with each beat 1/8 of that was expelled. In estimating 100,000 beats in 30 minutes, he calculated that 10 lbs 6 oz of blood would be pumped and at that rate the daily liver production of blood would weight 540 pounds. He deliberately underestimated volumes and measurements in order to make his argument more obvious. (3, 4) He argued for the idea of recirculation of blood as the only way to explain impossible production mathematics. A circular system also fit Aristotelian theory. He knew his views were very radical and posed a danger to his practice. He quoted Terence in the first chapter of his book:

No life so perfect ever but that circumstance,

Increase of years, experience, can changes bring;

Your so-thought knowledge be but ignorance; those things

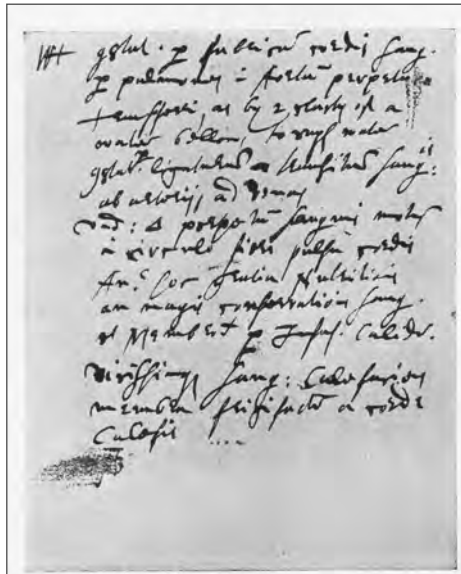
That you believed the finest fail to pass the test.

(Adelphi, Act 5, Scene 4, line 1) (1)

Although his discovery of the cardiac circulation was generally accepted over the ensuing decades of his life, the Galenic use of blood with its complex theories, shunted here or removed from there for various purposes continued on for centuries. His many critics retrofitted these theories (which worked, they believed) onto Harvey's plumbing scheme.

Harvey's growing fame and competence led to major opportunities.

He became physician extraordinary to James I (1618-1625) and later to James' son, Charles I. He was physician ordinary to Charles I from 1631 to 1639 and then senior physician in ordinary until he was



The First Notation of the Discovery of the Circulation of the Blood, in Harvey's Handwriting

forbidden to visit the imprisoned king in 1647. He received patronage from both kings. He accompanied Charles I to Scotland in 1633 and again on campaign in 1639, 1640 and 1641. During the Civil War he remained at Oxford with the King 1642-1646 and followed the captive king to Newcastle in 1646. He was appointed warden of Merton College by Charles I as a reward for his services but had little opportunity to use the job in those years when war came to Oxford. The city surrendered to Parliament in 1646, and Harvey with the death of his wife, moved to London to live with his brother Eliab.

In later years he continued his interest in the early development

of living things. His "Essays on the Generation of Animals" (1651) laid the basis for modern embryology. He studied the development of the chick and egg and doubted the idea of spontaneous generation. He concluded that the embryo grew from its parts rather than enlarging from a preformed miniature in the ovum. His notes and papers on insects and their development were lost when his rooms were sacked in 1642 by Civil War participants.

He had many friends and remained close to his family. A glimpse of him from Aubrey tells us that Harvey was "wont to say that man is but a great, mischievous Baboon." (5) He died of a stroke at age 79. His will included the funding of a boy's school at the town where he was born, Folkestone. The William Harvey Grammar school opened in 1674 and continues to thrive. ∞

References:

1. Keynes, Geoffrey. The Life of William Harvey. Clarendon Press, Oxford, 1966.
2. Bylebyl JJ. William Harvey, a conventional medical revolutionary. JAMA 1978; 239:1295-1298.
3. Vogel, Steven. Vital Circuits: On Pumps, Pipes, and the Workings of Circulatory Systems. Oxford University Press, New York. 1992.
4. Kilgour FG. William Harvey's use of the quantitative method. Yale J Biol Med 1954; 26:410-421.
5. Aubrey's Brief Lives. John Aubrey (1626-1697). Edited by Oliver Lawson Dick. David R. Godine, Publisher, Inc. Boston, 1999.

Book Reviews

by H. David Kerr, M.D.

Navy Medicine in Vietnam: Oral Histories from Dien Bien Phu to the Fall of Saigon.

Jan K. Herman. Mc Farland & Company Inc. Publishers, Jefferson, North Carolina and London, 2009.

This very interesting book is a compilation of interviews and letters written by medical personnel who were involved in the Vietnam War. It includes some arresting photographs such as a live mortar round lodged in the chest of a South Vietnamese soldier. Most of the book describes medical and surgical problems of war that required everyone involved to improvise and compromise in the interests of the best medical prac-

tice. What they did there is not greatly different from today's wars. Triage and evacuation have been improved, but the principles remain the same. So do the impossibilities of dealing at once with overwhelming numbers of casualties. The accounts are graphic, detailed, and well worth reading. They are frank, honest, and not self-serving be they from a physician, a nurse, or a medical corpsman. Highly recommended. ∞



by Nick Owen, M.D.

Grave Matters

Given the ever increasing interest in pre-terminal care both on the part of caregivers and end-stage patients and their families and friends, particularly in the costs of dying, it comes as no surprise that after care for the dead is also subject to review, criticism, and revision.

Both criticism and alternatives are competently explored by Mark Harris in his book "Grave Matters: A Journey Through the Modern Funeral Industry to a Natural Way of Burial", Mark Harris, New York,

Scribner, 2007. The first two chapters are a rather negativistic put-down review of mortuary practice emphasizing some of its less attractive aspects. I found that I had a lot to learn about both the process and how the industry operates.

Harris follows with chapters about alternative modalities of burial including cremation, burial at sea (including memorial wreaths), in depth discussion of coffins, caskets, urns, and vaults from the viewpoint of aesthetics, cost, and function, as well as legal and regulatory aspects. Burial sites including the backyard, traditional cemeteries, and "the natural cemetery" are likewise explored. Each alterna-

tive is illustrated by an actual case study; positive and negative considerations are explored as well as cost, historical, and environmental aspects.

Each topic / chapter ends with a resource guide which includes a thumbnail description of the process / environment being discussed, available locations, cost, "what you need to know", and laws and regulations. In short ,far more information than most physicians involved in end of life care, or advising need to know, but a well written and organized reference for healthcare professionals and their patients who need detailed information on the topic.∞

Seeking Distinguished Achievement Award Nominees

In recognition of outstanding contributions to the advancement of knowledge and practice of medicine by a Wisconsin physician.

Each year at the Academy's October meeting the Distinguished Achievement Award is presented. The Academy Council is currently seeking nominations for the October 2010 meeting. The award recipient does not need to be an Academy member. A written letter of nomination should be emailed to the Academy office by April 1st, 2010. A listing of past recipients is available upon request.





Retiring President's Comments

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Like any massive overhaul, there will be both predicted and unpredicted adverse consequences. These will have to be addressed over time. But our current system aligns almost every incentive toward *less* health security, *lower* quality, and *inadequate* prevention. Until we

break that model, physicians, patients and employers will remain miserable.

I hope you, Milwaukee's medical leaders, will join the clamor to move beyond paralysis and toward a system that rewards both prevention and quality care. ∞

President Elect's Comments

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usually by saying yes, but sometimes saying no. Dr. Stephen Latham from the Center for Bioethics, Yale University discussed this at the September meeting, "Medical Futility, Ethics and the Law: Can Physicians Just Say "No" to Patients and Families?"

We can live out this covenant relationship in the larger arena as well by advocating for and understanding the best that medical science has to offer. Whether that is hearing about rabies from Dr. G. Richard Olds at the May meeting or about the future of stem cell research from Dr. James Thompson at the October meeting. Both men are leaders in their fields.

Part of this same covenant is to engage in public policy discourse on behalf of our patients.

The Academy has not been an organ of advocacy; there are other organizations that make that their purpose. However, the Academy certainly is the place to debate and discuss these issues. I would argue that it is the best forum since we have no agenda of our own, save what is best for our patient. In this spirit I have invited County Executive Scott Walker to speak at the Annual Meeting. He will address the health of Milwaukee County in these unsettled times.

When the waves seem to overwhelm us, we can navigate to clear waters if we keep our sights fixed on the "North Star", our patients. Undoubtedly we will at times disagree on the route, but we can travel together if we keep our Hippocratic covenant. ∞

Date Change

This year's April Academy/AOA meeting will be held on WEDNESDAY APRIL 14th rather than the usual third Tuesday of the month. Please visit the Academy website www.milwaukeeacademyofmedicine.org for a current listing of scheduled dates/speakers/programs.



2010 Meeting Dates

January 19

February 16

March 16

April 14

(Note: Date Change)

May 18

September 21

October 19

November 18

124th Annual Meeting

January 19th, 2010

6:00 – 9:00 p.m.,

University Club
of Milwaukee

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



Email Reminder

If you have not already done so, please email your current email address to the Academy office, amy@milwaukeeacademyofmedicine.org



CME Reminder

CME transcripts are available to members upon request. Please remember that they are not mailed out routinely. You must contact the **Medical College of Wisconsin Continuing Education Department** to make the request for your transcript.

To receive a copy of your CME transcript for Academy programs, please contact the Medical College of Wisconsin's automated request phone line at: 414/456-4896

You will be asked your name, mailing address and what years you would like reflected on the transcript.

