



# MILWAUKEE ACADEMY OF MEDICINE



Volume XXXII / January 2012

## Retiring President's Comments

By Daryl Melzer, M.D.  
President 2011

It seems like yesterday that I was writing the "President Elect's Comments", but the calendar tells me that it has been an entire year, and I must write the "Retiring President's Comments". So here is a brief review of the Academy's most recent year of excellence.

Once again we have had a wide variety of topics presented. These range from genetics, where we learned about lung cancer genetics and the possible use for Chinese herbs from Dr. Ming You, to dealing with youth violence from Dr. Marlene Melzer-Lange. Dr. John Raymond, Sr. gave us a history lesson on the Medical College, and clued us in to some of the future aspirations for the College. We heard about the history of death investigation in our country from Dr. Jeffrey Jentzen, and the ethics associated with the Human Genome Project from Dr. Nancy King. The "hot" topic of vitamin D was addressed with great vigor by Dr. Michael Holick, who I am sure made "Vitamin D Zealots" out of all in attendance.

Our organization once again recognized outstanding individuals and organizations

*Continued on page 3*

## President Elect's Comments

By Alonzo Walker, M.D.  
President Elect 2011

### Ending Well

#### *In My Opinion*

I take this opportunity to briefly address the issue of ending well after many years in the active practice of medicine. What does it mean to end well? I believe that before a physician can answer the question of what it means to end well he or she must reflect on the reason or reasons for having sought to become a physician.

We continue to ask this question yet today, of the many individuals we interview for entrance into medical school. We thoroughly review their applications. We listen to what is said during the interview and we make an assessment, and then we make a decision to accept or reject.

How did we come to either decision? Did we project that this individual will end well as a practicing physician and therefore, recommend acceptance. Or did we project the individual not ending well as a practicing physician and therefore, recommend rejection. Whether accepted or rejected the applicant would never know that the issue of ending well as a practicing physician was considered in the decision making process.

Was that a factor?

During medical school we continue to ask the question will this student end well as a practicing physician? Yes, we do this with the many performance assessments students undergo while in medical school.

During the process of seeking post graduate training, regardless of specialty the question of ending well as a practicing physician continues to be a question. Is this a factor in the selection and ranking process? Is this a factor as we continue to assess these individuals during their post graduate training years? Is this a factor as individuals are selected for positions in academic or private practice settings?

Ending well. What does it mean? If you are yet practicing medicine I ask that you reflect upon this issue. If you have retired from the active practice of medicine I would appreciate your insights. If you are early in your career I ask that you consider this if you have not done so already. Regardless of your status as a physician, I urge you not to succumb to the endings of some of our sports figures, politicians or business men. ~

### Please Join Us . . . 126th Annual Meeting

~  
Tuesday,  
January 17th, 2012

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

#### ~ Guest Speaker:

Kenneth B. Simons, MD  
Designated Institutional  
Official and Executive  
Director, Medical  
College of Wisconsin  
Affiliated Hospitals, Inc.  
Associate Dean, Graduate  
Medical Education  
and Accreditation  
Professor of Ophthalmology  
and Pathology

#### ~ Program Title:

Graduate Medical Education:  
Past, Present and Future

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

# The 1,286th Meeting

September 20, 2011

by Nick Owen, M.D.

The 1,286<sup>th</sup> meeting of the Milwaukee Academy of Medicine was held at the University Club on September 20, 2011. President Daryl Melzer conducted a brief business meeting during which Dr. Richard London was elected to membership and Drs. Adam Currey, Suzanne Gehl, Craig Porter and Malika Siker were proposed for membership to be voted on at the next meeting.

He announced next month's speaker, Dr. Michael Dunn, who will receive the Academy's 2011 Distinguished Achievement Award and speak to the topic of the challenges of clinical and translational research.

Dr. Melzer called Dr. Arthur Derse, Bioethics Committee Chair, to the podium to introduce the evening's speaker Nancy M.P. King, J.D., Professor, Department of Social Sciences & Health Policy School of Medicine and Co-Director, Center for Bioethics, Health, & Society, Wake Forest University who discussed "Genetics and Ethics, A Decade after the Completion of the Human Genome Project".

Vigorous on-going genetic research continues to produce mountains of data and new associations unfold. Although most genomes have no known medical significance, some of the discoveries present the possibility of increased risk of disease, others the possibility of therapeutic treatment; many do not. The ethicist is on familiar

ground; genetic information needs understanding, communication with other healthcare providers and to patients, explanation and reassurance and the ethicist's responsibility is to see that this is done in the best interest of the patient / family.

Issues include over/under-estimation of the utility of information, further definition of the parameters of risk, further definition of the limits of management, evaluation of the appropriateness of disclosure of potentially dire diagnosis and risk to patients and families as well as consideration of the merit of apprising extended families of the risks of inherited disease. A further issue is consideration of what professional qualifications are needed to promote optimal patient consultation and advice.∞

# The 1,287th Meeting

October 18, 2011

by Nick Owen, M.D.

On October 18, 2011, the Milwaukee Academy of Medicine met at the University Club for the 1,287<sup>th</sup> meeting. The opening business meeting was conducted by President Daryl Melzer; first on the agenda was membership. The names of Drs. Adam Currey, Suzanne Gehl, Craig Porter and Malika Siker were read and they were voted into membership. The names of Drs. John Charlson and David Johnstone were proposed to be voted on at the November meeting.

Next, a request for nominations was repeated for the Humanitarian Award to be awarded at the annual meeting on January 17, 2012.

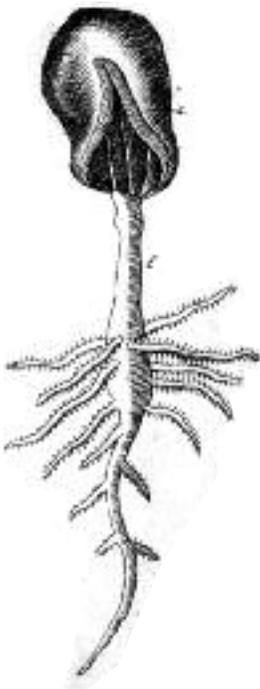
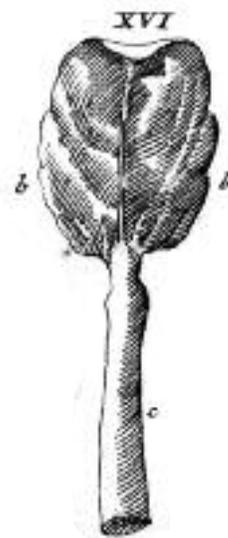
The speaker for the November 15 meeting will be Michael F. Holick, Ph.D., M.D.,

Professor of Medicine, Physiology and Biophysics; Director of the General Clinical Research Unit; Director of the Bone Health Care Clinic and the Director of the Heliotherapy, Light and Skin Research Center at Boston University Medical Center. His topic will be: The D-Lightful Vitamin D: A Solution for Good Health.

Dr. Melzer then presented the Academy's 2011 Distinguished Achievement Award to Michael J. Dunn, M.D., M.A.C.P., Distinguished Professor and Emeritus Dean; Director, Clinical & Translational Research Support Office, Clinical & Translational Sciences Institute; Vice Chair of Research, Medicine, Medical College of Wisconsin.

Dr. Dunn addressed the Academy on: The Challenges of Clinical and Translational Research. After a general discussion of some of the common

problems involved in clinical research e.g. the length of time between initiation and fruition and funding; he talked of his own work with prostaglandins; despite his years of service, his sense of humor is not depleted. He went on to discuss the change in grant policy of the NIH and specifically the grant to the medical college establishing the Clinical & Translational Sciences Institute (CTSI) which formed collaborative networks with Froedtert Hospital, Children's Hospital, the VA Medical Center, Marquette University, the University of Wisconsin-Milwaukee, the Milwaukee School of Engineering and the Blood Center of Wisconsin-Blood Research Institute. He spoke of the organization of CTSI and the pros and cons of the resulting broadening of the research base. The question and answer period highlighted some of the problems discussed.∞



# The 1,288th Meeting

November 15, 2011

by Helmut V. Ammon, M.D.

The 1288th meeting of the Milwaukee Academy of Medicine was called to order on November 15, 2011 at the University Club by President Dr. Daryl Melzer. Business conducted included the approval of the slate of incoming officers, board members and trustees, admission of two new members, Drs. Charlson and Johnstone, and nomination for membership of Drs. Sheila Jhansale, Alex Okun and Roy Silverstein. He then introduced the speaker for the evening Michael F. Holick, Ph.D., M.D., Professor of Medicine, Physiology and Biophysics; Director of the General Clinical Research Unit, the Bone Health Care Clinic, and the Heliotherapy, Light, and Skin Research Center at Boston University Medical Center, Boston, MA who spoke on the topic: "The D-Lightful Vitamin D: A Solution for Good Health".

Vitamin D<sub>2</sub> has been produced by phytoplankton for the past 300 million years. Its physiologic role in this ecosystem is uncertain. Fish produce vitamin D<sub>3</sub> by an unknown mechanism. With few exceptions land based vertebrates depend on production of vitamin D by exposure to sun light of a specific wave length (290-319 nanometers; UVB) or on Vitamin D in their diet. It is converted in the liver to 25-hydroxy-Vitamin D (25-HO) and then hydroxylated in the kidneys to the active form 1,25-dihydroxy-Vitamin D. Animals kept in glass enclosures may develop severe vitamin D deficiency leading to failure to thrive and reproductive problems. According to Dr. Holick the ultimate cause for the extinction of dinosaurs was vitamin D deficiency from loss of sun light.

Vitamin D receptors (VDR) are not only expressed in bone but in many end organs and 1-hydroxylase is present not only in the kidneys but in many other tissues, s.a. prostate, colon, breast, lungs and brain. As a

consequence Vitamin D does not only participate in the regulation of calcium and bone metabolism, but in control of immune and inflammatory responses, the renin-angiotensin system, cell differentiation and suppression of tumor growth among others. Overall it controls the expression of about 200 genes.

This could explain:

- the increased prevalence of many rather diverse diseases in northern latitudes such as hypertension, inflammatory bowel disease, rheumatoid arthritis, type1 diabetes mellitus, and MS.
- the beneficial effects of exposure to sun light in the treatment of TB or psoriasis,
- the lower mortality rates from certain malignancies,
- the lower mortality rates from the 1917 influenza in southern latitudes.

Low vitamin D levels have also been related in observational studies to the incidence of preeclampsia, the frequency of C sections, and the incidence of cardiovascular events.

Approximately 50 - 75% of the US population are Vitamin D deficient. People at risk are those living above 37 degree latitude, non-caucasians, in particular African Americans, obese patients, patients confined to living indoors, vegans, patients with kidney or liver disease, and with malabsorption problems. The appropriate assay for the assessment of Vitamin D stores is the determination of 25-HO Vitamin D levels.

The therapeutic goal is to keep 25 HO vitamin D levels above 30 ng/dl. According to Dr. Holick the current recommendations by the Institute of Medicine for daily requirements of Vitamin D and for the lower limit of normal 25 HO Vitamin D levels are too low.

Dr. Holick kept his audience engaged with a delightful and enlightening presentation of animated cartoons interrupted by scientific data. A lively discussion followed. The meeting was adjourned at 21:30 h. ∞

## Retiring President's Comments

*Continued from page 1*

in the community. This year's Humanitarian award was presented to Tricia Burkett of the Safe Place for Newborns program. The Distinguished Achievement award this year was given to Dr. Michael Dunn (former Dean of the medical college), who then brought us up to date on the status of clinical and translational research in our community. As in past years, the new AOA members were inducted by Drs. Duthie and Sebastian. Dr. Thomas Krummel then spoke about innovation in our thinking about many things.

All in all, we heard a very good series of speakers. We must thank Dr. Helmut Ammon, Program Chair, for his continued efforts in this area. He has been consistently excellent over the years at his job, and our organization has been blessed to have him here.

The Academy has done fairly well with recruiting this year. There have been 13 new members, with 3 additional members "in the pipeline" for induction at our next meeting. This unfortunately is counterbalanced by loss of 26 members through resignation, death, or relocations. Recruiting new members continues to be a challenge for the Academy; to remain viable in the future, each of us must be on the look-out for new members. I believe that our Academy is very "value added" to its members, and provides a unique setting for interaction with our peers that would not otherwise happen. It is our job to get the word out.

Lastly, I would like to thank Amy John, our Executive Director. I am told that she has been with the Academy for 23 years, but she still approaches her tasks with the enthusiasm of someone who started yesterday. She makes being the President an easy and enjoyable job. I do need to apologize to her for my tardiness in writing my piece for the Newsletter. I would like to thank all of the members of the Council and the Board for their efforts to keep our organization going.

I have been honored to be your President for this past year, and look forward to another great year for the Academy with Dr. Alonzo Walker as our President. ∞

# From the Academy's Rare Book Collection

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

## Thomas Bartholin (1616-1680)

Thomas Bartholin was a noted Danish physician of the 17th century who made lasting contributions in defining the lymphatics as a body system and in the teaching of medicine. Born in Copenhagen, he was the son of Casper Bartholin, chief of medicine at the University of Copenhagen and one of twelve eminent family members who became professors there over three generations. The university was founded in 1475, one of the earliest in northern Europe. Although beset by religious controversies it grew to become a prestigious institution largely because of the work and achievements of the remarkable Bartholin family.

Although Copenhagen's population at that time was 25,000 the seaport city thrived because of its strategic location. The North Sea ends at the barrier of the Jutland peninsula. The waters of the west-flowing Baltic pass through the many islands east of Jutland and separate Copenhagen from the Swedish shore by the narrow Ore Sound. The Baltic extends nearly 1000 miles northeast, connecting with Novgorod and through the Volga and Dnieper Rivers to southeast Europe and on by caravan to Baghdad. From the Middle Ages forward sea trade was heavy in this area, promoted and guided first by the Vikings and succeeded by the Hanseatic League of cities. Trade brought new methods

Th. Bartholini. De Sanquine Vetito Disquisitio Medica: Cum Cl. Salmasii Judicio. Frankofurti : P. Hauboldi, 1673.

Thomae Bartholini Opuscula Nova Anatomica: De Lacteis Thoracicis Et Lymphaticis Vasis, Uno Volumine comprehensa/ Ab Autore Aucta & Recognita. Francofurti: D. Paulli, 1670. (Readex Microprint, 1972. New York...Landmarks of Science).

Thomae Bartholini Casp. Filii De Luce Animalium Libri III. Admirandis Historiis Rationibusque Novis Referti. Lugduni Batavorum: ex officina Francisci Hackii, 1647.

Anatome Quartum Renovata: Non Tantum Ex Institutionibus B. M. Parentis, Caspari Bartholini, Sed Etiam Ex Omnium Cum Veterum, Tum Recentiorum Observationibus, Ad Circulationem Harveianam, & Vasa Lymphatica Directis, Cum Iconibus Novis Et Indicibus / Thomae Bartholini. Lugduni (Batavorum Leyden) : Sumpt. Marci & Joan. Henrici Huguetan, 1684.

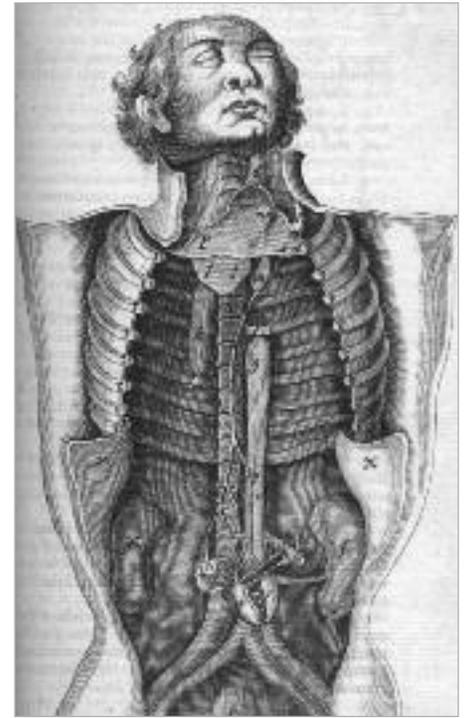
Thomae Bartholini Anatome Ex Omnium Veterum Recentiorumque Observationibus Inprimis Institutionibus B.M. Parentis Caspari Bartholini, Ad Circulationem Harvejanam, Et Vasa Lymphatica Quartum Renovata. Lugduni Batavorum (Leyden): ex Officina Hackiana, 1673.

and materials, knowledge, and interchange of ideas. A renaissance grew here nearly as early as in Italy.

Casper Bartholin the Elder (1585-1629) published the first edition of his celebrated anatomy textbook with illustrations in 1611. The text was later continued and edited by his son, Thomas and grandson Casper. At age 19 Casper the Elder travelled throughout Europe first studying theology and philosophy, then medicine (2). At Padua he was taught anatomy by Hieronymus Fabricius (1537-1619) who also taught William Harvey (1578-1657). He organized his textbook from his Padua notes and sketches. Thomas' grandfather, Thomas Finke (1561-1656) was a professor of medicine also as was Thomas' uncle, Ole Worm (1588-1654). At age 16 Thomas' father died and Ole Worm became his guardian, providing him with well considered advice, steady guidance, and able assistance especially regarding his education. This sustained him. Thomas later discovered isolated bones within the sutures of the skull that he named "wormian bones" after his esteemed guardian.

Thomas entered the University of Copenhagen in 1634 as a student of theology. In his third year he was awarded a royal scholarship that permitted him to study at Europe's best universities. He did so eagerly for the next

*Continued on page 5*



nine years. At Leiden he benefited from the influence of Jan de Waal (1604-1649) particularly regarding the work of William Harvey and also his encouragement to study medicine. De Waal had been a sharp critic of Harvey but reversed his views after witnessing a public demonstration of blood circulation by Sylvius and as a result of his own experiments with circulation. In 1641 Thomas published a new edition of his father's anatomy textbook which included Harvey's work on blood circulation. Ill with tuberculosis he sought treatment and studied at Paris and Montpellier. He completed his doctorate of medicine at Basle, and then travelled to Padua. His added interests included fossils, philosophy, and law. Travel took him to Rome, Messina, and Malta. In Naples he met Marco Severino (1580-1656), a surgeon who had experimented in the use of ice and snow packing to produce local anesthesia allowing painless amputations and other procedures. In later years, crediting Severino, Bartholin continued experiments into refrigeration anesthesia. His illness improved, and he returned to Copenhagen where he was appointed professor of anatomy in 1648. Marriage the following year resulted in three children, one being Casper Bartholin the

Younger, future discoverer of Bartholin's gland and Bartholin's duct. (1)

Thomas' detailed studies of the lymphatics stemmed from his observation of their close connection with the circulatory system. In describing the thoracic duct in humans, he noted its earlier discovery in animals by the French anatomist, Jean Pecquet. In 1652 he published the first description of the human lymphatic system as a unique system. Thomas was active in many other areas of university education. He founded "Acta Medica et Philosophica Hafniensia", one of the first scientific journals in the world. He described the multiple congenital abnormalities of a newborn, believed centuries later to be the result of trisomy 13, and called the Bartholin-Patau or Patau Syndrome. He reported on topics as diverse as an encephalitis epidemic in Denmark in 1657, pediatric sore throat, and aortic aneurysms. He found fame as a teacher of medicine, and wrote the first Danish pharmacopoeia (1658). His public dissections were described as dignified and respectful (2). He was among the first to recognize the importance of Malpighi's discovery of the capillaries, the hypothetical missing essential link noted by Harvey. This information was included in his "De pulmonum substantia et

motu" (1663), the second such publication in Europe.

In 1661 he was elected professor honorarius and freed from academic duties. He was appointed physician to King Christian V of Denmark which included a substantial salary. There followed appointments as rector and librarian of the university but failing health abbreviated these opportunities and forced him to move from his farm back to Copenhagen where he soon died. His family is remembered to this day by a street in Copenhagen, the Bartholinsgade. Thomas Bartholin strongly believed in the importance of books as the path to learning. He noted that "Without books God is silent, justice dormant, natural science at a stand, philosophy lame, letters dumb, and all things involved in Cimmerian darkness." ∞

#### References:

1. Porter IH. Thomas Bartholin (1616-1680) and Niels Steensen (1638-86) Master and Pupil. *Med Hist* 1963;7(2):99-125.
2. Hill RV. The contributions of the Bartholin family to the study and practice of clinical anatomy. *Clin Anat* 2007;20:113-115.

# Book Reviews



by Nick Owen, M.D.

## **The Great Influenza: the Story of the Greatest Deadliest Pandemic in History**

John M. Barry,  
Penguin,  
New York, 2009

I enjoyed reading “The Great Influenza” both because of content and how it is written. Barry follows chronologically the story of influenza through the 1918 pandemic to the present. The influenza story overlies enough non-medical history to set the

scene and intercurrently works in the history of the burgeoning of medical education and the resulting improvement in healthcare delivery. With the onset of scientific medicine (laboratory research and the study of pathological physiology and anatomy), the practice of medicine developed and improved as did related disciplines of nursing and public health. I also learned of the larger role played by the Red Cross in World War I and in the pandemic. Turf wars preceded collaboration on common goals; much of the progress and resulting advice, alas, was not readily adopted by the military or various levels of

government which led to several unfortunate outcomes.

Barry's narrative focuses on the developments at the Rockefeller Institute and Johns Hopkins but follows problems and progress throughout Europe and the United States. I liked Barry's reportorial style which minimizes some of the bickering over priority and the like and abbreviates some of the turf wars. His science knowledge is first rate (path physiology, microbiology, biochemistry, pharmacology); all are handled in detail. What's more, by using discovery as a theme with expectations of progress, he leads the reader on. A well written book! ∞

by H. David Kerr, M.D.

## **Medicine in Art**

Giorgio Bordin and  
Laura Polo D'Ambrosio  
The J Paul Getty Museum,  
Getty Publications  
Los Angeles, 2010

This is an excellent and inexpensive book, replete with paintings, sculpture, frescos, and sketches of physicians, the ill, the dying, the tools of medicine, but most of all the expressions and postures of the ill and their physicians. In successive chapters the reader finds the invalid, disease, mental illness, care and places of care, medicine, the physician, suffering, healing, and

the human dimension of illness. Goya shows us scenes of madness and terror masked by a kindly face trying to keep a child's airway open. Three of his children died of diphtheria. We are shown the various kinds of suffering, views of solitude, hope, and anticipation. The paintings are sharp and there is much for the physician's soul here. Strongly recommended. ∞

## **Additional Information on the Internet**

Past President Leonard Weistrop has retired and initiated a blog (<http://lenblogsspeak.blogspot.com>).

Past President Matt Lee discovered a newsletter Hektoen International (<http://www.hektoeninternational.org>) published by the Hektoen Institute of Medicine in Chicago which features a panoply of clinical medicine, individual experiences (both clinical and social), medical humanities, and medical history. The Hektoen Institute of Medicine is located at: 2240 W. Ogden Avenue, Chicago, IL 60612.

## **Seeking Distinguished Achievement Award Nominees**

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

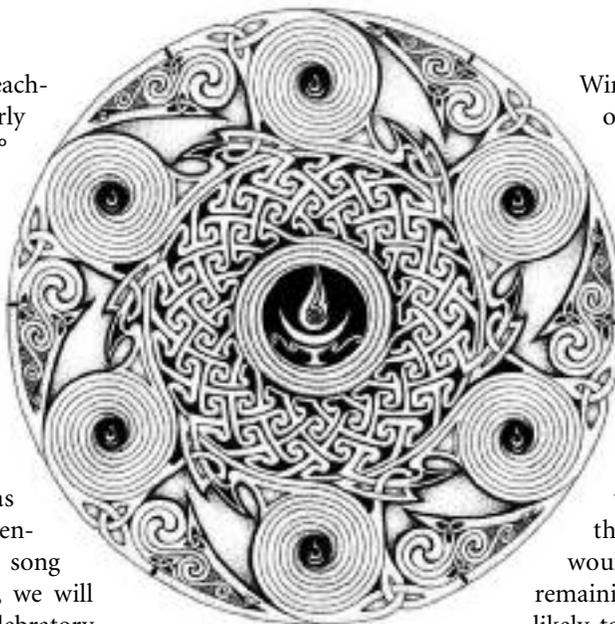
Each year at the Academy's October meeting the Distinguished Achievement Award is presented. The Academy Council is currently seeking nominations for the October 2012 meeting. The award recipient does not need to be an Academy member. A written letter of nomination should be emailed to the Academy office by April 1<sup>st</sup>, 2012. A listing of past recipients is available upon request.

# Winter Solstice and the Coming of the Sun

by David Shapiro, M.D.

Once again the sun is reaching its most northerly clime as the planet's 22.5° tilt upon its axis causes the Northern Hemisphere to have its greatest angle from the fiery orb that heats, or not, our skies, feeds our plants and animals and provides enough metaphoric fuel for a hundred celebrations and a billion novels, novellas and short stories, not to mention poetry, myth, opera, song and story. Today, though, we will mention primarily the celebratory aspects of this astronomical occurrence.

First, a bit of the science. The earth spins on a relatively fixed axis (we will not discuss the random reversal of magnetic field direction or the minor wobbling or any of the other peculiar vagaries of our solar system and planetary travels). This fixed axis means that as we travel around the sun, those of us lucky enough to not be blessed by the equatorial warmth we have varying amounts of both heat and light. As we travel around our fiery orb, the further north or south of the central meridian we stray, the greater the changes that we experience. For eons sky-gazers have marked 4 special moments; two of extreme and two of midpoints between these extremes. The Winter Solstice holds a special place for nearly every collection of hominids that have graced this fundament. Not even rivaled by its calendar opposite, Grand Midsummer's Day, the Winter Solstice brings a moment that marks such an important transition that essentially every religion



has marks its passage. Of course it marks the moment or the day during which the shortening of the daylight hours ends and days begin their lengthening. In Milwaukee, a reasonably good example of a northerly, but not too northerly clime we will have on December 22 nine hours of daylight and on June 22 fifteen hours and 22 minutes. Six and a half hours of light differential which weights, as you all know, heavily on all of our un-sunned foreheads.

From the Greeks who celebrated Saturnalia to the Christians who made this the birthday of the Messiah to the Jews who made this the holiday of Light to the Zoroastrians who celebrated in the Solstice the birth of the world as well as the fight between Good and Evil, to the Days of the Dead in Japan, to the Druidic holiday of Yule and on and on each people and culture have their celebrations. Stonehenge in Britain and Newgrange in Ireland which line up for the sunset and sunrise of the

Winter Solstice and were built over 5000 years ago show the importance of these moments. In ancient times, it is postulated that they were particularly important because of the high likelihood in the northern climates that the numbers of the population would decline significantly in the dense winter that would surely follow. During this time many animals would be slaughtered so the remaining herds would be more likely to survive and so there was some further reason to feast and celebrate which is also felt to have added to the general revelry that accompanies the solstice.

As December winds down and the days get shorter we are reminded that winter is a period representing a slowness, a stoppage, an end to the active periods of the other seasons. In our current so very civilized world we generally attempt to ignore the seasons and work and somewhat play the same regardless of weather. Unless there is enough snow to make travel hazardous we all get to our 7am and 7pm meetings despite the fact that they are held in the dark. These are times that any truly genteel society, observing the world around, would curtail its activities; awaiting the Spring that will no doubt follow these darkened times. Just as Persephone spent the winter underground in Hades, just so we might spend some time reflecting on our endless activity and realize that just as the days shorten and the weather freezes we might seek some alignment with the world. ∞



## 2012 Proposed Officers and Council Members

### OFFICERS:

Alonzo Walker, *President*  
 Edwin Montgomery,  
*President-Elect*  
 Carol Pohl,  
*Treasurer and Finance*  
 Kurt Pfeifer, *Secretary*

### COUNCIL MEMBERS:

Ellen Blank  
 Nancy Havas  
 Daryl Melzer,  
*Immediate Past President*

### COMMITTEE CHAIRS:

#### BIOETHICS

Arthur Derse

#### FUND DEVELOPMENT

Donald Beaver

#### HISTORY

Thomas Heinrich

### MEMBERSHIP

Matthew Lee

### NEWSLETTER

Nicholas Owen and  
 H. David Kerr

### PROGRAM

Jack Kleinman

### BOARD OF TRUSTEES

Rita Hanson  
 James Hartwig  
 Erwin Huston  
 Geoffrey Lamb  
 Jerome Van Ruiswyk  
 George Walcott  
 Mary Wolverton  
 Walt Wojcik

### EXECUTIVE DIRECTOR

Amy John

## 2012 Milwaukee Academy of Medicine Program Schedule

### January 17

126<sup>th</sup> Annual Meeting  
 Kenneth B. Simons, MD  
 Designated Institutional Official  
 and Executive Director,  
 Medical College of Wisconsin  
 Affiliated Hospitals, Inc.  
 Associate Dean, Graduate  
 Medical Education  
 and Accreditation  
 Professor of Ophthalmology  
 and Pathology

#### Topic:

Graduate Medical Education:  
 Past, Present and Future

### February 21

Thomas C. Chelimsky, MD,  
 Incoming Chair and Professor  
 Department of Neurology, MCW

### March 20

Roy L. Silverstein, MD  
 The Linda and John Mellowes  
 Professor and Chairman  
 Department of Medicine, MCW

### April 17

AOA /Academy Joint Meeting

### May 15

Joel Buxbaum, MD,  
 Director, Division of  
 Rheumatology Research,  
 The Scripps Research Institute,  
 La Jolla, CA

#### Topic:

Disorders of Protein Folding

### September 18

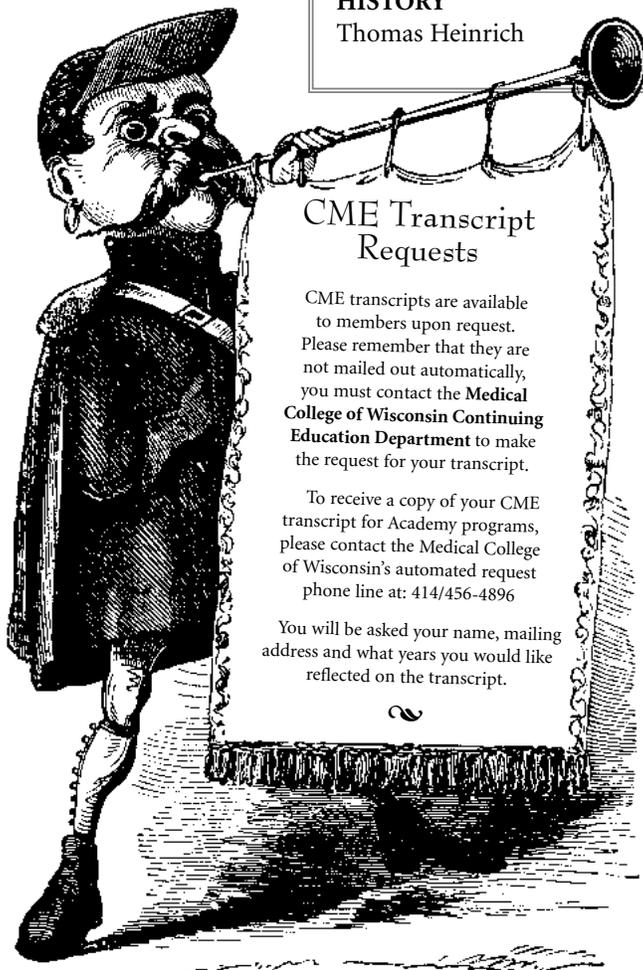
Bioethics Topic – TBA

### October 16

Distinguished Achievement  
 Award – TBA

### November 20

History of Medicine Topic – TBA



## CME Transcript Requests

CME transcripts are available  
 to members upon request.  
 Please remember that they are  
 not mailed out automatically,  
 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.



## New Members in 2011

Lisa Armaganian, M.D.

John Charlson, M.D.

Adam Currey, M.D.

Suzanne Gehl, M.D.

Candice Johnstone, M.D.

David Johnstone, M.D.

Jon Lehrmann, M.D.

Richard London, M.D.

Jacquelyn Paykel, M.D.

Craig Porter, M.D.

John Raymond, M.D.

Kiran Sagar, M.D.

Malika Siker, M.D.