



MILWAUKEE ACADEMY OF MEDICINE



Volume XXXIII / January 2013

Retiring President's Comments

By Alonzo Walker, M.D.
President 2012

I wish to thank the members of the Milwaukee Academy of Medicine for the opportunity to have served as your President this year 2012. It has been a pleasure to work with Amy John whose service to the Academy is unquestioned and who puts forth sterling efforts to enhance the stature of the Academy in the Milwaukee medical community.

In review, we began the year in January with a presentation by Kenneth Simons, MD, Professor of Ophthalmology and Executive Director of MCWAH. He gave a very informative talk entitled "Graduate Medical Education: Past, Present and Future". In February, Thomas Chelimsky, MD, Chair of Neurology at MCW gave a talk on "You got Nerve, You Got Guts: Unraveling Autonomic Influences on the Bowel and Body". At the March meeting, Roy Silverstein, MD, the Linda and John Mellowes Professor and Chair of the Department, MCW, presented "Platelets and the Prothrombotic State Associated with Chronic Athero-inflammatory Disorders."

This was followed in April with the annual AOA dinner. Speaker Eugene Bozynski, MD, Professor of Medicine, University of North Carolina School of Medicine presented a talk entitled "Gastroenterology: Then and Now". We had a very provocative presentation entitled "With Great Power Comes Great Responsibility: Medicine in the Age of Spiderman and the Sequence of the Human Genome" given in May by Joel Buxbaum, MD, Director, Division of Rheumatology Research, The Scripps Research Institute.

After our usual summer break we returned in September to hear a presentation addressing "Advance Care Planning Research: Implications for Policy" given by Maria
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President Elect's Comments

By Edwin G. Montgomery, M.D.
President Elect for 2013

One of your Academy's problems with electing a septuagenarian to the post of president is that you give him the opportunity to touch on decades' worth of hoary stories and a large store of firmly held, but poorly reasoned opinions (on almost everything) in his president's uncensored remarks.

Another antique, but reasoned and reasonable opportunity, is the chance to thank and acknowledge the efforts, time, and concern my predecessors have put into helping our Academy thrive, particularly for me the three I got to know during my term on the Council: Dr. Daryl Melzer, Dr. Matthew Lee, and Dr. Alonzo Walker. Thanks guys!

It was my privilege a few weeks ago to facilitate a discussion on *professionalism* with ten Medical College of Wisconsin sophomore students. They probably were not a representative sample of the class as they were all (strictly by chance) native born Euro-Americans. As has been my wont, I addressed them as "Doctor," and not by their first names. Most of the students seemed bewildered, and perhaps affronted, by what I gathered was that I was too formal, or that they had not yet acquired the notation of "M.D." after their names. Over a short time we were on a reciprocal first name basis, but those first couple weeks with the students prompted these musings.

Having quite deliberately not reviewed books or articles on *professionalism* just prior to jotting these reflections, let me ponder with you some personal ideas of what it should mean to be a *professional*, and in our lives a *physician*. The polity grants us enormous privileges to be largely self-educating and self-governing, particularly in our specialty
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Please Join Us . . .

127th Annual Meeting



Tuesday,
January 15th, 2013

University Club

6:00 p.m. cocktails

6:30 p.m. dinner

7:15 p.m. awards

7:30 presentation



Guest Speaker:

Kimberly A. Strong, Ph.D.

Assistant Professor of

Bioethics Program in

Genomics and Ethics

Center for Bioethics and

Medical Humanities

Medical College of Wisconsin

Topic:

Where Do Bioethical
Questions Fit in the
Exciting World of Whole
Genome Sequencing?



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

Retiring President's Comments

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Silveira, MD MA, MPH, Assistant Professor, Department of Internal Medicine, University of Michigan Health System. In October, we presented the Academy's Distinguished Achievement Award to J. Frank Wilson, MD, Chairman, Bernard and Miriam Peck Family Professor in Radiation Oncology, Department of Radiation Oncology, Medical College of Wisconsin. Dr. Wilson gave an exciting talk on "Radiation Oncology in Milwaukee: Forty Year Perspective Thru the Lens of Breast Cancer". This talk highlighted the development of Radiation Oncology as a field of medicine separate from Radiology and the role Milwaukee physicians played in advancing the speciality. This exciting year ended with a presentation given by our visiting speaker who has very close ties to Wisconsin. Lawrence Park, MD, Clinical Assistant Professor of Psychiatry, Georgetown University and Psychiatric Medical Officer, U. S. Food and Drug Administration spoke on "New Somatic Therapies: the Promise of Electromagnet Stimulation for Treating the Brain".

We have had an interesting and productive year and have gained new knowledge regardless of our position in life, our years in practice or retirement or our area of specialization. It is the objective of the Academy to foster opportunities for the members to convene in an environment that is conducive to learning and sharing new ideas. It is an environment that allows all of us the opportunity to come together as physicians without concern for which health system within which we practice or our area of expertise. In this regard, I encourage each of you to reach out and inform your colleagues of the value and benefit of becoming a member of the Milwaukee Academy of Medicine. Again, I thank you for the opportunity to have served as your President this past year.☺

The 1,294th Meeting

September 18, 2012

by Nick Owen, M.D.

On the 18th of September, 2012, the 1,294th meeting of the Milwaukee Academy of Medicine was held at the University Club. The meeting was called to order by the President, Dr. Alonzo Walker who read the names, Drs. Thomas Chelimsky and Michael Schellpfeffer, who were duly elected to membership. The names of five applicants were also read: Drs. Gisela Chelimsky, John Gould, Kirk Ludwig, Kiran Turaga and James Tweddell. They will be voted on at the October meeting.

Dr. Walker then announced the annual Humanitarian Award to be awarded at the Annual Meeting. Nomination in the form of a written letter must be received by November 20. 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.

Dr. Arthur Derse, chair of the Bioethics Committee, introduced the evening speaker, Dr. Maria Silveira, M.D., M.A., M.P.H., Assistant Professor, Internal Medicine, University of Michigan Health System whose topic was "Advance Care Planning Research: Implications for Policy."

Although advanced planning has been increasingly used, there have been concerns about its efficacy and political attacks on its purpose. Dr. Silveira has instituted and participated in a number of studies which affirm: 1) the prevalence of nondecisional patients needing future planning, 2) the increase in usage of advanced planning, 3) the satisfaction with and utility of the practice.☺

The 1,295th Meeting

October 16, 2012

by Nick Owen, M.D.

On October 16th, 2012, the Milwaukee Academy of Medicine held its 1,295th meeting at the University Club. President Dr. Alonzo Walker opened the meeting by reading the names of five candidates for membership: Dr. Gisela Chelimsky, Dr. John Gould, Dr. Kirk Ludwig, Dr. Kiran Turaga, and Dr. James Tweddell who were duly elected. The names of Drs. Matthew Goldblatt and Ruric Anderson, who will be voted on at the November meeting, were also read.

A moment of silence was observed to commemorate Dr. Erwin Hirsch.

Dr. Walker reminded us that nominations for the Humanitarian Award must be received by November 20th. He then introduced J. Frank Wilson, M.D., FACR, FASTRO, Chairman and Bernard & Miriam Peck Family Professor in Radiation Oncology, Director Emeritus of the Cancer Center, Medical College of Wisconsin, the recipient of the 2012 Distinguished Achievement Award. His topic was "Radiation Oncology in Milwaukee: Forty Year Perspective Thru the Lens of Breast Cancer."

Dr. Wilson opened his remarks by stating that he was honored to receive an award from the second oldest medical academy in the nation and complimented the Academy on its collegiality and programs. He devoted his talk to a recapitulation of the history of radiation therapy in Milwaukee by listing the leaders in the community and their contributions, and discussed the evolution of radiation therapy of breast cancer in particular the role played by his department.

His presentation was well received.☺



The 1,296th Meeting

November 20, 2012

by H.D. Kerr, M.D.

The 1296th meeting of the Milwaukee Academy of Medicine was held at the University Club and chaired by Academy President, Dr. Alonzo Walker.

The names of two applicants for membership were voted in: Dr. Ruric Anderson, MD and Dr. Matthew Goldblatt, MD.

Dr. Heinrich of the History Committee introduced the evening's speaker, Dr. Lawrence Park, M.D., Clinical Assistant Professor of Psychiatry at Georgetown University and Psychiatric Medical Officer of the U.S. Food and Drug Administration. Dr. Park delivered a very interesting talk on the subject of "New Somatic Therapies: The Promises of Electromagnetic Stimulation for Treating the Brain". A native of Wisconsin he reviews neuropsychiatric devices at the FDA and was involved in treatment and research in neuropsychiatric problems at the Massachusetts General Hospital. He continues to pursue interests in medical anthropology and the history of medicine.

His talk explored the high points of the history of brain exploration. Often these were surgical case studies aimed at stopping severe brain dysfunction. Some were based on changes in personality that occurred as a result of trauma most notably that of a railroad worker, Phineas Gage (1848) who developed gross personality changes that resulted from an explosion propelled tamping rod being driven through his right frontal

lobe. Years before (1664), Thomas Willis observed at autopsy that a cortical border appeared to encircle the brainstem which he named *cerebri limbus*. Since Descartes (1596-1650) attempts have been made to fix function to anatomic location. Slowly the effects of various anatomic and systemic (as high fever) insults to brain function were added up and placed on the theoretical map of the brain. Broca speculated that the limbic system area was related to olfaction. Observations accumulated by Papez (1937) and MacLean (1952) described elements that included emotions. When psychiatric disorders such as depression or obsessive compulsive disorder or problems such as impulse control were considered anatomically, the lack of objective measures blocked progress. More difficult were negative public opinions related to frontal lobotomy and others as "experimentation".

Nevertheless, biologic interventions have proliferated in recent decades; beginning with electroconvulsive therapy, through brain intervention in treatment of refractory seizures, to deep brain stimulation for tremor or Parkinson's, to light box treatment of seasonal affective disorder, to magnetic seizure treatment, to repetitive trans-cranial stimulation and more. The safety of such treatments is an active research topic and important in FDA deliberations.

The audience appreciated this presentation of a very complex and fascinating contemporary topic done skillfully in a calm and orderly fashion. Many questions were asked and favorable comments made. ∞

President Elect's Comments

Continued from page 1

societies; and to establish our own *mores*. We may hear "that which is not to be spoken," and touch those whom would otherwise be inviolable. We are granted these privileges because our *professionalism* is seen to be for the common good. The rights and protections we are afforded do not inhibit our personal desires, such as comfortable incomes, so long as we remain guardians of the common weal.

But I'm not sure my students all saw things that way. For the most part, they were deeply intrigued with the scientific aspects of their chosen occupation, and several generously worked in free clinics, but at what I choose to call a "sideline." The distinction is indeed a fine one, but I sense that they were preparing for a *career*, rather than membership in a "learned profession." I would propose that many of us in our chosen *profession* of medicine have made it seem that way. Certainly the media frequently portrays physicians not only as greedy, but frequently as unwilling to extend our trained minds and hands beyond "normal business hours." In our era of casual dress and manners, by not "dressing up," have we lost something (however superficial) that might distinguish us as *professionals*? I remember Dr. Burton Waisbren, Sr., while making rounds one day, remarking that perhaps physicians ought to resume wearing frock coats.

It would be helpful in our care of patients if our resident physicians would present themselves well groomed and as "Dr. Doctor," rather than "Sue" or "Dave," if only to distinguish themselves and their knowledge base from the myriad other health care providers with whom we interact; so we may better understand what they are bringing to the table at the time, not to establish a hierarchy.

I tried to impress upon my medical students that in word and dress and manner *professionalism* is not *elitism*. Rather it is a reminder to ourselves and communities that we have prepared ourselves to serve. ∞

The Academy would like to acknowledge generous gifts,
in the last year, from 3 of our past Presidents:

Rita Hanson, M.D. Daryl Melzer, M.D. George Walcott, M.D.

The Milwaukee Academy of Medicine is a 501c3 charitable organization.

From the Academy's Rare Book Collection

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

Benjamin Rush (1746-1813)

Benjamin Rush (1746-1813) was one of America's most notable physicians. Examination of his varied and active life should spur the modern physician to study more and to do more for the community. The fourth of seven children he was born and raised on a farm in the Philadelphia area and spent most of his life in Philadelphia or nearby. His father died when he was 6. Two years later he was sent to live with relatives who guided his education thereafter.

At age 15 he obtained a Bachelor of Arts degree at the College of New Jersey (now Princeton). For the next five years he learned practical medicine in Philadelphia as an apprentice under the city's highly respected leading physician, Dr. John Redman. Apprenticeships taught practical arts such as blood letting, tooth pulling, dressing wounds, applying splints and the use of crutches. The apprentices attended lectures on the writings of Hippocrates, anatomy, osteology, compounding of medicine, and surgery at the new medical school. On the advice of Dr. Redman, Rush then completed his studies and obtained his medical degree at the University of Edinburgh in Scotland. There followed further training as a house physician at St. Thomas's Hospital in London where he was on friendly terms with Benjamin Franklin and met Samuel Johnson. He returned to Philadelphia in 1769 and, at 24, opened a medical practice. A month later he was elected Professor of Chemistry, Medical Theory, and Clinical Practice at the College of Philadelphia.

The colonies were in ferment, and Philadelphia particularly so. Dr. Rush became active in the Sons of Liberty, a group of patriotic societies that began in secret but came into the open against the Stamp Tax of 1765 and later against forced importation of British goods.

The eleven Academy Library works by or about Benjamin Rush include:

Rush, Benjamin. *Medical Inquiries and Observations*. London (Dilly), Philadelphia (Dobson), 1793-1794. Vol. 1 3rd edition (Dilly), London, 1794. Vol. 2 Philadelphia, 1793; bound together.

Rush, Benjamin. *Medical Inquiries and Observations Upon the Diseases of the Mind*. Philadelphia, J. Grigg, 3rd edition, 1827. Also the 4th edition, J. Grigg, 1830.

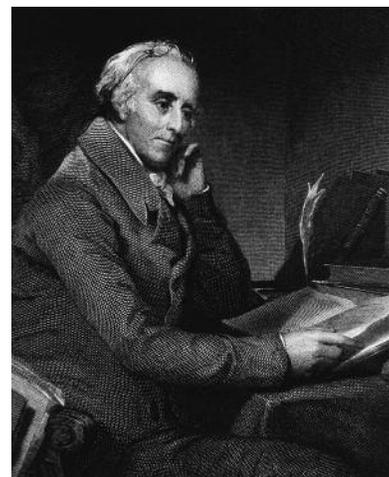
Rush, Benjamin. *An Account of the Bilious Remitting Yellow Fever, As It Appeared in the City of Philadelphia in the Year 1793*. Philadelphia, Thomas Dobson, 1794.

Rush, Benjamin. *Six Introductory Lectures, to Courses of Lectures, Upon the Institutes and Practice of Medicine, Delivered in the University of Pennsylvania*. Philadelphia, M&J Conrad & Co, 1791-1801.

Letters of Benjamin Rush, ed by L.H. Butterfield. Philadelphia, American Philosophical Society, 1951.

Hawke, David Freeman. *Benjamin Rush: Revolutionary Gadfly*. Indianapolis, Bobbs-Merrill, 1971.

Rush, Benjamin. *The Selected Writings of Benjamin Rush*. Ed. Dagobert D. Runes, New York, Philosophical Library, 1947.



They were especially resistant to the Tea Act of 1773. He met or already knew many of the members. Many pursued varied and serious side interests, notably Benjamin Franklin. The Sons of Liberty supported the calling of the Continental Congress. In the fall of 1775 at Aikin's bookstore he met Thomas Paine newly arrived from England with the help of Benjamin Franklin. Outraged at the events at Lexington and Concord he was working on a draft against tyranny. Rush as well as Franklin, Samuel Adams, and astronomer, David Rittenhouse reviewed the pamphlet which was bold and furious. Paine planned to call it "Plain Truth" but he took the suggestion of Dr. Rush to call it "Common Sense." In the colonies 120,000 copies were sold, and later, abroad, 400,000 more. His new friends, and later Washington, admired Paine for his obvious talent, his direct and fierce writings, his energy, and his total dedication.

Rush was one of the Pennsylvania delegates to the Second Continental Congress that convened in Philadelphia in 1775. In July 1776 he signed the Declaration of Independence noting privately his feelings as "...the pensive and awful silence which pervaded the house when we were called up, one after another...to subscribe what was believed by many at the time to be

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our own death warrants”. (1) They pledged their lives, their fortunes, and their sacred honor. He was one of four physician signatories. The others were: Lyman Hall representing Georgia, a graduate of Yale College and later Governor of Georgia. Josiah Bartlett represented New Hampshire, was the second signer after John Hancock, later Governor of New Hampshire, and practiced medicine for 45 years. Matthew Thornton was born in Ireland, had fought in the 1746 attack on Louisbourg, and represented New Hampshire. Optimistically, in that same year, 1776, Dr. Rush married and the couple eventually had 13 children.

Then war came to Philadelphia. The city’s population in 1776, largest in the colonies, was 28,500. In July 1776, the British landed 32,000 veteran troops on Staten Island, two days march from Philadelphia. However, the city was not occupied by the British until September 1777. Dr. Rush joined the Philadelphia militia. It was involved in several battles near the city including Trenton, Princeton, Monmouth, Germantown, and Brandywine. From that vantage point he wrote a definitive treatise on military medicine that was not superseded until the Civil War. In 1777 he was appointed Surgeon-General of the middle department of the Continental Army. His army service, however, was as a physician. He coped with a long list of problems ranging from wounds and illness of all sorts, to lice, foot problems, exposure, establishment and staffing of hospitals, bedding, toilets, observation of the sick, clean water, proper diet, spirits, heat stroke, and depression.

For him, war was a harshly personal experience. At the Battle of Trenton he described war as being an “...awful plenitude of horrors” (2). At the Battle of Princeton he cared for a dying close friend and saw die another friend from Edinburgh, a British officer. The response to his criticism of the quality of army medical administration and services led to his early resignation. He returned to practice in Philadelphia. There both British and colonial wounded were cared for at the Pennsylvania Hospital or in

houses. In 1789 he became professor of the theory and practice of medicine at the College of Philadelphia. He was popular with students and his lectures were well attended. He employed and taught apprentices. Three, in gratitude, years later named their new medical college in Chicago after him.

Rush’s method of care was criticized during the 1793 yellow fever epidemic that began in July and ended with the cold of November. His tried and true methods of old such as bleeding the patient were vocally rejected by many physicians (3). The critics, however, had nothing better to offer. The several deaths per day at the beginning, believed to have been due to rotted coffee brought from the West Indies by ships, increased to hundreds per week toward the end. More than 100 years would pass before real progress was made against this deadly disease. He had recommended initially that all those who could should leave the city. The U.S Government including the President followed his advice and moved to a temporary capital at York, Pennsylvania. Citizens appreciated the fact that Dr. Rush stayed in the city during the epidemic. Typically, a single case would appear and in hours several others nearby would contract it. In many families all were dead by the next day. (4,5) Some that he cared for and bled did survive. He had seen a similar yellow fever epidemic in 1762 as an apprentice. His treatments were harshly and relentlessly criticized by an English polemicist and malcontent, William Cobbett, newly arrived in Philadelphia damaging Rush’s reputation. Cobbett fled to England to avoid his lawsuit. Rush continued his practice “...confined chiefly to my old patients, strangers, and the poor.” As he had throughout his career he continued to read voraciously and to write his books and treatises.

At the request of President Jefferson he developed a compendium of detailed and well organized medical advice on the treatment of illness and injuries for use by the Corps of Discovery. In 1803 Meriwether Lewis was sent to Philadelphia to spend three months studying with leading scientists including

Dr. Rush. He discussed American Indian medicine with Lewis, another topic that Rush had studied.

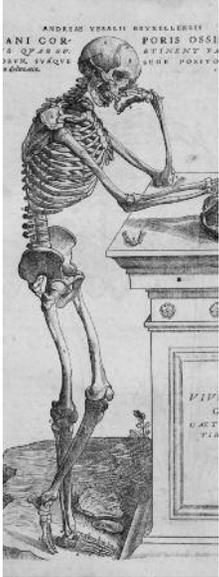
He was an intuitive and far seeing reformer who was generations ahead of his time. He advocated prison reform, abolition of the death penalty, abolition of slavery, education of women, proper diet, abstinence from tobacco and strong alcohol, and humane care of the insane. Dr. Rush sought humane methods and treatments for the insane, rejecting the idea that these problems had been assigned by God or inflicted by Satan. He had worked since joining the Pennsylvania Hospital in 1783 to change and improve the treatment of “mad people.” Here he wrote his most famous work, “Medical Inquiries and Observations: Diseases of the Mind.” Late in his career his own son, John, was confined there and remained there for the rest of his life.

Benjamin Rush was the epitome of the knowledgeable physician who participated and led the community at large in changing and improving the lives of citizens rich or poor in order to build a better world. John Adams on hearing of his death wrote to Jefferson that “I know of no Character living or dead who has done more real good in America.”~

References:

1. King, David C. American Heritage, American Voices: Colonies and Revolution. John Wiley & Sons, Hoboken, New Jersey, 2003, p.96.
2. McCullough, David. 1776. Simon & Schuster, New York, 2005.
3. Wilbur, C.K. Revolutionary Medicine (1700-1800) 2nd edition. The Globe Pequot Press. Old Saybrook, CT, 1997.
4. Carey, Matthew. Yellow Fever. In: Major, Ralph. Classic Descriptions of Disease. 3rd Edition, Charles C Thomas, Springfield, IL 1965, p 114-118.
5. Rush, Benjamin. An Account of the Bilious Remitting Yellow Fever as it Appeared in Philadelphia in the Year 1793. In: Major, Ralph. Classic Descriptions of Disease. 3rd Edition, Charles C. Thomas, Springfield, IL 1965, p118-121 .

Book Reviews



by Nick Owen, M.D.

PHI: A Voyage from the Brain to the Soul

Giulo Tononi,
Pantheon,
New York, 2012

A remarkable portrayal of the philosophical and scientific search for the site and genesis of consciousness in the format of the Divine Comedy tracing the philosophical and scientific theories through the life of Galileo rather than through the circles of hell. We progress through time guided by various scientific gurus who help define the history of past thinking and discoveries and also expose him to what lies in the future.

An eclectic review of neurological thinking and exploration well larded with quotations, footnotes, and beautiful relevant art works in full color by a faculty member of the University of Wisconsin Medical School. ∞

The Shallows: What the Internet is Doing to our Brains

Nicholas Carr,
W.W. Norton,
New York, 2010

An interesting book which discusses the negative aspects of the internet. First, the loss of depth of information which comes from assimilating bits rather than in-depth reading. Chronic users acquire a change in reading style from continuous reading to scanning. They become inattentive and are noted to have decreased creativity as well as changes in memory patterns. There is as a consequence change in neural circuitry and anatomy. The result: less depth in knowledge and research (hence the title).

In a sentence, although the web is a more efficient way to obtain information, slugging it out in the library still produces better research results and builds better neural circuits. ∞

Spillover: Animal Infections and the Next Human Pandemic

David Quammen,
W.W. Norton,
New York, 2012

I was introduced to medical detection and epidemiology by reading Berton Roueche's case reports in The New Yorker in the 1940's and 1950's, long before medical school. These augmented with a dollop of Arthur Conan Doyle and the African adventures of Martin and Osa Johnson, Carl Akeley, and others set me up for "Spillover." Quammen is a delight; he's an adventurer visiting the jungle sites of origin of many of the infections he describes but also the hospitals and research labs where the diseases were treated and studied and the people involved were interviewed. The result is a chronology of epidemics, discoveries, and scientists in an overview of epidemiology, ecology, genetics and personalities. The science is sound, the style dynamic with frequent interspersed entertaining asides, e.g. after flying into Kisangai where the Congolese and Rwandans were annihilating each other we "as quickly as possible got out into the forest, where we would be safer among the leopards and snakes."

The dedication and ingenuity of the multidisciplinary groups involved and their urgent availability are striking in this era of evolving international disaster management.

Good science, good reporting, good reading. ∞

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 2013 meeting. The award recipient does not need to be an Academy member. A formal written letter of nomination should be emailed to the Academy office by April 1st, 2013.

A listing of past recipients is available upon request.

Doctors are from Mars, Nurses are from Venus. Who knows where the IT people came from.

by David Shapiro, M.D.

In an effort to antagonize nearly everyone, and by way of apology, a writing technique universally frowned upon (the apology part anyway), we will indulge no small amount of pop psychology and sociology to discuss our recent CPOE experience at Columbia St-Mary's. If there is anyone who doesn't know this small fact, CPOE stands for Computerized Physician (or Provider) Order Entry. I would further add that in total it has, though there were certainly a number of fits and starts and some ongoing issues, been an extremely well-done implementation, if only relative to implementations both locally and nationally that many of you, our friends, neighbors, and countrymen have lived through or heard about.

On the other hand a number of curious things have occurred and it is in keeping with a general EHR/IT (that would be Electronic Health Record/Information Technology) concept that the use of the EHR tends to highlight parts of the organization and its workflow that have generally been left unseen. Like so many things out of sight, more or less out of mind. Both workflows and relationships would probably fall into this category though for the purposes of this column, we will focus on the latter. And here we will fall into the broad categories of stereotype and pseudoscience.

To begin with and going back to circa 10,000 BCE there is the broad question of matriarchal vs. patriarchal religions. This field was a relatively recent addition to western thought. A 19th century Swiss jurist and anthropologist, J. J. Bachofen, posited that the pre-civilization religion was matriarchal. One reason given later by Friedrich Engels for this was that there was generalized promiscuity and, as the mother was the only certain genetic contributor to offspring, all property would naturally flow through her. For this reason women were more valued than men and hence the mother gods, shall we say, presided over the father gods. As the hunter-gatherer civilizations were replaced with agricultural modes of existence, the importance

of maintaining stable family units led toward a favoring of monogamy and now, since paternity could be at least generally assumed, it was possible to have inheritance move paternally and hence the masculine gods could ascend. According to Bachofen, who has had a somewhat rocky intellectual following, civilization went through these stages as eventually a cosmic mother god was replaced by Demeter, goddess of agriculture, then a Dionysian stage of excess was eventually replaced by the Apollonian ideal from which he suggested that the monotheistic Abrahamic religions sprang. Feminist theolo-



gy and much of more recent archeology and anthropology have fairly shredded these concepts, yet they hang together somewhat and perhaps formed the meme that led to one of the most popular hardcover non-fiction books ever published.

Meme is a concept introduced by Richard Dawkins in his book *The Selfish Gene*. It refers to an idea that is introduced and propagated through a group or culture. Fashion, music, phrases, types of behavior that are replicated and can spread—these can all be seen and understood as a form of evolution, paralleling much of Darwinian genetics. This notion of matriarchy or feminine as somehow opposed to patriarchy or masculine, residing as an accepted truth, could easily be seen as an encultured meme.

Written in 1992, John Gray's book regarding men and women as coming from separate planets had sold 7 million copies by 1997. Men are seen as constantly retreating into caves or groups and women as wanting to get them to talk. While this too has been debunked as overly simplistic, like so many generalizations and stereotypes, it certainly has its proponents and moments where it rings rather true. Which gets us back to CPOE. It turns out that CPOE could be seen as a new way for doctors and nurses to fight with each other. Whether it is over access to terminals, use of Telephone and Verbal orders, or the myriad necessities for ongoing communication, somehow the EHR has highlighted tensions between these two groups of providers. I suspect that these tensions have existed since certain of the hunter-gatherers gathered some herbs and called them medicine. Not just doctors and nurses, it seems that doctors can fight with doctors over the EHR, and as far as I know, though I haven't much been exposed to it, probably nurses fighting with nurses and everyone fighting with the pharmacists and therapists as all attempt to provide wonderful seamless compassionate care to the patient who now exists not just in the bed, but as a series of electrons on a screen in front of us all.

Realistically, like any time of change, there is stress involved and that stress tends to highlight aspects of our personalities that sometime are better left hidden. On the other hand, bringing these sorts of issues to the foreground could become a moment of healing as we transcend the false dichotomy embedded in our polarized and polarizing gender concepts. We are all joined at the hip so to speak in the constant provision of that care. For this reason we must make use of all the tools that are available to us. This CPOE thing is then the latest of a long series of tools that we have used together to provide the best care that we can. We care about the care we provide and we will make this work, just as we made ether, penicillin, sterile technique, thromboembolic prophylaxis and a myriad of other tools work for us as we struggle in this, the calling of us all. ∞



2013 Proposed Officers and Council Members

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2013 Milwaukee Academy of Medicine Program Schedule

January 15

127th Annual Meeting
 Kimberly A. Strong, PhD
 Assistant Professor of Bioethics,
 Program in Genomics and Ethics,
 Center for Bioethics and
 Medical Humanities,
 Medical College of Wisconsin
 Topic:
 Where do Bioethical Issues Fit
 in the Exciting World of
 Whole Genome Sequencing?

February 19

Jan Fawcett, MD
 Professor of Psychiatry,
 University of New Mexico
 School of Medicine
 Topic:
 Suicide Prevention

March 19

Sheldon Wasserman, MD
 Member of the State of
 Wisconsin Medical
 Examining Board
 Topic:
 Maintenance of Licensure

April 16

AOA/Academy Joint Meeting

May 21

Michael McCrea, Ph.D.
 Professor of Neurosurgery
 and Neurology
 Director of Brain
 Injury Research
 Medical College of Wisconsin
 Topic:
 Traumatic Brain Injury

September 17

Bioethics Topic - TBA

October 15

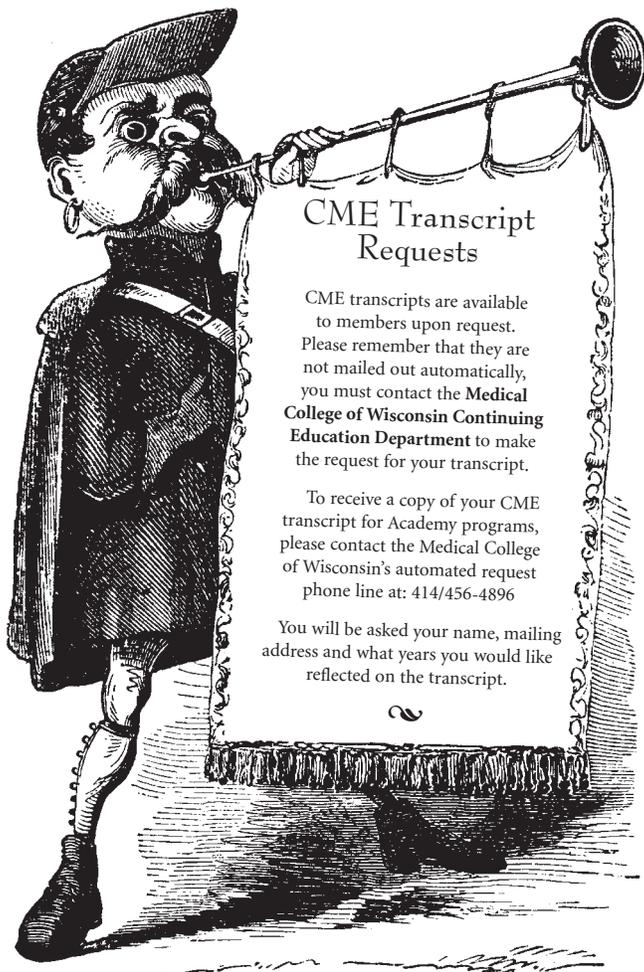
Distinguished Achievement
 Award - TBA

November 19

History of Medicine Topic -
 TBA

New Members in 2012

Ruric Anderson, M.D.
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