



MILWAUKEE ACADEMY OF MEDICINE



Volume XX / January 2008

President's Comments

*by Jerome Van Ruiswyk, M.D.
President 2008*

Healthcare System Checkup

What's your diagnosis?

What's your testing and treatment plan?

If the American healthcare system came to you for a checkup, what diagnosis would you give it? Or would you declare it healthy, and recommend some screening tests to rule out hidden problems? How might your patients, or the American public answer these questions differently?

Comparisons of the outcomes and costs of healthcare across different nations is always fraught with controversy, perhaps partly related to lack of a universal definition of what constitutes good healthcare and the trade-offs inherent in any system with finite resources. However, these comparisons consistently show that America spends more of its GDP on healthcare than any other nation; and many analysts argue we're not getting a good value for our expenditures. So if you agree with these results, what's your differential diagnosis for what ails the system? If you disagree with those analysts' conclusions, how confident are you that the system is healthy? And what system [screening] test results would you use to support your claims of good health? I suspect each of us would choose different key measures of system "health."

A recent study in *Health Affairs* [Health Affairs 26,6:w717-734] reported on a survey of public perceptions of healthcare in seven developed countries [Australia, Canada, Germany, Netherlands, New Zealand, United Kingdom, and United States] with differing healthcare systems. Over one-third of the Americans surveyed thought that the system should be completely rebuilt. One-quarter of patients reported they skipped a medical test,

treatment or follow-up recommended by their doctor, or didn't fill a script or missed medication doses during the past year because of cost concerns. Sadly, nearly one-fifth of U.S. respondents reported serious problems paying medical bills in the past year. Clearly, the United States was a negative outlier compared to these peers in the areas of cost-related access barriers. Interestingly, the study found that within each country, people with a medical "home", defined as having a regular doctor who knows their medical history and helps coordinate their care, were 20-35% more likely to report positive healthcare experiences including more responsive and efficient care with lower rates of patient-reported errors.

The surveyors' motivation for asking about a medical home seemed to be based on a belief in the power of continuity and coordination of care. Several major physician groups including the American College of Physicians, American Academy of Family Physicians, American Academy of Pediatrics, and American Osteopathic Association have recently begun rallying around this belief and have incorporated it into a proposed model for healthcare system and payment reform called the "patient-centered medical home." Dr. Lynne Kirk, the immediate past president of the ACP, will educate us about this model at the January Milwaukee Academy of Medicine meeting.

Unfortunately, even if you agree with these assessments that discontinuity and lack of coordination are major underlying diagnoses for our healthcare system, there is little empirical data about the impact of the patient-centered medical home on outcomes or costs of care [as is common with almost all real-world health policy questions]. To make an analogy to clinical medicine, given the lack of evidence-based support, this is where system reformers must practice the "art" of system diagnosis and treatment. Whatever your opinion of these

groups' diagnosis, and their proposed treatment, I invite you to get educated about these issues [for example, by coming to the January meeting]. Given the American public's opinions about its healthcare, system reform is likely to be actively discussed during this year's elections. Get and stay educated about proposed reforms so that we physicians can help inform policymakers and reformers about practicing the art of system healthcare. ~

~2008~ MEETING DATES

**January 15, February 19, March 18, April 22,
May 20, September 16, October 21, November 18**

122nd Annual Meeting

January 15, 2008

6:00 – 9:00 p.m., University Club of Milwaukee

\$6.50 Cocktails \$40.00 Dinner

Lynne Kirk, MD, MACP

Immediate Past President

American College of Physicians

Toni and Timothy Hartman

Distinguished Teaching Professor in Medicine

Director, Office of Medical Education

University of Texas Southwestern

The Patient-Centered Medical Home



Awards:

Please join us as we present

the President's Award to Rajiv Varma, MD

The Humanitarian Award

will be presented to Julie Parve, RN, ANP

All meetings are held at the University Club

unless otherwise indicated. Cocktails at 6 p.m.,

Dinner at 6:30 p.m., Program at 7:30 p.m.

Contact the Milwaukee Academy of Medicine

office for reservations:

amy@milwaukeeacademyofmedicine.org

or 414/456-8249

Retiring President's Comments

by Rita Hanson, M.D., President 2007



Rita Hanson, M.D.
at the Membership
Drive and Wine
Auction Event

Members of the Academy:

As my term as President of the Milwaukee Academy of Medicine draws to a close, I'd like to recap some of the past year's highlights and preview one 'coming attraction'.

We recently completed an updated appraisal of our book collection and I

am pleased to report that its current appraised value (excluding the Vesalius) is \$781,460 and the appraised value of the Vesalius alone is up to \$300,000. I have been working with Jeff Jentzen to obtain specifications for the safe transport and display of individual rare books with the intent of custom-building or purchasing a portable display case so we can showcase some of these works at our Academy meetings, and also incorporate them into selected presentations at the Medical College – perhaps as part of an endowed History of Medicine fellowship. Discussion of increased use of the library is ongoing.

The September wine and hors d'oeuvre membership event and wine auction was well-attended and well-received. A quote from one attendee: 'The most fun I've ever had with a

group of doctors!' A total of 11 potential new members attended as guests, and to date 5 of these individuals have applied and been accepted for membership in the Academy. The wine auction raised a total of \$653 to be used at the discretion of the Council. Under consideration is use of these funds to underwrite future membership drive functions.

Our fund development chair, Dr. Carol Pohl, sent a fund raising letter to retired Academy members. Please see Dr. Pohl's report on page 7.

Recent Academy meetings have been very well attended, and I hope that many of you will plan to join us at the February 19, 2008 meeting for what promises to be a very intriguing evening. This meeting will depart from our usual location and format to take advantage of the opportunity for a special 'Academy members and guests'-only tour of the 'Body Worlds' Exhibit at the Milwaukee Public Museum. The event will include a dinner and a tour of the exhibit supplemented by expert commentary addressing the scientific, artistic, and ethical implications of this endeavor.

As I turn over the reins to the incoming President, Dr. Jerome Van Ruiswyk, I wish to thank the Academy for the privilege of serving as its President, and most especially to thank the members of the Council (Drs. Helmut Ammon, Donald Beaver, Art Derse, Seth Foldy, Jeff Jentzen, Matt Lee, Daryl Melzer, Nicholas Owen, Carol Pohl, Ralph Schapira, James Stiehl, Jerome Van Ruiswyk and Raymond Zastrow) for their support. The Academy is well-served by the efforts of this enthusiastic, thoughtful and innovative group of physicians, and I have truly enjoyed the opportunity to work with all of you. Lastly, we are the fortunate beneficiaries of the services of our Executive Director, Amy John, who does a superb job of keeping the Academy – and its President – on track. Thank you, Amy, for all that you do for the Academy and for all of your help this year. ∞

A Private Event for Members of the Milwaukee Academy of Medicine

Gunther von Hagens' **BODY WORLDS** 1
The Original Exhibition of Real Human Bodies

Presenting Sponsor
Northwestern Mutual
Foundation

Original.
Authentic.
Inspiring.

OPENS JANUARY 18, 2008

Milwaukee Public MUSEUM
www.mpm.edu

Tuesday, February 19, 2008
6:00 – 9:00 PM

Dining in the Streets of Old Milwaukee followed by a private viewing of the BodyWorlds Exhibit.

More information to follow! Reserve the date.

For more information about BODY WORLDS go to www.bodyworlds.com

www.bodyworlds.com

For more information about this event contact amy@milwaukeeacademyofmedicine.org

The 1,254th Meeting September 18, 2007

by Nick Owen, M.D.

The 1,254th Meeting of the Milwaukee Academy of Medicine was held at the University Club on September 18, 2007.

The meeting was opened by President Rita Hanson with a report of the recent social affair at which a number of potential new members were recruited and a good time was had by all.

Arthur Derse introduced the evening's speaker, Michael Oldani, Ph.D., M.S., Assistant Professor, Medical Anthropology, Sociology, Anthropology, and Criminal Justice Dept., University of Wisconsin – Whitewater whose topic was "Tales from the Script: How Drug Reps (and Big Pharma) Influence Doctors' Prescribing Practices – An Insider / Outsider View".

Almost in form of a historically oriented biography, Dr. Oldani told us of his training and experiences as a drug rep, clearly delineating guidance and pressures from his employers. He related the techniques used to influence prescription writing, reviewed the good and bad features of his job and his relationships with his physician clients. His eventual disenchantment with what he was doing led to his ultimate escape to further education and academia.

His discussion included some explication of medical anthropology as well as comment on direct consumer marketing and other aspects of drug promotion.

Interestingly, the subsequent discussion period brought out some positive aspects of drug detailing and promotion.

An enlightening and rewarding evening! ~

The 1,255th Meeting October 16, 2007

by Nick Owen, M.D.

On October 16th 2007, the 1,255th meeting of the Milwaukee Academy of Medicine was convened at the University Club. The meeting was called to order after dinner by President Rita Hanson, M.D. who read the names of applicants for membership to be voted on at the November meeting. Except for a request for nominations for the Humanitarian Award to be presented at the Annual Meeting in January, there was no further business. Helmut Ammon, M.D., was called upon to introduce Walter Hogan, M.D., Professor of Medicine and Radiology, Division of Gastroenterology and Hepatology, Medical College of Wisconsin who was presented with the 2007 Distinguished Achievement Award and was the speaker for the evening, his topic being "Gastroenterology: The Evolution of the Subspecialty and the Contributions of the 'Milwaukee Group'".

Dr. Hogan used his presentation to review the history of gastroenterology as a specialty, recent progress in specific areas, and the individual contributions of the members of the department at Marquette / Medical College of Wisconsin, many of whom are members of the Academy and were present at the meeting.

Known as a distinguished clinician, teacher, and researcher, Dr. Hogan's skill as a speaker, and his lively sense of humor (we found out in the introduction that he did a tour as a stand-up comic) convinced the audience that the Academy had selected a most deserving awardee. ~

The 1,256th Meeting November 20, 2007

by H. David Kerr, M.D.

The 1256th Meeting of the Milwaukee Academy of Medicine was held at the University Club on Tuesday November 20, 2007 and presided over by President Rita Hanson. The names of several prospective members were voted in and welcomed as new members. (See the complete listing of this year's new members on page 7).

Dr. Jeffrey Jentzen introduced the evening's speaker, Dr. Judith Leavitt, Distinguished Professor of History of Medicine, History of Science and Women's Studies at the University of Wisconsin, Madison. Her subject was "Fathers and Mid-Twentieth Century Childbirth. What Do Men Have To Do With It?" Using comments written by expectant fathers in "Fathers' Books" placed in hospital waiting rooms, she described their roles and their views of the process—to sit and wait, to worry, to expound on the excellence of her obstetrician, to admire the strength of women in the face of physical pain, to hope for a boy, to acknowledge the torture of seeing a loved one suffering, and of the interminable length of the vigil. Prior to mid century most American deliveries occurred in the home. As a physician in the audience pointed out, many American men in rural areas had considerable experience in witnessing and participating in the deliveries of their wives, not to mention their animals and were not ignorant of the process and its problems. A 1950's participant was quoted as noting that by deliveries having been moved into hospitals one could "...come into the hospital next Tuesday and you'll have your baby on Wednesday. Just like ordering something from the store." A Ladies Home Journal issue of 1958 called the process an assembly line run by an inhumane staff, one depriving the mother of the company of her husband. Changes followed these criticisms. Dr. Leavitt's witty talk was well organized, generated many and various comments and questions, and was appreciated by all. ~



Walter Hogan, M.D. received the 2007 Distinguished Achievement Award at the October 16th meeting

From the Academy's Rare Book Collection

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

**OPERA UTILISSIMA DI
ARNALDO DI VILLA NUOVA
DI CONSERVARE LA SANITA.
Venetia, per Michele Tramezino
1549.**

**ARNALDI DE VILLA NOVA
MEDICI ACUTISSIMI. OPERA
NUPERRIME REUISA. Lugduni:
Ipressa ab G. Huyon, 1520.**

Arnold of Villanova (AKA : Arnald, Arnau, Arnaldo, Arnoldus, Arnaldi; Vilanova, Villa Nuova, Villanova, Villeneuve) (c.1235-1311 AD) was acclaimed as one of the finest physicians and most prolific writers in the medieval Latin world (1). Several of his works were among the first medical books printed after 1456. Two views of him survive. One holds that he was a rational, stable, highly conservative medical master. The other describes him as a radical, prophetic visionary, eschatological reformist. Both were probably correct. His life and interests

reflect the varying and conflicting intellectual currents of his time. The Academy Library holds two of his works.

Arnold was Catalan, born and raised near Valencia. His extended family stretched to Provence, and he spent much of his life in Aragon and southern France. He studied medicine and attained master of medicine at Montpellier about 1260. Life near Valencia soon after its reconquest by James I included the continued daily use of Arabic by many. Arnold learned Arabic formally and possibly Hebrew at the Dominican school while at the Aragon court in Barcelona. The court in Arnold's time included northeast Spain, Provence, and part of the Balearic Islands. While living in Barcelona he married, and his daughter was born. He became professor of medicine at Montpellier (1289-1300, 1305-1308) and later at Paris. He wrote "Breviarium practicae medicinae", his best known and most influential book as well as sixty others. His translation of Avicenna's "De viribus cordis" into Latin grew to become a very popular reference on cardiology. In addition he translated Galen's "De rigore et tremore et ictigatione et spasmus" as well as texts by Albuzale and Avenzoar.

Montpellier was, after Salerno, the earliest medical school in western Europe, developing in the 12th century and teaching empirical medicine. Because of its curriculum, rigorous admission standards, distinguished faculty, and diverse student body it became a key center in the development of the teaching of medicine. Students were attracted from all over Europe including nearby Spain and its receding tide of Arabic influence. To graduate, students were required to complete 5 years of medical lectures followed by several months of supervised medical practice. Post graduate requirements were also strict. Statutes of the school were issued by papal authori-

ty and the Church controlled the school absolutely, regulating every aspect of its activities. The Papacy did set the academic curriculum but was influenced greatly by Arnold. It was by his advice that the papal bull of 1309 molded the forward looking curriculum of Montpellier (2).

Under his leadership and scholarly example Montpellier's curriculum combined the empirical traditions then in place in western Europe with the medical philosophies of the Greeks and Arabs. By the early 13th century the teaching of medicine was evolving toward the use of the scholastic method already in place for other disciplines (theology, philosophy, law) and heavily influenced by Aristotle. The method consisted of verbal commentary, argument, definition, deference to authoritative texts, and resolution of conflicts by the use of reason and logic. The same scholastic method once mastered could then be applied to elucidate statements on any other subject or discipline. Although a system that examined questions from every angle would appear to be broad and flexible, its dogmatic structure excluded other methods of inquiry such as clinical observation and experimentation.

Arnold was among the leaders of a new form of medicine based on natural philosophy. He drew especially on Galen for the basis of the science and philosophy of medicine. To understand Galen the reader had to first understand Aristotle's ideas about biology and the world (3). New physicians had to grasp these concepts in order to be competent in their profession. A new technical language was appearing. With the ascending prominence of Greek medical theory, disease lost much of its former moral meaning, replaced by identifying natural etiologies. For example, under the Greek system leprosy was supposed to have a natural cause. Under the Christian system, leprosy was defined in theologi-



Arnold of Villanova

cal terms as a punishment for sins or a trial to be endured for the enrichment of the sufferer's soul. The medical school faculty became the means of dissemination of expert knowledge on which to base a community system of care (3). Science and theology clashed.

Having translated classics Arnold used them in his teaching. A "repetitio" survives of his lecture on the first of Hippocrates' Aphorisms (4). Repetitions were student transcriptions of a lecture that were reviewed for accuracy by the professor. To his students he speaks against reliance on rigid rules and impresses on them the "particularity" of medical practice. He explained that the physician must alter his treatment course in many treatment situations which he likens to those decisions presented to a sailor. The physician and the sailor both "govern what is committed to them not by following necessary and permanent rules but by weighing contingent and variable factors. For the sailor has to alter the sails and other things as the winds change; the physician has to modify his tools and practices in accordance with change and variations in the illness...It is his responsibility to modify...He cannot avoid changing if the art demands it. Teaching about practice is vague and useless unless it is brought down to particulars...When the patient does not improve or worsens he (the physician) must ask the advice of another physician." He added that students will find in Hippocrates' teachings "a deep well of wisdom; but we will not share his treasure if we simply take over his words unthinkingly."

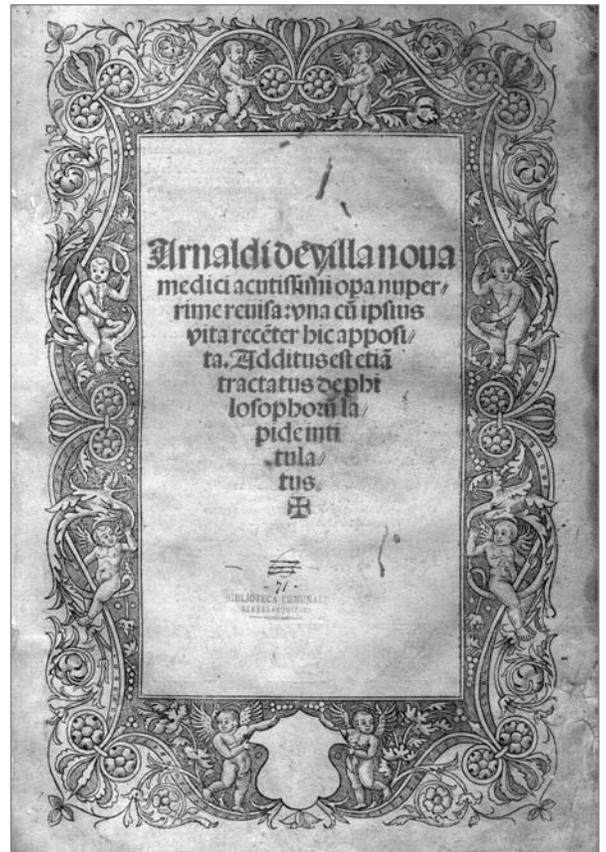
Another example of his view that reasoning was important in solving patient problems was his discussion of the logical basis for treating urinary system stones. "As the intestines are freed from clogged hard excretion by softening clyster, so the channels of the kidneys are freed from the

obstruction of stones by medicines which reduce the size of the stone or lubricate the channels, thus allowing the stone to slide out." (5)

Diet and healthful activities were promoted at Montpellier and in his practice. Arnold followed the rules of diet and hygiene developed by the school at Salerno and edited a version of "Regimen Sanitatis Salernitanum" first written in verse about 1100 and memorized by generations of physicians. It contained useful simple maxims for good health and was viewed as the backbone of practical medical literature up to the Renaissance. He also wrote "Liber de Vinis", the first book on wine to attain a wide readership.

His work "Aphorismi di gradibus" was the first Western attempt to collect all earlier information on pharmaceutical theory into a single unified work (3). He was quite conservative regarding the use of medications. For the relief of severe pain he recommended: "To produce sleep so profound that the patient may be cut and will feel nothing, as though he were dead, take of opium, mandragora bark, and henbane root equal parts, pound them together and mix with water. When you want to sew or cut a man, dip a rag in this and put it to his forehead and nostrils. He will soon sleep so deeply that you may do what you will. To wake him up, dip the rag in strong vinegar". Arnold, a practical man, is credited with devising a nasal speculum, a device to: "...examine (the nostrils) more deeply... A small bifurcated branch of wood like a forceps and this should be placed in the nose, opening it, and one should look in with a lighted candle..." (6)

Astrology was an integral part of medicine in Arnold's time. Guy de Chauliac, the finest of medieval surgeons and Arnold's pupil at Montpellier, named the days of the moon on which blood could be let. Astrology was believed essential by learned physicians and leading aca-



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Book Review

by Nick Owen, M.D.

Who Killed Health Care? America's \$2 Trillion Medical Problem—and the Consumer-Driven Cure by Regina Herzlinger (McGraw-Hill, New York 2007).

Herzlinger has written a readable and informed guide to a sensible approach to the health care delivery problem. Her vivid style may be off-putting to those more accustomed to the dry formality of medical journals and texts; nonetheless, any program which puts the choice of health insurance, and purchase of health care in the hands of the consumer with choice of provider also into the hands of consumers with physician counseling, rather than hospital or insurance company dictation, is not to be ignored.

In sum, the program transfers health care insurance and tax forgive-

ness from employers to individual consumers creating an insurance marketplace with mandated catastrophic insurance and with choice for specific benefits, all subsidized for need. It also eliminates legislative controls, and opens the purchase of services and materials to a marketplace and establishes a medical equivalent to the U.S. Securities and Exchange Commission to ensure financial transparency.

The question is: Is the program doable, i.e. whose ox is being gored?

The insurance industry will not be happy to service millions of consumer customers rather than large corporate entities and thus to lose control of the market place and the delivery system.

Legislators will not want to give up control of various aspects of the health care industry and the resulting income.

Hospitals will be unhappy in having to market themselves to consumers by posting prices and outcomes as well as

their finances and by giving up their control of the delivery system.

Industry will lose control over employer-based insurance and have to demonstrate more transparent and competitive pricing of medical products.

We doctors have been resistant to posting outcomes and charges and under this system we would have to in order to market ourselves to consumers.

Overall, a teleologically enticing proposition. The details of implementation are clearly spelled out in the book, but alas, they are likely to be a tough sell to the various groups involved.

Herzlinger finishes her book by describing various groups which, working locally, have been partially successful (e.g. the Massachusetts program) which may suggest that gradual progress rather than legislative fiat may be the way to go. ☺



Medical Humanities Medical College of Wisconsin November 29, 2007

by Nick Owen, M.D.

Those who attended the second annual lecture of the Medical College of Wisconsin Medical Humanities Program on 11/29/2007 enjoyed an excellent program.

As befits discussion of medical humanities, the presentors were a surgeon and a poet each speaking of the fusion of their skills. Dr. William Lydiatt, an otolaryngologist on the faculty of the University of Nebraska School of Medicine described the University of Nebraska Medical Humanities Program which incorporates Ted Kooser (a Pulitzer Prize winning poet who served as Poet Laureate of the United States of America from 2004-2006) and several graphic artists. Although initially a lecture / discussion course for

medical students, the program has added house staff to the student body and incorporated student participation in drawing and writing, adding skills to exposure to the humanities as well as enhancing student's ability to observe and describe.

Ted Kooser, who is a professor of English on the University of Nebraska faculty, proved himself an extraordinary poet, who, when he became a patient of Dr. Lydiatt stimulated his interest in humanities, and helped to develop the program. He read to us an epic-like record of observations made on daily walks which were part of his post therapy (cancer surgery and radiation therapy) rehabilitation. His poetry features vivid observation and clarity of imagery rendering it strikingly accessible and readily understandable.

In a question and answer period, Mr. Kooser told us how and why he writes poetry. ☺

Report of the Fund Development Committee

A fund raiser letter was recently sent to members of the Academy designated as "retired from active practice". The Academy received a positive response from 14% of this group for a total of \$1278. These funds are most appreciated and will be used for on-going activities and programs.

Each of the donors received my personal letter of thanks in early December 2007. Please consider a contribution to the Academy as a wonderful way to honor a colleague and/or friend over the holiday season or new year. Although there will be no formal solicitation in 2008, any monetary gift to the Academy will be greatly appreciated and acknowledged.

THANK YOU AGAIN.

Carol Pohl, M.D.
Chair, Fund Development
Committee

New Members in 2007

Please join your Membership Committee and Academy Council in welcoming the following new members to the Milwaukee Academy of Medicine:

Joan Bedinghaus, M.D.
Ellen Blank, M.D.
Kathryn Denson, M.D.
Sabina Diehr, M.D.
Elizabeth Jacobs, M.D.
Susan Joseph, M.D.
Robert Koebert, M.D.
Marlene Melzer-Lange, M.D.
Loren Meyer, M.D.
Kathleen Schneider, M.D.
Estil Strawn, M.D.
Saul Suster, M.D.
Stuart Wilson, M.D.



Officers and Members of the Council for 2008

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Jerome Van Ruiswyk, President
Seth Foldy, President Elect
Matthew Lee, Treasurer
Helmut Ammon, Secretary

COUNCIL:

Donald Beaver
Daryl Melzer
Kurt Pfeifer
Rita Hanson, Immediate
Past President

COMMITTEES:

FINANCE
Matthew Lee

FUND DEVELOPMENT
Carol Pohl

HISTORY
Jeff Jentzen
Co-Chair, Ray Zastrow

MEMBERSHIP
James Stiehl

NEWSLETTER EDITORS
Nicholas Owen and H. David Kerr

PROGRAM
Ralph Schapira

BIOETHICS
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Arnold of Villanova

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two papal bulls against Philip. Auscult a fili ("Listen My Son") informed him that God set popes over kings and kingdoms. Unus Sanctum stated that kings were subordinate to the Church. Guillaume de Nogaret denounced Boniface as a heretic. The pope was arrested, badly beaten, briefly jailed, and died a month later. Nogaret was suspected of having poisoned the next pope, Benedict XI, who lasted eight months. The papacy was moved to Avignon, then an imperial fief held by the King of Sicily, and described by Petrarch as the "Babylonian Captivity" (1309-1377). No future popes seriously challenged kings or emperors.

Arnold's medical writings were devoid of religious allusions. However, his theological arguments resemble his medical writings, especially his diagnostic commentaries. The apocalypse was discussed as if it were a societal terminal illness. The world had reached the stage when the pious poor were emerging. To escape the worst of the last stages of the world's disease the Church must institute a "regimen sanitatis" and completely reform itself. In his writings about theology he implied that physicians' knowledge came in part from a divine gift, and they were, therefore, obligated to use this gift to draw conclusions for the individual or for humanity.

His celebrated writings sold for centuries after his death. His impact on the organization and teaching at Montpellier was considerable and was continued at other institutions. He was ulti-

mately an educator and a reformer whose contributions to organization and approach to medical education and practice influenced physicians for centuries. His works represent all the medical currents of those times—Hippocrates, Galen, Arabic, the school of Salerno, as well as his own dedication to the treatment of the individual suffering patient.

References:

1. Benton JF. The Birthplace of Arnau de Vilanova: A case for Villanueva de Jiloca near Daroca. *Medieval & Renaissance Studies* 1982; 13: 245-257.
2. McVaugh M. Arnold of Villanova. In; *Dictionary of Scientific Biography*, Vol 1. Scribners, New York, 1970, 289-291.
3. Ziegler, Joseph. *Medicine and Religion c.1300: The Case of Arnau de Vilanova*. Clarendon Press, Oxford, 1998.
4. McVaugh MR, Ballester LG. Therapeutic method in the later Middle Ages: Arnau de Vilanova on medical contingency. *Caduceus* 1995; 11 (n. 2): 73-86.
5. Ziegler J. The medieval kidney. *Am J Nephrol* 2002;22:152-159.
6. Pirsig W. History of rhinology: nasal specula around the turn of the 19th-20th century. *Rhinology* 1990;28:113-122.
7. Daly JA. Arnald of Vilanova: Physician and Prophet. *Essays in Medieval Studies* 1997;4:29-41. *Illinois Medieval Association*.



Email Reminder

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

Reminders for the New Year:

Electronic Program Announcements in 2008

Over the past 12 months, the majority of Academy members have submitted their email address to the Academy office, making it possible to send program announcements to members by email. Thank you! Those members who have indicated they do not use email, prefer to receive printed announcements or have not responded to our efforts to collect their email address will continue to receive printed announcements. RSVP cards will no longer be mailed out. Reservations for events can be made by email or phone.

Academy Office E-Mail and Website Update

A new Academy website is currently under construction and should be up and running in the next couple of months. You'll be notified when it is accessible. The current email address for Academy correspondence is: amy@milwaukeeacademyofmedicine.org.

Invoice and Billing Statements

Invoices and billing statements will continue to be sent by mail.

Newsletter Distribution

Printed copies of the newsletter will be mailed to you unless you contact the Academy office to request to receive it by email. The newsletter comes out three times per year: January, May and September.

CME

If you would like to receive a transcript of your CME credits for Academy programs attended, please contact the Continuing Education Office at the Medical College of Wisconsin, this can be done at any time throughout the year. Please contact: 414/456-4896 for an updated CME transcript.