



# MILWAUKEE ACADEMY OF MEDICINE



Volume XXX / May 2011

## Dan Schorr, Professionalism, and all that we know and how we know it.

By David Shapiro, M.D.

Being the first of an unknown number of columns in these hallowed pages, a few words of introduction are in order. For the last 15 years or so I have written monthly columns for the physicians and staff of Columbia-St. Mary's. Most of them have at least skirted some area of interest to those still practicing the ancient arts of medicine and healing and continuing to labor in these the most difficult of times. My day job includes the practice of Internal Medicine as well as serving as Chief Medical Officer for Columbia-St. Mary's. My wife and I began the country's last Mom and Pop Internal Medicine practice in 1980, and became employed physicians with CSM in 1995. We have 3 (grown) children, a dog, and interests in gardening, Tibetan Buddhism, biking, skiing, reading, and soccer. Not in any particular order. This first column will be discussing the notion of what it is to be a professional.

Daniel Schorr is only one among many individuals who encapsulated the broad general concept of professionalism in our times. Divinity, Law, and Medicine are the three so-called Classic Professions. To these there are generally added a few dozen more, all of which share certain characteristics to some degree. We could add Pharmacists, Nurses, Professors, Surveyors, Plumbers, Carpenters, and Electricians. And occasionally, Journalists.

We all strive to be professionals and, while we can't always say what it is, we have a general sense of what it is to be one and to be "unprofessional." For instance, we

could discuss advertising and Medical Care. Not so long ago health systems, not to mention individual physicians, would have dismissed the notion of advertising as a violation of some ethic. Not so much anymore.

So what's the big deal about Dan Schorr? Born in Brooklyn of Russian Jewish immigrants in 1918 - his father for rather obvious reasons had changed his name from Tchernomoretz - he is mythologized to have written his first paying story at the age of 12. During the war he served in army intelligence and, after working for a few years as a free lance journalist, was recruited by Edward Murrow in 1953. He spent some time across the pond setting up the CBS bureau in Moscow and obtained an exclusive interview with the pre-shoe pounding Nikita Khrushchev. Eventually, likely because of his tendency to report on the repressive nature of cold war Russia, he was denied a visa extension and moved back to the states.

In the '60's he nearly lost his job at CBS over some comments regarding Barry Goldwater and in the '70's angered the White House enough to become part of Nixon's Enemies List, which he considered a higher accolade than his three Emmys. Later on in the '70's he posted the secret Pike Commission report on illegal CIA and FBI activities and refused to name his sources during the congressional hearing. It was at this point that he was forced to resign from CBS. He then was hired by Ted Turner and worked at CNN until 1986

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## 2011 Meeting Dates



### September 20

Annual Bioethics Program  
Nancy M.P. King, J.D.

Co-Director of the Center for Bioethics, Health & Society, and Professor, Department of Social Sciences & Health Policy  
Wake Forest University School of Medicine

Topic: To be announced.

### October 18

Distinguished Achievement Award  
Recipient and Topic:  
To be announced.

### November 15

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

Topic: Vitamin D



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

# The 125th Annual Meeting of the Academy of Medicine

January 18, 2011

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

The 125th Annual Meeting which was the 1,281st meeting of the Milwaukee Academy of Medicine was held at the University Club on January 18, 2011 with outgoing President Matthew Lee presiding. He opened the meeting by presenting the slate of officers for 2011 which was elected unanimously. The complete list of officers can be found on the back page of the newsletter. Two new member applications, Jacquelyn Paykel, MD and John Raymond Sr., MD were read and will be voted on at the February 15th meeting. The topic for the February meeting, "Lung Cancer: Genetics and Prevention", was announced and members were urged to attend to hear the latest

on this important topic. Next the Humanitarian Award was presented by the new President, Dr. Daryl Melzer, to Tricia Burkett, Coordinator of The Safe Place for Newborns Program. The program helps prevent parents in crisis from abandoning newborns in such a manner as to endanger their lives. The organization helps to implement the protections of Wisconsin's Safe Haven Law to shield abandoned newborns from injury or death.

Remarks were then made by retiring President Dr. Matthew Lee who was congratulated on an excellent year by Dr. Melzer. He then introduced the speaker of the evening, his sister, Dr. Marlene Melzer-Lange, Professor of Pediatrics at MCW, and Medical Director of the Emergency Department/Trauma Center at Children's Hospital of Wisconsin

who spoke on the topic of "Addressing Youth Violence in Milwaukee". Hard work has been done by many disparate groups in the area to organize an approach to the difficult task of violence prevention. Determined efforts are being made to develop epidemiological approaches to tracking victims of violence, involvement of their families in rehabilitation and counseling, and promotion of positive life goals for the children affected. A number of youth programs were noted and described. These included Project Ujima, organized to aid children who are victims of violence. Dr. Melzer-Lange led in the founding and work of this organization.

The audience appreciated her detailed talk on this important subject. Many questions were asked and comments made. ~

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## The 1,282nd Meeting February 15, 2011

by *Nick Owen, M.D.*

The 1,282<sup>nd</sup> meeting of the Milwaukee Academy of Medicine was called to order at the University Club on February 15<sup>th</sup> by President Daryl Melzer. Business conducted included induction of Dr. John Raymond Sr., and Dr. Jacquelyn Paykel to membership. The name of Dr. Candice Johnstone was announced for consideration at the March meeting as well as the announcement that Dr. Raymond will be the speaker at that meeting (topic to be announced).

Dr. Melzer reviewed the criteria for the selection of the recipient of

the Academy's annual Distinguished Achievement Award and solicited nominations before April 1, 2011.

He then introduced Ming You, M.D., Ph.D., Director, MCW Cancer Center, Senior Associate Dean for Cancer Research, Education and Clinical Care, Professor, Pharmacology & Toxicology, Joseph F. Heil, Jr., Professor in Molecular Oncogenesis, the evening's speaker, who spoke to the Academy on the topic "Lung Cancer: Genetics and Prevention."

After a brief review of the basic biology and demography of lung cancer, Dr. You told us about genomics studies which are illuminating prognosis, and are beginning to indicate which patient's

cancers are susceptible to various therapeutic modalities. He then went into lung cancer prevention citing successful mouse studies and preliminary trials in humans as well as an ongoing affirmative study. Most interesting was the successful agent Anti TumorB which consisted of 6 Chinese herbs, one of a number of agents originally tried and found to be successful by Chinese physicians against the indigenous prevalent esophageal carcinoma in China.

In answer to several questions from the audience, Dr. You indicated that in addition to the ongoing clinical trial of the 6 herb mix, chemical analyses have been done isolating the active principal and identifying its source which in turn is being studied. ~

## The 1,283rd Meeting March 15, 2011

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

The 1,283rd Meeting of the Milwaukee Academy of Medicine was held on Tuesday, March 15, 2011 at the University Club. The sixth floor meeting room presented attendees with a beautiful view of the lake in the aftermath of winter. President Daryl Melzer presided. The membership application of Candice Johnstone, MD, MPH was approved. Two new membership applications, Drs. Jon Lehrmann and Lisa Armaganian will be voted on at the April meeting. The guest speaker at the Tuesday April 12 meeting will be Thomas Krummel, MD, Department of Surgery, Stanford University School of Medicine whose topic will be "The Innovation Imperative:

Training the Next Generation of Surgeon Innovators."

The Academy is seeking nominees for the Distinguished Achievement Award given in recognition of outstanding contributions to the advancement of knowledge and practice of medicine by a Wisconsin physician.

President Daryl Melzer introduced the speaker of the evening and new member of the Academy, Dr. John R. Raymond, Sr., President and CEO of the Medical College of Wisconsin. He spoke on the topic "Medical College of Wisconsin--Past, Present, and Future". Dr. Raymond divided his excellent talk into three areas: the history of MCW, the current state of the college, and issues facing MCW. The history of the college is notable for the breadth of its involvement with the city and area for more than a century. It is now the third largest private medical school in the country with 819 students and a faculty of 1450.

Many of the issues facing MCW also face practicing physicians. Reimbursement, care of the poor, the torrent of rules and regulations, and erosion of standards are but a few. Dr. Raymond noted that grant money is drying up and the NIH budget is flat. Integrating research with clinical care presents challenges. The college receives 71% of its income from clinical activities, of which 60% is from physician's fees. 4% comes from tuition. He favors physicians as team leaders and believes that the roles of non-physician providers should be broadened. Dr. Raymond concluded his interesting and stimulating presentation with several views of the future of MCW. Numerous widely ranging questions were voiced from the audience. These included concerns about the role of community physicians in medical education, the directions of faculty research, and the importance of medical students and house staff acquiring better clinical skills. ∞

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## The 1,284th Meeting April 12, 2011

by *Nick Owen, M.D.*

On April 12, 2011, the 1,284<sup>th</sup> meeting of the Milwaukee Academy of Medicine was held at the University Club in conjunction with the Medical College of Wisconsin Beta Chapter of AOA's 2011 Induction Ceremony.

After dinner, the meeting was called to order by President Daryl Melzer who conducted the Academy's business of the evening: the election of Drs. Jon Lehrmann, and Lisa Armaganian to membership, and the announcement that Dr. Jeffrey Jentzen, formerly Milwaukee Medical Examiner, Academy member, and chairman of our history of medicine committee, will address the Academy on May 17<sup>th</sup> on the topic "Death Investigation in America: Coroners, Medical Examiners, and the Pursuit of Medical Certainty".

Next, Dr. Melzer introduced the inimitable Dr. Jim Sebastian, the Councilor of the Wisconsin beta chapter who orchestrated the AOA portion of the program. He initially introduced Amy John, the execu-

utive director of the Milwaukee Academy of Medicine and Lesley Mack, the executive director of AOA who jointly facilitated the meeting followed by a brief summary of the principles and objectives of AOA and then turned the program over to Stephen Humphrey, the student emcee who in turn introduced three of his co-nominees (Karine Sater, Jehan Bahrainwada, and Kristen Jakubowski). They introduced the two faculty and two resident inductees selected as outstanding teachers: Dr. Linda Meurer (Department of Family Medicine – faculty inductee), Dr. Gagan Kumar (Department of Medicine – faculty inductee), Dr. Hiba Bashir (Medicine/Pediatrics – resident inductee), and Dr. Ayman Gheith (Neurology –resident inductee).

Dr. Ed Duthie took the podium to introduce each of the AOA inductees with their home cities, their undergraduate degrees, and internship assignments to which Dr. Sebastian added an interesting self-selected anecdote about each student. Next, the junior inductees were introduced.

Dr. Duthie introduced the evening speaker Thomas Krummel, M.D., Emile Holman Professor and Chair, Program Director, General Surgery Residency

Program, Department of Surgery, Stanford University School of Medicine, Susan B. Ford Surgeon-in-Chief, Lucile Packard Children's Hospital, Co-Director, Biodesign Program at Stanford who spoke to the topic "The Innovation Imperative: Training a Next Generation of Surgeon Innovators". Dr. Krummel, an alumnus of the MCW Class of 1977, in addition to his professional accomplishments, is a driven entrepreneur as well as being a dynamic speaker who mixed vignettes both of individuals and their exploits with multidisciplinary group/team dynamics and their results. He told us of the program he directs at Stanford and some of its successes as well as reviewing some significant advances from elsewhere. He gave numerous examples of "procedures or adages" which we do (have done) badly or wrongly and their correction.

Dr. Krummel's presentation provided a vigorous stimulus to those about to start their careers as well as a reminder to the rest of us to be dissatisfied with the status quo and promote innovation. After months of political confrontation over healthcare delivery, it was a pleasure to hear and see vivid evidence of medical progress. ∞

# From the Academy's Rare Book Collection

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

## Richard Wiseman (1621-1676)

Despite the progress achieved in medicine in the seventeenth century, few recall Richard Wiseman whose career and writings exerted an impact on surgical education that reverberated for the next two centuries. He is believed to have been born in southern England, but his parents and upbringing are unknown. Much of what we know of him comes directly from his celebrated book, built around 650 cases spanning 30 years of practice. He tells us what he read, how he worked and with whom. He selected each case to make a point. Many came from his military service and his seagoing years but others were from his private surgical practice. He was a friend and colleague of many of the most prominent physicians and surgeons in Britain and abroad. He was certainly well educated, but by whom and where is unknown. He read and quoted eminent physicians and surgeons of past and present including Galen, Celsus, Paré, Guy de Chauliac, Hippocrates, Albucassis as well as Scultetus (a contemporary German surgeon and instrument maker). He knew Latin quite well but wrote in English. Samuel Johnson in the next century was impressed by the clarity of Wiseman's writing and added his surgical and medical terms to his famous dictionary.

He became a barber surgeon at age 15 or 16 and then in 1637 was apprenticed for seven years to

Several Chirurgicall Treatises. by Richard Wiseman. London, printed by E. Flesher and J Macock, for R. Royston, Bookseller to his Most Sacred Majesty, and B. Took. at the Ship in St Paul's Church-Yard, Anno Dom, 1676.

Several Chirurgical Treatises by Richard Wiseman. London: Printed by R. Norton and J. Macock, for R. Royston...and B. Took..., 1686. The second edition. Later editions published under title: Eight chirurgical treatises.

Eight Chirurgical Treatises: On These Following Heads: (Viz.) I. Of Tumors. II. Of Ulcers. III. Of Diseases of the Anus. IV. Of The King's Evil. V. Of Wounds. VI. Of Gun--Shot Wounds. VII. Of Fractures and Luxations. VIII. Of the Lues Venerea by Richard Wiseman. London: Printed for B. Tooke...(et al.), 1705, 4th Edition. Includes index entitled "A table of the several observations in the eight foregoing treatises."

Richard Smith, a surgeon. Part of his apprenticeship may have been spent in the Dutch Navy. Fire from German bombings of London in WW2 consumed the hall of the Barber-Surgeons destroying many records and possible details about Wiseman (1). He did join the army of Charles I in 1644 as a regimental surgeon. It is unknown

whether he did so for religious, family, professional, or political reasons. He was involved in the sieges and storming of Weymouth, Melcomb-Regis, and Taunton in southwest England. At Weymouth he used a tourniquet in amputating limbs. In the West country fighting he encountered horrible injuries as quoted below:

*"At the seige of Taunton one of Colonel John Arundel's men, in storming the Works was shot in the Face by Case-shot (\* anti-personnel cannon missile). He fell down and in the Retreat was carried off among the dead, and laid into an empty house until the next day when the Colonel marching by that house heard a knocking within against the door. Looking in they saw this man standing by the Door without Eye, Face, Nose or Mouth. The Colonel sent for me. ..His face was shot away. One part of the Jaw hung down by his Throat, and the other part pasnt into it. I saw the Brain working out underneath the lacerated Scalp on both sides. I could not see any advantage he could have by my Dressing (his wounds). I helpt him to clear his Throat, where was remaining the root of the Tongue. He seemed to approve of my Endeavours and implored my help by the Signs he made with his Hands. I asked him if he would drink. He held up both his Hands, expressing his Thirst. A Souldier fecht some Milk, and brought a little wooden Dish to pour some of it down his Throat. He held the Root*  
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of his Tongue down with one Hand, and with the other poured it down his Throat (carrying his Head backward). After that I bound up his Wounds. The dead were removed from thence to their Graves, and fresh Straw was fetcht for him to lie upon, with an old blanket to cover him. It was in the Summer. There we left that deplorable creature to lodge. We continued 6 or 7 days. He was drest by some of the Chirurgeons with a Fomentation of Vulnerary Plants with a little Brandy-wine in it...So we bound him up.” (2 p. 402)

In 1646 as part of the entourage of Charles II he fled England to the Scilly Isles, and ultimately The Netherlands where they resided when Charles I was executed. In 1650 they returned to Scotland but were defeated by Cromwell at the battle of Dunbar and again in 1651 at the battle of Worcester where Wiseman was taken prisoner and Charles II hiding first in a tree, fled England again. During these battles combinations of gunshot wounds, shrapnel, and stabbings from knives, swords, and pikes were constant problems. He treated both friend and foe.

“Cleanse the Wound first from all strange bodies, as Bullets, Armour, Apparel, and Shivers of Bones; so shall the Cure succeed more happily. For instance; A Gentleman-Volunteer skirmishing with the Enemy before the City of Worcester, was brought to us run through his Arm in the middle of the Biceps with a Sword, and shot with a Musket-bullet in the same Shoulder under the Os Scapulae, which took away the Coracoides, and tore the Ligaments in other parts of the Joint. We dressed the Wound inflicted by the Sword with Agglutinatives, healing it by the first Intention. We enlarged the Gun-shot Wound, pulling out the Bullet and pieces of the Coracoides, &c, and dressed it up with Digestives and lenient Embrocations...and afterwards

deterged with munff. Paracelsi (\* A munitifying or cleansing mixture of turpentine, honey, and egg yolk developed by Paracelsus). Afterwards being near cured, he made his escape into his own country.” (2 p.420)

Several months later he was released from prison, having continued his surgical work while there. He travelled to London and began his surgical practice. While there he was arrested and imprisoned in the Tower of London accused of conspiring to arrange the release of a royalist prisoner. He petitioned Oliver Cromwell for release declaring that he had been entrapped and was totally innocent. He was released without trial or penalties. Still under scrutiny of the anti-royalists Wiseman then left England and joined the Spanish Navy. For the next three years he was based in the Spanish Netherlands although he tells us that he traveled to the Caribbean and gained much experience in treating venereal diseases. The ships worked in wolf packs and included privateers (3). Injuries were treated below decks by the light of lanterns and often during the thick of battle.

“In the heat of a Fight at Sea, amongst the many wounded men that were put down into the Hold to me, one of them had his right Arm extreemly shattered about two Fingers breadth, on the outside above the Elbow, by a great Splinter. I ought to have cut off this mans Arm presently: But a sudden cry that our Ship was on fire put me in such disorder, that I rather thought of saving myself than dressing my Patients. I hastily clapt a Dressing upon the Wound, and rouled it up, leaving his Arm in his other Hand to support it, and endeavoured to get up out of the Hold as the others did, verily believing I should never dress him nor any of them more. But our men bravely quitted themselves of the Fire-ship by cut-

ting the Spirit-sail-Tackle off with their short Hatchets, (which they wore during Fight sticking in their Sashes). So we were freed of the Fire, and by our hoisting up the Top-sails got clear of our Enemy, and I returned to my work. But I was at a loss what to do with this man who lay not far off complaining of his Arm. I would have cut it off instantly with a Razour, (for the Bone being shattered, there needed no Saw:) but the man would not suffer me to meddle with his Arm, he crying, it was already drest.

The Fight being over, and we gotten into the next Port, I caused this Mariners Bed to be set up...(He then removed the dressings and explored the wound)...I pulled out a piece of a Splinter an inch thick, then Rags and Bones, great and small; I left not the least Shiver. (He revised the wound edges and approximated the ends of the injured bones)...He never stirred his Arm...he being the most patient man in that respect I ever attended, and in truth without that submission he could scarce have been cured”. (2 p. 425)

He offers a glimpse of how the surgeons worked together even though they were on separate ships:

“In the Armado Naval of Dunkerk, where the Chirurgeons were oft employed in this kind of work, we after every Fight went together visiting one anothers wounded men (by rowboat from ship to ship). It was thought amongst us a great shame, if anything of this work of Extraction (of foreign bodies) were then to done: For after the first and second day the Wound proveth tumefied, also the neighbouring parts are inflamed, and so changed in their temper, that they conceal from your sight both the Bullet and his companions, so that the place they are coucht in can hardly be known; or, being discovered, you cannot without hazard of your Patient, or great trouble of the

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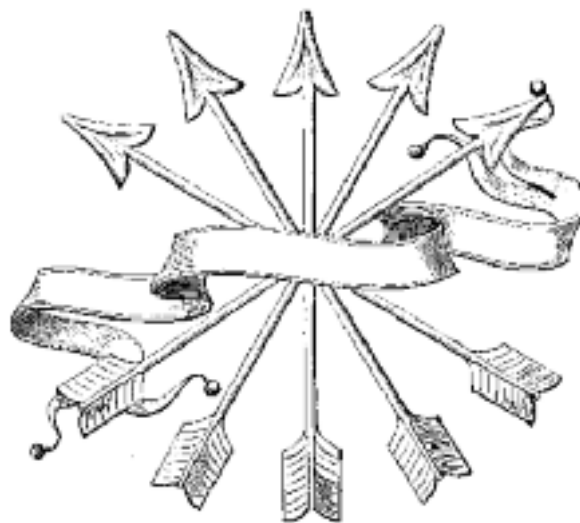
Part, make Extraction of them. In which case it may then be reasonable to defer that work, and by Lenients (\*soothing medicine) to hasten Digestion (\*promote healthy sup-puration). (2 p.410)

He returned to London about 1657 and resumed practice. The Restoration of the Monarchy occurred in 1660 with the accession of Charles II. Within ten days Wiseman received a position as "Surgeon in Ordinary to the Person." In 1672 he was appointed to the "high office of Sergeant-Surgeon" and became the king's principal surgeon. In 1665 he was elected to the position of Master of the Company of Barber-Surgeons. He spent those years seeing patients in consultation with some of medicine's luminaries and writing his book. Consultations with experienced physicians and surgeons was an important part of his practice. The numbers of consultants recorded in his book comprised 36 physicians, 9 surgeons, 2 dentists, and 3 instrument makers (4). Included were Sir Francis Prujean, five times president of the College of Physicians and mentioned in Samuel Pepys' diary, and Dr. Walter Needham who often assisted Wiseman at autopsy or surgery (5). Richard Lower was his neighbor and fellow parishioner. Wiseman was consulted often by Sir Charles Scarborough, a celebrated anatomy lecturer who had worked with William Harvey and had been part of the delegation sent to The Hague to bring Charles II back to England. His book is filled with details about the methods of 17th century English medical practice (5).

Wiseman cared for many patients including very poor people and worked on their behalf with the same energy and ingenuity as he did for others. These were hard times for England as plague struck in 1665 killing an estimated 100,000 people, and the Great Fire of London followed in 1666. He mentions his increasing fatigue and coughing blood. He departed as mysteriously as he had arrived. His death occurred at Bath where he sought palliation and was likely due to tuberculosis. A year later there

followed the death of his young son, Richard, and his second wife, Mary. Along with his first wife, Dorothy, all were buried in St. Paul's Church, Covent Garden.

In his "Severall Chirurgicall Treatises" he tells the reader that writing was useful to him in learning about surgery and disease and of examining his own mistakes. Together his cases and commentary filled a unique publication. His work was the first such text in the English language and was much used and praised over the next two



centuries. Ambroise Paré's French language text, "Collected Works", was not translated into English until 1694. To posterity Wiseman left his book and his sage advice.

*Epistle to the Reader. "...Accidents both without and within, have betrayed us for so many ages together. When the young Chirurgeon shall find the Cure easie in the Theory, and appear so at first in the Practice too, yet suddenly deceive him with a Relapse, and not only once, but often delude his best endeavours: when the By-standers and persons concerned shall begin to accuse him of Knavery in his proceedings, and think him to pull back a Cure, whilst he is only rolling Sisyphus his Stone, which will tumble down whether he will or not: He will then wish, that all other Practisers had done what I have in this Treatise, viz. recommended their Observations, both successful and unsuccessful, thereby increasing knowledge in our*

*Profession and leaving Sea-marks for the discovery of such Rocks as they themselves have split upon before. For my part, I have done it faithfully, and I thought it no disgrace to let the world see where I failed of success, that those that come after me may learn what to avoid: there being more of instructiveness often in an unfortunate case than in a fortunate one; and more ingenuity in confessing such misfortunes which are incident to mankind, and which have attended all my Brethren as well as my self, and will attend thee also, Reader, in spite of all thy care and diligence...Thou wilt also learn one necessary piece of Humility, viz. not to trust too much on thy own judgment, especially in difficulty cases; but to think fit to seek the advice of other Physicians or Chirurgeons, whose long experience hath enabled them to assist thee in preventing the Accidents, and encourage thee to go on in the work, or forewarn thee of danger. After thou hast thus defended thy self from the censure of Rashness, proceed boldly, and let thy sincerity in thy acting be thy warrant to hope for God's Blessing on thy endeavours: and if these Papers prove any advantage to thee in them, remember with kindness the Labours of Thy Friend and Servant, Richard Wiseman." (2 p. iv) ∞*

#### References:

1. Smith AD. Richard Wiseman: His contributions to English Surgery. Bull NY Acad Med 1970;46(3):167-182.
2. Wiseman, R. Severall Chirurgicall Treatises. A Facsimile of Books V, VI, VII. Kingsmead Press. Bath, Great Britain, 1977.
3. Simpson D. Trauma surgery during the Military Revolution: the career of Richard Wiseman. Aust NZ J Surg 1999;69:291-296.
4. Kirkup JR. The tercentenary of Richard Wiseman's 'Severall Chirurgicall Treatises'. Ann R Col Surg Engl 1977;59:271-283.
5. McVaugh M. Richard Wiseman and the medical practitioners of restoration London. J Hist Med Allied Sci 2007;62(2):125-140.

# Book Reviews

by Nick Owen, M.D.

A change of pace; two novels about doctors instead of the usual tomes on healthcare delivery.

## Open City

Teju Cole, Random House, New York, 2011

Teju Cole tells the story of a Nigerian born psychiatric resident in New York City. His descriptions of New York have a style reminiscent of W.G. Sebald. I found the story particularly interesting in the degree of sophistication of the protagonist's comments on classical music and medicine in view of the author, himself Nigerian, and vocationally noted as an authority on non-contemporary Dutch art history. ∞

## Beat the Reaper

Josh Bazell, Little Brown, New York, 2009

The second novel is quite different. The protagonist is an intern in a New York innercity teaching hospital and the story will appeal to those appreciating graphic, lurid, Mafia murder sagas. The author is a graduate of Columbia's medical school and currently a house officer in San Francisco. The language is raw but the book is well written and the "saga" is interdigitated with a brash recital of daily life in an inner-city teaching hospital much of which sounds familiar if somewhat dramatized. ∞

by Nick Owen, M.D.

## On the Mend

John Toussaint, M.D., Roger A Gerard, PhD with Emily Adams, Lean Enterprise Institute, Cambridge, 2010

On the Mend is the story of the development of lean care (patient centered team care) at Theda Clark in Neenah. In contrast to most other proposals made for the "cure" of healthcare, lean care, instead of cost-shifting, changes in reimbursement patterns, and varieties of rationing, achieves improvement in efficiency, safety, and costs by attacking the process of healthcare delivery. Refinement of process has successfully been used in industry; lean thinking proves to be equally applicable to healthcare.

Lean care is based on careful analysis, modification, and re-analysis of the day to day individual processes which are the components of healthcare to ensure that each is the most efficient and safest way to achieve the optimal result. This is tough, slow-going work; all players have to participate, each process requires exploration and then revision which in turn must be re-evaluated. Change can be difficult; and often long-standing and beloved protocols must be modified or overturned and people re-educated.

Nonetheless, lean care has been validated and since it is done by and only by healthcare professionals we can do it on our own obviating congressional and regulatory intervention. ∞

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when his contract wasn't renewed though he considered it a firing. It seemed at that point that he would fade into the background. He was 68 years old and had a long and often honored career, but he was offered a job as Senior News Analyst at NPR, which he held for 24 years up until his death, his last broadcast, with Scott Simon airing 13 days prior to his last breath at the age of 92.

Part of what is important about his story is his desire to *tell truth to power*. This is a favorite phrase of my older daughter, and I think she had some experience with it from a young age as her parents had all the power and she the truth. She knows better now, maybe, but the concept is an important one and one that doctors should understand. It is how social movements begin and grow to influence culture. The first part of change is understanding the unsatisfactory nature of the status quo, illustrating that and making people uncomfortable enough with how things are that they see the virtue and necessity of change.

Our current healthcare system for instance is built with the incentives to do more and to cost more without limit. No one, so far, has been paid to manage healthcare efficiently or even in an evidence based manner. Most, actually pretty much *all* of the healthcare and general economists believe that healthcare is the exception to the Keynesian truism that "demand drives supply." Ultimately the desire of providers is to provide. And while we all strive to do the right thing for our patients the Dartmouth Atlas and others have demonstrated that there is little evidence that this is something that we succeed at as a profession. Were we to act as a profession, we would demand a system that fairly rewarded its members for the value rather than the volume of what they provide.

So what is it that doctors are to do? Our responsibility is to find excellence and balance, and to practice always with these in mind. Speaking truth to power then is being fearless in providing appropriately and consistently for our patients and we must constantly strive toward the type of professionalism that Mr. Schorr embodied. ∞



## Officers and Members of the Council for 2011

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# President's Remarks

by Daryl Melzer, M.D.  
*President 2011*

## A Modest Proposal . . .

I apologize for using this classic line from the title of Jonathan Swift's 1729 satirical essay. I admit it is an effort to draw attention to this writing. There will be, however, no proposals for curing world hunger by eating the poor, but rather, an effort to expound on an opinion of mine. Note: In this era of disclosures, I must point out that I represent no political body but my own, and my views do not represent those of the Academy, (I don't think that there is an Academy view), and, sadly, no one has come forward with any cash to influence this writing.

My subject is the Wisconsin Supreme Court election. As of the time of this writing, we have not officially gotten a result from the Judge Prosser/Atty. Kloppenburg race. However, I believe that we can all agree that this particular race was quite vitriolic. Many of the worse offenses, however, were in the "third party" candidate support advertisements. These advertisements, which, at least theoretically, are not controlled by the candidates, frequently contained mistruths and stretches of small fragments of truths. In an attempt to keep this tome short, I will not go over the many statements made in these advertisements. Suffice it to say, there is no accountability for the truth in these advertisements, and where the money comes from is often difficult or impossible to determine.

This election for Supreme

Court follows a similarly nasty election in 2008, when current Judge Gableman defeated then sitting Judge Butler. I believe most of the readers remember the



famous advertisement in which Judge Butler was accused of finding a "loophole" that resulted in the release of a "child molester." This advertisement clearly was effective, if inaccurate, as Judge Gableman did, in fact, win the election. Side comment: I believe it also taught campaign leaders that this type of advertisement is best done through third party backers, as these are immune to the type of problems that Judge Gableman faced after election. You may remember that there was an effort to discipline Judge Gableman for the statements in this advertisement. The judicial commission, established to investigate, said Gableman's ad "does extreme violence to the public's confidence in the integrity of Wisconsin's judicial system." However, the Supreme Court decided on a 3 to 3 vote to seat Judge Gableman, and there is no further action pending.

And so, where does this leave

us? Intuitively, it seems that there must be a reason that "third party" supporters of candidates must have a reason to spend their money. This past election, they have spent \$3 million dollars (and still counting). This is far in excess of what the candidate's own campaigns spent. Could there be a reason for this generosity by the public? Could (maybe) there be an attempt to influence the decisions of the impartial Supreme Court? I know that it is heresy to suggest such a thing, but this writing is, of course a "modest proposal". I believe an alternative to our current method of judge selection would be an appointment process. I believe that the United States Supreme Court has been a good example as to how this could work. Obviously, judges are appointed by a partisan politician-the President, or in our case, the Governor. Once appointed, however, the judge may act independent of the need for political party support. I believe that history has shown that many Supreme Court justices have been able to put aside the source of their appointment to serve with impartiality. I believe that Wisconsin could benefit by this change. This system would also save a lot of money for those third party supporters, and save the population of Wisconsin the pain of listening to all those negative advertisements.

So this is my "modest proposal."☺