



MILWAUKEE ACADEMY OF MEDICINE



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Request

Dr. Alonzo Walker, in his President's Comments in the January issue inquired about "ending well." We have received two written responses and several verbal responses. We would appreciate your submitting a **written response** to Ending Well so we can share your thoughts in an upcoming issue.

(A copy of the newsletter can be found on the Academy's webpage or email the Academy office to request a copy of the article.)

An excerpt from the January 2012 newsletter article Ending Well:

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



2012 Meeting Dates



September 18

Maria Silveira, MD, MA, MPH
Assistant Professor, Internal Medicine
University of Michigan Health System
Advance Care Planning Research:
Implications for Policy

October 16

Distinguished Achievement Award
J. Frank Wilson MD, FACR, FASTRO
Chairman and Bernard and Miriam Peck
Family Professor of Radiation Oncology
Medical College of Wisconsin

November 20

Annual History of Medicine Program



All meetings are held at
the University Club,
924 East Wells Street,
from 6 to 9 p.m.

unless otherwise noted on
the program announcement.

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

The 1,289th Meeting

January 17, 2012

by Nick Owen, M.D.

The 126th Annual Meeting of the Milwaukee Academy of Medicine was held at the University Club on January 17, 2012. It was the 1,289th meeting of the Academy. The outgoing president, Dr. Daryl Melzer presided and conducted the election of officers, council members, and trustees (see listing on page 8). This slate was unanimously elected.

On motion from the floor, Doctors Sheila Jhansale, Alex Okun, and Roy Silverstein were elected to membership. Dr. Melzer noted that despite an increase of 13 new members in the last year, the Academy had a net loss and encouraged the audience to recruit candidates.

Next he announced the speakers for February and March. On February 21, Dr. Thomas C. Chelimsky, Professor and Chair, Neurology, Medical College of Wisconsin will present "You Got Nerve, You Got Guts: Unraveling Autonomic Influences on the Bowel and Body". The speaker for March 20, Dr. Roy L. Silverstein, The Linda and John Mellows Professor and Chair, Department of Medicine, Medical College of Wisconsin will discuss "Platelets and the Prothrombotic State Associated with Chronic Athero-inflammatory Disorders".

The Academy Council is currently seeking nominations for the Distinguished Achievement Award to be presented in October. Dr. Melzer reminded the audience that nominations were due by April 1 and that the award recipient does not need to be an Academy member.

Dr. David Gaus was called to the podium by Dr. Nancy Havas to receive the Academy's 2012 Humanitarian Award. He is the co-founder and executive director of Andean Health and Development and intermittently

returns to Quito, Ecuador where the organization works to provide comprehensive healthcare in poor rural areas of Latin America.

The President's Award was given to Dr. Helmut Ammon honoring his service on the Council and in particular for arranging the superb programs which the Academy has enjoyed for the last several years.

Dr. Melzer made his end-of-term remarks and then introduced President-elect Dr. Alonzo Walker who, after thanking Dr. Melzer for a good year, introduced our guest speaker Dr. Kenneth B. Simons, Designated Institutional Official and Executive Director, Medical College of Wisconsin Affiliated Hospitals, Inc., Associate Dean, Graduate Medical Education and Accreditation, Professor of Ophthalmology and Pathology whose presentation was entitled "Graduate Medical Education: Past, Present and Future".

Dr. Simons reviewed the history of formal organized graduate medical education chronologically tracing its evolution from virtually none in the early twentieth century through internship alone to its current state of complexity. He reviewed the various agencies (medical staffs and hospital boards, state licensing agencies, specialty boards, AMA, and other acronymic organizations) which have impacted training programs. Controversies have ranged over:

1. duration and content of programs
2. reimbursement
3. working hours
4. student versus employee status

There appears to be better resolution of structure, content, and program length than balance between service needs and optimal learning and no resolution as to who should pay. Truly an excellent presentation. ~

The 1,290th Meeting

February 21, 2012

by H.D. Kerr, M.D.

The 1290th Meeting of the Milwaukee Academy of Medicine was held at the University Club on February 21, 2012. The 6th floor view presented a grand early evening panorama of the northern spring, already here. President Alonzo Walker conducted the business portion of the meeting. He announced the names of the following applicants for membership: Drs. Kay Baugrud, Unchu Ko, Shalini Varma, Abraham Varghese, and Siddhartha Singh. Their applications will be voted on at the next meeting. The guest speaker for the March meeting will be Roy L. Silverstein, MD who is the Linda and John Mellows Professor and Chair of the Department of Medicine at the Medical College of Wisconsin. He will speak on "Platelets and the Prothrombotic State Associated with Chronic Athero-inflammatory Disorders".

Dr. Alonzo Walker then introduced the speaker of the evening, Dr. Thomas Chelimsky, Professor and Chair of the Department of Neurology at the Medical College of Wisconsin. The title of his talk was "You Got Nerve, You Got Guts: Unraveling Autonomic Influences on the Bowel and Body." A surprising number of quite different clinical problems, involve the autonomic nervous system. Quite a varied list of tests and clinical evaluations is employed to evaluate and quantitate aspects of this system. They range from the tilt table to gastric emptying studies to sudomotor axon reflex testing (sweat). He seeks the details of dizziness and fainting, digestion and gastric emptying, and pain of mysterious origins.

Dr. Chelimsky's work and interests encompass areas previously assigned to "functional" origins or obscure causes. Think here of gastroparesis, cyclic vomiting, fibromyalgia, orthostatic hypotension, irritable bowel syndrome, chronic pelvic pain, complex regional pain syndrome (or causalgia or reflex sympathetic dystrophy), sweat disorders, postural tachycardia syndrome, chronic fatigue syndrome, and interstitial cystitis. He presented a very enthusiastic, practical, and informative talk filled with details, examples, and dilemmas. Dr. Chelimsky engaged the audience very well and drew forth many questions and comments. He noted the exhilaration in medicine that can come with taking a fresh look at heretofore moribund subjects. Such was the case for many in the audience as a result of this fine presentation. Very enjoyable and very well received by the audience. ~

The 1,291st Meeting

March 20, 2012

by Nick Owen, M.D.

The 1,291st meeting of the Milwaukee Academy of Medicine on March 20, 2012 at the University Club was chaired by President Alonzo Walker.

Doctors Kay Baugrud, Unchu Ko, Siddhartha Singh, Abraham Varghese, and Shalini Varma were elected to membership. Dr. Mohammad Heder was proposed for election to membership at the April meeting.

At the April 17th meeting, held in conjunction with AOA, the speaker will be Dr. Eugene Bozymski, Professor of Medicine, University of North Carolina, Adjunct Professor of Medicine, Duke

University whose topic will be “Gastroenterology: Then and Now”.

Dr. Walker introduced Dr. Roy Silverstein, The Linda and John Mellowes Professor and Chair, Department of Medicine, Medical College of Wisconsin who spoke of his research on “Platelets and the Prothrombotic State Associated with Chronic Athero-inflammatory Disorders”.

He headlined his presentation with the observation that thrombosis was the root of much vascular disease and proceeded to ask and answer the question: what makes free floating platelets “sticky” and causes them to precipitate on the endothelium? He identified fibrinogen as the culprit and pointed out that the process can be partially reversed by aspirin or Plavix.

The study uses live mice, anesthetized

and laparotomized, exposing the mesenteric blood vessels which can then be watched serially with a microscope as various agents are added to circulating blood looking for changes in platelet behavior. Unsaturated fatty acids and sick cells secrete DAMPS (damage associated molecular pattern molecules) one of which, CP76, is recognized by receptors on platelets and alters platelets to promote coagulation by activating fibrinogen. The process can be blocked by appropriate antibodies. By using mice bred to emulate human genetic disorders, changes in platelets and their behavior in response to varied stimuli can be studied in various host settings.

Discussion suggested that like mechanisms occur in other cell systems. ∞

The 1,292nd Meeting



April 15, 2012

by Nick Owen, M.D.

The 1,292nd meeting of the Milwaukee Academy of Medicine was held jointly with the Beta Chapter of Alpha Omega Alpha at the University Club on April 17th, 2012. President Dr. Alonzo Walker presided. After dinner Dr. Mohammad Heder was voted into membership. Dr. Walker then turned the program over to Dr. Jim Sebastian who began with a brief overview of AOA. He then summoned to the podium a group of the student inductees, each of whom nominated a faculty member or a member of the house staff to an honorary membership in AOA based on their meritorious teaching. They were: Dr. Tomer Begaz, Associate Professor of Medicine, MCW Department of Emergency Medicine; Dr. Nancy Havas, Associate Professor of Medicine, MCW

Department of Family and Community Medicine; Residents Dr. Nicholas Kim, Department of Plastic Surgery, Dr. Wendy Schumacher, Department of Dermatology, and Dr. Jill Whitehouse, Department of Surgery.

Dr. Ed Duthie then joined Dr. Sebastian at the podium and introduced each inductee with a brief biography, each one followed by a quip (allegedly self-written) from Dr. Sebastian as they received their certificates. The process was interrupted by a round of applause for Amy John, Executive Director of MAM and Lesley Mack, Executive Director of AOA, both of whom facilitated the program. The students who had qualified as juniors were asked to stand as announced and also received a round of applause.

Dr. Sebastian then introduced Dr. Walter Hogan who then in turn introduced Eugene M. Bozymski, M.D. (MCW Class of 1960), Professor of Medicine, University of

North Carolina, Adjunct Professor of Medicine, Duke University who was inducted as an honorary alumnus member into AOA as well as being the evening speaker.

Dr. Bozymski's topic was “Gastroenterology: Then and Now”. He chose to list the members of the faculty of 1960 of what was then Marquette School of Medicine and extolled their merits as teachers and mentors and their influence on him. He followed with a survey of major changes in gastroenterology over the ensuing half century: new diseases, new cures, new instrumentation, and new procedures. He finished by summing up the process of learning – teaching (mentoring) and dedication that the audience should carry on.

The question and answer period inspired an entertaining discussion of the pros and cons of sedation during colonoscopy. ∞

From the Academy's Collection

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

Pietro da Cortona (1596-1669)

Included in the Academy Library is a large bound volume containing the collection of human anatomy drawings by Pietro Berrettini da Cortona and commentary by the editor, Franciscus Petraglia, describing the anatomic details of the drawings. The 1788 version is the second and finest edition, described as “without doubt one of the most dramatic and artistically important anatomical atlases” (1).

Born in a small city in Tuscany to a family of artisans and stonemasons, Cortona was trained in art in Florence by Andrea Commodi (1560-1648). His impressive talent was evident early. He followed his teacher to Rome in 1612 and later briefly studied under the Florentine painter Baccio Ciarpi (1574-1654). His work during these several years of study attracted a large circle of powerful and wealthy Roman patrons.

One of his earliest known projects was the series of anatomic plates begun in 1618 but not published until 1741. The drawings and the dissections on which they were based were done at the Santo Spirito Hospital, Rome's oldest, founded in 727 AD. It is likely that his work was contracted by anatomists or surgeons associated with the hospital. His role was probably similar to that of Jan Steven van Kalker, hired from Titian's workshop to illustrate to



Tabulae Anatomicae
Ex Archetypis Egregii
Pictoris Petri Berrettini
Cortonensis Expressae Et In
Aes Incisae Opus Chirurgis...;
Explicationes Adjecit Franciscus
Petraglia. Romae: Impensis
V. Monaldini, 1788.

best advantage the human dissections of Vesalius (1514-1564). The style chosen by Cortona showed dissected cadavers in noble and heroic poses placed among classical buildings, arches and columns. Their eyes are open, and they regard their reflections with hand held mirrors. Why were they depicted this way? They personify the virtues of a search for knowledge including that derived from the study of the inner workings of people. Those depicted can each give from within himself magnificent truths concerning the vast complexity of creation. They imitate the example of Christ and

lend moral background to dissection and virtue to self-knowledge. The elegant form employed by the artist suggests accurate representation of the anatomy (2).

The series consisted of twenty-seven drawings, each on grey paper in brown ink and black

chalk. Next each was washed with blue, sepia, and grey and highlighted with white paint. The direct depictions of these dramatic scenes are in keeping with the Italian Baroque style of the time. Twenty drawings seem to focus on neurology while the others illustrate topics such as veins and arteries, eyes and ears, the spinal column, and pregnant female anatomy. In Cortona's work the beauty of creation is central. He surely had considerable training and education in human anatomy as an integral part of his studies in art. The best of his predecessors, da Vinci, Raphael, and Michelangelo built their careers on anatomical knowledge including dissections. The identities of those who worked with Cortona and the reasons why the finished project was not published remain unknown.

Finally in 1741, engravings were made and the first edition published by Gaetano Petrioli, surgeon to Victor Amadeus II of Sardinia. Cortona's reputation then was that of a deceased artist and architect whose work was still

Continued on page 5



deeply respected and admired. The original drawings were acquired by Sir William Hamilton, British Ambassador to the King of Naples. British consuls actively sought books and collections for inclusion in the library of King George III (reign 1760-1820) intended by the king, an avid collector of books, to be a comprehensive resource for scholars of the Enlightenment. In 1772 Hamilton presented the drawings to William Hunter (1718-1783) for inclusion in Hunter's anatomical museum, now part of the University of Glasgow Library (3).

Cortona's early work in Rome was under the service of Cardinal Sacchetti and consisted of paintings of his patrons, and of religious, historical and mythological subjects. Examples of these include "St Bibiana Refusing to Worship Idols" (1624), "Rape of the Sabines" (1629), and a portrait of Cardinal Pietro Maria Borghese (1625). His success in depicting the saint's martyrdom in the Church of Santa Bibiana led to a commission by Pope Urban VIII (Maffeo Barberini) for what became his masterpiece, a large fresco decoration of the huge vault of the Gran Salone of the Barberini palace. "Triumph of the Barberini" consisted of five interconnected scenes that were



symbolic representations of the papal family. To the viewer far below was presented a celestial illusion with the central field seemingly open to the sky and surrounded by figures apparently either coming down into the room or floating high above it, in all presenting a splendid allegory of the family's importance. Viewers were humbled or intimidated by the sight of what seemed to be an overwhelming abyss which, nevertheless, was

above rather than below them. Later Cortona was commissioned by Grand Duke Ferdinando II de' Medici to paint a series of frescos in five huge rooms of the Palazzo Pitti in Florence. To celebrate the power and virtuous leadership of the Medici family, each room featured a single Ptolomeic deity. Jupiter resided in the Medici Throne room.

The versatile Cortona was equally skilled in architecture. Of his many

Continued on page 6



Book Reviews

by Nick Owen, M.D.

The Big Thirst and Dirty Minds

I want to call your attention to two books which I thoroughly enjoyed and found informative despite Madison Avenue titles and the fact that the authors are both professional writers rather than scientists.

Dirty Minds: How our Brains Influence Love, Sex, and Relationships, by Kayt Sukel (Free Press, New York, 2012) answers the query of its subtitle and reviews neuro-anatomy, neuro-physiology, and neuro-chemistry and the various studies which have been done explicating the influences of hormones and neurotransmitters, the cerebral location of various emotions, and the behaviors which accompany them as well as the role of genetics and epigenetics in emotions.

Fascinating stuff.

The Big Thirst: The Secret Life and Turbulent Future of Water by Charles Fishman (Free Press, New York, 2011) makes the important observation that problems of water shortage and surplus are local and each local problem must be solved locally. My turning off a faucet will not transport the water saved to some dry area where water is needed.

Another insight, despite its atmospheric peregrinations (freezing, sublimating, melting, evaporating) the total volume of water remains constant. Other fascinations include the nature of water, the five types of water, its chemistry and physics. Fishman continues with a narrative of how various water crises have been or are being solved.

Both books are well written and read easily. ∞

Pietro da Cortona *continued from page 5*



projects, the most important contribution was the rebuilding of the the Church of Saints Luca and Martina, one of the oldest in Rome. At the conceptual stage of the project Cortona was presiding officer of the Academy of Saint Luca, the patron saint of artists. Under his leadership, the church was rededicated and, instead of repairs, a complete restoration was undertaken ultimately requiring twenty-nine years. Diggings in the foundation revealed relics, including those of Saint Martina. This in turn aroused papal interest in the project and yielded needed funding. The church was remade in the shape of a Greek cross with a complex facade and a burial place for the architect.

As a noted painter and architect he influenced the design of the “grand appartement du roi” of Versailles. He was among the most prominent artists of the Italian High Baroque and his influence on European art extended for many years. To posterity he left his work, those many

trained by him, and his examples of honesty, diligence, and dignity. Having begun in humble circumstances he appreciated good fortune, and it did not change him. His anatomy work, though appreciated late, enhanced and bolstered continued regard for the revolutionary accomplishments of the Renaissance anatomists. ∞

References:

1. Bibliotheca Systema Naturae: The Hagstromer Medico-Historical Library Virtual Book Museum. http://www.ki.se/hagstromer/bsn_detail.php?skip=37
2. Kemp M. Style and non-style in anatomical illustration: from Renaissance humanism to Henry Gray. *J Anat* 2010;216 (2):192-208.
3. Kemp, M. Dr. William Hunter on the Windsor Leonardos and his Volume of Drawings attributed to Pietro da Cortona. *The Burlington Magazine* 1976;118 (876):144-148.

The Meaning of Tribe

by David Shapiro, M.D.

I thought it might be of some interest to discuss the notion of tribe and how it might relate to our work as physicians. First, for obvious reasons we will need to unpack the notion of tribe. Tribe comes with much baggage and like other types of baggage requires a bit of unpacking. Otherwise stuff gets lost in the bottom of suitcases and one forgets to wear the favorite shirt or deliver the gift, etc. A short decade or so ago there was considerable uproar, seems sort of quaint now, regarding high school and college nicknames and mascots that related to the use of names with "tribal" connotations. This led to a debate of sorts as to whether names related to groups of people subject to the Great American Genocide, as there is no other term for it, directed against the Native American people could be used by groups of students and alumni to cheer for, let's just say, a whole other demographic.

Anthropologists use the word "tribe" in a fairly specific manner to designate a group with shared something-or-other; generally kinship, ritual, language, meaning or world view or some combination of the above. A tribe is differentiated from a band on one side and a nation on the other by the degree of inter-connection, the size and the formality of the hierarchy or lack thereof. There is of course an evolutionary characteristic as well. There are bands of other primates for instance, but no tribes, and while it might appear that there could be a nation of ants attacking our picnics, the parallel doesn't hold.

Bands of people began very early in our evolution dating as far back as *Homo erectus* (circa 1.8 million years ago) and likely before. When a band reaches a certain number, generally believed to be around 150, some greater sense of shared endeavoring appears to be necessary to hold it together. The early hunter-gatherers had little reason for tribal connectivity. They were significantly an egalitarian, competitive group and if one person or family was too aggressive and didn't hold up their end of the cooper-

ative bargain they simply moved on or were internally shunned. Hence the band remained a more or less homogenous group; a few families with a few square acres living the life as best they could.

Tribal units develop once there becomes a unifying necessity or situation, perhaps climate or environmental stress, perhaps a charismatic leader, perhaps the development of shared myths and stories; there seem to be a lot of possibilities that mark the begin of the first tribes. From



studies of the few extant tribes as well as archeological evidence, human culture has gone through a certain development in terms of its underlying stories, sometimes now known by the somewhat cool word "mythistory." First is a stage known as episodic. Such as "sad about Tom having been eaten by that tiger. Probably good to avoid hungry tigers in the future." Not much of a story but remembered by animals in groups probably for millions of years.

Next is a stage known as mythic, probably beginning with the first *Homo sapiens* in the African plains 250,000 years ago. Here providing great impetus for the progression of proto-language into the devel-

opment of complex language; stories which are then told and retold so that something that we could recognize as culture begins to develop. With this comes the potential for tribal formation. After language has developed around 100,000 years ago we entered a term of culture, where we still are, called the theoretic. Language has developed to the point that we can begin to hypothesize and no doubt debate the meaning behind the stories our elders have told us.

Tribes developed all over the world, to be replaced in most, though not all, areas by cities, states, and then nations. The complex bureaucracy that we see in the nation/state was not necessary in the tribal units as everyone knew everyone else and, as Tevye pointed out, everyone from the beggar to the matchmaker knew what was expected of them.

As physicians we are arranged in tribal units, significant and useful, well generally useful, structures. Each of our tribal units has its own modest or not so modest hierarchy, its sets of values and mythistory, its stories, celebrations, rituals, gestures and language. Tribal units crisscross our profession.

Why, one might well ask, is the tribal organization of our profession and our health care systems of importance to us as professions? We are now, as in the past being asked to embrace change at ever increasingly deep levels. The shift, for one thing, from the various forms of fee for service disease-oriented work to being paid to care for the *health* of a population represents a major shift in how we work and how we think about how we work. While we might think of moving this thinking forward as a profession, we aren't a profession, we are a somewhat loose collection of tribes. Each of these tribes will attempt to adjust to this new reality seeking to maximize whatever advantage might be theirs at the same time they minimize the pain. This lack of coordination will make the possibility of real health reform just one more reason that the promise of American medicine remains unfulfilled. ~



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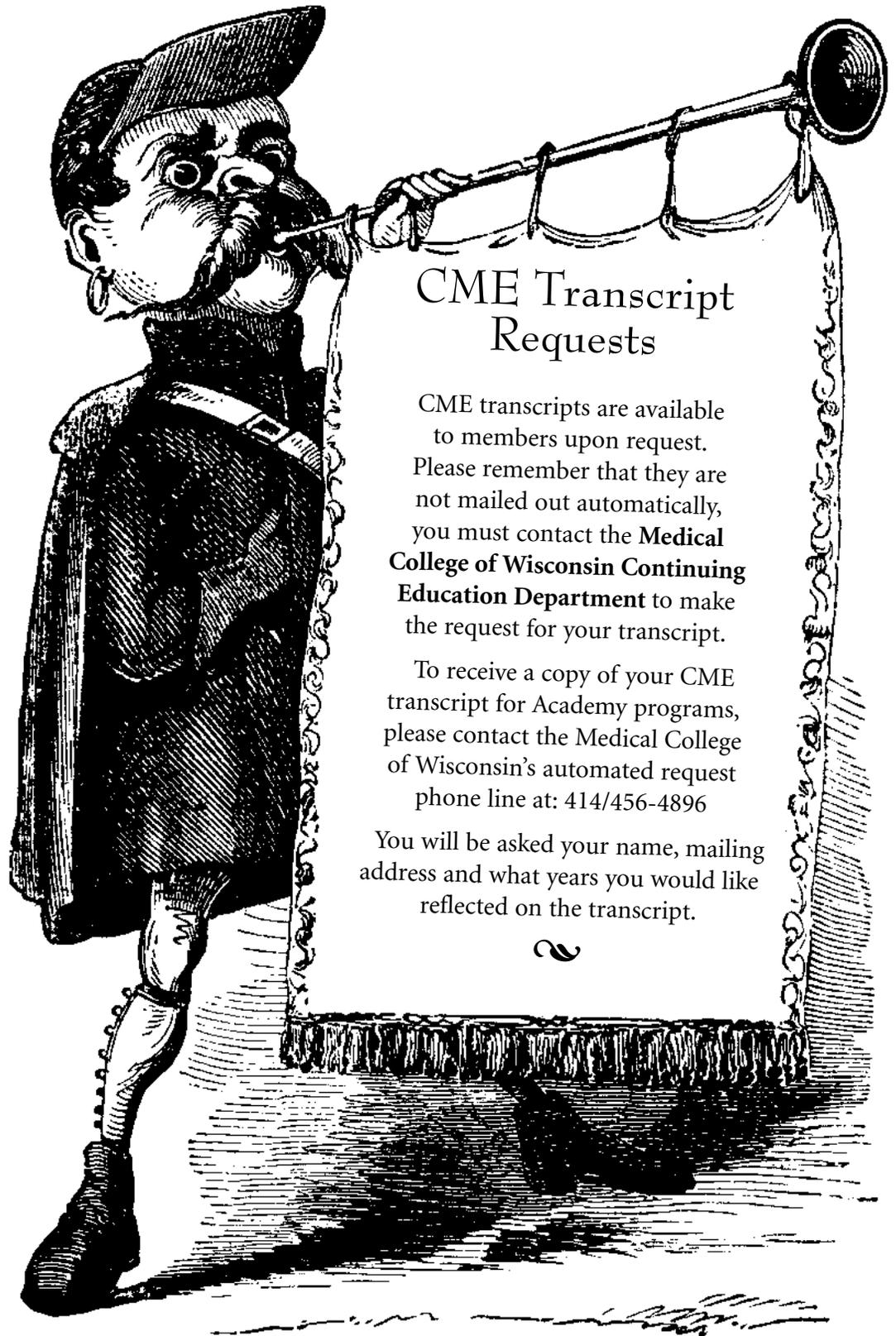
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