



# MILWAUKEE ACADEMY OF MEDICINE



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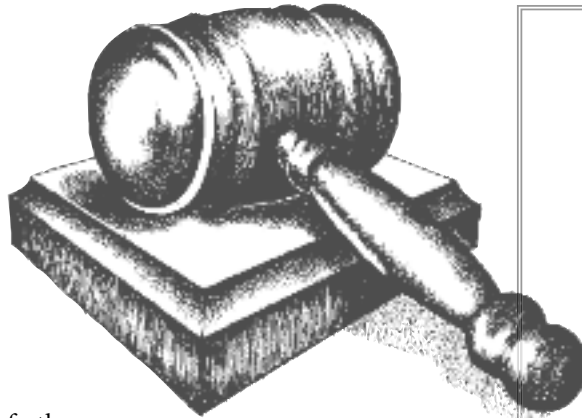
## President's Remarks

By Alonzo P. Walker, M.D.  
President 2012

### Health Care Reform – Are We There Yet?

The Supreme Court of the United States has ruled that the Affordable Care Act is Constitutional. However, there continues to be division within the Country regarding its overall acceptance even though there are aspects of the Law that are very beneficial to many citizens. The Law is not perfect as is the case with most of our Laws. In my view, it is a beginning step toward changing our healthcare system and how we deliver healthcare to those who need and seek medical care when such care becomes necessary. It is also important that we have in place means by which we have the ability to accurately assess and measure the quality of care that we deliver to all who need care.

I am fully aware that the Law has an impact on all who are involved in health care whether a patient, provider, payer, insurer, supplier, employer, hospital, pharmaceutical company or governmental entity. In this regard, all players who participate in the



health care industry have a role to play as we design a system that is truly patient and family centered. I believe that we can and should change aspects of the current law that do not and will not improve the quality of health care that we deliver to patients and their families. We must continue to address fraud and abuse within the industry; we must address tort reform; we must address all aspects of how we pay for health care. In all of this, we must be certain that there is an adequate supply of primary health care providers – physicians, dentists, nurse practitioners and physician assistants.

In my opinion, it is very unfortunate that health care has become a political issue rather than a patient issue. In this regard, the question is what the medical community, primarily physicians, can do to reframe and refocus the discussion such that the issue is high quality, timely, affordable and

*Continued on page 2*

## Fall 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

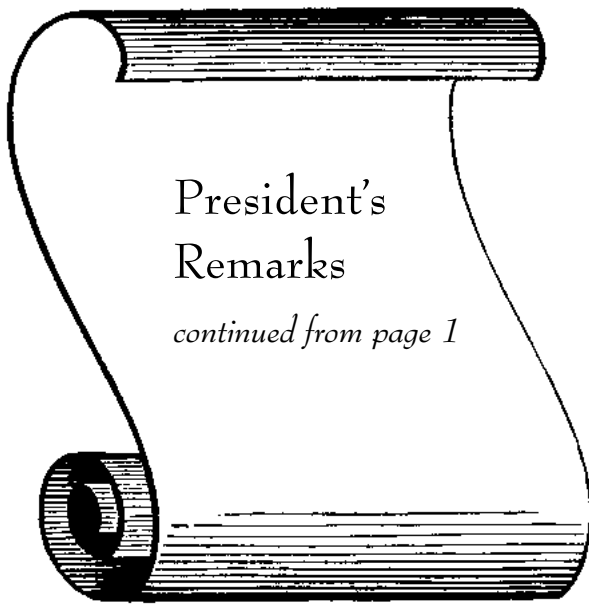
2012 Distinguished Achievement Award  
J. Frank Wilson MD, FACR, FASTRO  
Chairman and Bernard & Miriam Peck  
Family Professor in Radiation Oncology  
Director Emeritus/Cancer Center  
Medical College of Wisconsin

### November 20

Lawrence Park, M.D.  
Clinical Assistant Professor of Psychiatry  
Georgetown University  
History of Medicine Topic –  
Title to be announced.



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.



## President's Remarks

*continued from page 1*

efficient patient care. What is the role of physician organizations and specialty societies at the local, state and national level in addressing the continuing political debate about the Affordable Care Act and reframing the discussion? The medical community has to interact with the politicians but the politicians should not be the individuals who decide how providers deliver health care, nor should the payers whether private or public (the government). It may be a daunting task but the medical community

must take the lead in amending the Affordable Care Act Law as necessary to ensure that we have a high quality health care system that serves the citizens of the Country. This should not be left up to the politicians or the lobbyists or other special interest groups. The current Law is a building block and need not be dismantled completely for primarily political reasons.

These are my thoughts, and I invite your comments and viewpoints. ~

# Please Join Us for The 1,294th Meeting Milwaukee Academy of Medicine Tuesday, September 18th, 2012

University Club of Milwaukee, 924 E. Wells Street, Milwaukee, Wisconsin

COCKTAILS 6:00 P.M. | DINNER 6:30 P.M. | PRESENTATION 7:30 P.M.

## 2012 Bioethics Lecture

### **Advance Care Planning Research: Implications for Policy**

**Maria Silveira, MD, MA, MPH, Assistant Professor, Internal Medicine, University of Michigan Health System**

Advance care planning by physicians with their patients has been characterized by some as having little effect on end-of-life care, and denigrated by others as “death panels.” The research tells a different and important story. Maria Silveira, MD, MPH will discuss her research on advance directives and the outcomes of surrogate decision making, which was published in the New England Journal of Medicine, and the implications of her research for national health policy.

#### RESERVATIONS:

Please make dinner reservations for this meeting no later than 12:00 noon the day prior to the meeting. Reservations can be made by email: [amy@milwaukeeacademyofmedicine.org](mailto:amy@milwaukeeacademyofmedicine.org) or by phone 414/456-8249. Dinner reservations can be canceled without charge up until 10 a.m. on the day of the event. You are encouraged to bring your spouse or guest.



This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Medical College of Wisconsin and the Milwaukee Academy of Medicine Series. The Medical College of Wisconsin is accredited by the ACCME to provide continuing education for physicians.

The Medical College of Wisconsin designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

# The 1,293rd Meeting

May 15, 2012

by H.D. Kerr, M.D.

The 1293rd meeting of the Milwaukee Academy of Medicine was held at the University Club and was chaired by Dr. Walker.

Doctors Thomas Chelimsky and Michael Schellpfeffer were proposed for election to membership and will be voted on at the September meeting.

Dr. Walker requested a moment of silence in memory of our fellow Academy member, friend, and colleague, Dr. Ray Bender, Jr. who passed away recently.

Dr. Ammon introduced Dr. Joel Buxbaum, Professor of Molecular and Experimental Medicine in the Department of Molecular and Experimental Medicine at the Scripps Institute, La Jolla, California. He spoke on the topic entitled "With Great Power Comes Great Responsibility: Medicine in the Age of Spiderman and the Sequence of the Human Genome". Knowledge of medicine has always imposed a responsibility on the practitioner to teach and to expand knowledge. Dr. Buxbaum, an eminent scholar and researcher, taught all of us a great deal on the current status of amyloidosis research in a relatively short time.

The term "amyloidosis" refers to extracellular tissue deposition of fibrils from a variety of proteins, many being constituents of plasma. They may be inherited or not. Human disease is linked also to mis-sense mutation of precursor protein. Amyloid fibrils are insoluble polymers comprised of low molecular weight subunit proteins. Folding or unfolding of the precursor protein may be facilitated by acidification or proteolysis yielding production of fibrils.

Disease due to amyloid occurs in a variety of organs with varying effects depending on the type of amyloid and where it is deposited. Deposition of fibrils derived from transthyretin (also called prealbumin) in the myocardium is called Systemic Senile Amyloidosis. Patients with this have a longer life expectancy than amyloidosis associated with plasma cell dyscrasias such as multiple myeloma. Among the common organ-specific amyloid involvements is that of Alzheimer disease and renal disease. Diagnosis can be confirmed only by tissue biopsy.

Dr. Buxbaum delivered a smooth and well organized update of this complex topic that led to many questions from the audience and appreciative comments. ∞

## 2013 Meeting Dates



January 15

February 19

March 19

April 16

May 21

September 17

October 15

November 19



# From the Academy's Collection

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

## The Surgery of Albucasis (936-1013)

**A**lbucasis (Abu al-Qasim Khalaf ibn Abbas al-Zahrawi) was a native of the town of al-Zahra near Cordoba in Anadaluia, southern Spain. A thousand years earlier the city had been settled by Carthage, then absorbed by Rome, and finally in the eighth century conquered by Muslims from Arabia. Albucasis descended from a tribe that migrated from Hajaz in west Arabia. By the time of his birth Cordoba had become capital of the Islamic Caliphate of Cordoba and rivaled Constantinople. Well situated on the banks of the Guadalquivir River it developed into one of the most advanced cities of its time. Beautiful architecture was there as well as the world's largest library. Many citizens were literate. With a population of 800,000 Cordoba had hundreds of mosques and public baths as well as ten miles of paved and lighted streets. The Saxons called it "the Jewel of the World".

Little is known about the upbringing, family, or education of Albucasis. We do know that he taught medicine and surgery and held the exalted position of court physician to the caliph Al-Hakam II. He treated patients from all social strata.

Albucasis is remembered in particular for his 30 volume encyclopedic work, al-Tasrif, that encompassed all branches of medicine. The surgical section was unique in describing new methods and instruments as well as giving thorough and

detailed discourse on the current practice of surgery. It included descriptions of more than 200 surgical instruments, many invented by Albucasis. First published about the year 1000 it was the first medical text to contain illustrations. After the death of the

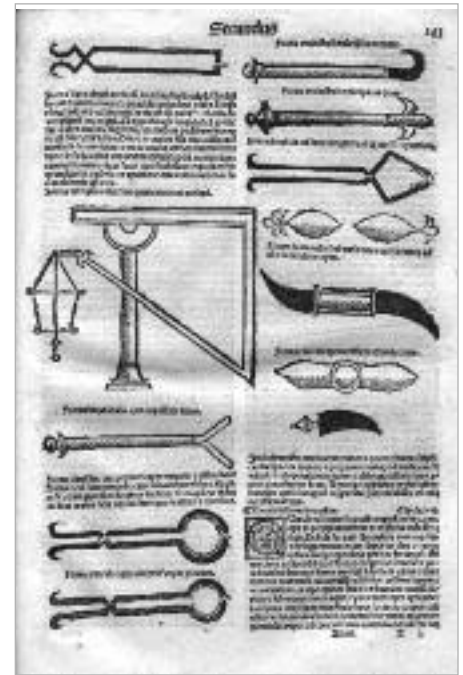
author the surgical section was translated and published separately because of its popularity and unique content. The book reflected his knowledge of the theories and methods of ancient medicine but also included his own practical views. In particular, he refers to Galen and to the seventh century encyclopedist, Paulus Aegineta, who lived in Alexandria and had been translated into Arabic.

In reading his text and noting his illustrations the reader meets the author, a person who linked problems with solutions, added variants of problems, and stressed the need for alternative methods and tools. His advice was forthright, practical, and based on knowledge of anatomy. For the bladder stone, for example, he described how to move the stone to the neck of the bladder, its feel by the rectal exam, the double-edged knife one must use to cut between the anus and the testicles and thereby expose the stone. He broke up large stones by using forceps. To relieve urinary obstruction he created a "very smooth" thin silver tube. Tubes of silver, bronze, copper, or goose quill were used for drainage or irrigation or to extend application of cautery to difficult to reach areas. (1) Bright sunlight and exact patient positioning were essential for success.

Albucasis described treatment of many obstetrical complications among which was the grim and ancient problem of a retained dead fetus which the

The Academy Library inventory #90 of Arnold of Villanova (d. 1311) (Arnaldi De Villanova. . . Opa Nuperrime Reuisa. . . Lugd: Impressa ab G. Huyon, 1520) lists only that author. However, another volume, "Chirurgia omnium chyrgorum sine controversia principis domini Ablucasis" or The Surgery of Albucasis, is also present within the Villanova volume. An explanatory note was enclosed with them from the library's major benefactor, H.M. Brown MD at Milwaukee, Wis. 1917: *"The Surgery of Albucasis which follows is undoubtedly taken from the "De Chirurgia libri sex" of Pietro de Argellata (d. 1423), to which it was an addendum, and bound up with the Arnaldus de Villa nova, at a time much later than the original appearance of that work. The character of the paper and the abbreviations of the text as well as the type, ink and arrangement show it to be a reproduction of an edition published at Venice by the press of Lucas Antonio after his retirement to Florence."*

*Continued on page 5*



mother could not expel. He advised that the midwife must proceed without delay employing hooks to pull out the fetus, scalpels to separate recalcitrant parts or by draining hydrocephalus. If hemorrhage occurred the woman would be immersed in styptic fluids. "Not a scrap" of the after-birth was to be left behind in the uterus." (2) Instruments used in extreme situations included a "thruster", an angled instrument which may have been used to grip the fetal neck and pull out the body of the fetus. Also described was the skull crushing cephalotribe. Galen had advocated a similar approach to this problem but his methods fell out of favor. Albucasis described other gynecologic problems such as the use of a vaginal speculum in the evaluation of a pelvic mass. (2)

Gold wire was employed to secure loose teeth to adjacent stable teeth. In addition, he described the construction from ox bone of a prosthetic tooth that was held in place in the same manner. He developed methods to remove foreign bodies from the pharynx and a method of tonsillectomy using a custom made knife, the tonsil guillotine. His tracheostomy method included the use of a hook. (1)

As in ancient times a reducing table was used to organize and facilitate the treatment of dislocations and fractures. He anticipated the Kocher method of treating shoulder dislocations by many centuries and used plaster to stabilize

orthopedic injuries. Among the problems of military surgery was immobile arrows stuck in bone. He employed a fine drill to excavate and loosen the arrow point. (1) Ligature of blood vessels or cautery achieved hemostasis. Catgut was used for internal suturing. Amputations to the knee or elbow were done for dangerous envenomations. (1) Albucasis detailed the surgical treatment of cataracts and the use of blunt hooks to retract the eyelid. Scissors were used as were piston or plunger directed syringes for irrigation. (1).

Al-Tasrif included the diagnosis, treatment, usual course, and complications of many diseases. The author discussed the hereditary nature of hemophilia. Part of his work, the Liber Servitoris, details the preparation of various medicines including their recipes and the method of using sublimation and distillation. In the variety of conditions he described and the treatments recommended details were included as to what problems one should anticipate. He illustrated the instruments that were usually used and many that he had invented. To this he added knowledge of past methods and opinions. His work was invaluable for practitioners of his time and centuries later. (3)

Al-Tasrif was translated into Latin at Toledo by Gerard of Cremona in 1187. He had travelled there from Italy to learn Arabic so that he could translate into

Latin Ptolemy's Almagest, the basis of Western astronomy. Girard wanted to read it. He remained in Toledo and translated many other scientific works. Al-Tasrif was well known and respected in the Moslem world. It was translated into Old French in the mid 13th century and into Occitan (language of Provence) in the 14th century. The translation was read, praised, and circulated in medieval medical schools. It was quoted and used by such well known surgeons as Guy de Chauliac who lived in 14th century Provence. (4) In 1471 the first printed edition was made in Venice. It quickly became a standard text and remained very influential in surgical training for centuries thereafter. ∞

**References:**

1. Kirkup J. The Evolution of Surgical Instruments. historyofscience.com, Novato, California, 2006.
2. Spink MS. Arabian Gynaecological, Obstetrical and Genito-Urinary Practice. Illustrations from Albucasis. Proc Roy Soc Med 1937: XXX;653-670.
3. Donaldson IML. The Cyrurgia of Albucasis and other works, 1500. J R Coll Physicians Edinb 2010;41:85-88.
4. Garcia-Ballester L, French R, Arrizabalaga J, et al. Practical Medicine from Salerno to the Black Death. Cambridge University Press, Cambridge, 1994.



# Book Reviews

by Nick Owen, M.D.

## **At War With PTSD: Battling Post Traumatic Stress Disorder with Virtual Reality**

Robert N. McClay, M.D., Ph.D.,  
Johns Hopkins Press,  
Baltimore, 2012

McClay tells us in relating the story of his career as a Navy psychiatrist of the difficulties of using virtual reality to treat PTSD. His first experience was stateside seeing the patients after their return from combat but he also does a tour of duty in Iraq with the Marine Corps seeing them as they presented following their injury or as symptoms subsequently developed while the patients remained on active duty.

After a discussion of the diagnostic criteria he reviews the history of PTSD and the various treatment modalities ranging from courts martial, firing squads (WW I) to cognitive behavior therapy and summarizes the frequency of results with each modality. There is much discussion of the uniqueness of cases and their response to treatment.

We learn incidentally of the difficulty civilian professionals have being accepted by military personnel as well as the heightened reluctance of soldiers (as opposed to civilians) to submit to psychologic help. There is an interesting discussion of the process of moving medical, and specifically psychiatric support closer to the firing line using both technicians (medics) and psychologists attached to combat units. This is part of the increased role of women in military medicine as well as in the service in general.

McClay has the common experience in attempting to organize objective evaluation of criteria for establishing a diagnosis of PTSD and evaluating the results of treatment both in terms of the restrictions on human experimentation and the problem of establishing control groups. He has bones to pick with the Diagnostic and Statistical Manual of Mental Illness (DSM).

One gets the impression that using the outlined criteria to establish the diagnosis is relatively straightforward but achieving patient acceptance and cooperation is less easy and the results of treatment variable, but improving.

A tough problem; all too common, which will take further work. ~

by Nick Owen, M.D.

## **The Age of Insight: The Quest to Understand the Unconscious in Art, Mind, and the Brain from Vienna 1900 to Present**

Eric R. Kandel,  
Random House,  
New York, 2012

Kandel, a Nobel Laureate in medicine and physiology, and a faculty member at Columbia (P & S) uses his fascination with fin de siècle, Viennese art (he was born in Vienna) in an exposition of the relationship of art to how brains work.

In summary, artists incorporate conscious and unconscious idiosyncrasies into their interpretation of what they see and portray and we – the audience – interpret

the results exercising our individual neurological quirks in what we see. Thus generations of artistic tradition are supplemented by conscious and unconscious responses to what we see before us. Dr. Kandel relates hundreds of observations and experiments by a multiplicity of scientists which illuminate how and why we see and respond as we do. These explorations range from observation of the outcomes of cerebral pathologic abnormalities through animal experiments and dissection to today's plethora of visual localization studies revealing among other things how we see (not pixels) and how we perceive color.

An excellent review of brain function and an introduction to Viennese turn of the century art. ~

by Nick Owen, M.D.

## **The Best Care Possible**

Ira Byock, M.D.,  
Avery,  
New York, 2012

In *The Best Care Possible*, Byock, Director of Palliative Medicine, Hitchcock Medical Center and Professor at Dartmouth Medical School tells us how to exploit the principles and services of palliative care to reach the needs of patients, caregivers, and families and how to teach same to medical students, house officers, and other healthcare professionals. He does this by examining case reports supplemented by acquired wisdom. It is very good. ~

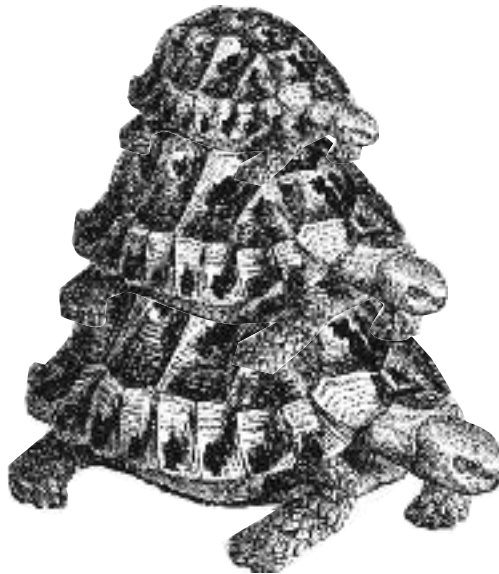
# The Higgs Boson and I

by David Shapiro, M.D.

For those intrepid readers with a memory and patience to match the age of the Universe, those who might remember columns on Antigravity, Schrodinger's Cat, Ethics, Metaphysics and Existence, of which there have been many, I apologize. The group of Thales including the Pre-Socratic philosophers of Milesia including Thales of Miletus, Anaximander, and Anaximenes, spent some hundred years or so trying to determine and make the Ultimate arguments about the ultimate building block of our Universe. It is not in fact possible to avoid the simultaneous exposition of the recent finding (most likely at least) of the Higgs boson with a number of columns regarding the human desire to be busy and to accumulate, for the lack of a better word, stuff. The challenge then would be to make some sense of all of this in such a way that our understanding of ourselves, our existence and the nature of life itself, or at least life awaiting the return of the Packers and the real football season, would be furthered.

This then is a significant task and one that cannot be entered upon lightly. This is not, for instance, the Hitchhikers' Guide to the Universe, though one could easily see Douglas Adams in his grave, or wherever, sighing some relief at the discovery of the Higgs; Einstein who greatly disdained any sense of ether (and the boson is very much an Ether), and many others are rotating around some other spheres wondering about the nature of the discovery yielded by the Grand and Colossal Collider. Well-armed with PhDs and calculators and super-computers, these latter day Spinozas, Ptolemys, Copernicusi, and Galileos; with so many Mayan and Persian and Greek and Asian Observers of Nature and its elements looking on, are FINDING the substance that gives Mass and Hence Sense to all that we see and all that we experience.

Peter Higgs, not yet Sir and not yet Nobelized, suggested a half a century ago that there was a particle, now known as the Higgs boson, that conferred mass to other particles as they interacted with this particle. Billions of dollars have been spent to speed particles, mostly protons, at other particles to find such a particle. On Independence Day, 2012, the apparent finding of such a particle was announced. Like molasses on a cool day, this Higgs thingy gives entities like protons, neutrons, and other elemental particles some weight. Like



a spelling bee or game of Scrabble or bridge after you are some rounds into it, the weight of each question becomes progressively greater. In this same way the elemental particles, as they interact with the Higgs boson, develop mass.

At the same time that all of this was announced, a number of books and articles were published that, like the Higgs, prompt us to consider our place and meaning in this here Universe. For instance, and not for the first time, it was suggested that we simply had too much stuff. *Way too much stuff.* I don't know about you, but this would sure seem hard to argue with. I recently had the experience of selling a house I had lived in for 28 very odd years and moving most of

that stuff into our current residence. If ever anyone doubted that the accumulation of stuff outstrips the usefulness of aforesaid stuff, try moving.

Also around the same time there was an interesting article that was written by a writer who left a very busy existence to escape to a country site where he wouldn't be so surrounded by people who, frankly, no longer had time for him and were proud of it. It had seemed to him that human relations were being sacrificed on some strange altar of filling our time with stuff. See above. Same concept really. The notion being that we have filled our time and no longer have time for the old-time human interactions around the fence, or the pub, or even going out for coffee. We are just too scheduled to schedule time with those around us who would be our friends. We have, in fact and to our detriment, accepted a reality where being too busy to interact is the social norm and has become that status mark that establishes us as truly worthy. If we had time to interact it would somehow prove we weren't busy enough to be of adequate status to walk this so-far green planet.

The weight of that walk, and of our thoughts and of our desires is filtered through the Reality of the Higgs boson. Prior to the Higgs, well there is no prior, but with the Higgs each of our Thoughts, our movements, all of our mental and physical activity takes on a Reality, evanescent that it may be, that it somehow might not have had before. Molasses all the way down. But that, of course, is the topic of another column. And anyway it is Turtles. My wife thinks the reference to turtles is a bit obscure. And in this, as in most things, she is correct. It has to do with the Eastern notion that the world rests on the back of a giant turtle, which in turn rests on the back of a larger turtle, which rests on the back... As I said, turtles all the way down. But now we know it isn't turtles, its molasses.☺



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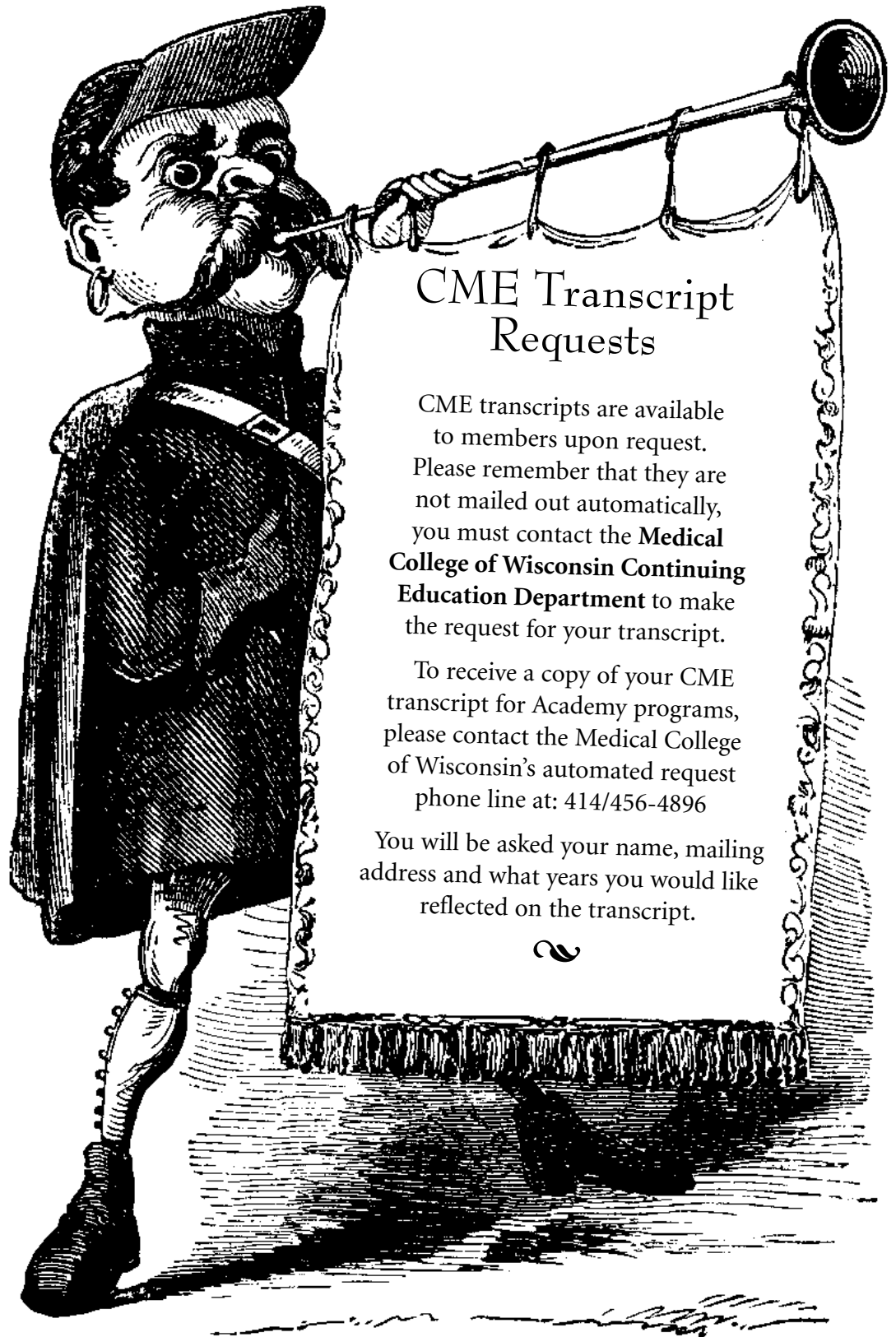
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