



# MILWAUKEE ACADEMY OF MEDICINE



Volume XXXX / September 2015

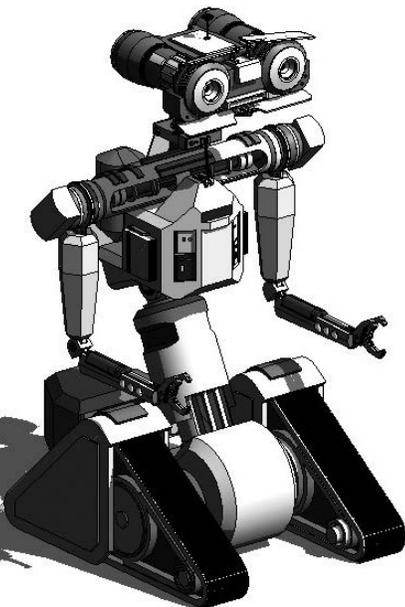
## President's Remarks

By Daryl Melzer, M.D.

President 2015

### Need Input-More Input . . .

Something made me think of an old 1986 movie called "Short Circuit" the other day. This movie was one of our children's favorites when they were young. In this movie, a "military" robot gets hit by lightning, and develops a personality-he becomes "Johnny 5, who's alive". He quickly discovers that he knows little of the world, so he adopts the mantra of "need input-more input". It seems to me that many feel that modern doctors are like Johnny 5 in their need for input! I will give you a few examples of what I mean.



I am sure that many of you like myself face a pile of paperwork on a daily basis, despite the efforts to become "paperless". Many of these are about drug interactions, major or not, which we need reminding about. That is, if you ignored the built in drug interaction checker in whatever EHR you may be using. Nothing wrong with redundancy! And occasionally there is actually something of significance there.

Many insurances now offer a sort of mini-"wellness" visit, in which someone, usually a nurse, will make a home visit. I frequently find that the patients are confused as to why this is necessary-"aren't you my doctor"-or why I sent the home visitors to their house. Others ask me if they "have to do this" after receiving a few phone calls offering this service. Of course, these generate some more sheets of paper to be reviewed and scanned into the EHR for perpetuity.

Another useful service is reminding you when patient's don't fill their meds on time, producing questions of compliance. Many times you already know that they're not compliant, due to whatever condition that you are treating but not improving. Many times patients just do not want to take medications for a variety of reasons, such as fear of side effects (instilled by their own perceptions, lawsuit ads, input received from Dr. Google, etc).

*Continued on page 2*

## Fall 2015 Meeting Dates

### September 15

Annual Bioethics Lecture  
Denise Dudzinski, Ph.D.  
Professor and Chair  
Department of Bioethics & Humanities  
University of Washington  
School of Medicine

### The Ethics of Destination Therapy: When a Bridge Becomes the Journey's End

### October 20

2015 Distinguished Achievement Award  
Stephen Hargarten, M.D., M.P.H.  
Professor and Chair  
Department of Emergency Medicine  
Director, Injury Research Center  
Associate Dean, Global Health  
Medical College of Wisconsin  
**Violence Prevention in Milwaukee**

### November 17

Peter Jacobsohn, D.D.S.  
Adjunct Professor of Oral and Maxillofacial Surgery  
Marquette University  
School of Dentistry  
Curator of the Marquette University School of Dentistry Dental/Medical Museum  
**Aspects of Civil War Medicine**

Contact the Milwaukee Academy of Medicine office for reservations:  
[amy@milwaukeeacademyofmedicine.org](mailto:amy@milwaukeeacademyofmedicine.org) or 414-456-8249



# The 1,317<sup>th</sup> Meeting

May 19, 2015

By H.D. Kerr, M.D.

On May 19, 2015 the Milwaukee Academy of Medicine held its 1,317th meeting at the University Club. The meeting was opened by Dr. Daryl Melzer, President, who announced that the speaker for the annual bioethics lecture on September 15, 2015 will be Denise Dudzinski, PhD, Professor & Chair, Department of Bioethics & Humanities, University of Washington School of Medicine. Her topic will be “The Ethics of Destination Therapy: When a Bridge Becomes the Journey’s End.” An applicant for membership, Dr. Janet Durham, M.D. was voted into membership and welcomed. Dr. Melzer then introduced the evening’s speaker, Robert H. Lane, M.D., M.S., Professor and Chair, Department of Pediatrics, Medical College of Wisconsin, Pediatrician in Chief, the Barri L. and David

G. Drury Chair in Pediatrics, Children’s Hospital of Wisconsin.

Dr Lane spoke on the topic of “Life Course Theory and Environmental Epigenetics: The Hope of Prevention.” Our DNA, inherited from our parents stores information needed to continue our body functions. It is involved to a considerable degree in our health status. Various factors effect an individual’s DNA. Among these are aging, diet, chemical exposure and stress. The word “epigenetics” is used in describing various unspecified non-genetic mechanisms that influence phenotype. Dr. Lane presented an interesting introduction to this complicated, burgeoning, and important area of research and practical inquiry. The audience appreciated his presentation and his efforts in this complex area. ☺

## President’s Remarks

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There are many other types of reminders that we get, including “saving our patient’s money” through formulary compliance reminders, recommended preventive services reminders, or medications our patients should be on for whatever condition reminders. Sometimes these can be useful, sometimes not. Sometimes accurate-other times not. All however need to be evaluated.

Many years ago, when EHR’s (then called EMR’s-needed to change the name!) were just beginning, I attended a session about various advantages to using an EHR. One of these was stated to be use of reminders, most effective when linked to an individual’s set of medical problems. We were given a caveat that there can be such a thing as “reminder fatigue.” If we receive too many of them the result will be that the provider will simply ignore them and “click” past them.

My question is this. Do we need reminders and suggestions from both our EHR’s and the insurance companies? Is there any evidence that the many sheets of reminders actually help quality of care? Are we in danger of “reminder fatigue”?

Hopefully, we are like the cute robot Johnny 5, seeking *meaningful* input about our patients. However, we also receive other input whether we like to or not, meaningful or otherwise. Maybe too much? Hopefully somebody is evaluating the value of that pile of paper. ☺

### CME Reminder

Academy members can earn CME credits for the programs they attend. MCW is our joint sponsor for CME credits and they have implemented online software called EthosCE. Please visit [ocpe.mcw.edu](http://ocpe.mcw.edu)

With EthosCE, Academy members, Faculty, community physicians and others who attend our CME programs can:

- View and print their CME transcripts and certificates at any time
- Complete evaluations and quizzes online and/or from their mobile device
- Store all their CME credits they have earned from anywhere in one place
- Register for upcoming CME activities online

All CME attendance records and CME activities run through EthosCE, thus it is important for anyone who wishes to earn CME credit through MCW to set up a learner profile in EthosCE.

**Following an Academy CME program you have 60 days to complete the online program evaluation and save or print your transcript.**

**After 60 days the evaluation will no longer be available.**

There is a link on the Academy website (bottom of the home page) for instructions on how to set up your profile and enroll in CME activities. ☺

# Book Reviews



By *H.D. Kerr, M.D.*

## **Dead Wake: The Last Crossing of the Lusitania**

By Erik Larson,  
Crown Publishers,  
New York, 2015

The author presents a very interesting book set during the World War I of 100 years ago. Considerable pressure was being applied on the United States government to enter the war. German U-boats were new, efficient, and threatening their enemies and commerce. American shipping was endangered by German aggression. Britain's decision to not protect foreign commercial shipping or come to their aid when attacked left shipping defenseless. Britain expected that German attacks on American shipping would bring America into the war. With deep and detailed research the author introduces many of the victims and survivors and tells their stories. There were many brave and worthy people on the Lusitania. Many were victims of the ethics of war. ☺

By *H.D. Kerr, M.D.*

## **The Wright Brothers**

By David McCullough,  
Simon and Schuster,  
New York, 2015

David McCullough presents an excellent description of the Wright Brothers, their family and neighbors and their development of a machine that could fly. Although one brother did not finish high school their father, the Bishop, felt that they were learning plenty at home. They studied the broadest possible spectrum of flying creatures and their methods of flight. In their bicycle shop they conceived and then built their flying machine. Considering every possible problem they designed and developed a wind tunnel to test their concepts and their versions of the machine. They went to Kitty Hawk and made more friends and converts. The author displays and brings to life the many relatives, friends, and helpers who make up a large part of this strong and splendid book. ☺

## **Humanitarian Award Nominees Needed**

Each year the Milwaukee Academy of Medicine selects a recipient for our Humanitarian Award. The Humanitarian Award is given annually to "an exemplary individual or group who has significantly improved the welfare of our community by virtue of their courage, tirelessness, compassion and vision."

The Academy council is seeking letters of nomination (by November 1<sup>st</sup>) for this award which will be presented at the Annual Meeting on January 19, 2016. Please contact Amy John at the Academy office ([amy@milwaukeeacademyofmedicine.org](mailto:amy@milwaukeeacademyofmedicine.org)) if you would like a listing of past recipients or more information on the nomination process. ☺

# From the Academy's Rare Book Collection

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

## John Hunter (1728-1793)

John Hunter was raised on the family farm at Long Calderwood in central Scotland, the youngest of 10 children. He was fascinated by the animal and plant life around him. Always an independent thinker, he drew his own conclusions from keen observations, and made his own notes. "The cattle blight starts as softening at the tip of the tail, spreads swiftly upward, and if not arrested before it reaches the spine, proves fatal" (1). He found birds in winter frozen in the snow and discovered that if he carried them inside and gently chafed and slowly warmed them by the peat fire they would survive. If it was done too fast or too vigorously, they would die. People, he noted, casually accepted deaths as the normal lot of humanity. Eventually, yes. Today, no. He always asked how and why. It seems that much of his thinking and pondering was and continued to be about creation. He disliked the organization of school and resisted formal education. The structure of his later research was governed by his own self discipline. The bird, considering its small beak and all its flying had to breath in other ways, perhaps by utilizing the bones. His brother John,



Later he was apprenticed to his brother in law as a cabinet maker.

At age 20 he was invited to join his brother William in London to work as an assistant at his respected anatomy school. There he showed genuine skill in preparing specimens for his brother's lectures. In his off hours he studied anatomy. William arranged for him to study under two eminent surgeons, William Cheselden (1688-1752) at Chelsea Hospital and Percival Pott (1714-1788) at St. Bartholomew's Hospital. He also studied with

Marguerite Biberon, an anatomist and wax modeler in London. By completing these studies he was able to obtain employment as a house surgeon at St. George's Hospital. Learning latin was a challenge.

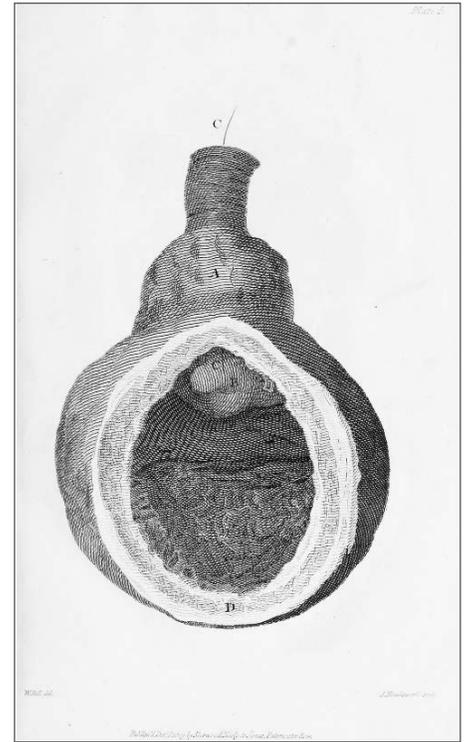
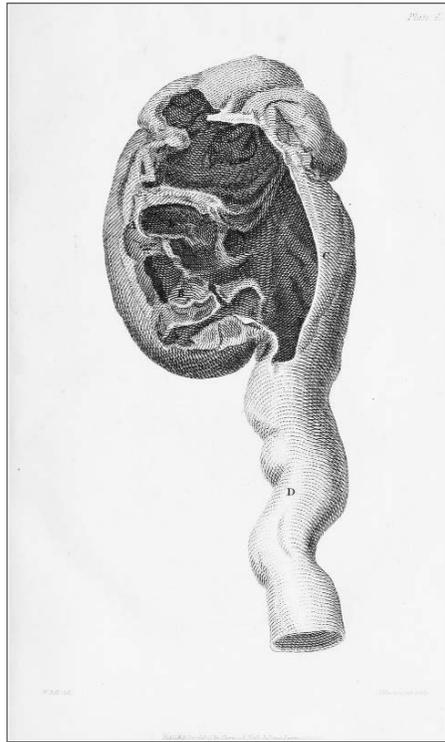
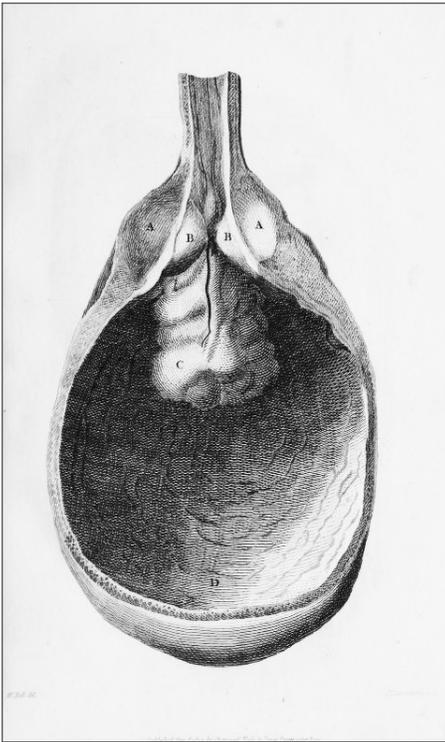
In 1760 he became a staff surgeon in the British Army, serving during the last years of the Seven Years War (1756-1763). He was sent first to the French Island of Belle Ile in 1761 and then to Portugal in 1762. He opposed the "dilution" (deliberate expansion) of gunshot wounds, a method popular for removing gunpowder but which often led to infection. He wrote "A Treatise on the Blood, Inflammation, and Gun-shot Wounds" concerning

### *A Treatise on the Venereal Disease*

by John Hunter;  
with an Introduction  
and Commentary  
by Joseph Adams.

London: Printed for  
Sherwood, Neely, and  
Jones; and J. Callow,  
1818. 2nd ed.

10 years older had become a successful physician in London specializing in obstetrics and gynecology. When their father died in 1741, John was 13 and left school to work on the farm.



the management of such wounds, but it was not published until 1794 and then by Matthew Ballie, his nephew. He resisted surgery unless something clearly would be gained, believing more strongly in the recuperative capacities of the body.

Dr. Hunter returned to London and opened a private surgical practice. He worked with James Spence, a London dentist, and could find little other work for years. Characteristically, he adapted to his circumstances and researched the entire field of dentistry including the pathology of all adjacent structures. He collected tooth donations and attempted to insert (transplant) them into gaps in recipient's mouths. Some remained in place for several years. He founded his own school of anatomy in 1764 and with his efforts helped move dentistry toward being a science. He wrote his "Natural History of the

Teeth", then the most extensive book on dentistry in any language. He was on the staff of St. George's Hospital in 1767. There he developed methods of repairing a torn Achilles tendon and in ligating arteries to treat dissecting aneurysms. In 1768 he was admitted to the Company of Surgeons. Admission made possible his establishment of a large practice and of a more varied clientele. He began his collection of deceased animals for use in his surgical studies and writings. His work led to his election as a Fellow of the Royal Society.

In 1771 he married Anne Home. She was one of the daughters of a fellow surgeon with whom John had worked in the Belle Isle army campaign. She was a harpsichordist, painter, and composer as well as a successful poet. Two of her poems in particular were appreciated by Robert Burns and copied into his

day book. Among those attending their wedding was Captain James Cook (1728-1779) and naturalist and botanist Sir Joseph Banks (1743-1820).

In 1776 John was named surgeon-extraordinary to King George III (1738-1820). When the king's elephant died, Dr. Hunter performed the first such autopsy. In 1783 he founded his own museum eventually containing 5000 wet preparations, 3000 thousand stuffed or dried animals, 1200 fossils, 1000 osteology specimens, and nearly 1000 diseased organs. Embalming was improved during this process. Materials were stored and presented on two acres of central London. At its peak there were about 14,000 specimens. War incendiary bomb damage occurred in 1941 but much of his museum still remains a large part of the Royal College of Surgeons Museum in London.

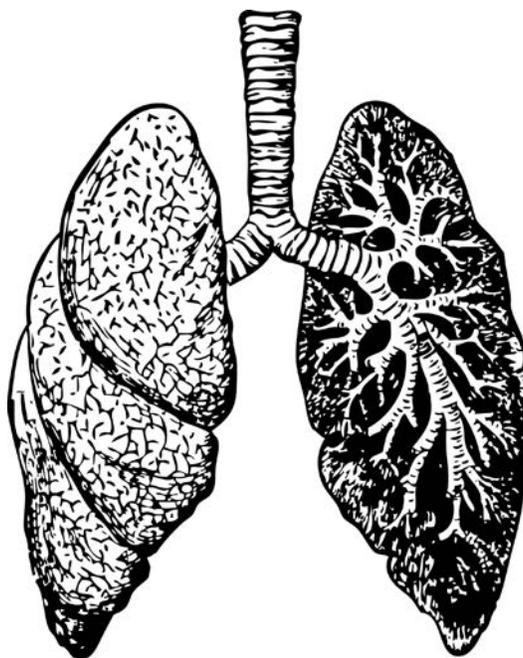
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# “I can’t breathe!”

By Victoria Lewin-Fetter, M.D.

In early December 2014, the venerable *New Yorker* magazine had as its cover a picture of the Gateway to the West titled “Broken Arch”. It shows the arch and the city of St. Louis split in half: the left side is white, the right side is black.(1) The cartoon eloquently reflects the chasm between Whites and mostly underprivileged minorities of colour in America. Journalists from all over the world flocked to Ferguson, a suburb of St. Louis, to report on the impunity with which whites, often police, shoot unarmed men of colour, be they Trayvon Martin, Michael Brown, Eric Garner, Dontre Hamilton, 12 year old Tamir Price, and a half a dozen other victims since last December. After a grand jury once again declined to indict the officer who strangled Eric Garner on Staten Island, protesters at Grand Central Terminal in New York chanted: “I can’t breathe!” Garner had gasped those words eleven times before he died. There is nothing new about this. In the nineteen nineties, 41 bullets were pumped into Amadou Diallo when police claimed that they mistook a wallet for a gun;(2) and Abner Louima was sodomized with a broomstick by members of the NYPD.

Here, many uneducated men of colour feel utterly hopeless. They believe they have no future, that they have nothing to lose. Not so of the small Black upper middle class. I met a distinguished representative of that group a few decades ago: Dr. Alvin Poussaint, a professor of psychiatry at Harvard Medical School.(3) He told the follow-



ing story: he was to give the keynote address at a conference in Atlanta. In order to save time, he had his secretary, a White woman, come along so he could work between presentations. His hotel was within walking distance of the Convention Centre. As he and she were on their way, he felt a heavy blow to his shoulder, and a voice demanded: “What are you doing, boy?” Dr. Poussaint turned around: a huge White sheriff stood menacingly. Dr. Poussaint said to us, “In a fraction of a second, I went over my options, either to stand up for my dignity in front of my secretary and risk suffering brain damage or death at the hands of this ruffian, or make nice. I chose to stay alive. I explained, most humbly, who I was, that this was my secretary, where we were going, and for what purpose. The sheriff bellowed: ‘Go along, boy!’ We did, ostensibly unharmed.” Dr.

Poussaint’s experience should give pause to those who fault Black men for being uppity with police. Black friends, members of that small elite, have told me of the rage, the exasperation, the despair of their less fortunate brothers, saying, “They just can’t take it any more.”

Michael Katz, in *The Undeserving Poor*, states: “Black men in America’s inner cities die young . . . A famous article estimated that in 1980, Black male youths in Harlem were less likely to survive to age 65 than male youths in Bangladesh.” (4) Today one would think more in terms of age 35, what with murders, drugs, and the modern-day lynching called incarceration, a slow death of the spirit.

Cornel West, one of America’s few public intellectuals, warned, “We either hang together by combating the forces that divide and degrade us, or we hang separately.”(5) Years ago, he also said, “I am not an optimist, but I do have hope.” One sometimes wonders. ∞

## REFERENCES

1. Staake, B., “Broken Arch”, *The New Yorker*, December 8, 2014.
2. Diallo K., *My heart will cross the ocean: my story, my son, Amadou*, New York: Ballantine Books, 2003.
3. Poussaint, A. F.: *Let my burden down*, Boston: Beacon Press, 2000.
4. Katz, M. B., *The Undeserving Poor: America’s enduring confrontation with poverty*, Oxford: Oxford University Press, 2013.
5. West, C., *Race matters*, New York: Vintage Books, 2001.

# Response to President's Remark June 2015

To: Milwaukee Academy of Medicine

From: Ron H. Stark, M.D.

Re: President's Remarks, "the 25%"

Dr. Melzer's President's Remarks article in the June 2015 newsletter was quite thought provoking. It got me to thinking.

At the end of this column he stated "I sincerely hope that we will never be tested". Perhaps we have already been tested to some degree in a less dramatic way than the German physicians in the 1930s.

I have been deeply troubled throughout my practice career by what I perceive as a diminishment of the medical profession, and the doctor-patient relationship. I have been very disappointed in the lack of interest that many of my colleagues have shown over the years in these issues.

Earlier in my professional career, I volunteered a good deal of time to medical societies and other organizations in an attempt to help create an environment that would protect the doctor-patient relationship and the very special role of the medical profession. I finally retreated back to my medical practice with a feeling that I had accomplished little in regard to protecting the doctor-patient relationship, or the status of the medical profession. I was deeply disillusioned by our academic medical institutions, which seemed all too willing to compromise those principles which I held dear in order to court favor with government agencies and insurance organizations. A large grant of money from these organizations seemed to do a good deal to stifle any objections to what they were doing from the institution.

Likewise, many of my colleagues seemed more interested in courting an HMO contract than confronting the organization in regard to unethical insurance practices which injured the patient. I don't mean to sound self-righteous, but I lived through the HMO craze, and saw all of this play out with sordid detail.

What about surgeons that were willing to use products that they did not feel were as safe and effective for the patient because they were requested to do so to save money for the Hospital? That always left a bad taste in my mouth.

So maybe we are already well down the slippery slope. Is it too late? Probably for this old surgeon. Maybe the next generation will do better. If they want help, I'm still around. ☺

***Academy members are encouraged to submit contributions for publication.***

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## From the Academy's Rare Book Collection John Hunter (1728-1793)

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Dr. Hunter lived in an age where physicians commonly experimented on themselves. His 1767 experiments might have included self inoculation with gonorrhea or included syphilis but no acknowledgement or proof exists. At the time he was considered the physician most knowledgeable in the area of venereal diseases. His suspicion that gonorrhea and syphilis were part of the same disease was refuted fifty years later.

His grand collection project was described as "a great unwritten book." "My design in the formation of this museum was to display throughout the chain of organized beings the various structures in which the functions of life are carried on." (2) One display shows a series of stomachs: tapeworm larvae, bees, porcupine, and camel. Another display shows adaptations for progressive motion that includes flying, creeping, burrowing, climbing, leaping, running, and tearing prey. His project was unclear to most but impressive to all and seemed to display creation itself. Many didn't understand him but his faithful family, assistants, and admirers helped willingly. Those who were trained by him carried on his drive and ideas. Most notable was Edward Jenner (1749-1823) and his success against smallpox. Another was the American pioneer surgeon, Phillip Syng Physick (1768-1837) who introduced many practical innovations.

John Hunter died a sudden cardiac or aneurysmal death during an argument at a board meeting of St. George's Hospital. Few others have offered a better example of dynamism and dedication than John Hunter. A witness to this would be his vast collections that were donated to the Royal College of Surgeons. His work remains to challenge succeeding generations. Clift, his loyal assistant, noted after the funeral that "...from the very beginning I fancied, without being able to account for it, that nobody about Mr. Hunter seemed capable of appreciating him. He seemed to me to have lived long before his time and to have died before he was sufficiently understood. The more I have seen, the more I have known, the more I have learned and the more I have thought, the stronger the conviction grows that I shall never look upon his like again." (3) In the twenty years after his death more physicians, scientists, and citizens realized the importance of his immense contributions to medicine and society. John Hunter was re-interred at Westminster Abbey next to Ben Jonson. ☺

### REFERENCES:

1. Kobler, John. *The Reluctant Surgeon: A Biography of John Hunter*. A Common Reader Edition. The Akadine Press, Inc. 1960. Pleasantville, N.Y. (1), (3).
2. Lebeter, Irene. *The Hunter Brothers, East Kilbride's Medical Pioneers*. The Highlander: July-Aug 2015, pp 34-38. (2)