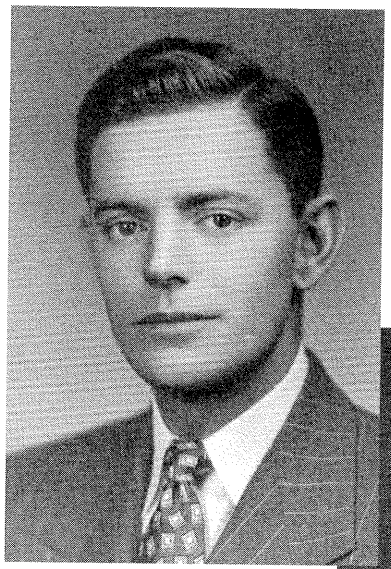
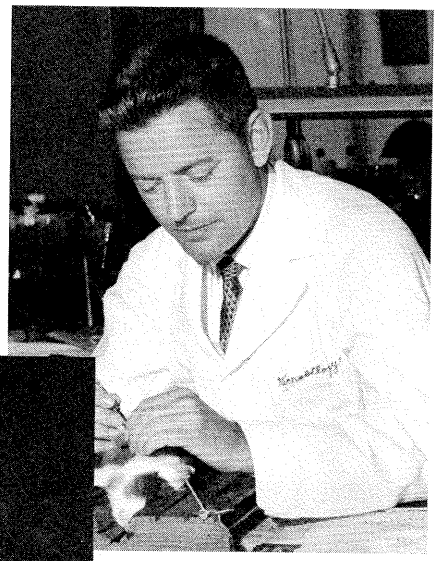
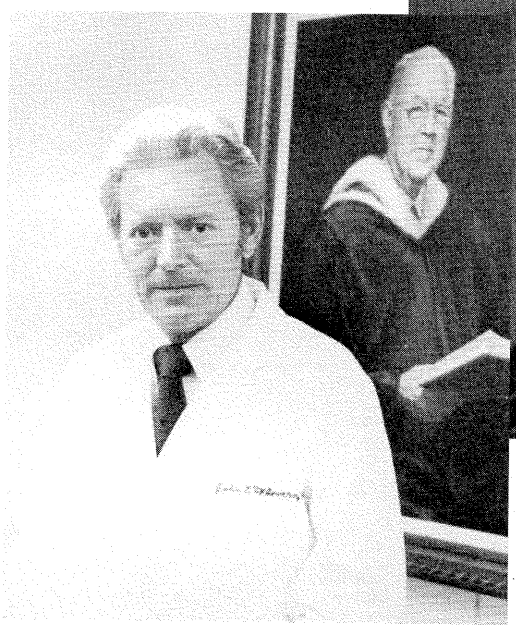
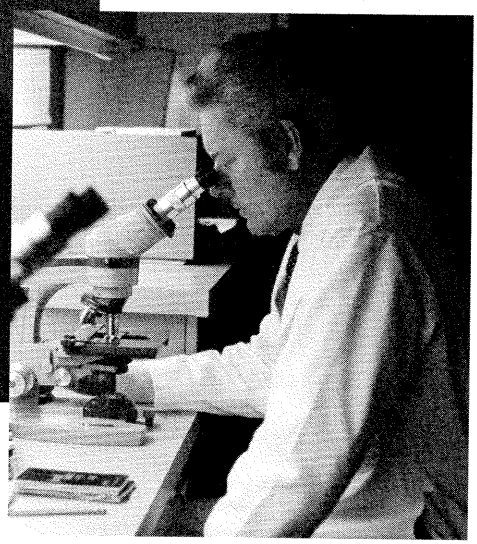



Thirty-Fourth Annual Meeting

American Osler Society

The Warwick Hotel
Houston, Texas
Sunday to Wednesday, 18 to 21 April 2004

By the time he received his M.D. degree, William Osler was an accomplished microscopist. He used this skill to great advantage in his postgraduate study and became a staunch advocate of the value of microscopy in medicine. Osler taught microscopy to students at McGill, brought the first microscope to the University of Pennsylvania Hospital, and established the Clinical Microscopy Laboratory at Johns Hopkins. A special meeting of the Johns Hopkins Historical Club was held in 1925, at which time a memorial plaque was presented to the hospital by 50 of Osler's colleagues and friends. Dr. R. Tait McKenzie, the artist who executed the plaque, said it was "intended to represent Dr. Osler at a clinical lecture. The hand is stretched out to his microscope that was always his faithful companion." (Special meeting of the Johns Hopkins Historical Club, 1927. Presentation to the hospital of memorial plaque of Sir William Osler, January 19, 1925. *Bulletin of the Johns Hopkins Hospital* 41: 139-153).

Thirty-Fourth Annual Meeting
of the

American Osler Society

The Warwick Hotel
Houston, Texas
Sunday to Wednesday, 18 to 21 April 2004

On the cover

Dr. John P. McGovern, whose energy and enthusiasm were largely responsible for the formation of the American Osler Society in 1971.

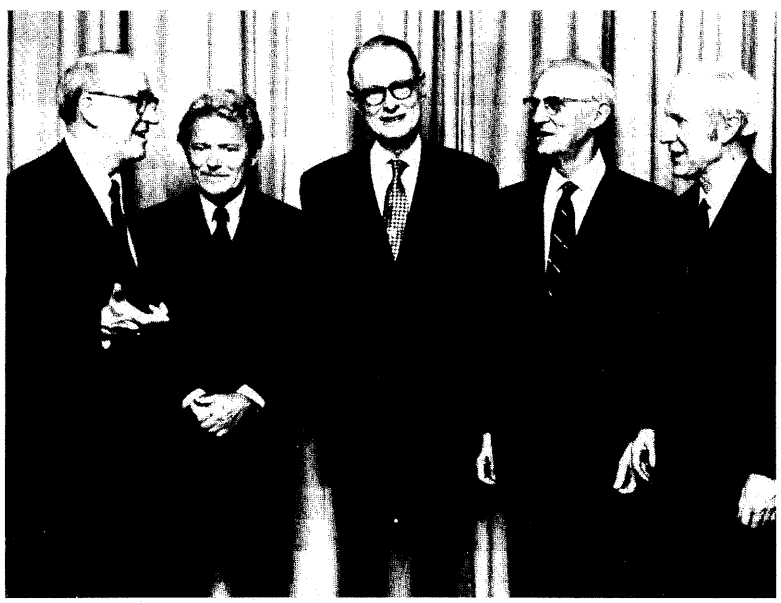
Some Overall Learning Objectives

1. Discuss, in the context of the papers presented at this meeting, the following statement given by Lawrence D. Longo in his Presidential Address at the 2003 annual meeting: "The challenge of us as Oslerians is to eschew hagiography, with excessive reverence for the 'great men and their discoveries,' and to promote scholarship worthy of our namesake. A critical aspect of this endeavor is to gain a broad understanding of the past and its social and cultural milieu, from which we can draw our own lessons."
2. Compare and contrast the issues facing medicine at the turn of the twentieth century, when William Osler as Professor of Medicine at Johns Hopkins, with issues now facing medicine in the early twenty-first century, and provide specific examples illustrating the ability of individuals to influence events.
3. Evaluate the relevance of history to specific diseases, such as diabetes mellitus, chronic renal failure, leprosy, cholera, lymphomas including Hodgkin's disease, and childhood leukemias.
4. Critique at least three personal ideals of William Osler as they might apply to the early twenty-first century, and evaluate the merit of claims made by Osler's occasional critics.
5. Assess the impact of the following successive trends on medical education in the United States: the importation of Old World (and especially Scottish) methods of teaching leading to the founding of the University of Pennsylvania Medical School; the organization of the Johns Hopkins University; the implementation of full-time clinical professorships; and current attempts to promote Oslerian ideals.

Officers

American Osler Society

President	MARVIN J. STONE
First Vice-President	CHESTER R. BURNS
Second Vice-President	CLAUS A. PIERACH
Secretary-Treasurer	CHARLES S. BRYAN
Historian	CHARLES G. ROLAND
Board of Governors	JACALYN DUFFIN (2004), JOSEPH W. LELLA (2004),
(EXPIRATION OF TERM)	CLIFTON R. CLEAVELAND (2005), JOHN NOBLE (2005),
	P. PRESTON REYNOLDS (2005), NEIL McINTYRE (2006),
	DANIEL D. MORGAN (2006), CLYDE PARTIN, Jr. (2006)
Elected Officers	MARVIN J. STONE (2007), CHESTER R. BURNS (2008),
(EXPIRATION OF TERM)	CLAUS A. PIERACH (2009), CHARLES S. BRYAN (2006)
Most Recent Past Presidents	MARK E. SILVERMAN (2004), JOHN C. CARSON (2005)
	LAWRENCE D. LONGO (2006)



The first five presidents of the American Osler Society were photographed at the 1974 annual meeting in Philadelphia. From left to right, they are: Edward C. Rosenow, Jr., John P. McGovern, Thomas M. Durant, George T. Harrell, and William B. Bean.

Sunday, 19 April 2004

3:00-5:00 pm — Readings (FRANCIS A. NEELON, organizer)
The Presidential Suite at the Warwick Hotel

7:00-9:00 pm — Board of Governors Meeting
The Presidential Suite at the Warwick Hotel

Monday, 19 April 2004

General Session No. 1 (MARVIN J. STONE, Chair)

7:50 — MARVIN J. STONE
Welcome and Announcements

8:00 — ROBERT G. MENNEL
A Medical School Comes to the American Colonies: The University of Pennsylvania and the Influence of the University of Edinburgh

8:20 — PHILIP W. LEON
Osler's Famous Patient: Ambassador Whitelaw Reid

8:40 — CLYDE PARTIN, Jr.
The History of Osler's Aphorism #309: *La Maladie Du Petit Papier*

9:00 — JOHN S. FORDTRAN
Preventing Death due to Cholera by Oral Ingestion of Glucose-Saline Solution

9:20 — T. JOCK MURRAY
The History of Marijuana as Therapy

9:40 — *REFRESHMENT BREAK*

10:10 — JOHN C. CARSON
The Style and Character of Daniel Coit Gilman

10:30 — DANIEL D. MORGAN
Franklin Paine Mall: Anatomist, Oslerian Challenger, Experimental Scientist, and Misunderstood Pillar of the Johns Hopkins Success Story

10:50 — ALAN MENTER
Leprosy: Stigma and Pestilence, Emancipation and Cure

11:10 — MARVIN J. STONE
Presidential Address. Thomas Hodgkin: Medical Immortal and Uncompromising Idealist

Noon — *LUNCHEON*

General Session no. 2 (CHESTER R. BURNS, Chair)

1:00 CHARLES S. BRYAN
Aequanimitas Redux: A Response to Latter-Day Critics of Osler

1:20 MICHAEL BLISS
Degrading Osler's Values. I. Harvey Cushing's Work Habits

1:40 STEPHEN W. JARRARD AND ANAND B. KARNAD
Beyond RIP: Harvey Cushing and the Art of the Obituary

2:00 CHARLES S. ROBERTS
Who did Harvey Reference?

2:20 *REFRESHMENT BREAK*

2:50 C. PETER W. WARREN, WILLIAM E. SEIDELMAN, IVAN DIAMOND, JACALYN DUFFIN, PETER CRUSE, WILLIAM A. WHITELAW, AND JOSEPH J. LELLA
Teaching Medical History to Medical Students in Canada

3:10 P. PRESTON REYNOLDS
Breaking Through the Ivory Tower: The Racial Integration of Medical Education in the United States, 1950-1970

3:30 PAUL BERMAN
Evolution of an Eponym: Dorothy Reed and the Reed-Sternberg Cell

3:50 CHARLES F. WOOLEY AND PAMELA MILLER
Tell Brother Regius ...

4:10 *ADJOURN*

4:30 *BUS TOUR OF THE TEXAS MEDICAL CENTER (THE FIRST BUS LEAVES THE WARWICK HOTEL AT 4:30 P.M., THEN ONE BUS LEAVES EVERY 10 MINUTES) ENDING AT THE HOUSTON ACADEMY OF MEDICINE-TEXAS MEDICAL CENTER LIBRARY. VISIT THE JOHN P. McGOVERN HISTORICAL COLLECTIONS AND RESEARCH CENTER; COCKTAIL RECEPTION*

7:00 *BUSES TO LE GRAND SALON DE LA COMTESSE AT THE LA COLOMBE D'OR HOTEL AND RESTAURANT*

7:15 *COCKTAIL RECEPTION*

8:00 *BANQUET, FOLLOWED BY SELECTED EXERPTS OF THE DOCUMENTARY FILM, "THE LEGACY OF SIR WILLIAM OSLER," BY ROB STONE*

Tuesday, 20 April 2004

General Session no. 3 (CLAUS A. PIERACH, Chair)

8:00	ALLEN B. WEISSE The Elusive Clot: The Controversy over Coronary Artery Thombosis
8:20	MARK E. SILVERMAN Better Living Through Electricity: The History of Defibrillation and Cardioversion
8:40	W. BRUCE FYE T. Lauder Brunton: Prolific Pioneer of Cardiovascular Pharmacology
9:00	JOHN L. GRANER Inspired by Osler: Leonard Rowntree and the Establishment of the Research Tradition at the Mayo Clinic
9:20	MARTIN L. DALTON The Letters and Friendship of Alfred Blalock and Tinsley Harrison
9:40	*REFRESHMENT BREAK*
10:10	BRYANT BOUTWELL Sir William Osler: Bridging Medical and Public Health Models
10:30	C. JOAN RICHARDSON AND BARBARA L. THOMPSON Clara Barton and the Great Galveston Storm of 1900: Her Last Disaster Mission
10:50	PAMELA MILLER An Illustrated Presentation on the Recent Renovations to the Osler Library of the History of Medicine, McGill University
11:10	*John P. McGovern Lecture* WILLIAM F. BYNUM Practicing Medicine on Principles: Medical Textbooks Before Osler
Noon	*BUSES LEAVE FOR GALVESTON: SPOUSES/GUESTS TO ASHTON VILLA; MEMBERS TO OLD RED, UTMB CAMPUS; CASUAL DRESS*
1:30	Spouses and Guests to 1859 Ashton Villa for guided tour of Villa, light tea in the Ashton Villa Ballroom, and a style show featuring Victorian Fashions

Special Session, The Old Red Amphitheater, University of Texas Medical Branch, Galveston
(ROBERT E. RAKEL, Chair)

1:30	JOHN D. STOBO Welcoming Remarks
1:35	CHESTER R. BURNS Oslerians Gather in Galveston, 1970
1:55	ROBERT E. RAKEL William B. Bean, M.D., First President of the American Osler Society
2:15	JACK B. ALPERIN The John P. McGovern Academy of Oslerian Medicine
2:40	*Comments by Dr. Stobo*
2:50	MARVIN J. STONE A Tribute to John P. McGovern
3:30	Guided Tours of Old Red's McGovern Hall of Medical History, an Art and Medicine exhibit in the foyer of the Moody Medical Library, and the Truman G. Blocker, Jr. History of Medicine Collections in the library. Refreshments in the library, courtesy of the Chauncey Leake History of Medicine Society
4:45	Reception at the Texas Seaport Museum; Hors d'Oeuvres courtesy of the John P. McGovern Academy of Oslerian Medicine. Cocktails and appetizers may be carried by visitors to the following venues that will be available until 7:00 p.m.: the Texas Seaport Museum; a film in the museum's theater about the restoration of the 1877 *Elissa*; the *Elissa* , which is docked next to the museum (*NO HIGH HEELS*); a film on Galveston's 1990 hurricane in another theater connected to the museum; or a narrated tour of Galveston harbor aboard the *Seagull II*, weather permitting (limited to 60 persons per trip; first trip at 5:00 p.m. and second trip at 6:00 p.m.; *NO HIGH HEELS*)
7:30	*BUFFET DINNER IN THE HARBOR ROOM OF FISHERMAN'S WHARF SEAFOOD RESTAURANT ADJACENT TO THE TEXAS SEAPORT MUSEUM*
9:00	*BUSES RETURN TO THE WARWICK HOTEL*

Wednesday, 21 April 2004

7:30 Annual Business Meeting of the American Osler Society
(MARVIN J. STONE, Presiding)

General Session No. 4 (T. JOCK MURRAY, Chair)

8:00 CLAUS A. PIERACH
Osler and the Nobel Prize?

8:20 JOHN W. K. WARD
John Arbuthnot: A Neglected Life (1667-1735)

8:40 HECTOR O. VENTURA
From Scotland to Argentina: Dr. Joseph Redhead and his Influence in Argentinean Science During the Independence Wars

9:00 JACK ALPERIN
William Osler: The First American Hematologist

9:20 SANDRA W. MOSS
The Regius Professor of Medicine and the Méthode Graphique: John Burdon Sanderson and the Sphygmograph

9:40 *REFRESHMENT BREAK*

10:10 R. DENNIS BASTRON
Crawford W. Long: A Georgia Student

10:30 ANDREW FENVES
The Rise and Fall of Bright's Disease

10:50 ROBERT R. NESBIT, Jr.
The Autopsy

11:10 CHARLES T. AMBROSE
Erotian, Dunglison, and Stedman: A Short History of Medical Dictionaries

11:30 NEIL McINTYRE
Britain's First Medical Marriage: George Hoggan, Frances Morgan, and the Mysterious "Elsie"

Noon *LUNCHEON AND CHECK-OUT*

General Session No. 5 (CHARLES S. BRYAN, Chair)

1:00	JOSEPH W. LELLA Moses Maimonides: Reflections on a Life for Our Times
1:20	ARTHUR GRYFE The Toronto Medical Historical Club: The Osler Connection
1:40	RUSSELL L. SILVERSTEIN Diabetes Mellitus: From Antiquity through Sir William Osler to Banting and Best
2:00	W. WATSON BUCHANAN Rheumatoid Arthritis: One of Modern Medicine's Enigmas as Seen Through Long-Distance Historical Lenses
2:20	*REFRESHMENT BREAK*
2:50	DAVID K. C. COOPER Christiaan Neethling Barnard: Contributions and Controversies. A Personal View
3:10	S. ROBERT LATHAN Halsted at High Hampton
3:30	MICHAEL E. MORAN Sir William Osler and the Trojan Horse
3:50	ROBIN L. ROHRER The Development of Treatment of Pediatric Leukemias and Lymphomas: The Advent of Multimodal Therapy, 1947-1975
4:10	WILLIAM C. ROBERTS Tomlison Fort of Milledgeville, Georgia: Physician and Statesman
4:30	*ADJOURN*

1

A Medical School Comes to the American Colonies: The University of Pennsylvania and the Influence of the University of Edinburgh

ROBERT G. MENNEL

Robert G. Mennel is Professor of Oncology at Baylor University Medical Center, Dallas, Texas, where he also maintains an active practice and serves as Director of Data Management at the Sammons Cancer Center.

It is no accident that the Thistle, a symbol of Scottish medicine, is also the symbol of the University of Pennsylvania Medical School. The University of Edinburgh Medical School was founded around 1740 by a group of Scottish physicians educated at Leyden. In a very similar situation, William Shippen Jr.and John Morgan, both friends of Ben Franklin went initially to England to study medicine. However both met at the University of Edinburgh Medical School where they obtained their MD degree. None of the colonies had a medical school. John Morgan's father, a Trustee of the College of Philadelphia, the forerunner of the University of Pennsylvania, had aspirations of starting the first medical school in the colonies. Philadelphia was ripe for the establishment of the first medical school. In 1763 while students at the University of Edinburgh Medical School, John Morgan and William Shippen Jr. discussed their plans for medical education in Philadelphia. William Shippen Jr. returned to Philadelphia in 1764 and began lectures in anatomy (the first medical courses in the colonies). John Morgan received his MD from the University of Edinburgh in 1764. In 1765, he wrote " A Discourse upon the Institution of Medical Schools in America." Thomas Penn introduced Morgan's plan to the Board of Trustees of the College of Philadelphia. On May 31, 1765, John Morgan made a formal presentation to the Board of Trustees and idea of the medical school was unanimously accepted. John Morgan was made Professor of Theory and Practice of Physic. William Shippen Jr. was disturbed that he was not consulted and he petitioned the board to be named Professor of Anatomy and Surgery. This petition was granted in September 1765. The first Medical School in the colonies was now officially established. The first faculty of the medical school was rounded out by the addition of Adam Kuhn, Professor of Botany and Materia Medica, and Benjamin Rush, Professor of Chemistry. Rush and Kuhn were also University of Edinburgh graduates, and they would also bring the Edinburgh influence to the new medical school.

These men laid out a curriculum, which was based on and modeled after their experience at Edinburgh. They established a bachelor of medicine degree and also the curriculum for the MD degree. The establishment of a medical faculty within a college was a novel idea in the colonies and was the basis for the College of Philadelphia becoming the University of Pennsylvania.

The Revolutionary War was a challenge for the new nation and the new medical school. At various times Shippen, Morgan and Rush held the highest medical position in the Revolutionary Army. Each physician was critical of the work of the other and this eventually led to a court marshal of Shippen. Even in the face of this controversy the University of Pennsylvania Medical School survived to become the oldest medical school in the United States.

Learning Objectives:

1. Trace the influence of the University of Edinburgh Medical School on the development of medicine within the colonies.
2. Define the conflicts that existed within the colonies for the development of medicine.
3. Describe the lives of the four founders of the University of Pennsylvania Medical School, specifically William Shippen Jr, John Morgan, Benjamin Rush, and Aaron Kuhn.

2

Osler's Famous Patient: Ambassador Whitelaw Reid

PHILIP W. LEON

Philip W. Leon is a professor of American literature at The Citadel, Charleston, South Carolina. He holds the Ph.D. in English from Vanderbilt University and is the author of five books, including Walt Whitman and Sir William Osler: A Poet and His Physician *(1995).*

The list of famous Americans whom Osler treated professionally or knew personally seems endless, and he especially enjoyed his association with writers and other intellectuals of his day. Walt Whitman, Mark Twain, Edith Wharton, Henry James, Sarah Orne Jewett, Thomas Eakins, John Singer Sargent, and other nineteenth-century illuminati were threads of the tapestry that formed Osler's social and medical life. To this growing list we can add the name of Whitelaw Reid, the United States Ambassador to Great Britain, 1905–1912.

Reid (1837–1912) received bachelor's and master's degrees from Miami University (Ohio) with scientific honors and began his career as a newspaper reporter and editor. An early supporter of Lincoln for president, he established a reputation for editorial boldness, backing his convictions with robust writing in the Columbus and Cincinnati papers. As a captain in the Union forces during the Civil War, he sent back objective dispatches from the battlefield. He toured a devastated South and recorded his observations in a book, *After the War: A Southern Tour* (1866).

His writing gained a national forum when he joined the *New York Tribune* as an editorial writer and then managing editor. He later replaced Horace Greeley as editor and proprietor and became famous for his strong stand during presidential elections.

In 1888 he became the American ambassador to France where he persuaded the French government to reverse its policy of prohibiting the import of American meat products. His stature grew in 1892 when he was the unsuccessful vice-presidential candidate on the ticket with Benjamin Harrison. In 1897 he was special ambassador of the United States at the Jubilee Celebration of Queen Victoria's reign. At President William McKinley's request, Reid served as a negotiator at the Paris Peace Conference that ended the Spanish-American War in 1898.

In 1905, McKinley's successor Theodore Roosevelt selected Reid to serve as the ambassador to Great Britain, and it was there that he and Osler became close friends. They both belonged to the Roxburghe Club in London, and Reid would attend various functions at Oxford, including his receiving an honorary degree there in 1907 along with their mutual friend Mark Twain. Osler discovered that Reid's wife had an intense interest in medical education. Through her philanthropic efforts, several hospitals and training institutions on both sides of the Atlantic became her legacy. Osler frequently asked her to donate to his special causes.

We have Osler's own words to show how close he to Reid. On 15 December 1912, Osler wrote, "I have had a worrying week . . . particularly with Whitelaw Reid's illness. I had to go to town every evening as I seemed to be of greater comfort to him than his London doctors. He will be much missed here."

Learning Objectives:

1. List three of Reid's significant political contributions at the national level.
2. Explain Reid's exceptional popularity as the U.S. Ambassador to Great Britain.
3. Explain how Reid and his wife championed medical education in the U.S. and abroad.

3

The History of Osler's Aphorism #309: *La Maladie Du Petit Papier*

CLYDE PARTIN, JR.

Clyde Partin is Assistant Professor of Medicine at Emory University School of Medicine. His many interests include undergraduate medical education, the history of anatomy, and unusual medical phenomena.

Aphorism #309 of Sir William Osler stated "A patient with a written list of symptoms – neurasthenia." The French have called this "*la maladie du petit papier*" or the malady of the small piece of paper. The bias against list-making patients persists and most practitioners today would prefer not to see a patient bring out a written list of complaints, tending to view such behavior as suggestive of an anxiety or somatoform disorder. Osler had a keen eye for recognizing neurasthenics and had a limited tolerance for such patients. There is no reference in Osler's writings to this phenomenon or any clues as to where he may have learned of it. The phrase was likely passed down informally in rounds or lectures and captured by Robert Bennett Bean, MD, whose son later published the well-known collection of Osler's aphorisms. Despite the widespread acceptance of the connection between anxiety disorders and patients with lists, there is an incredible paucity of clinical data to support the idea of *la maladie du petit papier*. Little exists in the medical literature on the subject and even less can be found with regard to the historical origins. What tidbits of information that do exist suggest that the phrase originated in late 19th century Paris in the neurology clinics of Jean-Martin Charcot at the Salpetriere Hospital. Just as in Osler's writings, no specific reference to *petit papier* can be found in Charcot's works and the idea was probably transmitted via an oral tradition in his famous Tuesday Lessons. One could speculate that Charcot's student Henry Meige, who became an accomplished neurologist, first conceptualized the idea. In his book, *LE JUIF ERRANT A LA SALPETRIERE*, Meige describes a patient: "In a voluminous batch of filthy scraps of papers that never leaves him, he shows us prescriptions from all the universities of Europe and signed by the most illustrious names." Was this the *form fruste* of *la maladie du petit papier*? In an effort to understand more about the relationship between patients and their lists of medical complaints, I collected 150 lists from my own patients and carefully analyzed them. I concluded that the phenomenon was a benign behavior, but did correlate it with depression and anxiety disorders that paralleled the demographics of depression and anxiety in the general population.

Learning Objectives:

1. Recognize that there is limited clinical data to support the notion that patients who come into the office with a written list of complaints have anxiety disorders.
2. Outline the theoretical historical genesis of the concept of la maladie du petit papier.
3. Present some unpublished clinical data and explain my approach to patients with a laundry list of medical complaints and symptoms.

4

Preventing Death due to Cholera by Oral Ingestion of Glucose-Saline Solution

JOHN S. FORDTRAN

John S. Fortran has spent most of his career in Dallas, Texas, first at the Southwestern Medical School and since 1979 at Baylor University Medical Center where he has served as chief of the Department of Medicine, president of Baylor Research Institute, and, at present, as director of Gastrointestinal Physiology. He is co-editor of Gastrointestinal Disease: Pathophysiology, Diagnosis, Management.

The history of cholera provides "sharp paradoxes between brilliant observations and an almost total and sustained lack of acceptance by a befuddled medical profession. In 1832 Dr. Thomas Latta convincingly demonstrated that intravenous infusion of large volumes of saline solutions prevented death from cholera (*Lancet* 1831-1832; 2: 274-277). Nevertheless, in 1909 Osler advocated calomel, gastric lavage, opium, brandy, and tannic acid enemas for cholera, a therapy that could be characterized as "benevolent homicide" (Carpenter, *Johns Hopkins Med J* 1976; 139: 153-162).

Although intravenous therapy is life saving, it had little effect on mortality rate because it was (and is) unavailable in the villages where cholera epidemics mainly occur. In the 1960s it was shown that the mortality rate from cholera could be drastically reduced by oral ingestion of glucose-saline solutions, saving ab out five million lives per year. This discovery, hailed as the most important medical advance of the twentieth century (*Lancet,* August 5, 1978), took place on two fronts, one by physicians studying cholera, the other by physiologists and biochemists studying the mechanisms of sodium and glucose absorption. Among the clinical scientists, the most prominent was Robert A. Phillips, who attempted oral rehydration with glucose-saline in 30 patients with cholera in 1961, without a sound pathophysiologic rationale. Five of the 30 patients died, and Phillips therefore abandoned this method of therapy. In the basic sciences, Dennis Parsons's studies in 1957 showed that glucose did not stimulate sodium absorption by the rat ileum, and htis finding was extrapolated (erroneously) to other animals and to all levels of the small intestine. In 1961 Robert Crane discovered sodium-glucose cotransport as the mechanism for active glucose absorption and in 1964 Stanley Schultz showed that active sugar absorption stimulated sodium absorption. In 1965 A.H.G. Love showed that glucose absorption was normal in rabit and human intestine with cholera, and that glucose stimulated intestinal sodium and water absorption in patients with cholera. Starting in 1968, public health-oriented physicians trained women in villages to prepare and administer oral glucose-saline.

The discovery of oral rehydration therapy of cholera was delayed for years by lack of scientific rationale on the part of R.A. Phillips (although it was he, to a large extent, who had the idea), by "knowledge" from an animal that turned out to be wrong for humans, by publication of clinical studies in proceedings of symposiums that effectively buried the results of outsiders, and by failure of basic scientists to appreciate the therapeutic potential of their discoveries.

Learning Objectives:

1. Explain the reasons for delayed application of rational therapies for cholera.
2. Explan the normal mechanisms of sodium and glucose absorption.
3. Explain how oral rehydration for cholera was discovered and implemented, and why it represents one of the major medical advances of the last 100 years.

5

The History of Marijuana as Therapy

T. JOCK MURRAY

T. Jock Murray is former Dean of Medicine and Professor of Medical Humanities at the Dalhousie University. His numerous awards include the Neilson Award from the Hannah Institute for the History of Medicine and the Nicholas Davies Award from the American College of Physicians.

Although the medicinal use of marijuana is currently controversial, it has been used for symptoms and illness for centuries, mentioned in Chinese, Egyptian, Indian and Greek writings over the last 5000 years. It was part of celebrations in some cultures, but also used for relaxation, stimulation of appetite, relief of seizures, alcohol and opiate withdrawal, pain, diarrhea and fever. In many countries the plant was harvested as a crop for hemp rope. George Washington raised hemp and it was the second major crop after cotton in America. In other climates the heavier resin content made it more popular for medicinal and psychic effects. It became prominent in Western societies in the 19th century when writers in France (the Club of Hashchichins) popularized it for its psychic effects, and the English, influenced by W.B. O'Shaughnessy, used it for medicinal purposes. It entered the pharmacopoeias of England and the USA and was available across the counter for many symptoms. In the early 20th century, when prohibition was looming, there were growing concerns in America about the recreational use of marijuana, and its association with New Orleans musicians, immigrants and subcultures, and a campaign to declare it a "dangerous menace" began. The USA pressured other countries to outlaw it under the Geneva Convention. When it was removed from the British (1932) and USA (1941) pharmacopoeias there was no protest raised, and marijuana did not become a public issue until after WW II when journalists, crusaders and scientists renewed interest in the 1960's.

Most major reports on marijuana after it was outlawed, including the Mayor (LaGuardia) Report, NY Academy of Medicine and two Institute of Medicine reports, noted its relative safety and potential medical use, but political, religious and social pressures kept it outlawed, even for medical use. Some countries such as Holland have liberalized laws on marijuana in society, and there are marijuana bars and "compassion clubs" opening in many countries with the police looking the other way. Australia, England and New Zealand limit use to defined medical conditions. Canada has recently developed a system for medical use and the US government has expressed great concern over this liberalization of marijuana laws by a neighbor.

The essential question is whether marijuana is a safe and useful medicine for some conditions but the research is difficult to design and the current data is conflicting and controversial. The author, who has never inhaled, has no political view to express, but observes the slowly swinging pendulum historically and will outline the pros and cons expressed in the debate over the last century.

Learning Objectives:

1. Explain the different interest in France (psychic effects) and England (medicinal uses) in the 19th century.
2. Explain how an accepted over-the-counter medicine became outlawed as a dangerous social menace in the 20th century.
3. List the pros and cons of the current debate over medicinal use of marijuana

6

The Style and Character of Daniel Coit Gilman

JOHN C. CARSON

John C. Carson has, since 1960, been in the private practice of cardiovascular diseases in La Jolla, California, where he is also Clinical Professor of Medicine at the University of California, San Diego. A native Kansan, he is a past president of the American Osler Society.

Daniel Coit Gilman is known as the founding President of Johns Hopkins University, the first Director of the Johns Hopkins Hospital, and as the dedicatee of Osier's *Aequanimitas.* Two biographies, by Fabian Franklin, and by Abraham Flexner, bring out the salient features of his distinguished career, but tell little of the personality of the man, or outline the remarkable degree in which Gilman was involved in every appointment to the Hopkins' staff, both university and medical.

This paper came about in a serendipitous way: I was puzzled that one of my American literary heroes—Albert Stansburrough Cook—the first appointed member of the Hopkins English Literature section in 1879, was not reappointed in 1881, but went on to join the University of California, Berkeley in 1882, and finally was the chief ornament of Yale's English faculty from 1889-1921. How could this have happened, and why?

I have been through the extensive correspondence pertaining to the question.It is at the Eisenhower Library in Baltimore, the Bancroft Library in Berkeley, the Sterling Library in New Haven, and in the archives of The Lake Mohonk Mountain House in New Paltz, New York. What emerges is a fascinating portrait of Daniel Coit Gilman, and an intimate view of the Groves of Academe in the years 1869-1902.

What was different at Hopkins and how was it achieved ?

The answers will be of interest to all students of America's first research university and its first truly academic medical school.

Learning Objectives:

1. Discuss why Osler and indeed all members of the faculty at both the university and medical campuses at Johns Hopkins held Daniel Coit Gilman in such high regard.
2. Describe how Gilman functioned as president of The Johns Hopkins University and Director of The Johns Hopkins Hospital, in choosing his staff and encouraging them to do and publish original work.
3. Outline the differences in the work of a university president between 1876-1904 and in the early twenty-first century.

7

Franklin Paine Mall: Anatomist, Oslerian Challenger, Experimental Scientist, and Misunderstood Pillar of the Johns Hopkins Success Story

DANIEL D. MORGAN, M.D.

Daniel Morgan practices orthopaedic surgery in Fremont, California. He maintains an active interest in the history of medicine and chairs the Bioethics Committee at his hospital.

The success of the Johns Hopkins Medical School had many fathers, but when those Halcyon days are reviewed, Franklin Paine Mall is often forgotten and marginalized. This medical research scientist had a different teaching vision from Osler, but both men embraced "learning by doing." Mall was the consummate scientist, Osler the exemplary physician. Mall's dedication to science and research pitted him against Osler, the inspiring teacher and practicing clinician. These men represented profound differences, but each had a major impact on medical education. Mall, lacking charisma and in appearance unimpressive, had many detractors; Osler, the opposite in style and manner, motivated generations of physicians. Mall's seeming laziness belied a career of solid scientific accomplishment and persistent influence on the structure of academic medicine.

This paper will review the life and vision of Franklin Paine Mall, his dedication to experimental science, and the need for perpetual research to challenge and advance clinical medicine. Comparing and contrasting the teaching philosophies of Osler and Mall is meaningful today when medicine is again struggling with market forces threatening to undermine the structure of the profession.

Osler told Mall upon his departure for Oxford in 1905, "Now I go and you have your way." Mall's mark was enduring and is worthy of consideration by the Osler Society. This paper will reassess his status as one of the pillars of the Johns Hopkins Medical School and a major contributor to the history of American medicine.

Learning Objectives:

1. Compare the teaching style and skills of Franklin Paine Mall and William Osler.
2. Describe the research versus clinical conflict between Osler and Mall.
3. Explain Mall's contribution to the Johns Hopkins medical school and to American medical education.

8

Leprosy: Stigma and Pestilence, Emanicipation and Cure

ALAN MENTER

Alan Menter is Clinical Professor of Dermatology at Southwestern Medical School and Chief of the Dermatology Division at Baylor University Medical Center, Dallas. He received his primary education in South Africa, where he represented the National Rugby Team, and has published extensively and held many offices in the field of dermatology.

The history of Leprosy is indeed fully intertwined with the history of man. No other communicable disease has the uniqueness of only being transmitted in its true form to humans. Thus, from Old Testament times the Hebrew term "Tzaraath" likely encompassed both Leprosy and other skin conditions as did the term "Lepra" in the New Testament.

Aractus and Galen coined the term "Elephaniasis Graecorum" in Europe in about 150 AD while mention is made in Indian and Chinese texts as early as the 5th century AD of a disease very likely to be Leprosy. In fact examination of Egyptian Mummies has shown strong evidence that the disease existed in the 2nd century.

Patients were segregated in Europe during the Middle Ages in "Lazarets" or "Leprosaria" and Leprosy became known as the "Living Death". Their ostracization even extended to the church where they were required to peer through a "Leper's Slot" to view services.

In 1873 Armauer Hansen discovered the Leprosy Bacillus in Norway. Dapsone in 1908 was introduced as a treatment in Germany and finally Rifampicin allowed Leprosy patients to take their rightful place in society free from stigma or being ostracized.

Learning Objectives:

1. List the important advances in the understanding of Leprosy, as a disease entity.
2. Outline the significant therapeutic advances in leprosy.
3. Explain the significance of the discovery of the causal organism of Leprosy.

9

Presidential Address

Thomas Hodgkin: Medical Immortal and Uncompromising Idealist

MARVIN J. STONE, M.D

Marvin J. Stone has been Chief of Oncology and Director of the Charles A. Sammons Cancer Center at Baylor University Medical Center in Dallas since 1976. He directs the junior medical student clerkship and the medical oncology fellowship program. Dr. Stone has published widely in hematology and immunology. He is currently president of the American Osler Society.

Thomas Hodgkin (1798-1866) was born into a devout Quaker family in London. He was a scholarly youngster, especially proficient in languages. After an apprenticeship to an apothecary, he entered medical school and received his MD from Edinburgh University in 1823. As a student, he visited several European medical centers and met René Laënnec in Paris who introduced him to the use of the stethoscope. In 1825 he was invited to become the first lecturer in morbid anatomy and curator of the museum at Guy's Hospital. While at Guy's he was a colleague of Richard Bright and Thomas Addison. All 3 were interested in correlating clinical and pathological findings. Hodgkin's studies resulted in his publication, "On some morbid appearances of the absorbent glands and spleen" in 1832. Here he described the clinical histories and post-mortem findings of 7 patients with gross enlargement of lymph nodes and spleen, but without evidence of inflammation or other significant pathology. Hodgkin's work on this new pathologic condition was performed without the aid of a microscope even though he had collaborated with J. J. Lister on an 1827 paper describing improved microscopic resolution of red blood cells and muscle using Lister's achromatic lenses. Hodgkin's report on the condition involving lymph nodes and spleen was cited by Bright in 1838 and named "Hodgkin's disease" by Samuel Wilks in 1865. Microscopic review by Fox in 1926 confirmed that 2 of 3 of Hodgkin's original cases did in fact have Hodgkin's disease. Hodgkin also published a remarkable description of aortic insufficiency 5 years prior to that of Corrigan, to whom original credit is usually given.

Hodgkin refused fellowship in the Royal College of Physicians when it was offered in 1836 because he objected to the method of selection of Fellows. His stay at Guy's Hospital extended from 1825 to 1837 and ended abruptly when was denied appointment as assistant physician, in part resulting from his outspoken criticism of the Hudson's Bay Company for its exploitation of American Indians by colonists. The autocratic treasurer and chief administrator at Guy's, Benjamin Harrison, was deputy governor of that company. Hodgkin was depressed by his rejected candidacy for promotion to a clinical position and left Guy's. He was further disappointed by being unable to marry his true love because of the Quakers' rule prohibiting marriage between first cousins. Hodgkin conducted a small private practice, but often did not charge patients usual fees. In 1842, he had a brief term as lecturer in medicine at St. Thomas's Hospital but gave up that position for unclear reasons. He wrote on medical education, temporary insanity, and various public health issues. Always a social activist concerned for the oppressed and underprivileged, he became more involved with ethnological, philosophical and philanthropic activities. He became the close friend and personal physician of Moses Montefiore, a successful businessman and philanthropist, and traveled with him on multiple occasions over 40 years. Hodgkin's efforts to improve the life and health of native people in Africa, Australia, and North America as well as Jews in many countries was a lifelong effort. During a visit to Palestine with Montefiore in 1866, Hodgkin developed dysentery and died. He is buried in Jaffa.

Despite the fact that its etiology is still unknown, much has been learned about the malignant lymphoma named for him and today, 80% of patients with Hodgkin's disease are cured. In a broader sense Thomas Hodgkin's life continues to serve as a model for social justice, applicable to physicians and lay persons alike.

Learning objectives:

1. Outline Thomas Hodgkin's medical career and his description of the lymphoma named after him.
2. Explain why, despite his brilliant achievements, Hodgkin was refused appointment to the clinical staff of Guy's Hospital.
3. List Hodgkin's contributions to medicine and social justice.

10

Aequanimitas Redux: A Response to Latter-Day Critics of Osler

CHARLES S. BRYAN

Charles S. Bryan is Heyward Gibbes Distinguished Professor of Internal Medicine and Director of the Center for Bioethics and Medical Humanities at the University of South Carolina. His writings include Osler: Inspirations from a Great Physician *(1996).*

Two of William Osler's public addresses have famously gotten him into trouble. During his lifetime, the lay press flogged him on account of his unfortunate allusion to the plot of an Anthony Trollope novel during his 1905 farewell address to the Johns Hopkins faculty, entitled "The Fixed Period." In the later years of the twentieth century, scholars began to attack him for his advocacy of imperturbability and its mental counterpart, *aequanimitas*, during his 1889 valedictory address at the University of Pennsylvania, "Aequanimitas." Osler has been called "the father of detachment," implying that he is the antithesis of the caring, empathetic physician. This charge against Osler seems to have originated with Gerald Weissman's 1984 essay, "Against *Aequanimitas*." Howard Spiro and his colleagues, in *Empathy and the Practice of Medicine* (1993), picked up on Weissman's charges, which recently were further developed by Jodi Halpern in *From Detached Concern to Empathy: Humanizing Medical Practice* (2001). Referring to "Osler's model of equanimity," Halpern argues that "Osler's rhetoric promotes the idea that detachment serves rationality." She goes on to say that Osler's account, "influenced by traditional negative views of emotions, fails to address how the common emotional sensitivities of physician and patient can add something to history-taking and clinical judgment."

I suggest Osler's recent critics err on at least three levels. First, they remove the "Aequanimitas" address from its historical context. Osler said to the graduating students, in effect, "Look, this is your day, and rather than bore you with a long address I am going to discuss only two of the many virtues and attributes you will need in practice." Second, the more vocal critics do not seem to have made a serious attempt to understand Osler's life and teachings. Halpern, for example, makes two serious blunders: (1) "In his 1910 essay, 'Aequanimitas,' Osler emphasized ..." (the address was given in 1899, not 1910); and (2) "When his [Osler's] own daughter died, he carefully hid his intense grief and carried on with his work" (Osler did not have a daughter!). Third, and most important, they do not account for the context of Osler's historical source for *aequanimitas*, which was the Roman emperor Antoninus Pius. Antoninus Pius, who was Marcus Aurelius's uncle, exemplifies the Middle Stoa and its notion of *metriopatheia* (in essence, using emotions wisely) as opposed to the early Stoic ideal of *apatheia* (showing no emotions). *Metriopatheia*, as Mark Carr argues in *Passionate Deliberation: Emotion, Temperance, and the Care Ethic in Clinical Moral Deliberation* (2001), remains a highly useful concept in medicine.

Osler's exposition of imperturbability and *aequanimitas* are not inconsistent with an ethic of caring. Those who proclaim Osler "the father of detachment" not only do Osler an historical injustice but also belittle a potentially important role model for today's medical students and young physicians.

Learning Objectives:

1. List at least five criticisms of Osler during recent decades, and discuss briefly the grounds for each.
2. Discuss the context of Osler's "*Aequanimitas*" address in light of recent criticisms of Osler as the "father of clinical detachment."
3. Differentiate, in Stoic philosophy, the concepts of *apatheia* (Early Stoa) and *metriopatheia* (Middle Stoa).

11

Degrading Osler's Values. I. Harvey Cushing's Work Habits

MICHAEL BLISS

Michael Bliss is University Professor at the University of Toronto. His most recent book is William Osler: A Life in Medicine *(1999); others include* The Discovery of Insulin, Banting, Plague, *and* Right Honourable Men. *His numerous honors include membership in the Order of Canada, the Tyrrell Medal from the Royal Society of Canada, and the Welch Medal from the American Association for the History of Medicine.*

From at least his years as a medical student Harvey Cushing was an extreme example of what we call a "workaholic". Mirroring the work habits of his father before him, Cushing applied himself for 16-18 hours a day, seven days a week, with extra effort on holidays. Observers marvelled at, despaired of, and worried about Cushing's work habits. His wife became very disillusioned, his children were neglected.

Cushing's work habits will be discussed as a case study in the misapplication of Osler's concept of the "master-word in medicine." I will raise general questions about the origins of the emphasis on hard work in medicine in the Osler/Cushing era, and in the evolution of neurosurgery, and ponder the implications of these issues for medicine today. I will suggest that if we read Osler's essay and example more carefully, we might choose a new master word in medicine, one that Cushing understood but could never quite apply.

(This paper will be the first in a two-part meditation on the degradation of Osler's values. The second, to be submitted for next year's meeting, will be a discussion of the sad career of John Fulton, Cushing's protégé and first biographer)

Learning Objectives:

1. Discuss the history of work habits in the formative years of modern medicine
2. Weigh the balance in medicine between profession and private life
3. Discuss the issues swirling around hours of work for residents and physicians, past, present, future

12

Beyond RIP: Harvey Cushing and the Art of the Obituary

STEPHEN W. JARRARD AND ANAND B. KARNAD

Stephen W. Jarrard is a Major in the United States Army and a general surgery resident at Eisenhower Army Medical Center, Fort Gordon (Augusta), Georgia. Anand B. Karnad is Professor of Medicine and Chief of Hematology-Oncology at the James H. Quillen College of Medicine, East Tennessee State University, Johnson City, Tennessee. His writings include a biography of William Castle.

Aim: A comprehensive review of the craft of obituary writing and memorial tributes as practiced by Harvey Cushing, MD.

Methods: All Cushing's published obituaries or memorial tributes were reviewed. A literature review was performed to assess the impact of these writings. All primary and secondary sources were reviewed.

Results: Cushing's obituary of Robert Fletcher (1823-1912) was published in 1913, and there followed 10 other obituaries or memorial tributes during his lifetime. Subjects included William Osler, William Stewart Halsted, John Irvine Hunter, Robert Lovett, John Hunter, John Collins Warren, Sir Anthony Bowlby, George Strong Derby, William Thomas Councilman, and William Henry Welch. Also examined are the extraordinarily touching pages in "The Life of William Osler" describing Osler's funeral on the afternoon of January 1st, 1920. Lady Osler chose Cushing as Osler's biographer as soon as she received and read "Sir William Osler: The Man" in the *Boston Evening Transcript* of January 3, 1920. The obituary of William Henry Welch entitled "The "Doctors Welch of Norfolk," written in 1934, had all the elements of a finely crafted literary piece, and received rave reviews in the lay press. We present Cushing's craft of obituary writing and highlight his skills as a writer by analyzing the obituaries and placing them in historical context.

Conclusions: A review of obituaries written by Cushing further reinforces his reputation as a practiced, painstaking writer who relished the craft of biography.

Learning Objectives:

1. Discuss the art of obituary writing as it pertains to he history of medicine and medical biography.
2. Recognize Cushing's literary skills as a writer and his reverence for Sir William Osler.
3. Use Cushing's writings to teach the principles of using medical biography in understanding the history of medicine.

13

Who Did Harvey Reference?

CHARLES S. ROBERTS

Charles Stewart Roberts is a cardiovascular surgeon at Winchester Medical Center, Winchester, Virginia. He is the fifth generation of the Stewart/Roberts family to attend Emory University. He has written three books, including a biography of his grandfather, Life and Writings of Stewart R. Roberts, M.D.: Georgia's First Heart Specialist.

Most medical publications contain references to previous work, and the author's choice of references is a clue to the scholarship. In William Harvey's 1628 book on The Movement of the Heart and Blood, seventeen people are mentioned, all but two of whom where physicians. The earliest person in history cited is Hippocrates (460-370BC) and the latest is Riolan (1577-1657) of Paris, covering a span of twenty centuries.

The two people referred to most often are Galen and Aristotle. Galen (131-201) of Pergamos is mentioned thirty- one times. Harvey probably consulted the 1542 Frober edition of Galen's writings. The fact that Harvey so often mentioned Galen is a testament to the firm grip Galen still had on medicine after fifteen centuries. The four humors still dominated medicine in 1628, as did Galen's belief that the liver was the origin of veins and venous blood. Aristotle (384-322BC) of Athens is mentioned twenty-four times by Harvey. Aristotle described some five hundred animals and emphasized systematic observation. Harvey's book is replete with observations of nonhuman animals.

Several physicians are mentioned three to five times: Erasistratus of Egypt who described the aortic and pulmonary valves, Columbo of Rome who described the pulmonary circulation, Fabrizzi of Padua who described venous valves, and Laurens and Riolan of Paris. Ten people are referred to only once: Hippocrates of Cos, Terence the Roman poet, Avicenna of Persia, Sylvius of Paris, Francastoro of Verona, Hollerius (1496-1592), Vesalius of Padua, Bottallo of France, Bauhin of Basle, and Hoffman of Altdorf. Of the seventeen people, only Riolan and Hoffman were alive in 1628, and both were leading Galenists, opposed to Harvey.

Harvey's 1628 book appeared five years after Shakespeare's First Folio was published and three years after Charles I was crowned. Harvey was a first-born, a Loyalist, and a conservative, reluctant to publish——he was fifty in 1628, and his lecture notes twelve years earlier indicate a knowledge of the circulation. His choice of references also indicates that he did not work in isolation, but rather had a keen knowledge of medical history.

Learning Objectives:

1. Explain the use of references in William Harvey's 1628 book.
2. List the two people Harvey referred to most often.
3. State which physician's beliefs dominated medicine in 1628.

14

Teaching Medical History to Medical Students in Canada

C. PETER W. WARREN, WILLIAM E.SEIDELMAN, IVAN DIAMOND, JACALYN DUFFIN, PETER CRUSE, WILLIAM A. WHITELAW, AND JOSEPH W. LELLA

Peter Warren, who will present this paper, is director of the History of Medicine program at the University of Manitoba and is currently responsibile for the History of Medicine program at the annual conference of the Royal Colelge of Physicians and Surgeons of Canada. He is reporting endeavours of his Canadian colleagues

The teaching and learning of medical history in Canada is active and can be described in four domains.

* Associated Medical Services Inc. together with participating universities has endowed Jason Hannah Chairs in the History of Medicine at 5 Ontario schools and makes funding available for history programs at other universities in Canada. AMS gives every entering medical student in Canada a copy of Chuck Roland's "Sir William Osler 1849-1919, A Selection for Medical Students" in either English or French. AMS also subsidizes student travel to History of Medicine conferences and provides summer studentships for historical research (reported by Bill Seidelman).

**A survey in 1999 revealed that medical history courses are included in the curricula of 11 of the 16 Canadian schools. Most are in first year. 8 are lecture courses, 1 is integrated into Problem Based Learning and 2 are optional electives. 14 also provide courses to undergraduates (reported by Jackie Duffin).

†Since 1991 the University of Calgary has held its History of Medicine days in March and this became a national meeting in 1997. Medical students present two days of papers and their papers are published in a book. In 2003 61 papers were presented (reported by Peter Cruse).

§The Royal College of Physicians and Surgeons of Canada has had a History of Medicine program at its annual conference since 1981. Since 1992 it has encouraged papers and posters by medical students and now 25-30 presentations are made. The 197 papers presented by students since 1995 can be analyzed students using the method described by Partin and Lella in 2003 to portray what interests them (Reported by Peter Warren).

This description of the activities of medical students in Canada would have been welcome news to Osler. He would have particularly appreciated that courses in history are placed in the crowded state of the curriculum and even more " much more valuable is it to train insensibly the mind of the student" by the research necessary to present a paper. Of course to be politically correct at student sessions Pop and Pizza have replaced 'Beer and Baccy".

We believe that the History of Medicine is a valuable part of a curriculum, supports independent learning and should be encouraged by the Liaison Committee on Medical Education as part of accreditation.

Learning Objectives:

1. Assess the contribution of learning history of medicine to the education of a physician.
2. Formulate a program that encourages students to research topics on medical history and the humanities.
3. Design a course on medical history for the undergraduate curriculum.

15

Breaking Through the Ivory Tower: The Racial Integration of Medical Education in the United States, 1950-1970

P. PRESTON REYNOLDS

Preston Reynolds, who has served on the faculties of the University of Pennsylvania, Eastern Virginia Medical School, and The Johns Hopkins University, is currently a Visiting Scholar in the History of Medicine Divisin of the National Library of Medicine - NIH, where she is completing a book on health care for African Americans and the racial integration of hospitals in the Carolinas.

Medical schools remained the last major medical institution in this country to racially integrate and thus, delayed the final steps in eliminating overt discrimination against minorities until the late-1960s, early-1970s. This paper explores strategies used by African American physicians to obtain faculty appointments at predominantly white medical schools and admitting privileges at hospitals in one northern and two southern communities.

Primary research sources include manuscript collections of physicians and medical school and university administrators; medical school and university documents; oral history interviews; Federal documents and court cases; and articles from the *Journal of the National Medical Association.*

African American physicians and concerned colleagues pursued three strategies in the 1950s and 1960s to secure faculty appointments at predominantly white medical schools. These included: 1) legal action combined with local pressure; 2) legal action combined with Federal policy; and 3) Federal policy combined with quiet negotiation. The first model, legal action combined with local pressure, is exemplified in the racial integration of Chicago medical schools and teaching hospitals. Denied hospital staff privileges, the African American physicians in Chicago brought suit against all the non-profit hospitals for violation of city and state laws and discrimination under the United States Constitution. This action was followed by pressure applied through the Chicago Commission on Human Rights ultimately resulting in the racial integration of both the city's hospitals and medical schools. The second model, legal action combined with Federal policy, is illustrated by the experience of the University of Alabama in Birmingham. While DHEW officials praised UAB as a model of racial integration of clinical services, its Black employees filed suit against the administration for violation of Title VI of the 1964 Civil Rights Act. Fearing loss of Federal funds, the administration moved quickly to admit an African American physician onto the faculty and open education programs to minority applicants. The third model, Federal policy combined with negotiation, is described in the case of Duke University School of Medicine when the administration admitted the first group of minority physicians onto the faculty in 1969 primarily in response to Federal policy and pressure from the Black leadership.

Learning objectives:

1. Describe the motivations of minority physicians in obtaining medical school faculty appointments and hospital staff privileges.
2. Discuss Federal policies that addressed the need for diversity in medical school faculties and hospital medical staffs.
3. List three strategies used by minority physicians in achieving faculty appointments and hospital staff privileges.

16

Evolution of an Eponym: Dorothy Reed and the Reed-Sternberg Cell

PAUL BERMAN

Paul Berman lives in Amherst, Massaschusetts, and practices internal medicine in nearby Easthampton. He has been active in the American Association for the History of Medicine, including four years as chair or co-chair of the Clinician-Historian Section. At the 2000 AOS meeting in Charleston, he presented on "Dorothy Reed, Hopkins Intern Under Osler."

Eponyms "are not vestigial remains...they are human memoranda, breathing life and warmth into their context." They "convey no scientific information" and "are in many instances quite unfair."(1) Such is true of the Reed-Sternberg Cell. Named for Johns Hopkins pathologist Dorothy Reed and Austrian pathologist Karl von Sternberg, it is the "owl-eyed" cell pathognomonic of Hodgkin's disease.

This study describes Reed's pathology fellowship from 1901-1902 under the preceptorship of William Welch. During this time she investigated Hodgkin's disease coming to the conclusions that it was a disease with a "specific histological picture" and that "tuberculosis has no direct relation to the subject."(2) The study also details the roles of Brodel, Halsted and Osler in the "discovery" of the cell that bears her name. The investigation utilizes Reed's unpublished memoirs as well as correspondence between Osler and Reed. These manuscripts are preserved at the Sophia Smith Archival Library on the campus of Smith College in Northampton, Massachusetts.

An examination of pathology texts from the early 20th century to the present discloses the evolution of the eponym: Reed-Sternberg. The study concludes that Sternberg's name should be removed from the eponym; Dorothy Reed should stand alone as the cells "discoverer".

References

1 Lourie, John. *Medical Eponyms: Who was Coude?* Pitman Publishing Limited, London, 1982, p. ix.
2 Reed, D.M. "On the pathological changes of Hodgkin's diseased with especial reference to its relation to tuberculosis", Johns Hopkins Hospital Report, 10, 133-196, 1902.

Learning Objectives:

1. Explain the concept of "discovery" as it applies to Reed's work.
2. Show the importance of Brodel in the "discovery".
3. Outline the evolution of the Reed-Sternberg eponym

17

"Tell Brother Regius ..."

CHARLES F. WOOLEY AND PAMELA MILLER

Charles F. Wooley is Professor of Medicine Emeritus, Department of Internal Medicine, Division of Cardiology, The Ohio State University of Medicine and Public Health, Columbus, Ohio. Pamela Miller is the History of Medicine Librarian at the Osler Library of the History of Medicine, McGill University, Montreal.

Born in separate parts of the world, when Clifford Allbutt and William Osler were appointed as Regius Professors, Allbutt at Cambridge in 1892 age 56, Osler at Oxford in 1904 age 55, they came to address each other as "My Brother Regius." The appointments and friendships capped a certain parallelism in their careers as humanists and scholar-physicians.

Their careers as Royal Brothers 1905-1919 has been well told, however the correspondence between Allbutt at Cambridge and Dr. Archie Malloch caring for Osler at Oxford during the Osler's terminal illness is less known. Earlier in the illness, 13 November Osler's note to Allbutt: "Better-less cough & paroxysms less severe-no fever. General condition good & very comfortable & happy. Love to Lady Allbutt." 12/6: Allbutt to Malloch at Oxford- "Give our most affectionate greetings & good wishes to my dear Brother in arms & her Ladyship." 12/16: Allbutt was encouraged by Malloch's report, discussed the diagnosis and physical signs. 12/23: Allbutt to Malloch @ Norham Gardens: "My wife and I were much touched by your kindness in wiring the report of tonight...one would be glad to keep the diagnosis between a pocket or two of fluid rather than paths of bronchopneumonia! I hope the fluid may still be sterile. Does Lady Osler take *rest & food & sleep*? Because anxiety is so wearing. Give her our love and cheery hopes for a decent Christmas and a really triumphant New Year." Christmas Day 1919: "If it be pneumococcus one hopes the discharge will run out in 10 days or so & that the temp has already fallen to normal...If all goes well our wishes for a happy Xmas will not seem out of reason. I am much touched by my Brother Regius' message to me. Our dear love & best wishes to them both." 12/27: "What a joyful report for unless some rise of T. is now appearing, I think it we are safe." 12/29: "Your letter is comforting...now all will be well." Cambridge, Tuesday: "I have just heard the funeral is to be about 3.15 on Thursday. I shall come from Paddington arriving 2.54 Oxford. I shall just have time to call at Colliers and get my cap & gown."

And with these poignant concerns, so ended the close relationship between the Brothers Regii, two great doctors from an age forever gone.

Learning Objectives:

1. Describe the personal affection and professional concerns expressed by Allbutt for Osler within the parallelism of their careers as Regius Professors at Cambridge and Oxford.
2. Discuss the natural history and devastating complications of pneumonia in the elderly during the pre-antibiotic era.
3. Contrast our current era with one in which two classic scholars at different campuses could refer to each other affectionately as "My Brother Regius."

18

The Elusive Clot: The Controversy over Coronary Artery Thrombosis

ALLEN B. WEISSE

Allen B. Weisse, a cardiologist, is Clinical Professor of Medicine at UMD/New Jersey Medical Center, Jersey City, New Jersey. His books include Conversations in Medicine *(1984),* Medical Odysseys *(1991),* The Staff and the Serpent *(1998),* and Heart to Heart. The Twentieth Century Battle Against Cardiac Diseased. An Oral History *(2002).*

The role of coronary thrombosis in acute myocardial infarction (MI) is now firmly established. The disruption of a fibrous cap on a "vulnerable" atheroma within the wall of a coronary artery exposes the contents therein to the blood within the vessel. Platelets begin to adhere to the site and multiple blood clotting mechanisms come in to play to form an occluding thrombus. The cardiac muscle supplied by this vessel, lacking oxygenated blood becomes infarcted. This course of events is a frequent and often fatal outcome of coronary artery disease (CAD) in large numbers of men and women within industrialized societies. However, a hundred years ago CAD was only a minor concern among physicians and their patients. When CAD did become manifest, it was believed to result in sudden death. The result of Herrick's classic 1912 report on non-fatal coronary thrombosis (then used interchangeably with MI) opened up for the first time the possibility that some therapy could be administered to alter the course of events following coronary occlusion.

The belief in coronary thrombosis as the cause of acute MI, however, was based on limited and often uncritical studies, including those of Herrick and his contemporaries. In fact, contrary to this belief, many later more extensive and systematic pathological studies often were at odds with this view and, in some instances, even suggested that acute MI might be the *cause* rather than the result of coronary thrombosis. The reasons for this rejection of the role of coronary thrombosis will be discussed as well as the *in vivo* studies that once and for all established the connection between coronary thrombosis and acute MI. The history of this debate that went on for several decades reveal that newer studies are not always the most correct and that earlier work, even when flawed, might still be valid. In this case in was a vital truth in that the major medical management of acute MI now revolves about the dissolution and prevention of thrombi within the coronary arteries of patients appearing with this disease.

Learning objectives:

1. Discuss the role of thrombosis in acute myocardial infarction.
2. Give examples of the observation that the *latest* research results are not always be the most reliable.
3. Elaborate on why all research, no matter the source, should be considered in a historical context.

19

Better Living Through Electricity: The History of Defibrillation and Cardioversion

MARK E. SILVERMAN

Mark E. Silverman is Professor of Medicine at Emory University and Chief of Cardiology at the Fuqua Heart Center, Piedmont Hospital, Atlanta, Georgia. A past president of the American Osler Society, he is coeditor of British Cardiology in the 20th Century *and* The Quotable Osler.

Efforts to revive the apparent dead with electricity date back to the eighteenth century. Ventricular fibrillation was experimentally observed by Carl Ludwig (1848) and induced and electrically terminated by MacWilliam (1885-1887) and Prevost and Batelli (1899). MacWilliam suggested that ventricular fibrillation was the primary mechanism of sudden death, a concept confirmed in the early twentieth century. The development of a clinical defibrillator was delayed by the critical period of 2-4 minutes after which hypoxic injury prevented a successful outcome. A portable defibrillator and the technique of open chest massage were finally developed at Johns Hopkins by Kouwenhoven and others seeking a method to rescue electrocuted electrical line workers. Similar experimental work in Cleveland by Wiggers and Beck led to the first open chest defibrillation at surgery in 1947 and outside of the operating room in 1955. Beck's concept of "hearts too good to die" and "it needs only a second chance" inspired the era of coronary care units and lay resuscitation. During the 1950's, Paul Zoll pioneered external pacing for cardiac standstill and closed chest, alternating current shocks for ventricular fibrillation and tachycardia. Bernard Lown developed the direct current cardioverter triggered by the R wave thus avoiding the vulnerable period of the heart. In 1963, Lown reported the feasibility of converting atrial fibrillation safely. Technologic developments, especially led Michel Mirowski, have resulted in sophisticated implantable defibrillators that can prevent sudden death. Smart defibrillators activated by untrained bystanders are now populating high-risk areas and will soon be in the home. This exciting story can be called, "Better living through electricity."

Learning Objectives:

1. Know the historical development of the concept of sudden death.
2. List the contributors to the development of the defibrillator and cardioverter.
3. Know the historical development of the concept of defibrillation and cardioversion.

20

T. Lauder Brunton: Prolific Pioneer of Cardiovascular Pharmacology

W. BRUCE FYE

W. Bruce Fye is Professor of Medicine and the History of Medicine at Mayo Medical School. He is a past president of the American Osler Society and has written more than 200 historical papers and two books. He is currently serving as president of the American College of Cardiology.

This illustrated talk will describe the career and contributions of Scottish physician and medical scientist Thomas Lauder Brunton, a founder of cardiovascular pharmacology. Born in Roxburgh, Scotland in 1844 and educated at the University of Edinburgh (B.Sc., 1867; M.D., 1868; D.Sc. 1870), Brunton is remembered mainly for introducing vasodilator therapy for angina pectoris and for catalyzing the field of experimental pharmacology. He became interested in therapeutics and experimental medicine as a medical student at Edinburgh where he won a gold medal for his thesis on digitalis.

As a house physician at the Edinburgh Royal Infirmary, Brunton noted that phlebotomy seemed to relieve angina in some patients. He thought the potent vasodilator amyl nitrite might produce the same benefit effect without the inconvenience and other disadvantages of blood letting. Brunton published his experience with amyl nitrite in *The Lancet* in 1867, and his report led to the widespread use of the drug for angina. In his study of amyl nitrite, Brunton used a Marey sphygmograph, a recent invention for recording tracings of the pulse waves and apex beat.

After completing his medical training at Edinburgh Brunton gained valuable research experience in several continental laboratories, including Carl Ludwig's Physiological Institute at Leipzig. These experiences exposed the young Scotsman to state-of-the-art physiological tools and techniques that he subsequently used in research and teaching. Reflecting the lack of full-time positions for medical scientists at the time, Brunton entered practice in London. He was appointed assistant physician and lecturer in therapeutics at St. Bartholomew's Hospital where he established a small (6 foot by 12 foot) laboratory in which he continued his pharmacological research. Brunton was a prolific author who published almost 50 papers during the first 20 years of his career; many based on his own research. He also wrote several books, including a classic text on pharmacology and therapeutics. In 1908 Brunton published *Therapeutics of the Circulation*, a pioneering monograph based on lectures he delivered at University College, London. Illustrated with 240 woodcuts, this important book was a comprehensive review of the rapidly evolving field of cardiovascular pharmacology. Brunton was optimistic about the state of cardiac therapeutics a century ago, writing, "there is perhaps no kind of disease in which the results of treatment are so striking and encouraging as in cardiac disease." Brunton died in 1916, having helped set the stage for a series of remarkable advances in cardiovascular pharmacology during the 20th century.

Learning objectives:

1. Describe the origins of rational cardiovascular pharmacology.
2. Discuss the nature of cardiovascular research in the late 19th century.
3. Examine the importance of mentors in the training of medical scientists.

21

Inspired by Osler: Leonard Rowntree and the Establishment of the Research Tradition at the Mayo Clinic

JOHN L. GRANER

John L. Graner is Assistant Professor of Medicine and Assistant Professor of of the History of Medicine at the Mayo Medical School and Consultant, Department of Internal Medicine, Mayo Clinic. His current historical work centers mainly on those institutions.

"Throughout my 50 years in medicine, Osler has been my guiding star." So said Leonard Rowntree as he approached the end of his life. Originally encouraged by Osler himself to forsake his life as a general practitioner to take up the life of a research physician at Johns Hopkins, Rowntree did indeed have W.O. to thank for his academic career.

Leonard Rowntree was born in 1883 in London Ontario. After attending medical school at Western Ontario Medical School and interning at Victoria Hospital in 1905, he began a private practice in 1906. A year later he heard William Osler speak in Philadelphia. Inspired by W.O., he wrote to him inquiring as to what he thought his future plans might be. Osler wrote him his reply: "The place for you to go to is Hopkins." Rowntree immediately did so, beginning an eight-year career at Johns Hopkins, most of which was spent working with J.J. Abel. During his Hopkins years Rowntree performed some groundbreaking renal research. Rowntree left Hopkins in 1915, to become Chairman of Medicine at the University of Minnesota. Five years later he moved to the Mayo Clinic in Rochester as Chairman of Medicine for the Mayo Foundation. He brought with him a cadre of research physicians, including one (Hench) who was to win the Nobel Prize. During his 12 years at the Mayo Clinic Rowntree wrote two monographs and over 100 papers, many of which were of seminal importance to the development of nephrology and endocrinology in this country. He left the Mayo Clinic in 1932. Friction between the research and clinical elements of practice at the Mayo Clinic played a major role in Rowntree's ultimate disposition there. After leaving Mayo, Rowntree continued to make valuable contributions to medical research. Meanwhile, the talented group he had attracted to Mayo remained there, providing the nidus from which the research tradition at Mayo grew.

Learning Objectives:

1. Explain the great effect that William Osler had on the life and career of Leonard Rowntree.
2. Explain how Rowntree's early "bench" work with Abel served as the basis for his future academic career in medicine.
3. Outline the important changes that occurred in the Mayo Clinic's medical sections as a result of the efforts of Leonard Rowntree and his group.
4. Discuss some of the reasons for Rowntree's ultimate rejection at the Mayo Clinic.

22

The Letters and Friendship of Alfred Blalock and Tinsley Harrison

MARTIN L. DALTON

Martin L. Dalton is Chairman of the Department of Surgery of Mercer University School of Medicine, Macon, Georgia, where he also serves as Chief of Surgery and Program Director of the surgical residency at the Medical Center of Central Georgia. Current interests include the history of lung transplant surgery, as he was a member of the team that performed the first successful lung transplant on June 11, 1963.

When Tinsley Harrison entered Johns Hopkins Medical School in 1919 as a sophomore transfer student from the University of Michigan, one of the first people he met was a classmate, Alfred Blalock. They met on the tennis courts of Baltimore and immediately became fast friends and were roommates for the rest of medical school. After medical school graduation in 1922 they were separated as Harrison began internal medicine residency at Peter Bent Brigham and Blalock stayed at Hopkins. In 1924 they were reunited at Hopkins for a third year of training. Harrison accepted the position as the first chief resident in internal medicine at the newly reopened Vanderbilt University School of Medicine. Blalock decided to go to Harvard where he would continue his training under Harvey Cushing. When he arrived in Boston in June 1925 he received a phone call from Harrison who had persuaded Barney Brooks, the chairman of surgery at Vanderbilt, to select Blalock as his first chief resident. Blalock quickly caught the next train to Nashville. Since the hospital had not opened they found time to visit the research lab and to win the city's doubles tennis championship. The Vanderbilt Medical Center finally opened in September 1925. Meanwhile, Harrison piqued the curiosity of Blalock and encouraged him to pursue research in shock. They were appointed to the Vanderbilt faculty in 1926 and continued a close social and professional relationship until their departure in 1941. At this time, Blalock returned to Hopkins as chairman of surgery and Harrison became the first chairman of internal medicine at the new Bowman Gray School of Medicine. This separation was the first in 22 years with the exception of Harrison's two years in Boston and it led to many heartfelt letters.

In 1944, their letters pertained to Harrison exiting Winston-Salem and moving to the Southwestern Medical School in July. Blalock proffered much heartfelt advice to Harrison regarding this move. Later in 1944, a tragedy occurred in that Harrison's oldest son, "Woody", a U.S. Navy pilot, was lost at sea in a flight over the Atlantic in November. Blalock's commiseration was exemplary. Another series of letters was exchanged during the summer of 1950, when Harrison was considering moving back to Nashville. Fortunately, he was offered the chair of medicine at the Medical College of Alabama. Blalock's heartfelt advice was greatly appreciated by Harrison.

The next series of letters focused on Mary Blalock's illness due to cirrhosis and esophageal varices leading to her death in December 1958. Harrison's letters of sympathy were truly heartfelt. Later, in 1959 Blalock was invited to give the 2nd Annual Tinsley R. Harrison Lecture at the University of Alabama Medical Center. He prefaced his address with a brief history of their friendship.

Blalock was plagued by numerous illnesses during the latter years of his life, including development of severe back pain. At autopsy, he was found to have developed into a ureteral sarcoma leading to his death on September 15, 1964. Blalock's last letter to Harrison, dated June 30, 1964, contained references to "terrific pain". He had undergone a lumbar laminectomy and fusion, because the attending physicians thought his pain was due to a herniated lumbar disc. Harrison was extremely saddened by the death of Blalock and he said, "Alfred Blalock was perhaps the greatest friend of a life that has been blessed by many friends. His death, more than a decade ago, created a vacuum in heart that can never be filled."

I look forward to sharing these letters with members of the American Osler Society because I believe they represent some of the purest examples of friendship extant.

Learning Objectives:

1. Discuss how letter writing is rapidly becoming a lost art in the era of more immediate means of communication, such as e-mail.
2. Deduce the meaning of friendship, including its rewards and sacrifices.
3. Explain how to construct history from letters.

23

Sir William Osler: Bridging Medical and Public Health Models

BRYANT BOUTWELL

Bryant Boutwell is Associate Dean for Community Affairs and Professional Education at The University of Texas Medical School at Houston. A journalist by original training, he holds a doctorial degree in public health. In 2003, he became his university's first holder of the John P. McGovern M.D. Professorship in Oslerian Medicine.

The medical model, with its immediate focus on physical health and curative or palliative treatment is separate and distinct from the public health model that includes broader attention to the equilibrium of health including physical, mental, and social well being. The public health model includes essential concepts of wellness and prevention that traditionally are lost in the medical model whose emphasis and focus is on resolution of disease processes. Today's medical schools are increasingly integrating the two models in innovative ways to broaden the student's appreciation of each model and their value to patient outcomes and quality of life issues.

Sir William Osler would be pleased to see this integration of public health and prevention into contemporary medical education given that he spent a lifetime bridging the models of medicine and public health while integrating the concepts of wellness and prevention into his daily clinical practice and teaching. From his first microscope and informal hours of observational study in the Canadian fields of Bond Head to the Regis Professorship and accomplished physician of Oxford, Sir William Osler was keenly aware of the importance of observational studies that could inform our understanding and practice of prevention even when the level of understanding did not equip the physicians of his day with the tools to treat the physical condition.

This paper will review multiple examples of Osler's contributions to public health and our understanding of infectious diseases. Included will be discussion of Osler's mentors and role models who influenced his interests in observational studies and preventive medicine.

Learning Objectives:

1. Attendees will be able to list at least three examples of Sir William Osler's contributions to public health at the turn of the 20th century.
2. Attendees will be able to explain the importance of integrating public health and medical models into the curriculum of modern American medical schools.
3. Attendees will be able to list three physicians who worked or trained with Sir William Osler and his influence on their careers regarding the importance of preventive medicine and the public health model.

24

Clara Barton and the Great Galveston Storm of 1900: Her Last Disaster Mission

C. JOAN RICHARDSON AND BARBARA L. THOMPSON

C. Joan Richardson is Professor of Pediatrics and Director of the Division of Neonatology at the University of Texas Medical Branch in Galveston. Barbara L. Thompson is Professor and Chair of the Department of Family Medicine at the same institution. Both Drs. Richardson and Dr. Thompson are members of the John P. McGovern Academy of Oslerian Medicine at the University of Texas Medical Branch.

On Saturday, September 8, 1900, the greatest natural disaster ever to strike the United States occurred in Galveston, Texas. In the early evening hours, a massive hurricane came ashore with a storm surge that inundated the city of Galveston and most of the thirty-mile long, three-mile wide barrier island. The hurricane slammed head on into Galveston with fifteen-foot waves and winds of 130 miles per hour. Sunrise on Sunday morning revealed a horrible sight. Where 37,000 people had once lived, half the homes had been swept away, and 6000 people were missing.

News of the disaster reached Clara Barton at Red Cross Headquarters in Washington, DC on the morning of September 10. The next day she received a dispatch from the New York World newspaper offering contributions and supplies to the victims if Barton would go personally to Galveston and distribute them.On September 13, the 78 year old Barton and her party of four women and five men left Washington, DC, traveling by train via Atlanta, New Orleans, and Houston to Texas City, and then by boat across the Bay to Galveston.

The band of relief workers arrived on September 15 and were greeted by a sight of destruction infinitely worse than had been described. Dead citizens and animals lay among wrecked homes, businesses, schools, and churches. Survivors searched among the debris for their lost loved ones. Funeral pyres burned throughout the city, and the peculiar smell of burning human flesh permeated the air.

The diminutive Miss Barton was no stranger to catastrophe. She went straight to work. She and her team set up their local Red Cross headquarters. They provided temporary shelter for the homeless, and along with the local Women's Red Cross Auxiliary, set up distribution stations throughout the city where food, clothing, bandages, and medical care were made available to thousands of Galvestonians.

Using supplies donated from businesses and money donated by people all over the country, the Red Cross was able to provide lumber, seeds, and emergency funds to victims trying to rebuild. Miss Barton established an orphanage for children left parentless by the storm. Farmers were in particular need of assistance, with their farms in ruin after the storm. Barton learned that area farmers could grow strawberries if they had them to plant, so she purchased 1.5 million strawberry plants and distributed them to local growers to provide them with a cash crop.

After almost three months of nonstop relief work, Clara Barton left Galveston. The City of Galveston presented her with a special proclamation of thanks that still hangs in the office of the president of the Red Cross in Washington, D.C. On her return to headquarters, Clara Barton submitted a 94-page report detailing the relief operation. Although Clara Barton remained president of the American Red Cross until 1904, the Galveston Hurricane was the last disaster mission she personally oversaw.

Learning Objectives:

1. Name the date and place of the greatest natural disaster ever to strike the United States.
2. Describe the role of Clara Barton in the Galveston Storm relief effort.
3. Name Clara Barton's contribution to Texas agriculture.

25

An Illustrated Presentation on the Recent Renovations to the Osler Library of the History of Medicine, McGill University

PAMELA MILLER

An archivist by training, Pamela Miller is the History of Medicine Librarian at the Osler Library of the History of Medicine, McGill University, Montreal, Quebec. In addition to overseeing the library's renowned collection of more than 55,000 rare books and secondary works in the history of the health sciences, she continues to be an active scholar and editor.

Thanks to the generosity of Dr. John McGovern, one of the founding members of the American Osler Society, the Osler Library of the History of Medicine undertook extensive renovations with the specific aim of installing climate control facilities in the Library. During the course of planning and carrying out the renovations, the Library was privileged to work with a talented architect, Julia Gersovitz of Gersovitz, Fournier and Moss, who was able to harmonize the demands for modern climate control facilities and storage, with two heritage spaces, one from the 1920s and the other from the 1960s, all contained within a cranky 1960s building.

The results are: two distinct climate controlled storage areas, increased shelving overall, increased fire and theft protection, secure research rooms seating 8 (assigned according to the dates of the books being consulted), maintenance of seating in the reference area, (the Wellcome Camera) two distinct storage areas, one designed for books dating before 1840 and another for books dating from 1840 to 1913, availability of the circulating collection of c.33,000 books after 5 p.m. when the Osler closes, and on weekends, compact storage providing 50% more storage in a given area for post 1840 books as well as archives and finally, room to expand.

Learning Objectives:

1. Describe the architecture and holdings of the Osler Library.
2. Assess the needs of a rare books library and archives as well as a circulating library.
3. Ascertain the success of a retrofit in a rare books library and the benefits of close consultation between library staff, architects, project manager and contractors.

26

The John P. McGovern Lecture

Practicing Medicine on Principles: Medical Textbooks Before Osler

WILLIAM F. BYNUM

William F. Bynum is Professor Emeritus of the History of Medicine at University College London. He also has a long association with the Wellcome Institute, now the Wellcome Trust Centre for the History of Medicine at University College London. His books include Science and the Practice of Medicine in the Nineteenth Century *and* The Companion Encyclopedia of the History of Medicine.

It would be carrying oil to Houston to remind an Oslerian that Osler's *Principles and Practice of Medicine* is a great textbook. Although an immediate and enduring success, Osler's book appeared in a crowded marketplace, and I shall use my McGovern Lecture to reflect on the form and functions of medical textbooks in Britain during the long nineteenth century. While textbooks are easy to despise as purveyors of outdated knowledge, they have played an important role in both medical education and medical examinations. Beginning with William Cullen's *First Lines in the Practice of Physic* (1778-1784), I shall try to assess the major textbooks within medicine, along with their authors and intended readers. I shall examine both the large textbooks and the smaller study guides, to see what they can tell us about changing medical knowledge, examination structures, and student culture during the period.

Learning Objectives:

1. Name several educational factors that led to the development of a market for medical textbooks in Britain.
2. Discuss when and why medical textbooks ceased simply to reflect an author's own clinical experience and became more synthetic of received wisdom.
3. Compare and contrast William Osler's *Principles and Practice of Medicine* with previous medical text-

26

The John P. McGovern Lecture

Practicing Medicine on Principles: Medical Textbooks Before Osler

WILLIAM F. BYNUM

William F. Bynum is Professor Emeritus of the History of Medicine at University College London. He also has a long association with the Wellcome Institute, now the Wellcome Trust Centre for the History of Medicine at University College London. His books include Science and the Practice of Medicine in the Nineteenth Century *and* The Companion Encyclopedia of the History of Medicine.

It would be carrying oil to Houston to remind an Oslerian that Osler's *Principles and Practice of Medicine* is a great textbook. Although an immediate and enduring success, Osler's book appeared in a crowded marketplace, and I shall use my McGovern Lecture to reflect on the form and functions of medical textbooks in Britain during the long nineteenth century. While textbooks are easy to despise as purveyors of outdated knowledge, they have played an important role in both medical education and medical examinations. Beginning with William Cullen's *First Lines in the Practice of Physic* (1778-1784), I shall try to assess the major textbooks within medicine, along with their authors and intended readers. I shall examine both the large textbooks and the smaller study guides, to see what they can tell us about changing medical knowledge, examination structures, and student culture during the period.

Learning Objectives:

1. Name several educational factors that led to the development of a market for medical textbooks in Britain.
2. Discuss when and why medical textbooks ceased simply to reflect an author's own clinical experience and became more synthetic of received wisdom.
3. Compare and contrast William Osler's *Principles and Practice of Medicine* with previous medical text-

27

Oslerians Gather in Galveston, 1970

CHESTER R. BURNS

Chester R. Burns is the James Wade Rockwell Professor of Medical History in the Institute for the Medical Humanities at the University of Texas Medical Branch in Galveston and the first vice-president of the American Osler Society.

On April 21 and 22, 1970, Jack McGovern and Chester Burns hosted a meeting at the Flagship Hotel in Galveston that was titled "Humanism in Medicine as Portrayed by the Life of William Osler." The American Osler Society had been legally incorporated in the state of Texas on February 6, 1970. Bill Bean had agreed to be its first president. However, Jack McGovern was quite anxious about the public's reception of this Society and he was afraid to designate the meeting in Galveston as the first annual meeting of the Society. He wanted a "trial run," as Chuck Roland labeled this meeting. Three hundred and two persons from 31 states, Canada, and Great Britain registered for this meeting. Jack was no longer worried about fulfilling a public need.

Three physicians who had studied with Osler at Oxford were featured speakers: Wilburt Davison, Emile Holman, and Wilder Penfield. A pediatrician, Davison had been dean at the Duke University School of Medicine between 1927 and 1961. Holman had been Professor and Chair of Surgery at Stanford University School of Medicine between 1926 and 1955. Penfield had been Professor of Neurology and Neurosurgery at McGill University (1933-1954) and Director of the Montreal Neurological Institute (1934-1960). All three had been Rhodes Scholars at Oxford, each a pupil with Osler for varying times between 1913 and 1917. On the morning of April 21, Jack and I interviewed these three doctors. A short segment of this interview will be shown. The Institute for the Medical Humanities plans to give attendees a copy of the entire interview (one per family).

The meeting included eleven other speakers and panelists: George Harrell, Hebbel Hoff, Al Henderson, Jim Knight, Bill Bean, Palmer Howard, Chuck Roland, Lester King, Don Bates, Sam Stumpf, and Al Rodin. Altogether, seven speakers talked about some aspect of Osler's life and career; two addressed the meaning of humanism in medical history; and five addressed issues about the relevance of Osler, humanism, and the humanities to the education of medical students. Jack and I edited 12 of their papers and Charles C. Thomas published them in 1973. In one way or another, these speakers demonstrated serious regard for topics in five areas of scholarship that have continued to attract scholarly attention since then: Osler studies, medical history, medical humanism, medical humanities, and medical ethics. A bibliography of pertinent resources in these five areas will be distributed to attendees.

Learning Objectives:

1. Describe some features of the meeting about Osler and medical humanism that was held in Galveston in April, 1970.
2. Identify the three pupils of Osler who presented papers at this meeting.
3. Identify the five areas of scholarly interest that were recognized at this meeting

28

William B. Bean, M.D., First President of the American Osler Society

ROBERT E. RAKEL

Robert E. Rakel is Professor of Family and Community Medicine, Baylor College of Medicine, Houston, Texas. He is long-time editor of Conn's Current Therapy, *and his definitive T*extbook of Family Practice *is now in its sixth edition. He is a past president of the American Osler Society.*

William B. Bean, M.D., first president of the American Osler Society, was not only an outstanding physician, teacher, humanist, and historian, but there were also many similarities between his life and that of William Osler. Like Osler, Bill's family had hoped he would become an Episopal minister. He once said, "I often shudder to think what might have happened to the church had I not deflected myself into a career in medicine."

As with Osler, Bill Bean's breadth of knowledge was matched by his sense of humor. Although he did not use an alias such as E.Y. Davis his wit equaled that of his idol. Bill once observed "the ability to laugh, especially at myself, diminishes the likelihood that pride will grow into pomposity." His favorite hobby was "deflating stuffed shirts." His poem "Omphalosophy: An Inquiry into the Inner (and Outer) Significance of the Belly Button" published in 1974 has fifty-nine quatrains. Bill always signed his letters "Yr serv't."

To Bill, nothing was uninteresting. For almost 50 of his 79 years he measured the growth of his left thumbnail, observing differences in growth at times of illness and seasonal change. He was always an alert, inquisitive clinician who had the ability to communicate his findings with clarity and freshness. Like Osler, he was a prolific author, editor, and correspondent. His special interests were medical history, vascular spiders, and Walter Reed.

Bill cautioned that things are not always as they seem and that "we see not what we look at but what we look for."This will be illustrated by his slide of a woman's breast that wasn't. Segiments from videotaped interviews will be shown where Bill's comments on his writing and life, which he had described as "a grasshopper with epilepsy doing the cha cha on the runway of a busy airport."He will also be seen singing a few humorous verses of a song to Dr. Tom Spies. Bill shares his thoughts on equanimity, his administrative style, and his ability, like Osler, to tune out noise and concentrate on the task at hand.

Learning Objectives:

1. List at least five qualities that illustrate humanism in medicine, as exemplified by William B. Bean.
2. Discuss the value of a self-deprecating sense of humor in the practice of medicine.
3. Assess whether William B. Bean's style of meticulous physical examination remains relevant today.

29

The John P. McGovern Academy of Oslerian Medicine

JACK B. ALPERIN

Jack Alperin is Professor of Internal Medicine and Pathology at the University of Texas Medical Branch, Galveston. He is widely published in the field of hematology, has received the Golden Apple Award from the medical students at UTMB, and is a past president of the Galveston County Medical Society.

The John P. McGoern Academy of Oslerian Medicine at the University of Texas Medical Branch (UTMB) is dedicated to applying Osler's ideals and promoting delivery of compassionate medical care in the twenty-first century. The ideals to which William Osler aspired 100 years ago light the way for Osler Scholars at UTMB to bring to the attention of all students of medicine the importance of humanism in modern medical practice. These ideals embrace compassionate, personalized care that emphasizes the patient-physician relationship; a sound scientific basis for optimal patient care; and professional behavior at all times.

Opened in 1891 in Galveston, Texas, as the state's oldest medical school, UTMB exerts a major influence on the practice of medicine in Texas and neighboring states. The John P. McGovern Academy of Oslerian medicine was launched at UTMB on October 26, 2001, to promote Osler's ideals. Unique in medicine, this endowed entity was established through the collaboration of John P. McGovern, M.D., a retired allergist and philanthropist, and John D. Stobo, M.D., president of UTMB. Both have had distinguished medical careers and share a longime interest in the teachings of Sir William Osler.

Selection of the inaugural members of the academy began with a call for written nominations from UTMB faculty, house staff, and students. Final selection was made by as committee convened by president Stobo. Members of the academy, called Osler Scholars, are all practicing physicians actively engaged in UTMB's teaching programs. The Osler Scholars include two internists (a hematologist and a nephrologist), two pediatricians (a family physician and a neonatologist), an obstetrician-gynecologist, and an otolaryngologist.

The Osler Scholars meet twice monthly to discuss Osler's teachings and to plan projects aimed at promoting Oslerian ideals. Meetings begin by reading and discussing an essay written by Osler. The academy sponsors an Osler Club that is open to the entire UTMB community and meets every two months to discuss Oslerian ideals in modern society. To celebrate Osler's birth on July1 2, th academy hosts an annual Osler Oration at which medical students read prize-winning essays and a senior faculty member is presented with the John P. McGovern Award in Oslerian Medicine. Other projects include student dinners at the home of a Scholar and a four-week elective in which students make rounds with the Scholars.

Learning Objectives:

1. List Oslerian ideals for practice of medicine in the twenty-first century.
2. Describe the John P. McGovern Academy of Oslerian Medicine.
3. List recent projects of the Academy.

30

John P. McGovern: Oslerian Extraordinaire

MARVIN J. STONE

Marvin J. Stone, whose biographical sketch can be found elsewhere (see abstract number 9 in this volume), is president of the American Osler Society.

In 1907, Osler said, "the old art cannot possibly be replaced by, but must be absorbed in, the new science." Are William Osler's teachings and precepts relevant to present-day medicine? Are humanistic ideals still important? Such concerns led to formation of the AOS, as described by our historian Charles Roland at the 1999 Annual Meeting (see *The Persisting Osler III*, pp. 189-201). John (Jack) P. McGovern and Al Henderson were brought together in the late 1960s at the urging of Dean Wilburt Davison of Duke because of a common interest in William Osler. A meeting on "Humanism in Medicine" was held in Galveston in 1970 as a "trial run" for the fledgling group. William B. Bean, a renowned Oslerian scholar and Professor of Medicine at Iowa, was selected as president. The first formal AOS meeting was held in Denver in 1971. Throughout this early period, Jack McGovern was the driving force that made the Society a reality.

In addition to being its founder and 4th president, Jack McGovern has remained an enthusiastic supporter of the American Osler Society though the years. My son Rob and I had the pleasure of visiting Dr. McGovern and his gracious wife Kathy at their home in Galveston last July. During a filmed interview, we were fascinated to hear about the formative stages of the AOS as well as its subsequent growth and development. The original membership certificates were designed by Al Henderson whose father-in-law, a printer, provided them and the meeting programs free of charge. Bill Bean was picked as the first president because it was felt that he would lend credibility and momentum to the new organization.

Jack McGovern has published extensively about Osler and served as co-editor of the first *Persisting Osler* volume (with Jerry Barondess and Chuck Roland, 1985) as well as *William Osler-The Continuing Education* with Roland (1969), *Humanism in Medicine* with Chester Burns (1973), *An Annotated Checklist of Osleriana* with Earl Nation and Roland (1976), *Student and Chief-The Osler-Camac Correspondence* with Nation (1980), and the 3 volume Classics of Medicine collection of Oslerian essays with Roland (1985). McGovern wrote the Forward for Hinohara and Niki's, *Osler's "A Way of Life" & other Addresses, with Commentary & Annotations*, published in 2001. He established the lectureship at the annual meeting of our Society. These McGovern lectures are a highlight of each AOS gathering and all will soon appear in a single volume edited by Lawrence Longo. Jack also founded the Hall of Medical History and the McGovern Academy of Oslerian Medicine at the University of Texas Medical Branch in Galveston. His generosity provided funds for the recent renovations to the Osler Library at McGill. He established the Osler-McGovern Centre at 13 Norham Gardens and an annual lectureship in Oslerian Medicine at Oxford, the McGovern-Davison Children's Health Center at Duke University Medical Center, and the new John P. McGovern Museum of Health and Medical Science in Houston. A wonderful *festschrift*, *Appreciations, Reminiscences, and Tributes Honoring John P. McGovern* was published on the occasion of his 55th birthday, and includes a section devoted to medical history and Oslerian activities. He is an Honorary Fellow of the Royal College of Physicians of London and an Honorary Member of the Japan Osler Society. He has served as Member and Chair of the Board of Regents of the National Library of Medicine and received a number of special citations in recognition of his clinical and academic activities in pediatric allergy. Over ninety different awards, honors, professorships, and facilities have been named for Dr. McGovern and he has received 29 honorary degrees. He remains a staunch advocate of Oslerian medicine and ideals. All of us in the AOS as well as Oslerians everywhere owe a great debt of gratitude to Jack McGovern, our founder, colleague, friend and benefactor. On this occasion of the 34th annual meeting of the American Osler Society in Galveston, Texas, its birthplace, we proudly pay tribute to John P. McGovern for his monumental contributions to the Society and to Medical Humanism throughout the world.

Learning Objectives:

1. Explain the roles of Wilburt Davison, John McGovern, and Alfred Henderson in forming the American Osler Society.
2. Name at least five of John P. McGovern's contributions to the history of medicine.
3. Describe how John P. McGovern's philanthropies have enriched humanism in medicine.

31

Osler and the Nobel Prize?

CLAUS A. PIERACH

Claus A. Pierach is Professor of Medicine at the University of Minnesota Medical School. After many years as a full-time clinician teacher at Abbott Northwestern Hospital, he has recently accepted a new position which will enable him to concentrate most of his energies in the history of medicine.

While Sir William Osler (1849-1919) received numerous honors, undoubtedly culminating in his Baronetcy, the distinction of a Nobel Prize, nowadays considered to be the highest, eluded him. He was eligible for such a prize in the years 1901-1919 (none are given posthumously). The Nobel Prize in Medicine or Physiology is to be given for a beneficial discovery in the previous year, as stipulated by Alfred Nobel. Osler's contributions to medicine are still considered gargantuan, but none of his discoveries were deemed seminal enough to warrant at least a nomination. His work embraces many biological fields, from veterinary medicine, through zoology to physiology, cardiology, hematology, and pathology but there is no avenue to jointly take such a variety of discoveries into account.

Would he have had a better chance in the category of Literature? Here, a life's work is judged, and one can postulate that Osler's style, prose, clarity, and humanistic messages, should have made him a candidate. Nobel demanded that the writer to be honored should "have produced...the most outstanding work of an idealistic tendency,," a reason, for example, why the Swedish Academy never gave a prize to L Tolstoy. The extension beyond belles-lettres allowed T Mommsen, a historical writer, to receive a prize in literature (1902). Thus one could argue that Osler's influential textbook (1892) could have been considered together with his later writings, well represented in *Aequanimitas* and his biographical essays, An Alabama Student, as worthy of a prize, especially since his opus amplyfulfilled Nobel's expectation that a "lofty and sound idealism" be reflected in the writings.

A third category that might have considered Osler would have been the Peace Prize, nowadays so often bestowed with a more or less hidden political agenda. Osler, however, would have been an ideal, rather apolitical candidate with his unflinching desire for peace, especially during, and after, World War I when he built bridges between the fighting nations.

While Osler never received a Nobel Prize, he indirectly contributed to many of them. It was the reading of his textbook that prompted FT Gates, a Baptist minister, to suggest to JD Rockefeller to establish an institute for medical research. Over the years 21 researchers at that very institution were honored with a Nobel Prize.

One might regret that no Nobel Prize was ever given for a most exemplary life as a transmuter and educator with long lasting influence. Here, Osler undoubtedly would have qualified.

Learning Objectives:

1. Consider and try to understand the vagaries of the Nobel Prize.
2. Admire Osler's many literary contributions, even those beyond medicine.
3. Discuss some of Osler's varied and profound interests.

32

John Arbuthnot: A Neglected Life

JOHN W. K. WARD

John W. K. Ward is a retired family doctor in Oxfordshire. He is a past president of the Osler Club of London and is currently president-elect of the British Society for the History of Medicine.

In his essay on Oliver Wendell Holmes, William Osler comments on the paucity of men eminent in literature who were also associated in an enduring way with work done in the science and art of medicine. He comments, "We know the names of Garth, of Arbuthnot, and of Akenside but we neither know them nor their works." The purpose of this paper is to outline John Arbuthnot's remarkable life and indicate the contributions he made to medicine, mathematics, and satirical writing.

John Arbuthnot (1667-1735), in brief, was a Scot who graduated M.A. from Marischal College (Aberdeen) in 1685. He moved to London and taught mathematics until 1694, publishing "The Laws of Chance" in 1692, which was the first work on probability in English. In 1694 he entered University College, Oxford, and decided to read medicine. He graduated M.D., St. Andrews, by examination in 1696, being probably the first M.D. from Scotland's oldest university. He set up a medical practice in LOndon and was appointed Physician Extraordinary to Queen Anne, 1705-1709, and Physician in Ordinary to her 1709-1714. He was elected FRS in 1704 and FRCP in 1710. In a paper to the Royal Society in 1710 he discussed the slight excess of male births over female births. This was perhaps the first application of probabilty to social statistics. He also published an exposure of William Woodward's theory of fossils. He supported the peace policies of Lord Oxford's tories by his brilliant pamphlet, "The History of John Bull," and together with Swift, Pope, Gay, and Parnell formed the Scriblerus Club in 1714, whose purpose was to satirise bad poetry and pedantry. His main medical works include "The Nature of Ailments" (1713) and "The Effect of Air" (1733). In these he argued that all that is done in medicine might be done equally well by diet. He had various appointments from the government and the court, and was a member of the Royal Society Committee that investigated the Calculus controversy involving Newton and Leibnitz.

Arbuthnot's works were much admired by Samuel Johnson, who used his sources for his Dictionary only seven strictly medical works of which three were by Arbuthnot. Johnson said of him, "I think Dr. Arbuthnot the first man among them. He was the most universal genius, being an excellent physician, a man of deep learning and a man of humour." This opinion was quoted by William Osler in the sections on Arbuthnot in the *Bibliotheca Osleriana*.

In this paper, I hope to resurrect our consciousness of a recently neglected medical hero.

Learning Objectives:
1. Outline the career of John Arbuthnot.
2. Explain how an eighteenth century physician could be involved in so many diverse disciplines.
3. Judge whether there is a need for a more diverse eduation for modern doctors.

33

From Scotland to Argentina: Dr. Joseph Redhead and his Influence in Argentinean Science during the Independence Wars

HECTOR O. VENTURA, M.D.

Hector O. Ventura is Professor Medicine at Tulane University School of Medicine and Director of the Cardiovascular Disease Training Program and Education at the Oschner Heart and Vascular Institute in New Orleans, Louisiana. A native of Argentina, he has published extensively in the field of cardiology and was recently named Medical Historian of the Heart Failure Society of America.

Background: Ideas and medical practices from European countries marked the development of a very rich and colorful history in the science and art of healing all Latino-American countries. Several physicians who studied in Edinburgh reached South America and practiced medicine before and after the Independence Wars. One of the most important and recently forgotten figures in the development of medical science in Argentina was the Scottish Joseph Thomas Redhead.
Biography: Joseph Thomas Redhead was born in Scotland in 1767 and completed his medical studies in Edinburgh. Before coming to Buenos Aires Argentina, he also studied in the famous Gottingen University in Germany, where he shared classes with Alexander von Humboldt. He arrived at Buenos Aires in 1803, commissioned one by the British government to study natural sciences in South America. The Protomedicato authorized it to exert its profession in 1803. He travelled extensively and studied the vegetation of Jujuy and Salta. He spent some time in Rosary of Lerma where it studied typhus and malaria. In 1812, he lived in Tucumán, where he was a medical officer of the army and personal doctor of the General Manuel Belgrano, a hero of the Independence and founder of the Argentinean flag. While he was in Tucumán he helped Belgrano translate to Spanish the "Farewell Address" of George Washington. When Belgrano returned to Buenos Aires very ill with "dropsy", Redhead came with him and took care of Belgrano until his death. The general in return gave Redhead his own watch to repay his services. He then returned to Salta and became the personal physician of General Martin Guemes, another patriot of the Independence Wars. He remained in Salta until his death on June 28, 1847. The famous historian Arnold Toynbee, when he visited Salta in 1966, emphasized the importance of Redhead not only in medicine but also in the emancipation of South America.
Scientific Friends: Joseph Redhead corresponded frequently with Alexander von Humboldt. Actually, Alexander von Humboldt gave Dr. Redhead "an itinerary to explore the providences of the north of Argentina. *Woodbine Parish in his book "Buenos Aires and The Rio de la Plata Provinces" cites Redhead name constantly and called his " intelligent envoy." Redhead gave Parish very important geological and barometric data from the region. Interestingly, Parish utilized the barometric data given by Redhead to calculate the altitude of cities and mountains of the North of Argentina and the South of Bolivia. Thus, Parish with the help of Redhead became the first person that scientifically measured the altitude of the Andes in this region. Edmund Temple visited Redhead in 1825 and mentioned him as " an English gentleman who illustrated me about the enjoyable weather in Salta".*
The English captain Joseph Andrews mentioned extensively Redhead's name and thanked him for the data that Redhead provided regarding the minerals (including petroleum) of the region. The latter is crucial in the history of petroleum in Argentina, since this is the oldest document in existence. JH Scrivener, an English geologist lived with Redhead in Salta and was helpful to keep biographical data of Redhead.The books written by the authors mentioned above are located in library in the province of Salta in Argentina.
Conclusion. The life and the work of the Scottish physician Joseph Thomas Redhead constitute one the most important pages of the scientific progress in the history of Argentina.

Learning Objectives:

1. Analyze the influence of Scottish physicians on the medical profession in Latin America.
2. Describe the work of Dr. Joseph Thomas Redhead.
3. Analyze the influence of Dr. Joseph Thomas Redhead ont he development of medical and natural sciences during the Independence Wars in Argentina.

34

William Osler: The First American Hematologist

JACK B. ALPERIN

Jack Alperin is Professor of Internal Medicine and Pathology at the University of Texas Medical Branch, Galveston. He is widely published in the field of hematology, has received the Golden Apple Award from the medical students at UTMB, and is a past president of the Galveston County Medical Society.

William Osler showed an interest in many aspects of medical practice including the study of the blood. Osler made significant contributions to our understanding of the blood and blood dyscrasias. Indeed, Dr. Maxwell M. Wintrobe, a distinguished American hematologist, who enjoyed an international reputation, called Osler "the first American hematologist." Listed below are Osler's contributions to hematology.

1. Early in his career, Osler showed that platelets played a role in hemostasis and thrombosis. Osler (l873) referred to these blood cells as the granular masses of Schultze or corpuscles neither red nor white long before Bizzerero (l881) called them platelets.

2. Osler was one of the first to describe macrocytes, erythroid hyperplasia, gastric mucosal thinning, and neurologic abnormalities in pernicious anemia (PA). He named the characteristic cells in the bone marrow in PA gigantoblasts three years before Erhlich (1880) coined the term megaloblast.

3. His studies of familial epistaxis contributed to the description of hereditary hemorrhagic telangiectasis (HHT), also called Osler Weber Rendu disease, although Babington (l865) was the first to describe HHT.

4. Osler published descriptions of patients with splenomegaly. Some had anemia while others exhibited polycythemia (ie, polycythemia vera, Osler Vaquez disease).

5. He wrote early descriptions of urticaria pigmentosa and lupus erythematosus.

6. Osler was one of the first to recognize that thrombosis may have a familial or inherited basis.

7. Finally, he promoted microscopic examination of the blood in the diagnosis of disease.

Learning Objectives:
1. Explain Osler's general interest in disorders of the blood.
2. Describe Osler's studies on hemostatis and thrombosis.
3. Describe Osler's studies on pernicious anemia.

35

The Regius Professor of Medicine and the Méthode Graphique: John Burdon Sanderson and the Sphygmograph

SANDRA W. MOSS

A retired internist, Sandra Moss is pursuing a masters degree in the history of medicine at Rutgers University. Her area of interest is nineteenth-century medicine in New Jersey, and particular the problems faced by elite physicians in a state without a medical school.

The largely forgotten sphygmograph was a cutting-edge nineteenth-century medical technology that never quite lived up to its promise. In the 1860s, the complex and hallowed art of taking the pulse was transformed by the sphygmograph, an instrument that exemplified the new méthode graphique of medical science. French cardiophysiologist Ètienne-Jules Marey constructed a practical sphygmograph that used a series of levered springs to transmit the motion of the radial artery to a recording device.

Within a few years, British physicians began tinkering with the fussy, finicky, idiosyncratic instrument while struggling to interpret the often inscrutable squiggles it produced. One of the first students of the sphygmograph was John Burdon Sanderson, a future leader of British physiology. Sanderson modified Marey's sphygmograph, extolled its value in physiological research, cautioned against its too-rapid introduction into the consulting room, predicted the values of serial tracings in prognosis, and stressed its great potential for teaching physical examination to medical students. Most notably, Sanderson stressed his long conviction that high arterial pressure was a harbinger of heart disease and hoped that the earliest footprints of increased vascular tension could be discovered in the wave tracings of the sphygmograph. In 1872, young William Osler arrived in London, enrolled in Sanderson's course in practical physiology, and spent 17 months working in his research laboratory. Osler also visited the wards at University College Hospital where, perhaps, he had a chance to observe the sphygmograph in use.

In the United States, Newark practitioner Edgar Holden, having familiarized himself with Sanderson's writings, was also tinkering with the Marey sphygmograph. He used the term "sphygmographic hieroglyphics" to express his frustration with the mysterious waveforms. Unlike Sanderson, who was affiliated with major London institutions, Holden's science was "private," performed in spare hours stolen from practice and unconnected with the intensely practical American medical schools. Holden was interested in the use of the sphygmograph to monitor drug therapy, and accordingly dosed himself with a number of drugs. In addition to aconite, an arterial sedative, he studied the rather spectacular effects of a fresh extract of cannabis on himself and his sphygmographic tracings.

By the 1880s, the brilliant young Frederick Akbar Mahomed of Guy's Hospital had worked out some of the mysteries of arterial hypertension in his clinical research with the sphygmograph. In 1898, Osler's *Principles and Practice of Medicine* mentioned the sphygmograph in the discussion of high arterial tension. James Mackenzie, England's premier cardiologist, used the sphygmograph to study "ominous pulse irregularities." Within a few years, the blood pressure cuff and the electrocardiogram would relegate the sphygmograph to the status of a footnote, albeit one that lasted four decades. In 1906, Osler's textbook mentioned the sphygmomanometer rather than the sphygmograph.

Sanderson was named Regius Professor of Medicine at Oxford in 1895. When he gave up the chair in 1903, the old sphygmographer reportedly pronounced his former student "the very man" for the job, even if he was, as Michael Bliss observes, not the laboratory man whom Sanderson initially preferred. The human pulse had advanced far during the careers of Sanderson and Osler. Despite its shortcomings, the sphygmograph captured the imagination of men like Sanderson because it promised to reformulate in scientific terms the old *tactus eruditus*—the learned touch—of the physician's art.

Learning Objectives:

1. Describe how medical technologies can extend the unaided senses of the physician.
2. Discuss how technologies that seem in retrospect to have been unsuccessful may nevertheless have advanced medical science.
3. Relate how physicians began to think about hypertension during the nineteenth century prior to the introduction of the blood pressure cuff.

36

Crawford W. Long: A Georgia Student

R. DENNIS BASTRON

Dennis Bastron, who once studied under the great Oslerian William B. Bean, is Professor of Clinical Anesthesiology at the University of Arizona. His interest include medical ethics, the history of medicine, and professionalism in medicine.

Dr. Osler's essay "An Alabama Student" tells about Dr. John Y. Bassett, a rural Alabama practitioner who made great sacrifices for himself and his family for his calling to the profession of Medicine. Crawford W. Long, ten years Bassett's junior, who practiced in rural Georgia, also exemplified the best of professionalism. Osler was familiar with Long, and, although Long's detractors use several of Osler's quotes, Long was the type of practitioner Osler admired and, indeed, Osler expressed that admiration.

First, the Osler quotes used against Long (who was the first physician to use ether for surgical anesthesia). "Why do we not give the credit to Davy…Hickman…Wells…or to Long, who frequently practiced ether anaesthesia?… In science the credit goes to the man who convinces the world, not to the man to whom the idea first occurs…Morton convinced the world, the credit is his." And, "The rival claims or priority (for the first use of anesthesia) no longer interest us."

Why would Osler admire Long?
Osler: "The all-important matter is to get breadth of view as early as possible, and this is difficult without travel."
Long: Long graduated from Franklin College (now the University of Georgia) in Athens, GA at the age of 20. He read medicine under Dr. George Grant in Jefferson, GA before studying medicine at Transylvania College. He graduated in medicine from the University of Pennsylvania and then spent 18 months to "walk the hospitals," especially in surgery, in New York City.

Osler: "The cultivated general practitioner. May this be the destiny of a large majority of you! Have no higher ambition!"
Long: Although highly regarded in New York for his surgical skills, and being advised to be a Naval surgeon, Long returned to Jefferson, GA, to a general practice.

Osler: "No physician has a right to consider himself as belonging to himself; but all ought to regard themselves as belonging to the profession…"
Long: Long was late for his wedding because he was caring for a critically ill patient; immediately after the service, he left his bride to sit with the patient for the rest of the night. He had a stroke just as he delivered a baby—his last articulate words were " Care for the mother and child first."

Osler: "The practice of medicine is an art, not a trade; a calling, not a business…"
Long: Long's tombstone says, "My profession is to me a ministry from God"

Icing on the cake: Osler had Egerton Yorrick Davis; Long occasionally wrote humorous sketches for the local paper under the nom de plume of "Billie Muckle."

Although Osler was unwilling to give Long credit for discovering anesthesia, he did write: "Some of the most brilliant work has been done by men in extremely limited spheres of action, and during the past hundred years it is surprising how many of the notable achievements have been made by physicians dwelling far from educational centres—Jenner worked out his discovery in a village; McDowell, Long, and Sims were country doctors; Koch was a district physician."

Learning Objectives:

1. Name who Dr. Osler believed deserved credit for the discovery of ether, and discuss why.
2. List three qualities of a physician that Osler thought important, exemplified by Long.
3. Describe the location and type of practice of Crawford Long.

37

The Rise and Fall of Bright's Disease

ANDREW FENVES

Andrew Z. Fenves is the Ralph Tompsett Professor of Medicine and Medical Director of the Division of Nephrology at Baylor University Medical Center, Dallas, Texas. He is also Clinical Professor of Medicine at the University of Texas Southwestern Medical Center in Dallas.

By the mid to late ninteenth century the term Bright's disease was widely accepted and used to refer to kidney diseases in general and glomerulonephritis in particular. In the 1910 edition of William Osler's textbook, *The Principles and Practice of Medicine*, a full two sections (17 pages) are devoted to acute and chronic Bright's disease. By the first part of the twentienth century a number of scientists attempted to categorize Bright's disease. By the 1950s the term began to fade, and today it has all but disappeared from the vocabulary of even nephrologists. What lies behind the rise and fall of the term Bright's disease?

Richard Bright (1759-1858) was born in Bristol, England, and educated at the University of Edinburgh. In 1820 he became an assistant physician at Guy's Hospital, London. In 1827 he compiled his report of medical cases in which he first described the epoch-making distinction between dropsy (edema) of renal origin from dropsy due to other causes such as heart and liver disease. He also taught us that the urine of patients with kidney disease and dropsy curdles when boiled over the flame of a candle. Bright defined three pathologies at postmortem examination: (1) the pale, large white kidney of the nephrotic syndrome; (2) the large red kidney of acute glomerulonephritis; and (3) the small shrunken kidney of chronic glomerulonephritis. His reputation was quickly established throughout Europe, and henceforth the combination of dropsy, coagulable urine, and diseased kidney became known as Bright's disease.

Francis Delafield (1841-1915) was a renowned American physician who made original contributions to American medicine and in particular to the classification of kidney diseases. In 1893 he proposed a complex classification of Bright's disease which begins to resemble more closely different types of glomerulonephritis and interstitial nephritis. In the 1910 edition of Osler's textbook the Delafield classification is not mentioned; rather Bright's disease is divided simply into acute and chronic forms. The clinical descriptions of the equivalent of acute glomerulonephritis are elegant and very relevant even today.

In the early twentieth century, other investigators including Volhard and Fahr made further attempts to classify Bright's disease. Ultimately the greatest problem with all of these schemes was the fact that these classifications included a combination of different interstitial diseases and various glomerulonephritides. In 1972, in the classic textbook *Diseases of the Kidney* edited by Strauss and Welt, Bright's disease is referenced in passing as a term referring to all forms of chronic progressive renal disease. The advent of renal biopsies with the ability to differentiate between interstitial disease and different types of glomerulonephritis spelled the death of the term Bright's disease.

Educational objectives:

1. Elucidate Richard Bright's contribution to the understanding of kidney disease.
2. Trace the rise and fall of the term *Bright's disease* over the past 150 years.
3. Understand what led to the abandonment of this term in today's practice of nephrology.

38

The Autopsy

ROBERT R. NESBIT, JR.

Robert R. Nesbit, Jr. is Professor Emeritus of Surgery, Medical College of Georgia, Augusta, Georgia. He writes that this paper was inspired by a question that arose after one of the papers at the 2003 meeting concerning when the first autopsy was done. The son of a pathologist, Dr. Nesbit adds that "at an early age I learned of the importance of post mortem examination."

Much has been written about the history of the autopsy. In many ways, the history of the autopsy and its role nicely parallels the history of medicine itself. The word autopsy, from the Greek, means, "Seeing for oneself," but in the medicine of ancient Greece, dominated by humoral theories of disease, there was relatively little import attached to anatomy or to its derangement.

Although some post mortem examinations were done in the middle ages and such studies were vital to the progress of the first medical science, anatomy, the history of the "modern" autopsy really dates from Morgagni's work in the eighteenth century in Padua. Morgagni was the first to correlate clinical and pathological findings in an organized way and at age 80 he published a five-volume work that presented his observations in over 700 cases.

With the rise of the hospital and the medical predominance of France, Corvisart, Bichat and Laennec further emphasized the role of the autopsy in understanding clinical findings. In the first half of the 19th century Karl Rokitansky brought medical preeminence to Vienna. He standardized autopsy procedure and reporting. Rokitansky supervised 70,000 autopsies over his career, performing 30,000 of them himself.

Rudolf Virchow brought anatomic pathology to a yet greater role as a science basic to clinical medicine. His teaching and understanding of disease at the cellular level brought Berlin to preeminence in medical science in the second half of the 19th century.

William Osler developed an enthusiasm for pathological study at McGill. In his thesis, for which the faculty awarded him a special prize, Osler wrote that, "To investigate the cause of death, to examine carefully the condition of the organs....is one of the highest objects of the Physician." In his postgraduate studies in Europe, Osler, like R.H. Fitz, was exposed both to Virchow and to Rokitansky. Indeed, Osler noted in Vienna that, "After having seen Virchow it is absolutely painful to attend post-mortems here, they are performed in so slovenly a manner..."

As clinician/pathologists, Osler and Fitz brought Virchow's methods and science to North America. They had a significant influence in bringing the autopsy to play a major role in medical science, practice and education in the first half of the twentieth century. Osler's final contribution was to assure that a post mortem examination of his body would be performed and he left specific instructions concerning his autopsy.

Learning objectives:

1. Describe the evolution of the autopsy procedure.
2. Explain the changing role of the autopsy in medical science, education and practice.
3. Discuss the role of the autopsy in William Osler's career.

39

Erotian, Dunglison, and Stedman: A Short History of Medical Dictionaries

CHARLES T. AMBROSE

Charles T. Ambrose is Professor of Microbiology and Immunology at the College of Medicine, University of Kentucky, Lexington, Kentucky. A 1955 graduate of The Johns Hopkins University School of Medicine, he trained in infecitous diseaes and immunology and was the first exchange professor between Harvard Medical School and the College de France.

During his Philadelphia years (1884-1889) Wm. Osler became acquainted with the medical luminaries of the Jefferson Medical College. A noted Jefferson professor of the mid-nineteenth century was Robley Dunglison (1798-1869). Osler would later write that Dunglison was "a warm friend to generations of American medical students" by virtue of the many editions of his *Medical Lexicon - A Dictionary of Medical Science*. It was, according to Osler, "One of my stand-bys ... which did [me] such good service."

Dunglison was physician to four US presidents, the first full time US medical professor, and a founding figure in the University of Virginia Medical College and the Jefferson Medical College. He was the most prolific medical author of the nineteenth century, having in press at one time seven major books on medical matters. His most popular work was his medical dictionary, first published in 1833. Its final edition in 1904 was edited by Thomas Lathrop Stedman (1853-1938), who later compiled his own "modernized" version. The 1908 *Stedman Medical Dictionary* was the first of twenty-seven editions published in the twenieth century. It has rivaled the thirty editions of Dorland's Illustrated Medical Dictionary.

The earliest medical dictionary appears to have been compiled by Erotian, a Roman grammarian living during the reign of Nero. This work was a glossary of all the learned words found in the writings ascribed to Hippocrates. Three early Romans encyclopedists (Cato the Elder, Celsus, and Pliny the Elder) are credited with coining much of Latin medical terminal-ogy inherent in modern medicine. The works of Galen (fl. 2c AD) published in many voluminous Latin editions in the sixteenth century were copiously indexed to provide ready access to medical terms.

With the advent of the printing press, medical dictionaries in Latin became widely available—the major ones being by Henri Estienne (1564), Stephen Blanchard (1679 on), and Bartolomeo Castelli (1598 to1792). The nineteenth century saw a dozen or so medical dictionaries published in the United States, but none was so successful as that by Dunglison.

Learning objectives:
1. Recount the role of Robley Dunglison in American medical education.
2. Trace the evolution of American medical dictionaries.
3. Relate the early history of medical dictionaries.

40

Britain's First Medical Marriage: George Hoggan, Frances Morgan, and the Mysterious "Elsie"

NEIL McINTYRE

Neil McIntyre is Emeritus Professor of Medicine at Royal Free and University College School of Medicine. He retired in 1999 and is writing a history of the Royal Free Hospital School of Medicine (originally the London School of Medicine for Women). He contributes a series on medical statues to the Journal of Medical Biography.

Britain's first medical marriage was between George Hoggan and Frances Morgan in 1874. George was an engineer in the Indian Navy before studying medicine at Edinburgh. There he taught anatomy to Sophia Jex-Blake and her fellow students and helped to protect them from harassment by male students at the riots at Surgeons' Hall. During his undergraduate career he showed great promise in research, and after qualifying worked in Paris with Claude Bernard. He became a dermatologist and he and his wife studied the morphology of lymphatics and peripheral nerves. Sadly he died aged 54 after a long illness.

Frances was arguably the most gifted of the early British medical women. In 1867, with two other women, she passed the Preliminary Examination in Arts of the Society of Apothecaries; in response the Society changed its rules in order to prevent women obtaining its licentiateship. Subsequently Frances became the first British woman to obtain an MD in Europe (in Zurich in 1870), the first female Member of a British College of Physicians; Garrett Anderson's first assistant at the dispensary that became the New Hospital for Women, and the first woman to do high quality medical research.

The Hoggans, great friends of Elizabeth Blackwell, were key figures in the anti-vivisection movement. Frances's clinical practice was curtailed by George's illness and death but she continued to campaign on social issues including women's education, health education and civil rights. She was an outspoken critic of the treatment of black people in the USA.

Her life was all the more remarkable because new evidence suggests that at the age of seventeen, before starting her medical studies, she gave birth to an illegitimate child. Had this been known it would, in Victorian times, have dashed her hopes of a career in medicine. There are descendants of her daughter still living in Canada.

Learning Objectives:

1. Give a brief account of the lives of George and Frances Hoggan.
2. Explain why and how in 1867 the Society of Apothecaries changed its regulations to prevent women from qualifying as medical practitioners.
3. List Frances Hoggan's major contributions in the fields of women's education, health education and civil rights.

41

Moses Maimonides: Reflections on a Life for Our Times

JOSEPH W. LELLA

Joseph W. Lella is Professor of Emeritus of Sociology, and Professor of the History of Medicine, at King's College, University of Western Ontario, London, Ontario. He has recently rekindled his interest in the sociology of religion, and in that context has been studying the life and preparing a dramatic monologue on Moses Maimonides.

Since the publication of Maria Rosa Menocal's lyrical evocation of Islamic Spain, *The Ornament of the World* (2002), a number of assessments of that book's main thesis have appeared, some celebrating and some seriously questioning it. The book's subtitle summarizes that thesis: *How Muslims, Jews and Christians Created a Culture of Tolerance in Medieval Spain*. It should not be surprising to modern North Americans who have tried for generations to create and sustain such a culture, that a medieval society would experience some difficulty in doing so.

Moses Maimonides (1135-1204), the *Rambam* ("Rambam": an acronym from the Hebrew *Rav Moshe en Maimon*, or Rabbi Moses son of Maimon), did not live at the apex of this period but in a time that was greatly influenced by it. By all accounts it was an extraordinary era. He was an early practitioner of "rational" and what we might call, somewhat anachronistically, "evidenced based" medicine and biopychosocial, spiritually grounded practice. He has often been celebrated in the literature of medical history. This paper will review his life and describe his achievements (medical and otherwise) in so far as that life was touched by elements of the social and cultural context discussed by Menocal and others.

Maimonides benefitted but also suffered from his exposure to what was not an unmixed culture of tolerance. He grew up in a distinguished and well-off rabbinical family in Cordoba at the heart of twelfth century, Islamic Spain. Arabic was his first language and through it he absorbed the classics of Greek philosophy and medicine as they were making their passage from manuscripts in Baghdad through Arabic translation and then into the Latin of Christian Europe where they would be part of the stimulus for the European renaissance.

As a young man he learned the Hebrew Torah and the Talmudic writings. He ultimately systemaized and made his own summary of the latter. Also, Maimonides *Guide for the Perplexed* applied systematic Aristotelian thinking to help believing but "rational" Jews through their difficulties. This work influenced such culturally Latin, prominent Christian philosophers as Thomas Aquinas, and also generations of western scholars. His attempts to purge Judaism of the superstitious accretions of centuries, however, made him controversial to many Jews of the time.

Elements of his major works were accomplished while his family fled from Spain and across North Africa, living in Jewish communities that suffered from severe persecution by the intolerant Almohad Islamic sect. After an unsuccessful sojourn in Palestine the family utlimately settled in Egypt where Maimonides thrived as physician to the more tolerant court of Saladin, the Sultan. He became beloved rabbi and leader of his local Jewish community as well as advisor to others spread out across the Islamic and Christian worlds.

In his epistle from Egypt to the Jews of Yemen (1172) advising them to reject a self-styled Messiah's call to convert to Islam, Maimonides wrote (after referring to Muhammad as "the madman"): "You know, my brethren, tht ... God has cast us into the midst of ... the nation of Ishmael (the Arabs), who persecute us severely ... No nation ... has matched it in debasing and humiliating us. None has been able to reduce us as they have."

Is this the comment of a man who was the product of an age of tolerance? With the hindsight of eight and one half centuries and despite the Ramban's anguished outcry, this paper answers this question with a guarded and tentative yes. His achievements and those of other Jews, Muslims, and Christians of the era were undoubtedly the results of centuries of positive, tolerant interaction. His real pain, however, was clearly caused by vicious intolerance and persecution which at times coexisted with it.

In looking toward the future, however, there is room to hope that the positive dimensions of those medieval, Iberian traditions can be more fully realized among us, their "globalizing" succesors, and that our own age of increasing, sometimes difficult and violent, but often peaceful contact among us all may with wisdom and understanidng ultimately lead to an age that we may more truly style a lasting and shining ornament of world history.

Learning Objectives:

1. Explain why Moses Maimonides is considered a signficant history in the history of Judaism, medicine, and philosophy.
2. List three aspects of his practice that were forerunners of current medical thinking.
3. Indicate those aspects and historical figures of medieval Spain and Islam that made positive impacts on Maimonides's life and work, and also those aspects and figures that made negative impacts.

42

The Toronto Medical Historical Club: The Osler Connection

ARTHUR GRYFE

Arthur Gryfe is a pathologist in Toronto and former Director of Laboratory Medicine at Queensway General Hospital (now Trillium Health Centre). He has been Secretary of the Toronto Medical Historical Club for the past 24 years and is Archivist of the Ontario Association of Pathologists.

The Toronto Medical Historical Club is one of the oldest organizations of its kind in North America, having celebrated its 80th anniversary on January 24, 2004. There has been a connection with Sir William Osler since its inception. Osler's nephew was one of the first members, and donated the gavel, still used to open all meetings. The gavel was crafted from the timbers of the Osler homestead in Bond Head, Ontario. On July 12, 1961 the club celebrated Sir William's birthday with the unveiling of a cairn, made of stones from the rectory, at the site of the rectory, where W.O. was born. Six members of the Toronto Medical Historical Club are or have been members of the American Osler Society, including two who were AOS presidents and one who was an AOS founding member. Papers about Osler have been presented, and one member has written the most recent definitive Osler biography. Members take turns hosting meetings and presenting papers of medical historical interest. One unusual custom ensures immediate involvement of new members and preserves the camaraderie on which the club has survived. Some past and present members have created Canadian Medical History, including one Nobel Prize winner, two knighted charter members, and three current Orders of Canada. And yet maximum membership at any one time has never exceeded 20, so that meetings can be held in members' homes.

Learning Objectives:

1. Discuss the Toronto Medical Historical Club's connections to William Osler through its direct and indirect links.
2. Examine the human, intellectual, and historical factors in common between the Toronto Medical Historical Club and the American Osler Society.
3. Evaluate the contributions made by members of the Toronto Medical Historical Club to Osleriana and Canadian Medicine.

43

Diabetes Mellitus: From Antiquity through Sir William Osler to Banting and Best

RUSSELL L. SILVERSTEIN

Russell Silverstein practices nephrology and transplantation medicine at Medical City Callas Hospital. His activities in the American Diabetes Association include former presidency of the Dallas chapter and current presidency of the national Community and Volunteer Development Committee.

The story of diabetes unfolds during the age of antiquity. Ancient Egypt was the first civilization known to have a wide-ranging study of medicine. Two Egyptian physicians, Imhotep and Thoth were elevated to the position of gods. Imhotep became the G-d of Medicine, and Thoth became the G-d of the Healing Art, patron G-d of Physicians. The first reference to diabetes is seen in the Beers Papyrus, written about 1550 BCE where the ancient practice of Egyptian medicine was described. The Beers Papyrus describes the remedies for the treatment of excessive urination.

Hippocrates (460-377 BCE), the Father of Medicine and the most renowned physician of the period of antiquity, referenced excessive urinary flow with wasting of the body. The Greek physician, Galen, only saw two cases, now diabetes, that he referred to as "dropsy into the pot". Aretheus (130-200 CE) describes the melting down of the flesh and limbs into urine. He said life is disgusting and painful and thirst unquenchable, and coined the word diabetes, which signifies a siphon

Three Hindu physicians between 100 BCE and 700 CE, collectively called the Holy Triad, coined the term honey urine one thousand years before the first Europeans added "mellitus" meaning honey to the definition of diabetes. The Persian physician Avicenna (980-1037 CE), described diabetic gangrene and diabetic foot ulcers. Moses Maimonides (1138-1204) discussed the symptoms of excessive thirst and the passage of a large volume of urine. He concluded that diabetes is due to the prevailing heat that spreads over the kidneys.

The diagnostic period of diabetes occurred during the Renaissance. Paracelsus (1493-1541) believed that the chemical changes in the body causing diabetes was due to an accumulation of salt. Vesalius (1514-1564) identified the pancreas. In 1664 DeGraaf (1641-1673) provided the first modern description of the pancreas and of its external secretions. Thomas Willis (1621-1625) thought diabetes a disease of the blood.

There was an experimental period in diabetes beginning in the first half of the 19th century with Claude Bernard (1813-1878) who discovered the glycogenic function of the liver. Paul Langerhans (1847-1888) described the pancreatic duct system and the mysterious cells scattered like islands, later becoming the Islets of Langerhan.

In the last textbook that Sir William Osler wrote, he completely defined the disease, discussing the etiology, metabolism, anatomy, symptoms, diagnosis and its treatment at that time. Osler's treatment was to restrict the consumption of saccharine and starchy foods. He recommended personal hygiene, leading a quiet life, wearing flannel or silk, taking a luke-warm or cold bath and moderate exercise, including massage. He felt the VonNoorden diet was very important, as this diet would completely eliminate sugar from the urine in some patients in 3 to 4 days. He also described medicinal treatment. Unfortunately, there was no true treatment for diabetes until the discovery of insulin by Banting and Best at the University of Toronto from 1921 to 1922 just after Osler's death in 1919. This famous discovery is the beginning of the therapeutic era in which we are still learning how best to treat this disease of epidemic proportions.

Learning Objectives:

1. Explain the history of diabetes from antiquity until the discovery of insulin in 1921.
2. Define the etiology of the term "diabetes mellitus".
3. Describe Osler's treatment of diabetic patients in 1910.

44

Rheumatoid Arthritis: One of Modern Medicine's Enigmas as Seen Through Long-Distance Historical Lenses

W. WATSON BUCHANAN

William Watson Buchanan, a native of Glasgow, Scotland, is Emeritus Professor of The Sir William Osler Institute of Health, McMaster University Faculty of Health Sciences, Hamilton, Ontario. His bibliography includes more than 500 papers as well as numerous book chapters and editorials.

Historical evidence of rheumatoid arthritis is scanty in ancient skeletal remains both in Europe and Egypt. Bruce M. Rothschild and his colleagues have however reported symmetrical erosive polyarthritis in the ancient skeletons of Amerindians, and suggested the disease may have originated in America and then spread to Europe and the rest of the World. This might explain why it was only clearly described in Europe in 1800 by Landré-Beauvais (1774-1840), and only named by the "Father of Rheumatology", Sir Alfred Baring Garrod (1819-1907) in 1859.

Ancient Roman and Greek, and Indian medical writings, give only at best suggestive descriptions, and with the exception of the Emperor Monomachus Constantine IX (c980-1055) there is no convincing case in prominent individuals. There is no reference to polyarthritis in the Bible, or in the Works of Shakespeare or Robert Burns, despite the fact the latter was diagnosed with the "flying gout" (probably brucellosis). There are, however, several examples of the disease in paintings by Dutch and Flemish artists prior to 1800, the most convincing being that of "The Printer's Family" by Jacob Jordaens (1593-1678). There is a singular absence of rheumatoid arthritis in the 18th century pathological collections of the two Hunter brothers, William (1718-1783) and John (1728-1793).

It is my belief that the disease probably existed in Europe prior to 1800, but perhaps in a mild form, and also perhaps wrongly diagnosed as gout. However, there seems evidence that it became more severe in the middle of last century, especially associated with severe vasculitis. The disease appears now to be less severe, with fewer subcutaneous nodules, and vasculitis virtually absent. Perhaps it might even disappear during this century? If so then it will behave like other infective conditions, such as leprosy, tuberculosis and syphilis, as described by Charles Creighton (1847-1927) in *A History of Epidemics in Britain* (1891-94).

Learning Objectives:

1. Defend or refute the case for studying disease over a span of time.
2. Examine the following aspects of the historical study of a disease: paleopathology, ancient medical literature, historical persons with the disease, non-medical literature and the fine arts, and review of specimens in pathology museums.
3. Discuss whether some aspects of today's medical research are myopic, lacking the insights that can be gleaned from a long-distance view.

45

Christiaan Neethling Barnard: Contributions and Controversies. A Personal View

DAVID K. C. COOPER

David K. C. Cooper is Associate Professor of Surgery (immunology) at Harvard Medical School where, since 1996, he has been a full-time investigator in the field of xenotransplantation. As a cardiothoracic surgeon, he was a colleague of Christiaan Barnard in Cape Town for several years. He has edited a book of reminiscences about Barnard and is currently completing a book on the surgeons involved in the development of heart surgery.

The late Chris Barnard trained in heart surgery during the halcyon days of the Minneapolis era under Drs C. Walton Lillehei and Richard Varco, returning to his native Cape Town to set up one of the earliest, and certainly the best, heart surgery programs in Africa. In December 1967, he carried out the world's first human-to-human heart transplant. Although his first patient survived only 18 days, each of his next two lived for more than one year, and his fifth and sixth patients lived for more than 12 and 23 years, respectively. No other group had such encouraging early results. Barnard went on to introduce the operation of heterotopic heart transplantation, and his group carried out innovative research on storage of the donor heart, and on the metabolic effects of brain death. After initial popular acclaim, his subsequent 'playboy' image and controversial lifestyle harmed his reputation, particularly among his medical peers, and his surgical contributions have possibly not received the recognition they deserve.

Learning objectives:

1. List Barnard's major surgical contributions.
2. Outline the reasons for his subsequent diminished reputation.
3. List Barnard's accomplishments outside the field of surgery.

46

Halsted at High Hampton

S. ROBERT LATHAN

S. Robert Lathan practices internal medicine in Atlanta, Georgia, where he has been active in numerous civic affairs. He maintains an avid interest in Civil War history especially with respect to the Confederate general Wade Hampton, whose lodge at Cashiers, North Carolina, came to be the summer residence of William S. Halsted.

Dr. William S. Halsted, one of the "Great Four" and the first professor of surgery at Johns Hopkins, was a man of creative genius. Among his many innovations was the invention of rubber gloves for his operating room nurse, Caroline Hampton, to protect her hands from a contact dermatitis. Caroline, from Columbia, South Carolina, was the niece of General (and later Governor and Senator) Wade Hampton and became Mrs. Halsted in June 1890. After honeymooning at the Hampton hunting lodge in Cashiers, North Carolina, they visited there every summer. Eventually Dr. Halsted purchased the family estate from the three Hampton sisters and named it High Hampton (after his ancestral home in England, High Halsted). Halsted was responsible for adding a great colleciton of dahlias and planted many unusual trees on the High Hampton property where they lived as a summer retreat in baronial splendor. This product of New York, Yale, and Baltimore became well acclimated to the simple Carolina country life.

Dr. Halsted became accidentally addicted to cocaine in 1884 doing research on nerve blocking, which later became extremely valuable in dentistry and spinal anesthesia. He was hospitalized for his addiciton and later treated and supported by his colleagues, both Welch and Osler.

The contrasting personalities and styles of Halsted and Osler are of interest. Halsted's shyness and aloofness may have been influenced by his earlier addiction problem. Nevertheless, he was able to function extremely well as the founder of the Halsted school of surgery and his name has long been associated with surgery of hernia, breast, thyroid, and of the vascular system.

Learning Objectives:

1. Explain how Halsted came to vacation in the North Carolina mountains.
2. Discuss Halsted's cocaine adiciton and how it may have been a factor in changing his personality and demeanor.
3. List several of Halsted's innovations and lasting contributions to surgery.

47

Sir William Osler and the Trojan Horse

MICHAEL E. MORAN

Michael E. Moran practices urology in Albany, New York, specializing in endourology and stone disease. He is Clinical Associate Professor at the Albany Medical Center, where he is a past recipient of the Golden Apple Teaching Award. He continues to be active in both teaching and research.

Troy is a city of 55,000 people in Upstate New York located along the Hudson River at the convergence of the Mohawk. It is a city of surprisingly rich cultural heritage and it was home of New York State's first hospitals outside of New York City. The 50th Anniversary Jubilee celebration of Troy's Hospital brought William Osler to this city as the keynote speaker. It is one of Sir William's less well-known addresses, and was delivered on November28, 1900 at the Old Troy Hospital in "the Collar City." Much like the history of this 19th Century early American industrial town, Osler's comments and the impending doom of the Old Troy Hospital can be taken in context of the times. Troy had risen in prominence throughout the 19th Century as an industrial center of New England. Ironworks and abundant waterpower were the heart of an impressive early American Industrial Age. Troy was known for the origins of the removable collar, the home of Sam Wilson (Uncle Sam), the entrance to the Erie Canal, Henry Burden's immense water wheels used for power generation, the first public reading of Clement Moore's *Twas The Night Before Christmas*, and producing the Monitor's ironclad exoskeleton. Osler began his comments with Sir Thomas More's Utopia and the picture of the hospital as taking care of societies' sick. He talks at length about the hospital, its obligations, the influences it has upon the community, the role of physicians and surgeons. "To heal the sick and to study disease are the two objects of the hospital..." stated Osler. Yet he broached one of his old saws, the salary of the attending physician and their needed role in hospital management. He humorously defuses any animosity wrought by his comments concluding that "While doctors continue to practice medicine with their hearts as well as their heads, so long will there be a heavy balance in their favor in the Bank of Heaven-..." These words were published in the Diamond Jubilee's records as pages 48-56, but the hospital would not outlive its prominent guest Professor and it closed its doors to the sick of the city in 1914. It is intriguing that Osler's main emphasis of his talk regarded Thomas More's Utopia and the nature of the hospital's relationship to the community. Just like the great historical city of Troy, New York's own was on the brink of decline and its hospital would be the first fatality. Therefore, it is with almost prescient foreboding that the words of Osler, taken into historical context and juxtaposed against the socioeconomic forces at work are akin to the Greek's offering of a wooden edifice to end the Trojan War, a horse.

Learning Objectives:

1. Outline some of the cultural heritage from the late 18th and early 19th Centuries that made Troy, New York prominent.
2. Describe some of the "highlights" of William Osler's address to the Troy Hospital on its Diamond Jubilee Celebration.
3. Explain the connection of the closure of the Troy Hospital in relationship to the financial hardships of the City of Troy and how it is pertains to Dr. Osler's comments.

48

The Development of Treatment of Pediatric Leukemias and Lymphomas: The Advent of Multimodal Therapy, 1947-1975

ROBIN L. ROHRER

Robin L. Rohrer is Associate Professor of History at Seton Hill University, Greensburg, Pennsylvania., where she teaches primarily in the field of the history of medicine. She is currently working on a history of treatment of children with cancer which will be a several volume monograph.

Before the development of chemotherapy patients with leukemias and lymphomas faced a dire sentence. Early attempts at therapies such as arsenic and mustard gas in the post World War I period proved to be both toxic and largely ineffective. Radiation and surgical resection or rather bulk dissection were used in the case of childhood lymphomas but also with limited success. Beginning in the late 1940s individuals such as Sidney Farber, Gertrude Elion and George Hutchings developed drugs and drug therapies that produced he first remissions in children with leukemia. Although these remissions were temporary they proved that remission of some weeks and months was possible. The first clinical trial by Farber of aminopterin (1947) would prove to be the beginning of effective therapy for children with cancer.

This paper will examine the development of multimodal therapies for children with leukemias and lymphomas, focusing on the development of chemotherpay and the use of radiation specifically. The development of single agent therapies and, by the early 1960s, of combination chemotherapy, would result in over 50 percent five-year survival rates in children. By 1970 with the development of cranial radiation and central nervous system prophylaxis the possibility of "cure" was a reality with more than half of these children living disease free into adulthood. Today, building on the results of successive randomized cooperative group trials, cure rates for acute lymphoblastic leukemia approach 85-plus percent and for Hodgkin's lymphoma 90-plus percent.

This work will explore major advances in the treatment of these childhood cancers, focusing on the work of individuals, single institutions, and cooperative groups. It will examine the published research relating to these diseases int he period 1940-1980 and will incorporate archival material and oral interviews with several pioneeers in childhood cancer research and treatment. The objective of this study will be not only to chronicle the steps in multimodal treatment but also to examine the twists and turns of discovery and how clinicians were able to turn benchside research into bedside medicine.

Learning Objectives:

1. Outline the chronological development of chemotherapy to treat childhood cancers.
2. List the principal researchers and clinicians in the period 1947-1980 who developed drug therapies for childhood leukemias and lymphomas.
3. Detail the early history of national cooperative group clinical trials.

49

Tomlison Fort of Milledgeville, Georgia: Physician and Statesman

WILLIAM C. ROBERTS

William C. Roberts is Medical Director, Baylor Heart & Vascular Institute, Baylor University Medical Center, Dallas, Texas. He was formerly Chief of Pathology at the National Institutes of Health. He has written more than 1275 articles, authored or edited 18 books, and is the long-time editor-in-chief of The American Journal of Cardiology.

A soldier, statesman, newspaper founder, publisher and editor, bank president, a founder of his state's medical school and one of the first state asylums for the insane in the country, distinguished practitioner of medicine for 50 years, and the author of a 736-page medical textbook is the subject of this presentation. Tomlinson Fort was born on 14 July 1787 in Warren County, Georgia, the fourth of eight children. Little is known of Tomlinson Fort's early life. He apparently grew up on a large plantation, since it is known that his father owned nearly 1,500 acres, 16 slaves, and was one of the first in the state to possess Eli Whitney's cotton gin. Tomlinson attended school for only 1 term but is said to have later taught himself Greek and Latin. He attended the University of Pennsylvania Medical School in Philadelphia during the 1809-1810 session, was indoctrinated by Benjamin Rush's methods, but did not receive a medical degree until 36 years later when he was given an honorary one by the Medical College of Georgia. Returning to Georgia in 1810, he set up practice in Milledgeville, a newly settled frontier town and capital of the state. The presentation will focus on his life after that.

Learning Objectives:

1. Trace the career of Tomlinson Fort as a physician who played multiple civic roles.
2. Contrast the medical education that Tomlinson Fort received at the University of Pennsylvania with the education available at that institution during Osler's era, seven decades later.
3. Suggest Oslerian principles that might have guided the life of a man born 62 years before Osler.

Presidents of the American Osler Society

WILLIAM B. BEAN*	1970-1971
GEORGE T. HARRELL*	1971-1972
THOMAS M. DURANT*	1972-1973
JOHN P. McGOVERN	1973-1974
EDWARD C. ROSENOW, Jr.*	1974-1975
A. McGEHEE HARVEY*	1975-1976
RAYMOND D. PRUITT*	1976-1977
MARTIN M. CUMMINGS	1977-1978
EARL F. NATION	1978-1979
IRVING A. BECK*	1979-1980
PETER D. OLCH*	1980-1981
WILLIAM C. GIBSON	1981-1982
R. PALMER HOWARD*	1982-1983
JEREMIAH A. BARONDESS	1983-1984
K. GARTH HUSTON*	1984-1985
WILLIAM B. SPAULDING*	1985-1986
CHARLES G. ROLAND	1986-1987
ROBERT P. HUDSON	1987-1988
W. BRUCE FYE	1988-1989
RICHARD L. GOLDEN	1989-1990
JACK D. KEY	1990-1991
PAUL D. KLIGFIELD	1991-1992
ALVIN E. RODIN*	1992-1993
ROBERT E. RAKEL	1993-1994
KENNETH M. LUDMERER	1994-1995
CHARLES F. WOOLEY	1995-1996
BILLY F. ANDREWS	1996-1997
EUGENE H. CONNER	1997-1998
RICHARD J. KAHN	1998-1999
DEE J. CANALE	1999-2000
MARK E. SILVERMAN	2000-2001
JOHN C. CARSON	2001-2002
LAWRENCE D. LONGO	2002-2003
MARVIN J. STONE	2003-2004

*Deceased

Members of the American Osler Society

Honorary Members

THOMAS G. BENEDEK
Pittsburgh, Pennsyvlania

GERT H. BRIEGER
Baltimore, Maryland

SHIGEAKI HINOHARA
Tokyo, Japan

MARIAN FRANCIS KELEN
Ormstown, Quebec

JOHN N. WALTON
Oxford, England

Charter Members

WILLIAM K. BEATTY*
Evanston, Illinois

G.S.T. CAVANAGH*
Athens, Georgia

MARTIN M. CUMMINGS*
Chesapeake Beach, Maryland

PALMER H. FUTCHER*
Cockeysville, Maryland

WILLIAM C. GIBSON*
Victoria, British Columbia

ALFRED R. HENDERSON*
Bethesda, Maryland

JOHN P. McGOVERN*
Houston, Texas

VICTOR A. McKUSICK*
Baltimore, Maryland

EARL F. NATION*
Sierra Madre, California

FRED B. ROGERS*
Trenton, New Jersey

CHARLES G. ROLAND
Hamilton, Ontario

ILZA VEITH*
Tiburon, California

Elected Members

CHARLES T. AMBROSE (1998)
Lexington, Kentucky

BILLY F. ANDREWS (1972)
Louiville, Kentucky

STANLEY M. ARONSON* (1987)
Providence, Rhode Island

ROBERT AUSTRIAN* (1983)
Philadelphia, Pennsylvania

FREDERICK W. BARNES*(1983)
Providence, Rhode Island

JEREMIAH A. BARONDESS* (1975)
New York, New York

R. DENNIS BASTRON (2003)
Tucson, Arizona

STEVEN L. BERK (1988)
Amarillo, Texas

PAUL E. BERMAN (2002)
Amherst, Massachusetts

JOHN S.G. BLAIR (2003)
Perth, Scotland

RICHARD K. BLAISDELL* (1973)
Honolulu, Hawaii

MICHAEL BLISS (1996)
Toronto, Ontario

CHARLES S. BRYAN (1994)
Columbia, South Carolina

W. WATSON BUCHANAN (1985)
Hamilton, Ontario

HOWARD B. BURCHELL* (1972)
St. Paul, Minnesota

CHESTER R. BURNS (1972)
Galveston, Texas

DEE J. CANALE (1985)
Memphis, Tennessee

RICHARD M. CAPLAN* (1988)
Iowa City, Iowa

JOHN C. CARSON (1987)
La Jolla, California

MICHAEL W. CATER**(2001)
Santa Ana, California

CARLETON B. CHAPMAN* (1980)
Hanover, New Hampshire

WALTER R. CHITWOOD, JR. (1989)
Greenville, North Carolina

CLIFTON R. CLEAVELAND (1999)
Signal Mountain, Tennessee

EUGENE H. CONNER* (1980)
Louisville, Kentucky

BARRY COOPER (2002)
Dallas, Texas

JOHN H. CULE* (1973)
Llandysul, Wales

BURKE A. CUNHA (2002)
Minneola, New York

MARTIN J. DALTON (2000)
Macon, Georgia

PETER E. DANS (2002)
Cockeysville, Maryland

SAKTI DAS (1998)
Lafayette, California

*Emeritus
**Associate

Elected Members (continued)

ANAND P. DATE (2002)
Muscat, Oman

NICHOLAS DEWEY (1981)
Santa Barbara, California

JACALYN M. DUFFIN (1998)
Kingston, Ontario

PAUL G. DYMENT (1982)
Cumberland, Maine

GEORGE C. EBERS (1985)
London, Ontario

RICHARD EIMAS (1986)
Iowa City, Iowa

ARNOLD EINHORN (2002)
Chevy Chase, Maryland

MICHAEL EMMETT (2003)
Dallas, Texas

LYNN C. EPSTEIN (1999)
Providence, Rhode Island

JONATHON ERLEN (2002)
Pittsburgh, Pennsylvania

WILLIAM H. FEINDEL* (1977)
Montreal, Quebec

GARY B. FERNGREN (1996)
Corvallis, Oregon

REGINALD H. FITZ* (1981)
Woodstock, Vermont

EUGENE S. FLAMM (1998)
New York, New York

HERBERT L. FRED* (1984)
Houston, Texas

CONRAD C. FULKERSON (2001)
Durham, North Carolina

ABRAHAM FUKS (1999)
Montreal, Quebec

W. BRUCE FYE (1975)
Rochester, Minnesota

CHRISTOPHER G. GOETZ (2000)
Chicago, Illinois

JOHN T. GOLDEN** (1999)
Roseville, Michigan

RICHARD L. GOLDEN* (1980)
Centerport, New York

JAMES T. GOODRICH (1982)
Grandview, New York

RALPH C. GORDON (1998)
Kalamazoo, Michigan

JOHN L. GRANER (1997)
Rochester, Minnesota

STEVEN B. GREENBERG (1997)
Houston, Texas

ARTHUR GRYFE (1999)
North York, Ontario

DAVID R. HABURCHAK (2002)
Augusta, Georgia

JAMES F. HAMMARSTEN* (1981)
Melrose, Minnesota

WALTER D. HANKINS* (1972)
Johnson City, Tennessee

WILLIAM HAUBRICH* (1994)
La Jolla, California

H. ALEXANDER HEGGTVEIT (1982)
Hamilton, Ontario

PERRY HOOKMAN (1999)
Potomac, Maryland

JOEL D. HOWELL (1987)
Ann Arbor, Michigan

ROBERT P. HUDSON* (1970)
Kansas City, Kansas

J. WILLIS HURST* (1985)
Atlanta, Georgia

K. GARTH HUSTON, JR. (1992)
Leucadia, California

EDWARD J. HUTH* (1988)
Bryn Mawr, Pennsylvania

BRUCE J. INNES (2001)
Macon, Georgia

M. GEORGE JACOBY** (1999)
Patchogue, New York

D. GERAINT JAMES* (1972)
London, England

WILLIAM H. JARRETT, II** (1998)
Atlanta, Georgia

ROBERT J.T. JOY* (1981)
Chevy Chase, Maryland

RICHARD J. KAHN (1981)
Rockport, Maine

ANAND B. KARNAD (1998)
Johnson City, Tennessee

ELTON R. KERR (1989)
Dayton, Ohio

JACK D. KEY* (1979)
Sandia Park, New Mexico

ROBERT C. KIMBROUGH, III (1987)
Lubbock, Texas

MARY E. KINGSBURY (1986)
Chapel Hill, North Carolina

PAUL D. KLIGFIELD (1980)
New York, New York

S. ROBERT LATHAN (2002)
Atlanta, Georgia

JOSEPH W. LELLA (1998)
London, Ontario

PHILIP W. LEON (1996)
Charleston, South Carolina

LAWRENCE D. LONGO (1976)
Loma Linda, California

KENNETH M. LUDMERER (1983)
St. Louis, Missouri

PAUL R. McHUGH (1990)
Baltimore, Maryland

NEIL McINTYRE (1995)
Wembley, England

WILLIAM O. McMILLAN, JR. (1995)
Wilmington, North Carolina

ROBERT L. MARTENSEN (1997)
Kansas City, Kansas

ROBERT U. MASSEY* (1980)
Avon, Connecticut

ROBERT G. MENNEL (1999)
Dallas, Texas

PAMELA J. MILLER (2003)
Montreal, Canada

DANIEL D. MORGAN (2000)
Freemont, California

ROBERT H. MOSER* (1974)
Green Valley, Arizona

SANDRA W. MOSS (2002)
Metuchen, New Jersey

PAUL S. MUELLER (2003)
Rochester, Minnesota

SEAN B. MURPHY (2002)
Montreal, Quebec

T. JOCK MURRAY (1992)
Halifax, Nova Scotia

ANDREW T. NADELL (1986)
Burlingame, California

FRANCIS A. NEELON (1992)
Durham, North Carolina

ROBERT R. NESBIT, Jr. (2003)
Augusta, Georgia

JOHN NOBLE (1993)
Boston, Massachusetts

ROBERT K. OLDHAM (1982)
Franklin, Tennessee

MICHAEL F. O'ROURKE (1996)
Sydney, Australia

BRUCE R. PARKER (1995)
Houston, Texas

CLYDE PARTIN, JR. (1999)
Atlanta, Georgia

G. R. PATERSON* (1981)
Barrie, Ontario

STEVEN J. PEITZMAN (2002)
Philadelphia, Pennsylvania

EDMUND D. PELLEGRINO* (1975)
Washington, District of Columbia

CLAUS A. PIERACH (1991)
Minneapolis, Minnesota

CYNTHIA D. PITCOCK (1992)
Memphis, Tennessee

MABEL L. PURKERSON (2003)
St.Louis, Missouri

TONSE N. K. RAGU (1999)
Chicago, Illinois

ROBERT E. RAKEL (1983)
Houston, Texas

P. PRESTON REYNOLDS (1998)
Baltimore, Maryland

HARRIS D. RILEY, JR.* (1990)
Nashville, Tennessee

WILLIAM C. ROBERTS (2000)
Dallas, Texas

LOREN A. ROLAK (1995)
Marshfield, Wisconsin

LEON Z. SAUNDERS* (1988)
Wynnewood, Pennsylvania

CLARK T. SAWIN (1993)
Washington, District of Columbia

A. BENEDICT SCHNEIDER* (1973)
Cleveland, Ohio

OM P. SHARMA (1985)
Los Angeles, California

CHRISTOPHER B. SHIELDS (1989)
Louisville, Kentucky

BARRY D. SILVERMAN (1997)
Atlanta, Georgia

MARK E. SILVERMAN (1987)
Atlanta, Georgia

WILLIAM SMITH, JR. (2000)
Fulton, Kentucky

WILLIAM A. SODEMAN, JR. (1998)
Toledo, Ohio

R. TED STEINB OCK (1994)
Louisville, Kentucky

MARVIN J. STONE (1990)
Dallas, Texas

HERBERT M. SWICK (2000)
Missoula, Montana

JAMES F. TOOLE* (1976)
Winston-Salem, North Carolina

JOHN T. TRUMAN (2000)
New York, New York

JOSEPH B. VANDER VEER, Jr. (2003)
Devon, Pennsylvania

HECTOR O. VENTURA (1999)
New Orleans, Louisiana

FERNANDO G. VESCIA* (1986)
Palo Alto, California

JOHN W.K. WARD (2003)
Abingdon, Oxon, England

C. PETER W. WARREN (1996)
Winnepeg, Manitoba

THOMAS A. WARTHIN* (1982)
Silverdale, Washington

ALLEN B. WEISSE* (1997)
Newark, New Jersey

DENNIS K. WENTZ (2003)
Chicago, Illinois

JOHN B. WEST* (1995)
La Jolla, California

STEWART G. WOLF* (1979)
Bangor, Pennsylania

CHARLES F. WOOLEY (1984)
Columbus, Ohio

W. CURTIS WORTHINGTON (1999)
Charleston, South Carolina

JAMES B. YOUNG (1992)
Cleveland, Ohio

Deceased Members of the American Osler Society

Honorary Members

WILBURT C. DAVISON
(1892-1872)

WILDER G. PENFIELD
(1891-1976)

EMILE F. HOLMAN
(1890-1977)

GEORGE W. CORNER
(1899-1981)

TRUMAN G. BLOCKER, JR.
(1908-1984)

LLOYD G. STEVENSON
(1918-1988)

HAROLD N. SEGALL
(1897-1990)

EDWARD H. BENSLEY
(1906-1995)

H. ROCKE ROBERTSON
(1912-1998)

ALASTAIR H.T. ROBB-SMITH
(1908-2000)

Charter Members

PAUL DUDLEY WHITE
(1886-1973)

THOMAS M. DURANT
(1905-1977)

WALTER C. ALVAREZ
(1884-1978)

CHAUNCEY D. LEAKE
(1896-1978)

EARLE P. SCARLETT
(1896-1982)

SAMUEL X RADBILL
(1901-1987)

HOWARD L. HOLLEY
(1914-1988)

WILLIAM B. BEAN
(1909-1989)

R. PALMER HOWARD
(1912-1990)

RAYMOND D. PRUITT
(1912-1993)

THOMAS F. KEYS
(1908-1995)

CÉCILE DESBARATS
(1907-1998)

A. McGEHEE HARVEY
(1911-1998)

WILLARD E. GOODWIN
(1915-1998)

GEORGE T. HARRELL
(1908-1999)

EDWARD C. ROSENOW, JR.
(1909-2002)

Elected Members

ARTHUR D. KELLY
(1901-1976)

MARSHALL N. FULTON
(1899-1977)

I. N. DUBIN
(1913-1981)

GEORGE E. GIFFORD, JR.
(1930-1981)

LAWRENCE C. McHENRY, JR.
(1929-1985)

GEORGE E. BURCH
(1910-1986)

K. GARTH HUSTON
(1926-1987)

GORDON W. JONES
(1915-1987)

CHARLES S. JUDD, JR.
(1920-1987)

ROBERT J. MOES
(1905-1988)

S. GORDON ROSS
(1899-1990)

MAURICE A. SCHNITKER
(1905-1990)

JAMES V. WARREN
(1959-1990)

NICHOLAS E. DAVIES
(1926-1991)

PETER D. OLCH
(1930-1991)

JOHN Z. BOWERS
(1913-1993)

WILLIAM B. SPAULDING
(1922-1993)

LEWIS THOMAS
(1913-1993)

RODERICK K. CALVERLEY
(1938-1995)

DYKES CORDELL
(1944-1996)

LUTHER C. BECK
(1909-1996)

HASKELL F. NORMAN
(1915-1996)

JOHN W. SCOTT
(1915-1997)

IRVING A. BECK
(1911-1997)

EDWARD W. HOOK, JR.
(1924-1998)

JAMES A. KNIGHT
(1918-1998)

NORMAN SCHAFTEL
(1914-1998)

DANIEL B. STONE
(1925-1998)

ALVIN E. RODIN
(1926-1999)

GARFIELD J. TOURNEY
(1927-1999)

R. CARMICHAEL TILGHMAN
(1904-1999)

STANLEY W. JACKSON
(1920-2000)

SAUL JARCHO
(1906-2000)

LLOYD W. KITCHENS, JR.
(1946-2001)

ROBERT E. BEAMISH
(1916-2001)

ARNOLD G. ROGERS
(1925-2001)

ROY SELBY
(1930-2002)

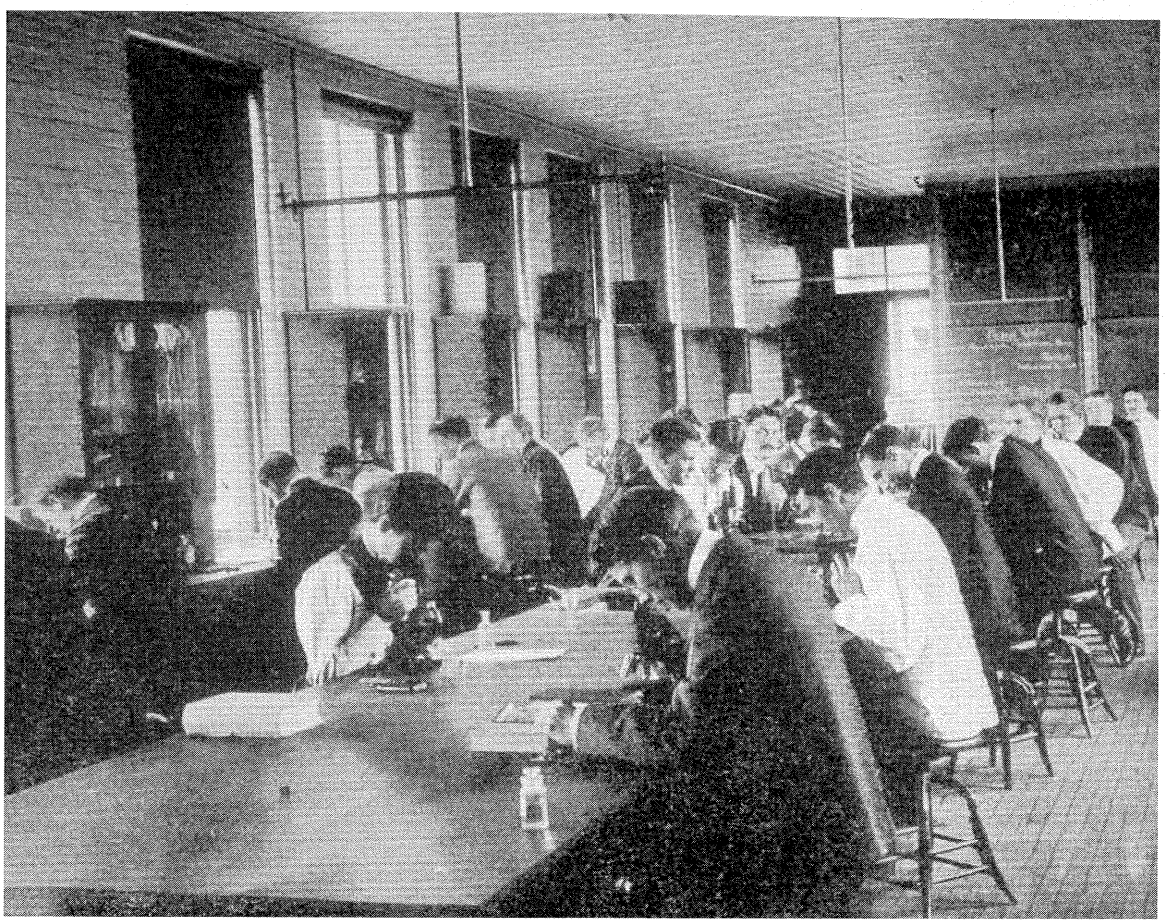
E. CARWILE LEROY
(1933-2002)

ROBERT M. KARK
(1911-2002)

DAVID M. MUMFORD
(1927-2003)

ALEX SAKULA
(1917-2003)

FREDERICK B. WAGNER, JR.
(1916-2004)



The Clinical Microscopy Laboratory at Johns Hopkins. Adjacent to the wards, it accomodated 110 students. Osler remarked, "Conducted properly, with a protracted course and ample material, this class becomes one of the most popular, as it certainly is one of the most useful, in the curriculum." (Osler W. The natural method of teaching the subject of medicine. *Journal of the American Medical Association* 1901; 36: 1673-1679).

THE AMERICAN OSLER SOCIETY has been founded for the purpose of bringing together members of the medical and allied professions who are, by their common inspiration, dedicated to memorialize and perpetuate the just and charitable life, the intellectual resourcefulness, and the ethical example of William Osler (1849-1919). This, for the benefit of succeeding generations, that their motives be ever more sound, that their vision be on ever-broadening horizons, and that they sail not as Sir Thomas Browne's Ark, without oars and without rudder and sails and therefore, without direction.

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 University of South Carolina School of Medicine-Palmetto Health Richland CME Organization and the American Osler Society. The USCSOM-PHR CME Organization is accredited by the ACCME to provide continuing medical education for physicians.

The USCSOM-PHR CME Organization designates this educational activity for a maximum of 17.5 category 1 credits towards the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.