



Thirty-Fifth Annual Meeting
American Osler Society

The Westin Pasadena
Pasadena, California
Sunday to Wednesday, 10 to 13 April 2005



Pride of a Nation

Cover: Clockwise from upper left: Earl F. Nation with Evelyn in Hawaii in 1958 and on a later occasion (she died in 1997, after 61 years of marriage), with practice partners Ben D. Massey, Jr., and Ben D. Massey, Sr., in 1990; with long-time assistant and devoted friend Carolyn Guiditta at the American Osler Society in Houston, 2004; and with son Bob at home in Sierra Madre, California, in December 2004.

Thirty-Fifth Annual Meeting
of the
American Osler Society

The Westin Pasadena
Pasadena, California
Sunday to Wednesday, 10 to 13 April 2005

On the cover

Dr. Earl F. Nation, a charter member and guiding spirit of the American Osler Society, practiced urology for many years in Pasadena, California. This meeting is held in his honor.

Some Overall Learning Objectives

1. Describe ways in which lessons from William Osler's life and writings remain important to medical education and practice today.
2. Evaluate the extent to which William Osler, and also persons who were directly or indirectly strongly influenced by Osler, lived up to Osler's three main ideals (good time management, the Golden Rule, and equanimity) as conveyed in his address, *L'Envoi*.
3. Describe lessons from public health gleaned from such diseases as plague, cholera, and filariasis.
4. Illustrate the usefulness of medical biography, drawing from such nineteenth and twentieth century examples as Edward Osler, Samuel Wilks, Charles McBurney, Jan Waldenström, and Walter Kempner.
5. Discuss whether and to what extent literature and literary figures are useful to medical education and practice, drawing from such examples as John Keats, Alexandre Dumas, H. L. Mencken, and J. K. Rowling.

Officers and Board of Governors

American Osler Society

President	CHESTER R. BURNS
First Vice-President	CLAUS A. PIERACH
Second Vice-President	T. JOCK MURRAY
Secretary-Treasurer	CHARLES S. BRYAN
Historian	CHARLES G. ROLAND
Board of Governors	CLIFTON R. CLEAVELAND (2005)
(EXPIRATION OF TERM)	JOHN NOBLE (2005)
	P. PRESTON REYNOLDS (2005)
	NEIL McINTYRE (2006)
	DANIEL D. MORGAN (2006)
	CLYDE PARTIN, Jr. (2006)
	CHARLES T. AMBROSE (2007)
	WILLIAM O. McMILLAN (2007)
	HERBERT M. SWICK (2007)
Elected Officers	MARVIN J. STONE (2007)
(EXPIRATION OF TERM)	CHESTER R. BURNS (2008)
	CLAUS A. PIERACH (2009)
	T. JOCK MURRAY (2010)
	CHARLES S. BRYAN (2006)
Most Recent Past Presidents	JOHN C. CARSON (2005)
(EXPIRATION OF TERM)	LAWRENCE D. LONGO (2006)
	MARVIN J. STONE (2007)

Sunday, 10 April 2005

- 3:00-5:00 pm Readings (FRANCISA A. NEELON, organizer)
- 5:30-6:30 pm Committee on Professionalism Meeting
- 7:00-9:00 pm Board of Governors Meeting

Monday, 11 April 2005

General Session No. 1 (CHESTER R. BURNS, Chair)

- 7:50 CHESTER R. BURNS
Welcome and Announcements
- 8:00 CHRISTOPHER CRENNER
An Appreciation of Irony in the Medical Writings of William Osler
- 8:20 JOHN T. GOLDEN, CHARLES S. BRYAN, AND RICHARD L. GOLDEN
“The Transatlantic Voice”—Osler’s Great Unfinished Essay
- 8:40 CHARLES F. WOOLEY
Academic Medicine and the Transmission of Excellence: Oslerian Medicine in the Midwest
- 9:00 DARRYL D. BINDSCHADLER
Reflections Regarding the Last Event
- 9:20 BARRY COOPER
“Blood Plates” Prior to the First Edition of Osler’s *Principles and Practice of Medicine*
- 9:40 *REFRESHMENT BREAK*
- 10:10 HERBERT M. SWICK
“With an Amazing Stupidity”: William Osler on the Introduction of Bubonic Plague into the United States
- 10:30 CHARLES STEWART ROBERTS
H. L. Mencken and the Big Four at Hopkins
- 10:50 PHILIP W. LEON
Osler’s Apothecary Poet: John Keats
- 11:10 KAREN HEIN
John P. McGovern Lecture: “Just Call Us Children”: The Impact of Tsunamis, AIDS, and Armed Conflict on the Young

Noon

LUNCHEON

General Session no. 2 (CLAUS A. PIERACH, Chair)

1:00

JOHN L. GRANER

References to Osler in the Cushing-Mayo Correspondence

1:20

DAVID R. HABURCHAK

Oslerian Courage: From Sydenham to Urbani

1:40

PAUL S. MUELLER

Osler's Pupil, Dr. Henry W. Ochsner: His Life, Death, and Lineage

2:00

W. BRUCE FYE

New Medical Knowledge in the Twenty-First Century: Clinical Trials, Practice Guidelines, and Conflicts of Interest

2:20

S. ROBERT LATHAN

Presidential Disability, with Emphasis on Osler and William Howard Taft

2:40

REFRESHMENT BREAK

3:10

JOHN NOBLE

Eighteenth Century Response to Epidemic Smallpox: John Haygarth, MD (1740-1827).
A Prelude to Twenty-First Century HIV/AIDS

3:30

ANAND DATE

Cushing's Curious Persian Puzzle, or The Adventure of the Missing Persian

3:50

BRYANT BOUTWELL

Two Bachelors, A Vision, and the Texas Medical Center

4:10

HECTOR O. VENTURA

The Death of the South American Liberator Simon Bolivar: A Critical Reappraisal

4:30

ERNESTO GIL DEZA, JUAN POLLOLA, FELIPE GUSTAVO GERCOVICH,
JULIO LASCANO GONZALEZ, AND MARIA ELSA S. DE LASCANO
GONZALEZ

Eva Peron's Illness: Bioethical Aspects

7:00

DINNER AT THE UNIVERSITY CLUB, PASADENA

Tuesday, 12 April 2005

- 7:30 Annual Business Meeting of the American Osler Society
(CHESTER R. BURNS, Presiding)
- General Session no. 3 (T. JOCK MURRAY, Chair)
- 8:00 NICHOLAS DEWEY
Uncle Edward: An Enduring Influence
- 8:20 CHARLES T. AMBROSE
The Kappa Lambda Society of Hippocrates, the first American Medical Fraternity (and the Origin of the American Medical Association's Principles of Medical Ethics)
- 8:40 SHIGEAKI HINOHARA
Osler and his Young Friend Mabel
- 9:00 JAMES O. BALLARD
George T. Harrell, Jr., M.D.—Oslerian, Scientist, and Pioneering Medical Educator
- 9:20 LARRY R. KIRKLAND AND CHARLES S. BRYAN
Osler's Service: A Look at the Charts
- 9:40 *REFRESHMENT BREAK*
- 10:10 ROBERT R. NESBIT, Jr.
Charles McBurney (1845-1913)
- 10:30 CHARLES G. ROLAND
The Peregrinations of a Collection of Osleriana
- 10:50 JOHN C. CARSON
An Annotated Checklist of Nationana
- 11:10 CHESTER R. BURNS
President's Lecture: Where Shall Medical Wisdom Be Found? Some Answers from More than a Century of Value-Centered Teaching at the University of Texas Medical Branch at Galveston
- 12:00 *LUNCHEON*
- 1:00 *BUSES LEAVE FOR HUNTINGTON FOR TOUR OF GARDEN, LIBRARY, AND MUSEUM*
- 6:15 *BUSES LEAVE FOR HUNTINGTON FOR BANQUET IN HONOR OF EARL F. NATION*

Wednesday, 13 April 2005

General Session No. 4 (FRANCIS A. NEELON, Chair)

- 8:00 **CLAUS A. PIERACH**
Jan Waldenström: An Oslerian Life
- 8:20 **JOHN B. WEST**
Books by Robert Boyle in Osler's Library, Especially Boyle's Landmark Book of 1660 on
The Spring of the Air
- 8:40 **MARVIN J. STONE**
Samuel Wilks, British Medicine's "Grand Old Man"
- 9:00 **NEIL McINTYRE**
The Rebirth of the Osler Club of London
- 9:20 **WILLIAM S. HAUBRICH**
Osler's Tribute to the Irish, and an Irish Tribute to Sir William Osler
- 9:40 *REFRESHMENT BREAK*
- 10:10 **MICHAEL E. RAMSAY**
John Snow, M.D. (1813-1858): A Biography
- 10:30 **CLYDE PARTIN**
Medicine and Literature: Medicine, Magic, and Harry Potter
- 10:50 **SANDRA W. MOSS**
Ironclad Fever: A Naval Surgeon's Civil War
- 11:10 **SAKTI DAS**
The Global Crusade Against Filariasis: A Legacy of Sir Patrick Manson
- 11:30 **FRANCIS A. NEELON AND BARBARA C. NEWBORG**
Walter Kempner and the Rice Diet
- 11:50 **T. JOCK MURRAY**
The Medical Interests of Alexandre Dumas, *pere*
- 12:10 **BILLY F. ANDREWS**
A Night to Remember: The Assignment, Selection, and Role of Mentors
- 12:30 *ADJOURN*

An Appreciation of Irony in the Medical Writings of William Osler

CHRISTOPHER CRENNER

Christopher Crenner is Associate Professor and Chair of the Department of History and Philosophy of Medicine at the University of Kansas School of Medicine, Kansas City, where he is also Assistant Dean of Student Affairs and Director of the Orr Academic Society.

“A man who drinks before breakfast as a rule is a heavy drinker. This is not true south of Mason Dixon’s line. There a man may take his only drink before breakfast.” (William Osler, as quoted in Joseph Pratt, *A Year with Osler, 1896-1897: Notes Taken at his Clinics at the Johns Hopkins Hospital* [Baltimore: Johns Hopkins University Press; 1949: 3])

The physician Joseph Pratt ascribed this piece of clinical wisdom to his remarkable teacher at The Johns Hopkins Hospital, William Osler. The attractions of this pithy bit of folklore are several, but I would like to direct attention to its irony, the irony that lies in the clever subversion of a common expectation. In the South, Osler suggests, the usual rule is stood on its head. Most people expect that a man who drinks before breakfast is alcoholic. But Osler’s experienced physician recognizes the exception to the rule, and perhaps savors the odd depth of human eccentricity. Osler’s pronouncement on the South sounds so pat at first: “This is not true south of Mason Dixon’s line,” as though he were stating an axiom in geometry. But immediately following is this odd disruption of accepted belief: a drink before breakfast may in the South be a sign of moderation. Irony arises from this charming subversion of expectation, carried out with a zest for the unexpected reversal. Such ironies were a crucial element of Osler’s often remarked upon wit.

Irony was a trusted device for Osler, in his writings and teachings. He used it freely to illustrate his vision of the physician’s task, a vision that has been widely influential, and in his time offered an attractive solution to the challenges of a new medicine emerging into practice in the late nineteenth and early twentieth century. In this talk I will illustrate a seeming appreciation for irony in Osler’s medical writing, mainly the *Principles and Practice*, and set this use of irony in the context of developments in the medical practice of the day.

In the chemical analysis of the urine and in the therapeutics of tuberculosis, for example, Osler drew out ironies inherent in practice. The increasingly complex chemical assays possible for urinalysis in Osler’s day did not often resolve basic clinical questions. Similarly new bacteriological knowledge of tuberculosis advanced diagnosis, but also exposed the profound limitations of the therapeutic armamentarium of the day, rather than extending its reach.

The marvelous promise of technical medicine held sway over the aspiring physicians of Osler’s generation. Yet the immediate utility of this form of practice was often meager and its application difficult. Irony was a potentially valuable response to the paired challenges of great promise and limited results. Osler’s wit served to remind physicians in the day, and in the present, of the inherent limitations that are part of medicine’s parcel. An appreciation for irony, I suggest, wards off the sometimes limiting responses of humor, angry dismissal or despair.

Learning Objectives:

1. Recognize and cite instances of irony in the writings of William Osler.
2. Describe the potential value of an appreciation for irony in a medical world view, as distinct from anger or despair.
3. Explain how the promise and the limitations of medicine in Osler’s day might inform an ironic response to the medical task.

“The Transatlantic Voice”—Osler’s Great Unfinished Essay

JOHN T. GOLDEN, CHARLES S. BRYAN, AND RICHARD L. GOLDEN

John T. Golden practices internal medicine in Roseville, Michigan. Richard L. Golden, a past president of the American Osler Society, is a retired internist in Centerport, New York. A longtime member of the Board of Directors of the Osler Library of the History of Medicine at McGill University, he transcribed Osler’s unpublished manuscript and added numerous annotations. Charles S. Bryan teaches internal medicine and other subjects at the University of South Carolina, Columbia.

William Osler jokingly referred to his “ink-pot career,” implying that he had perhaps published too much. However, he never completed a manuscript based on his observations on human speech extending over a period of more than thirty years. Harvey Cushing refers three times to Osler’s “unfinished essay, ‘The American Voice,’ which he always carried with him on his [transatlantic] crossings” (*The Life of Sir William Osler*, I: 534,564; II: 338). More properly entitled “The Transatlantic Voice,” this manuscript, now transcribed, edited, and annotated, will be excerpted and summarized during this presentation.

The manuscript is divided into seven sections: Voices of Antiquity, the American Voice; the British Voice, the *H*, Changes of Voice in Englishmen (after emigrating to North America), Causes of Differences in Speech, and Aesthetics and Cure. As his typical of Osler’s non-technical writing, he laces his text both with allusions to the Classics (at least 15), Scripture, and historical and literary figures and also with Latin, French, and German words and phrases. The paper bears vivid testimony to Osler’s powers of observation. Here are a few samples:

- “I have on several occasions identified individuals whom I have never seen before by vocal resemblances to cousins whom I knew well.”
- “The men of Cork, Dublin & Belfast may be told not only as Irishmen, but their brogue tells their cities.”
- “In an extensive & varied hospital practice I have for many years taken the pains to note the speech sounds of a large number of English, Irish, Scotch, & Welch who had lived in this country [the United States] for a variable number of years. Two changes have been specially noticeable, first the pitch of the voice is raised and second, to some degree, the intensity of what we call the accent is as a rule lessened.”
- “A Virginian does not use the flat ‘a’ and does not say the Book of Psalms as do most Northerners and Canadians and yet he does not pronounce the ‘a’ exactly as does the Englishman, but the sentence “I have read the morning Psalms” will be said with a distinctive American voice.”

In summary, this unfinished manuscript, clearly a labor of love, evinces Osler’s life-long fascination and sympathy with the human condition.

Learning Objectives:

1. Trace Osler’s interest in the speech patterns of natives of Canada, the United States, and Great Britain.
2. Discuss Osler’s perception of the effect of social class on voice, especially in persons who had emigrated from one country to another.
3. Express an opinion as to whether training in speech patterns and dialect should be part and parcel of today’s efforts to impart in students cultural awareness and sensitivity.

Academic Medicine and the Transmission of Excellence: Oslerian Medicine in the Midwest

CHARLES F. WOOLEY

Charles F. Wooley, a past president of the American Osler Society, is Professor of Medicine Emeritus at the Ohio State University, where he is also a scholar in residence and cofounder of the Medical Heritage Center of the Prior Health Sciences Library. He has written three textbooks and two books pertaining to medical history.

“Academic Heritage” is a recurrent theme in the Oslerian Tradition. During his academic years at McGill University (1874-1884), the University of Pennsylvania (1884-1889), and at Johns Hopkins (1889-1905) Osler influenced numerous Canadian and U.S. students and residents; a number assumed leadership positions in Midwest Medicine. At Pennsylvania: George Dock, became Professor of Medicine, the University of Michigan (1891-1908); later as Chair of Medicine and Dean at Washington University, St. Louis, he trained Professors of Medicine at seven medical schools. Osler’s proteges at Hopkins included Campbell Howard, son of Osler’s teacher Palmer Howard, and later, with Osler’s support, Chair of Medicine at Iowa University; Edward Perkins Carter, a major figure in Cleveland academic medicine; Charles Phillips Emerson, Professor of Medicine, Indiana University; Herbert Z. Giffin, first hematologist at the Mayo Clinic. Dock and Howard were original members of the Central Interurban Club, modeled on Osler’s Interurban Clinical Club, and predecessor of the Central Society for Clinical Research in Chicago. W.J. Mayo and Osler shared a long-term friendship; James B. Herrick of Chicago considered it rare privilege to know Osler as a friend.

Osler presented one of his most effective addresses, “Teacher and Student,” in Minneapolis at the University of Minnesota 1892, and also spoke at St. Paul the following day. In Columbus in 1899 as a guest of Edwin Frazer Wilson, a student of Osler’s at Pennsylvania, Osler presented a clinic/lecture at the Ohio Medical University, then addressed a large group of medical students and discussed “The Principles and Practice of Medicine”—the medical student’s bible for decades. An important Midwest connection occurred in Indianapolis when the Eli Lilly Company awarded *Aequanimitas*, Osler’s collected essays, lay sermons, and addresses to 150,000 graduating U.S. medical students from 1932 to 1953.

As they spread across the Midwest Osler’s proteges brought Oslerian principles, perspectives, and writings with them, influencing twentieth century Midwest Medicine. Their activities represent an integral part of Oslerian “Academic Heritage.”

Learning Objectives:

1. Evaluate the impact of Oslerian “Academic Heritage” on Midwest Medicine.
2. Re-examine the essence of “Academic Heritage and the Transmission of Excellence” i.e., the pursuit of excellence as transmitted from teacher/mentor to receptive student (as described by Barondess), and the bases for this transmission process in the academic environment.
3. Consider anew the mechanisms underlying Osler’s continuing influence on latter day Oslerians.

Reflections Regarding the Last Event

DARRYL D. BINDSCHADLER

Darryl D. Bindschadler, a graduate of the University of Rochester School of Medicine and Dentistry, practiced pulmonary, critical care, and internal medicine for thirty years in Cheyenne, Wyoming, during which he taught at both the University of Colorado and also at the University of Wyoming College of Health Sciences. He and his wife, Helga, have traveled the world in the five years since his retirement.

“The illnesses of physicians have a special interest, particularly for physicians. What maladies weakened and destroyed those who devoted their lives to healing others? Which of their colleagues did they choose to treat them? What was the treatment of the time, for those for whom the best was available?”— Dr. Mark Ravitch in *The Medical History of Alfred Blalock*. Sir William Osler died of a right lower lobe necrotizing pneumonia and its complicating empyema after a three month long illness. Treatment of his ravaging cough with substantial and continual doses of narcotic drugs may have predisposed him to aspirate during the paroxysms of coughing and episodic vomiting that was particularly noted in early December of 1919. The stinking pus aspirated on December 20th, the foul odoured fluid from the empyema, and the post mortem finding of numerous small cavities filled with pus are convincing evidence of an anaerobe associated necrotizing process. Clinical research in the 1970’s helped to clarify the relationship of anaerobes to the disease states of necrotizing pneumonia, aspiration pneumonia, and lung abscess.

Studies reported in the two volume edition *Contributions to Medical and Biological Research Dedicated to Sir William Osler in Honor of His Seventieth Birthday July 12, 1919* reflect the state of knowledge and practice of Pulmonary and Infectious Disease medicine in the mid to late 1910’s. Reports from several U.S. Army camps, Johns Hopkins, and the University of Iowa dealt with the clinical, microbiologic, and pathologic findings in the measles and influenza epidemics. Hemolytic streptococcal pneumonia and empyema were common problems during the measles epidemic. Useful techniques to limit the spread of both influenza and measles are described.

Vivid descriptions of what we today recognize as ARDS were recorded during the American influenza epidemic of 1918-1919. A notable sequel to influenza was a marked inflammatory pleuritis associated with pus pockets that, at post mortem exam, appears to be in the lung itself, similar to the findings at Sir William’s autopsy. In a large series of 100 cases of lung abscess, Dr. Fredrick Lord outlined five important features of the malady, confirmed the utility of the Xray exam as an aid to the diagnosis and guide to operability. Similar mortality occurred in the operated versus unoperated cases. A paper from Oxford discussed the therapeutic use of oxygen for a variety of conditions and contains an accurate forecasting of the coming availability of liquid oxygen systems as well as a description of a room that would, in the future, become a hyperbaric chamber. Finally there is an acknowledgment of the very human side of Osler with the prediction, months before his death, that he would not survive much longer.

Learning Objectives:

1. Explain how we know that anaerobic bacteria were involved in William Osler’s terminal illness.
2. List two bacterial complications of influenza as it was seen in Osler’s day.
3. Discuss William Osler’s acknowledgement of his impending death.

“Blood Plates” Prior to the First Edition of *The Principles and Practice of Medicine*

BARRY COOPER

Barry Cooper is Professor of Hematology and Internal Medicine at Baylor University Medical Center in Dallas, Texas, where he is also co-director of the Division of Hematology. He is also Clinical Professor of Medicine at the University of Texas at Southwestern.

As a young microscopist in 1874, Osler was probably the first physician to recognize platelets in blood as a single unit and their coalescence when blood was shed. He expounded on the earlier observations of Schultze in 1865 who noted abundant, irregular masses of colorless globules in normal blood that were almost certainly platelets. The impact of Osler's initial observations were diminished by his unclear relation between this third blood particle and bacteria. In retrospect, these “globular masses” were probably first noted by Donne in 1842, but his descriptions and illustrations were not entirely convincing. Initial observers of this blood element were handicapped by the inadequacy of microscopes, the lack of anticoagulants and blood stains, and the tendency of platelets to clump and undergo morphologic change when blood is shed.

Hayem in 1877 provided a firm histologic basis for platelets albeit he felt they were the origin of red cells and referred to them as “hematoblasts.” Bizzozzero in 1882 introduced the term “blood plates” and documented their importance in blood coagulation and the formation of thrombus. In 1886, Osler gave the Cartwright Lectures in New York, a series of three lectures reviewing his initial observations on the presence of “blood plates” in blood vessels. He noted that these elements were increased in “all chronic wasting maladies,” probably the first description of reactive thrombocytosis, and concluded with a treatise on the “relation of the corpuscles to coagulation and thrombus.” The role of platelets in thrombus formation was clearly identified before the association of decreased platelets with bleeding. In 1891 Hayem did note that decreased “blood plates” accounted for the clinical manifestations of chronic idiopathic thrombocytopenic purpura (Werlof's Disease) described over 100 years earlier.

In spite of Osler's personal observations and multiple publications on “blood plates” prior to his 1st edition of *The Principles and Practice of Medicine* in 1892, these elements are only mentioned twice in the text. He noted that these cells were “either absent or very scant” in pernicious anemia, not surprising given the pancytopenia associated with that disease. He also noted “blood plates” may be remarkably abundant in leukemia where the “fibrin network between the corpuscles is usually thick and dense.” The latter observation was undoubtedly made in patients with chronic myeloid leukemia where thrombocytosis is normally observed. The scant mention of “blood plates” in his text probably relates to the uncertainty regarding the physiology of these cells, as well as their difficulty in being enumerated without anticoagulants. It was over ten years later before Wright clarified that platelets were produced by megakaryocytes in the marrow, and hence little was known about the origin of these cells or their role in disease in 1892. However, their existence as independent cellular elements had been established.

Learning Objectives:

1. Understand the technical problems of defining platelets in the nineteenth century.
2. Recognize Osler's contribution in describing platelets as a distinct cellular element.
3. Define platelet physiology at the time of Osler's 1st edition of *The Principles and Practice of Medicine*.

“With an Amazing Stupidity”: William Osler on the Introduction of Bubonic Plague into the United States

HERBERT M. SWICK

Herbert M. Swick is Executive Director of the Institute of Medicine and Humanities, a joint program of Saint Patrick Hospital and Health Sciences Center and The University of Montana in Missoula, Montana. He also holds an appointment as Clinical Associate Professor in the Department of Medicine at the University of Washington School of Medicine, Seattle.

By the end of the 19th century, bubonic plague – what Osler called “this terrible malady” in the 2nd edition of his *Principles and Practice of Medicine* (1895) – had disappeared but for small isolated outbreaks in Asia. However, a major epidemic began in Hong Kong in 1894 and was to spread widely through China over the next several years.

Public health authorities expressed confidence that the disease would not reach American shores, but early in 1900, the steamship *Australia* arrived in San Francisco from the Orient, laden with merchandise...and rats. Quarantine officers searched her for signs of plague, but under pressure from business owners, she was permitted to dock and discharge her cargo. On March 5, the body of Wing Chut King was found in the basement of the Globe Hotel in San Francisco. After an autopsy confirmed the diagnosis of bubonic plague, health officials, led by Dr. Joseph Kinyoun, quickly initiated steps to isolate the disease by fumigating streetcars and placing Chinatown under quarantine. Business and political interests reacted swiftly and viciously, since word of the plague would cause “vast injury to business” and tarnish the golden image that California was striving to convey to the world. Powerful forces ensured that the initial quarantine lasted only 60 hours. As a consequence, cases continued to appear, but the California governor, Henry T. Gage, with a complicit group of physicians, flatly denied that plague existed. In the 8th edition of his textbook (1915), Osler asserted that the governor acted “with an amazing stupidity” and that his physician accomplices “should have known better.” Over the next three years, there were 121 cases of plague in California, with 113 deaths.

Once it arrived in America, the plague bacterium, *Yersinia pestis*, set up residence in several western states, where it still lives happily. In 1915, William Osler called the revival of plague “the most important single fact in modern epidemiology.” The subsequent emergence of other infectious disease epidemics may call that conclusion into question, but during the 1990s, the World Health Organization reported over 25,000 cases of plague worldwide, and there are still 1000-3000 new cases annually, most commonly in developing nations of Africa and Asia. And each year, 10-12 cases appear in the United States, the consequence of the “amazing stupidity” exercised in San Francisco in 1900.

Learning Objectives:

1. Contrast the response of public health officials, business interests and politicians to the introduction of bubonic plague in California.
2. Explain William Osler’s observation that the plague was handled “with an amazing stupidity.”
3. Describe the clinical, social and epidemiological consequences of plague in the early 20th century.

H. L. Mencken and the Big Four at Hopkins

CHARLES S. ROBERTS

Charles S. Roberts is chief of the Division of Cardiovascular and Thoracic Surgery at Winchester Medical Center, Valley Health System, Winchester, Virginia. He was formerly Assistant Professor of Surgery at the University of North Carolina. He has written two books concerning medical history.

H.L. Mencken (1880-1956), “the sage of Baltimore,” was a great American essayist who reigned during the Roaring Twenties. His many books included one on George Bernard Shaw, another on Friedrich Nietzsche, 6 volumes of *Prejudices*, a memoir trilogy, and a treatise on *The American Language*. He admired Thomas Huxley, read ten books a week, wrote brilliant prose and held nonconformist, sceptical views.

Mencken had a wide acquaintance among medical men and knew a good deal about medical problems. His friends in Baltimore were primarily newspapermen, musicians, and doctors, and the Big Four at Hopkins did not escape his notice. He knew Kelly and Welch personally, and knew of Halsted and Osler.

Kelly was a devout Christian who tried to win Mencken to Christ. Kelly supported nearly every social cause which Mencken warred against, including Prohibition. After riding with Kelly on a train from Washington to Baltimore in 1922, Mencken wrote a friend, “Three separate times I was on the point of jumping out of the train-window.” Kelly told Mencken that he prayed for him almost daily.

Mencken did not admire Welch, particularly his anti-German posture in WWI. “Welch is a very shifty old fellow,” Mencken wrote, “...during the war, though he owed his start to Germans, he joined the professional patriots in denouncing them.” Mencken was also dismissive of Welch’s scientific achievements: “He discovered two bacilli, but in those days, anyone with a microscope could discover one at will...he was simply a medical politician.”

Mencken probably never met Halsted, but he seems to have admired him. Max Broedel, the medical illustrator of German descent, “got a lot of consolation in those days,” wrote Mencken, “from Dr. William S. Halsted, who was too civilized a man to have any faith in the war to save democracy.”

Osler left Baltimore for Oxford in 1905, the year Mencken published his first book at age 25. Osler is occasionally mentioned in Mencken’s private writings. A diary entry in 1934 notes that he addressed the Stuart and Tudor Club, “founded by Dr. William Osler, who left his collection of books by his will, and enough money to keep it going. It consists, in theory, of persons interested in English literature of the Golden Age, but it also includes a miscellany of Anglomaniacs.”

The observations by H.L. Mencken of the Big Four at Hopkins are usually insightful and sometimes scathing. He ranked them as follows: “Halsted stood clearly at the head of the list, with Osler a good distance below him. Probably on a level with Osler stood Kelly; then there was another drop to Welch.”

Learning Objectives:

1. Discuss the life and accomplishments of H.L. Mencken
2. List the four founding physicians at Johns Hopkins.
3. Discuss the observations by H.L. Mencken of Kelly, Welch, Halsted, and Osler.

Osler's Apothecary Poet: John Keats

PHILIP W. LEON

Philip Leon is Professor of English at The Citadel in Charleston, South Carolina. He also holds an appointment on the faculty of the Society of Apothecaries of London. His writings include Walt Whitman and Sir William Osler: A Poet and His Physician.

Sir William Osler acknowledged that one of his favorite poets was the British Romantic John Keats (1795–1821). He delivered a talk, “John Keats: The Apothecary Poet,” to the Johns Hopkins Historical Club in October 1895. This talk was published in the *Johns Hopkins Hospital Bulletin* in January 1896, and later was included in his collection *An Alabama Student and Other Biographical Essays* (1908). In another source, speaking of his initial distaste for the poetry of Walt Whitman, Osler said, “Whether the meat was too strong, or whether it was the style of cooking—‘twas not for my pampered palate, accustomed to Plato and Shakespeare and Shelley and Keats.” What is the basis for Osler’s high regard for Keats’s poetry?

Like Osler, Keats was a member of the medical profession. In 1810, Keats became an apprentice to Dr. Thomas Hammond of Edmonton. In July 1815, as the end of Keats’s five-year term of apprenticeship drew near, Parliament passed the Apothecary Act. This Act required him to postpone opening his own practice until he completed training at a hospital. In October 1815 Keats affiliated with Guy’s Hospital for a year’s study of anatomy, botany, chemistry, dissection, and physiology. He earned a “dressership,” a singular honor among the medical students and an indication of his affinity for surgery. The next year he assisted with surgeries and, at times, performed surgeries unsupervised. He passed the four examinations required and became a Licentiate of the Society of Apothecaries, one of the oldest extant guilds in England, incorporated by royal charter from James I in 1617. (The Society of Apothecaries has been licensing doctors to practice medicine since 1815 and continues to do so as a member of the United Examining Board.)

Another reason for Osler’s affection for Keats’s work is that his major poems employ imagery deriving from his knowledge of drugs. In “La Belle Dame Sans Merci,” a beautiful nymph seduces a knight and feeds him exotic foods that induce hallucinations and cause him to manifest an “anguish moist and fever dew”; the poem suggests that the woebegone knight is dying from poison. In “Ode to a Nightingale,” the speaker laments his declining physical condition and wishes for hemlock, a poisonous herb. He wants to drink “some dull opiate” and sink into forgetfulness. However, in “Ode on Melancholy” the speaker confronts his pain and shuns wine made from “wolfs-bane,” “nightshade,” or “yew-berries,” all symbolic of poison or death. The sentiments of these poems sprang from Keats’s personal life; he suffered from—and succumbed to—tuberculosis, the same disease that killed his mother and a brother. Near the end of his short life, he attempted suicide with laudanum, a powerful mixture of opium and alcohol.

Learning Objectives:

1. Explain the basis for Osler’s high regard for the poetry of John Keats.
2. Explain the role of a surgeon-apothecary in the early nineteenth century.
3. Explain Keats’s use of pharmacopoeial imagery in his major poems.

John P. McGovern Lecture

“Just Call Us Children”: The Impact of Tsunamis, AIDS, and Armed Conflict on the Young

KAREN HEIN

Karen Hein, a graduate of Dartmouth Medical School, is Clinical Professor of Pediatrics, Epidemiology, and Social Medicine at Albert Einstein College of Medicine in New York. She has held numerous important roles related to health policy, education, and research. Between 1998 and 1993, she was president of the William T. Grant Foundation. Her numerous publications include AIDS: Trading Fears for Facts.

Children and youth comprise 1/2 the population of the developing world where the impact of natural and complex disasters predominate. Children accounted for 1/3 of the recent tsunami victims, 1/2 of all new cases of HIV infection worldwide and have increasingly been caught up in deadly armed conflict, including becoming child combatants. The number of “OVC’s” (orphans and vulnerable children) has risen dramatically in the past decade largely as a result of HIV/AIDS and armed conflict. The proportion of civilians affected by deadly armed conflict has greatly increased, as has the number of such conflicts in the world and children are disproportionately affected. A new conceptual framework for defining children in need will be presented considering 3 factors: deprivation, exclusion and vulnerability. This approach will be applied to various humanitarian relief efforts focusing on both immediate consequences of disasters and displacement as well as longer term interventions focusing on children and youth. These humanitarian efforts will be analyzed based upon current understanding of various ethical underpinnings of humanitarian aid and relief. Interventions meant to improve well-being, not simply alleviation or prevention of disease or disability will be highlighted. Investments in intermediate and longer term interventions that result in the creation and maintenance of community cohesiveness, ability of families to continue to care for their children, sustainable development, microeconomic opportunities are strategies that will not just alleviate current disruptions, but will also help prevent the displacement that leads to further compromise of the basic needs of children. Using examples of specific recent occurrences in Asia and Africa, a spectrum of ideal interventions will be discussed. The spectrum will include circumstances that allow and encourage nurturing the young and investing in their capabilities as an alternative to exclusive focus on circumstances that result in abandonment or exploitation of children and youth. The implications of the Convention on the Rights of the Child will be discussed as they relate to philosophical underpinnings of program development. Expanding the definition, mission and range of activities of medical institutions in the United States is one way that the humanistic scope of medicine can be enhanced. Examples of institutional responses including the National Board of Medical Examiners, RAND Health and the Christian Children’s Fund will focus on different ways in which institutions are redefining their roles in humanistic terms. Millennials, children coming of age in this new century, are being shaped by these developments. Our humanistic responses will be an important part of who they become and how they see the world in which they live.

Learning objectives:

1. Discuss current demographic trends in the population of developing countries, OVC’s (orphans and vulnerable children) and natural and complex disasters and armed conflict.
2. Contrast traditional models of medical interventions to treat and prevent diseases with newer conceptual frameworks of child well-being and thriving and relate various ethical underpinnings of humanitarian relief and aid to these frameworks.
3. Provide specific examples of ways in which American institutions are broadening their mission and scope of activities to expanding their activities in humanistic dimensions of health beyond typical medical interventions.

References to Osler in the Cushing-Mayo Correspondence

JOHN L. GRANER

John L. Graner is a consultant in medicine at the Mayo Clinic in Rochester, Minnesota. He is a keen student of the history of that institution.

Roughly 152 letters were written between the Mayo brothers and their great friend Harvey Cushing (HC). The vast majority of this correspondence was between HC and William J. Mayo (WJM). Seven of these letters refer in some way to William Osler (WO), or to Cushing's work on the Osler biography.

WJM wrote the first of these letters to (HC) on January 11, 1910. He responds favorably to an invitation by Osler to the Society of Clinical Surgery to spend some time at Oxford. The original invitation written by Osler to Cushing is also extant. A follow-up letter from WJM to Cushing, written 6 days after the first, again encourages HC to include the visit to Oxford in their itinerary.

HC refers to his work on the Osler biography in a letter to WJM dated September 2, 1921. In this letter, he gives some idea of the detail in which he studied Osler's life. HC's next reference to Osler is contained in a letter to WJM dated August 6, 1923. In his study of Osler's writings he had come upon a reference to the Mayos. He sent an exert along to WJM. HC also further discusses the difficulties he is having in writing Osler's biography.

WJM's reply letter to Cushing, dated August 9, 1923, contains his beliefs concerning the genealogy of his family. He mentions that he is not Irish-American, as Osler had stated, but that he is "very proud" that Osler referred to him as such.

The next letter in the Cushing-Mayo correspondence making reference to WO was written by HC to WJM on November 28, 1923. With the letter, he enclosed a lengthy excerpt from one of Osler's last published papers. The subject of Osler's remarks is the statement that young physicians are loath to enter internal medicine. Osler does not agree with this, and cites several examples to disprove this contention. One of these examples describes the type of practice then current at the Mayo Clinic. In his reply letter, WJM comments upon the increasing importance of internal medicine.

An additional pair of letters deserves comment. On February 8, 1929, HC wrote a letter to WJM mentioning that some time previously a publishing company had asked him to write a combined biography of the Mayo brothers similar to his biography of WO. HC discusses his reasons for turning down the offer. WJM's reply letter includes a rare bit of humor regarding Cushing's decision.

Taken together, the above letters provide a unique insight into the attitudes held by both HC and WJM toward WO. They also demonstrate the warmth of their mutual friendship.

Learning Objectives:

1. Describe William Mayo's attitude toward William Osler. Did he respect him, and if so, why?
2. Explain some of the trials and tribulations experienced by Harvey Cushing in the writing of his biography of Osler.
3. Explain Harvey Cushing's reasons for not wanting to write a biography of the Mayo brothers.

Oslerian Courage: From Sydenham to Urbani

DAVID R. HABURCHAK

David R. Haburchak, an Alpha Omega Alpha graduate of The Johns Hopkins University School of Medicine, is Professor of Medicine and Program Director for Internal Medicine at the Medical College of Georgia, Augusta. During his 24-year career in the United States Army Medical Department, he served primarily as Chief of Medicine and Program Director at three internal medicine training programs. He has been a frequent participant in humanitarian medical missions.

Osler, despite his reverence for heroes and his own acclamation as a hero of medicine, did not produce a systematic treatise of heroism's defining virtue, courage. Through his philosophical as well as his biographical essays and his later life experiences, Osler's presuppositions and evolving expectations of courage among physicians individually and corporately can be ascertained.

Based on Tillich's paradigm of ethical (*fortitudo*, *Tapferkeit*) and ontological (being, heart, *Mut*) aspects in his book *The Courage to Be*, Osler seems early on to emphasize the ontological, particularly in his "Aequinimitas." In this essay he dispassionately encourages both his students and himself to carry on after his leaving Philadelphia, despite the recent deaths of esteemed faculty.

In assembling his pantheon of personal heroes, Osler surprisingly overlooks a well-publicized episode of Sydenham fleeing the plague in 1655. In 1847, Isaac Hays, whose *American Journal of the Medical Sciences* was praised by Osler as "one of the few great journals of the world," developed the first AMA code of ethics. As a political statement to ensure greater public regard for a medical profession depicted as quacks, Hays followed the example of Benjamin Rush during the 1793 yellow fever epidemic by emphasizing the duty of the physician to face danger, even at the "jeopardy of their own lives." Lydgate in *Middlemarch* (1872) was a physician who combined intellectual vigor and moral consciousness as the first of the heroic physicians of modern literature. Osler referred to this novel frequently in his addresses. Being a source of encouragement to patients and their families in the face of death and tragedy is the "best part of work" in "The Master-word in Medicine." (1903)

By 1908 with the publication of *An Alabama Student*, he seems to be moving from the ontological to the more overtly ethical and death-defying aspect of fortitude with the recollection of those "compelled to follow ideals, even at the sacrifice of the near and dear ones at home" or "faithful unto death." 1909 brings an essay on Servetus, physician, heretic, and martyr. Despite nothing to say about the medical martyrdom of Carroll (1905) and Ricketts (1910), the development of medical *fortitudo* is expressed in Osler's encouragement of Army physicians at the front. Despite the long-dreaded death of Revere, Osler's was able to "bring courage and endurance" at the subsequent National Day of Prayer. Osler's recurrent episodes of pneumonia 1917-1918 did not keep him from patient care during the great influenza outbreak of 1918. Finally his persevering optimism and correspondence in his final illness inspired his disciples and demonstrated his own fortitude.

Demonstrations of medical courage have continued as part of the Oslerian tradition in the whistleblowers and champions of patient advocacy, the Rockefeller yellow fever martyrs, Janusz Korczak, Thomas Dooley, Matthew Lukwiya, Martha Myers, and Carlo Urbani. Courage, despite concerns of AIDS in the 1980's, and SARS, influenza and bioterror today will always be part of Osler's legacy to medicine.

Learning Objectives:

1. Define two aspects of courage, the ethical and the ontological.
2. Outline the evolutionary expression of Osler's conception of courage in his writings and life experience.
3. List demonstrable examples of courage in contemporary medicine.

Osler's Pupil, Dr. Henry W. Ochsner: His Life, Death, and Lineage

PAUL S. MUELLER

Paul S. Mueller is a staff consultant in the Division of General Internal Medicine at Mayo Clinic Rochester and Assistant Professor of Medicine at the Mayo Clinic College of Medicine, Rochester, Minnesota. He serves as chairperson of the Mayo Clinic Ethics Council, as director of the Mayo Clinic Visiting Medical Student Clerkship Program, and as co-director of the Mayo Department of Medicine Professionalism Program.

Background: In multiple editions of his *Principles and Practice of Medicine*, "A Student Life," and a 1904 speech, William Osler mentions and laments the death due to typhoid of his pupil, Dr. Henry W. Ochsner. Cushing, in his biography of Osler, describes "how deeply Osler was moved" by "Poor" Ochsner's death. Yet, little is known about Ochsner.

Purpose and Methods: Using primary sources (e.g., vital records, newspaper accounts, photographs, and Osler's published and unpublished writings) and secondary sources, the life story, death and lineage of Henry W. Ochsner is described.

Findings: Henry W. Ochsner was born March 31, 1877 in Waumandee, Wisconsin. He was the sixth of 6 children of Johannis and Louisa Ochsner, Swiss pioneers who settled in Waumandee and operated a prosperous mill. Johannis had 10 siblings, one of whom was the father of the Chicago surgeon A.J. Ochsner, who in turn, was the uncle and mentor of Dr. Alton Ochsner the surgeon and founder of the Ochsner Clinic. Henry W. Ochsner graduated from Alma (Buffalo County, WI) High School in 1894. He attended the University of Wisconsin, where he received a bachelor's degree in general studies in 1898. He then attended the Johns Hopkins University School of Medicine, where he received his medical degree in May 1902 and "won the first prize" for the "highest average of all men in the class, for four years' work." The first prize award was an appointment for "a year's practice as interne" at the Johns Hopkins Hospital (JHH). After a summer break in Waumandee, Ochsner returned to Baltimore in August 1902 to begin his internship. On September 17, 1902, Ochsner completed a data collection card for Osler's "Study of the Act of Dying" for a 31 year-old man who died of typhoid at JHH. During late October 1902, Ochsner became ill with typhoid. Osler attributed his illness to patient contact at JHH. Ochsner was ill for 3 weeks when he acutely worsened. On November 21, 1902, Osler was in New York conducting a "hurried consultation" when he returned "at once, as poor Ochsner...[was] desperately ill with typhoid." On November 25, 1902, Ochsner died at JHH at age 25 years. Osler was at Ochsner's bedside when he died and jotted a remorse-laden note, a transcript of which is in Cushing's biography. On the same day, he sent a note of sympathy to Ochsner's father. Dr. Thomas McCrae completed Ochsner's death certificate. On November 28, 1902, Ochsner was buried in Waumandee following a funeral attended by numerous relatives, friends, and acquaintances from the region. Later, Osler (and then McCrae) refers to Ochsner's death due to typhoid in *Principles and Practice of Medicine* (6th-12th editions). In "A Student Life," Osler describes Ochsner's death as a "loss to our profession." In a 1904 speech, Osler laments the death of Ochsner and other young physicians "stricken by our sides." Notably, it is well known that Osler hated typhoid. He was frustrated not only by the staggering loss of life caused by the disease in his time, but also the efforts to prevent it.

Conclusion: Osler's pupil, Dr. Henry W. Ochsner, was an exceptionally gifted young physician at the time of his death due to typhoid. Osler, who hated typhoid, was deeply moved by Ochsner's death and lamented it on a number of occasions. Ochsner, a son of pioneers, was related to A.J. and Alton Ochsner, who were also gifted physicians.

Learning Objectives:

1. Describe the life story and death of William Osler's pupil, Dr. Henry W. Ochsner.
2. Describe Osler's response to Ochsner's death due to typhoid.
3. Outline Ochsner's lineage and his relationship to other gifted Ochsner physicians.

New Medical Knowledge in the Twenty-First Century: Clinical Trials, Practice Guidelines, and Conflicts of Interest

W. BRUCE FYE

W. Bruce Fye, a past president of the American Osler Society and also of the American College of Cardiology, is Professor of Medicine and the History of Medicine at the Mayo Clinic College of Medicine. In 2002, he received the Welch Medal of the American Association for the History of Medicine for his second book, American Cardiology: The History of a Specialty and its College.

This talk describes the relationship between clinical trials and practice guidelines and their growing implications for patient care. I will also discuss continuing medical education programs and editorials, vehicles that disseminate the results of clinical trials to practitioners. The fusion of the clinical trial, practice guideline, and continuing education movements over the past two decades represents one of the greatest paradigm shifts in the history of medicine. Although today's robust trial-guideline-education process has informed clinical decision-making and led to enhanced patient care, it presents some challenges. I will focus on one: financial conflicts of interest that pose a threat to the vital but vulnerable interface between academic medicine and biomedical industry.

A blend of altruism and self-interest motivates every individual, institution, and company involved in each phase of health care, whether it's inventing drugs, conducting trials, educating doctors, or performing procedures. Physicians and academic medical centers must assure patients and the public that altruism is their main motivating force. Because academic physicians influence so many vital parts of the trial-guideline-education process they have a special responsibility to ensure its integrity. Academics help design and carry out clinical trials. They also publish papers, give talks, and create guidelines that influence practice. These are valuable activities, and the time and energy devoted to them must be compensated. Today, a significant portion of this compensation comes from industry, either directly or indirectly. William Osler warned in 1909 "Far too large a section of the treatment of disease is to-day controlled by the big manufacturing pharmacists, who have enslaved us in a plausible pseudo-science."

Because some real or perceived conflicts of interest are unavoidable in the trial-guideline-education process specific steps must be taken to limit them and their potential impact. Academic medicine, corporate bioscience, professional organizations, and our government should develop common standards that reflect a shared commitment to ensuring the integrity of the trial-guideline-education process. Meanwhile, the profession and the public must understand that industry support—like government funding—is vital to the vast academic enterprise that discovers, digests, and distributes new knowledge. If we want to encourage medical progress, there's no viable alternative. The productive trial-guideline-education paradigm depends on truth and trust so we must protect each part of this process from bias and excessive self-interest. This is crucial because a healthy and productive academic-industry interface is necessary for advancing the science and practice of medicine.

Learning Objectives:

1. Explain forces have encouraged the dramatic growth of clinical trials during the past 30 years.
2. Explain the role clinical trial results play in the creation of practice guidelines.
3. Outline why it is important to protect the clinical trial-guideline process from conflicts of interest.

Presidential Disability, with Emphasis on Osler and William Howard Taft

S. ROBERT LATHAN

A graduate of The Johns Hopkins University School of Medicine, S. Robert Lathan practices internal medicine in Atlanta, Georgia. He is a long-time co-chairman of the Atlanta Coalition Against Tobacco, and he served as Medical Director of the Main Press Center during the 1996 Olympic Games. He has completed 28 marathons (including eight Boston marathons) and 22 ultramarathons.

In the past, the illnesses of our presidential leaders have been hidden in secrecy. It was not until 1967 that the 25th Amendment to the U.S. Constitution defined a disabled president as “unable to discharge the powers and duties of his office.” The Amendment charges the Vice President and Cabinet to judge disability.

President William Howard Taft weighed over 300 lbs during his entire presidency (1909-1913). Taft obviously had obstructive sleep apnea, although the syndrome had yet to be a recognized clinical entity. This gargantuan President had severe central obesity with a waist size of 54 inches and a neck size of 19 inches, excessive daytime somnolence, and excessive snoring, along with hypertension, atrial fibrillation, and gout. Despite this, there is no hard evidence that he was presidentially disabled by today’s standards. However, Taft was miserable during his presidency with progressive weight-gain, politically self-damaging remarks, and continuing mental and physical fatigue. It is of interest that after leaving the White House in 1913, Taft began a strict weight loss regimen. He lost 70 pounds in approximately one year, and his hypersomnolence resolved.

The relationship between Taft and Osler is of special interest. They were friends, and Osler gave medical advice regarding Taft’s daughter. However, Osler, who was in England during Taft’s presidency, never treated Taft. They were both honored at a special Taft-Osler dinner in 1905 (at which time Taft was Secretary of War) in Baltimore.

In the fourth edition of *The Principles and Practice of Medicine* (1901), Osler added the following sentence to his section on obesity: “An extraordinary phenomenon seen occasionally in excessively fat young persons is an uncontrollable tendency to sleep.” In the sixth edition (1905), he modified this to read: “... an uncontrollable tendency to sleep— like the fat boy in *Pickwick*. I have seen one instance of it.” Osler also expressed concern about the growing problem of obesity in children in the United States.

The illnesses of several other presidents are mentioned very briefly. These include Presidents Grover Cleveland, Woodrow Wilson, Franklin D. Roosevelt, Dwight Eisenhower, John F. Kennedy, Lyndon Johnson and Ronald Reagan.

Learning Objectives:

1. Cite evidence for Taft’s having had sleep apnea and how this affected his presidency.
2. Describe the relationship between Osler and Taft.
3. Discuss the Twenty-Fifth Amendment.

Eighteenth Century Response to Epidemic Smallpox:
John Haygarth, M.D. (1740-1827).
A Prelude to Twenty-First Century HIV/AIDS

JOHN NOBLE

John Noble is Professor of Medicine at Boston University School of Medicine, where he directs the Center for Primary Care. A pioneer in the primary care movement, he is the author of a definitive textbook in this area. He has served as president of the Society of General Internal Medicine, as regent of the American College of Physicians, and as chair of the Joint Commission for the Accreditation of Health Care Organizations.

John Haygarth practiced medicine in Chester, England, from 1767 and recorded the medical histories and outcomes of 10,549 patients between then and 1801. He wrote clinical dissertations on common infectious diseases and published *Rules for Preventing the Smallpox* in 1785. Throughout his years of practice, he recognized the need for patients to be treated in clean sanitary housing with careful attendance and a wholesome diet.

Haygarth's concern for an accurate diagnosis, disease surveillance, and disease containment included immunization, quarantine, nutrition, education, and supportive care of patients. Based on these principles, he proposed a "plan to exterminate Smallpox from Great Britain and to Introduce General Inoculation." His prescience is currently reflected in the dramatic plans for scaling up the capacity of regional disease programs to combat epidemic HIV/AIDS in endemic regions throughout the world.

Learning Objectives:

1. List the attributes of an eradicable disease.
2. Compare and contrast the core elements of smallpox eradication and HIV/AIDS control programs.
3. Identify the six major components of HIV care that will constitute the foundations for regional HIV control.

Cushing's Curious Persian Puzzle, or The Adventure of the Missing Persian

ANAND DATE

Anand Date is Professor and Chairman of the Department of Pathology at the Sultan Qaboos University College of Medicine, Muscat, Oman. His areas of special interest are tropical medicine, renal pathology, and medical history with emphasis on William Osler's contacts with persons in the Middle East.

The earliest item about Arabic manuscripts in Cushing's Life describes how during the December of 1910 "Bodley's sub-librarian saw fit to inoculate [Osler] with a desire for some ancient manuscripts which ultimately found their way into his library and served, furthermore, to introduce him to a Dr. Sa'eed of Teheran, Persia." The manuscripts, an Arabic translation of a work of Dioscorides and a volume wrongly identified as another work of Dioscorides, were brought for sale from Persia, by a British administrator, Mr. J H Bill.

When an attempt is made to match this incident with the Sa'eed - Osler correspondence a discrepancy emerges. Sa'eed's first letter is of a much later date, July 17, 1913. And though it mentions an Arabic manuscript that he sent from Persia earlier, it was not sent with Mr. Bill but through a Dr. Neligan, and it was a volume of the Kanun of Avicenna, and not the manuscripts mentioned above.

Cushing's comment implies, though it does not explicitly state, that the Dioscorides manuscript was purchased from Sa'eed. Commentators including Ellen Wells in her account of Osler's book purchases, Charlotte Gray in her description of the Osler Library, Adam Gacek in his survey of Arabic manuscripts at McGill University and even the Osler Library brochure itself, mention categorically that the manuscripts were purchased from Sa'eed.

The above assumption is incorrect. The suggestion that both British colonials had contacted Sa'eed and that all the manuscripts came from him, is untenable. The areas in Persia where Mr. Bill and Dr Neligan worked were, at that time, administratively and geographically so separate; that they were for practical purposes two different countries.

W W Francis who was known 'to take infinite pains to ensure absolute accuracy', had studied for longer than anyone else the manuscripts in Osler's library. He discovered what Osler and even the Bodleian sub-librarian had missed, namely that only one of the manuscripts in question was of Dioscorides, the other being a precious al-Ghafiki. This observation allowed him to retain the latter for the Osler Library, while transferring the former to the Bodleian, as directed by Osler's bequest. The Bibliotheca Osleriana notes finalised by Francis just mention "a Persian" as the seller of the al-Ghafiki manuscript. Sa'eed's name that appears in so many of the other notes in the Bibliotheca, is conspicuously absent.

Finally there can be no doubt that had these manuscripts passed through Sa'eed's hands he, with his profound knowledge of Arabic and Arabic manuscripts would never have missed their correct identification. Therefore another Persian was involved in the sale of Osler's first Arabic manuscripts!

Learning Objectives:

1. List the first Arabic manuscripts purchased by Osler for his library.
2. Explain how Western collectors acquired old Arabic medical manuscripts.
3. Discuss how Arabic medical manuscripts bridged the Classical and Renaissance Periods of Western medicine.

Two Bachelors, A Vision, and the Texas Medical Center

BRYANT BOUTWELL

Bryant Boutwell is Associate Dean for Community Affairs and John P. McGovern, M.D., Professor of Oslerian Medicine at the University of Texas Health Science Center at Houston. A news journalist by original training, he holds a doctorate in public health and currently teaches second-year medical students with a focus on the humanities and medical ethics.

How could it be that two bachelors living in Houston in the early 1900s with little knowledge of healthcare or each other could have launched what is today the world's largest medical center? What were the factors that served as the catalyst for what is now a medical city with a city and what might Sir William Osler find appealing and troubling about the Texas Medical Center (TMC) today?

During the 34th Annual Meeting of the American Osler Society in April of 2004, many members of the organization had the opportunity to tour the Texas Medical Center briefly. This talk will tell the story of the Texas Medical Center they saw and provide perspective on the factors that shaped the TMC then and now. The author will tell the stories behind George Hermann and Monroe Dunaway Anderson including the many planned and unplanned events that came together to set the foundation for what would become a medical center unlike any other. While neither man knew anything about the science of medicine, each understood in their own way the *art* of medicine and the absolute necessity for human dignity and compassion in the care of patients – especially those patients unable to pay for their care.

Learning Objectives:

1. List at least three events as well as five key individuals who influenced significantly the creation and early growth of Houston's Texas Medical Center.
2. Explain key medical models that shaped the development of the early Texas Medical Center institutions and continue to influence the ongoing development of this medical city.
3. Name at least three characteristics of today's Texas Medical Center that would likely appeal to Sir William Osler and three characteristics that he would likely find disconcerting and troublesome.

The Death of the South American Liberator Simon Bolivar: A Critical Reappraisal

HECTOR O. VENTURA

Hector Ventura, who was born in Buenos Aires, Argentina, is Director of Cardiovascular Training at the Ochsner Medical Institutions and Professor of Medicine at Tulane University Medical Center, New Orleans. His historical interests include South American medicine and the impact of the Irish School on cardiology.

Background. Simon Bolivar died at age 47 on December 17, 1830, after he directed 472 battles and liberated six nations. Books have been written about his military campaigns and his virtues in fighting the revolutionary wars, but less is known about the final disease that caused his death. The objective of this paper is to investigate what Simon Bolivar's cause of death by researching the final days of his life. The main source of information was found in the 33 bulletins as well Bolivar's autopsy written by his physician Prosperous Alexander Réverend.

Bolivar's medical history. Prosperous Alexander Réverend was born in Normandy France and for all accounts he was a very shrewd clinician. He wrote regarding Bolivar condition: "...Its excellence arrived at this city of Santa seven Marta at and average at night, coming from Sabanilla, in the national brig Manuel, and having come to earth in a chair by not being able to walk, I found him in the following state: very skinny and debilitated body, the painful semblance and a restlessness of constant spirit. The hoarse voice, a deep cough with viscous sputum of greenish color. The compressed pulse. The laborious digestion. The frequent impressions of the patient indicated moral sufferings. Finally, the disease of its Excellence seemed to me to be of most serious, and my first impression was that he had damaged lungs..." (Santa Marta, December 1 of 1830 to hours 8 at night) signed: Réverend. General Mariano Montilla, first authority of the province of Santa Marta, asked Dr Réverend his opinion about the health of such distinguished patient: He wrote: "...With the deepest feeling I say to him [Montilla], that the disease of the Liberator does not have remedy, because in my facultative concept, I consider it as pulmonary consumption of the highest degree and this one does not pardon..."

Bolivar's autopsy findings. When Simon Bolivar died Dr Reverend performed Bolivar's autopsy and confirmed the clinical diagnosis. He wrote regarding the examination of the chest cavity: "...Posterior and a superior the costal pleuras were adhered by semimenbranous productions; hardening in the superior 2/3 of each lung; the right almost disorganized displayed an open spring color of wine...some tubercles of different size and not very soft. The left lung, although less disorganized, offered the same tuberculous deformation and dividing it with the scalpel a calcified concretion was discovered regularly angular, as large as a small hazelnut. Opened the rest of the lungs with the same instrument, dark spilled mucus that by the pressure became frothy. The heart did not offer anything particular, although it was bathed by a greenish liquid in the pericardium..." Réverend restated the conclusion that it obtained from the autopsy with the following words: "According to this examination it is easy to recognize that the disease of which the Liberator has died was at first a pulmonary catarrh that being neglecting progress to the chronic state and consecutively it degenerated in tuberculosis consumption..."

Réverend's final translated to our contemporary classification, it would be: **advanced pulmonary tuberculosis.**

Conclusion. Tuberculosis was a devastating disease during the Revolutionary wars in South America. Bolivar parents died both of pulmonary tuberculosis. It did not spare the Liberator. As a child Simon Bolivar contracted tuberculosis that fortunately he recovered from. But throughout his revolutionary campaigns, especially at the beginning of the 1830's Bolivar was "...losing weight, very tired and losing his voice and coughing..." Some of his aids described as "his body was in state of consumption..." One hundred and seventy four years have passed since Bolivar death and his astute clinician was correct; Tuberculosis took the life of the admired Liberator"

Learning Objectives:

1. Explain the significance of Simon Bolivar in the history of South Americas.
2. Recount Dr. Alexander Réverend's observations regarding the case of Simon Bolivar.
3. Discuss the significance of tuberculosis in the history of South America including its Revolutionary wars.

Eva Peron's Illness: Bioethical Aspects

ERNESTO GIL DEZA, JUAN POLLOLA, FELIPE GUSTAVO GERCOVICH,
JULIO LASCANO GONZALEZ, AND MARIA ELSA. DE LASCANO
GONZALEZ

The authors are physicians on the staff and faculty of the Instituto William Osler and Hospital "Bernardino Rivadavia" in Buenos Aires, Argentina. The paper will be presented by Dr. Pollola.

Eva Peron is the Argentine woman with the most political impact in the history of the twentieth century in our country. She died very young and the origin of her illness and also the treatments she received remained hidden for more than forty years.

The aim of the present work is to present the outstanding bioethical aspects of this case since she was affected with an advanced squamous cell carcinoma of the cervix, which was diagnosed after a long denial of evident symptoms. She was never told about the real name of the disease; and a surgeon unknown to her operated on her. Her disease progressed after the surgery and she was given a low efficacy and experimental chemotherapeutic treatment. She passed away eleven months after she was diagnosed and her body was conditioned to avoid decomposition. Afterward, the body was hidden out of the country until 1970s. This history was moved away from public knowledge up to 1991. The emotional and bioethical issues of this case make it interesting for investigation and teaching.

Learning objectives:

1. Evaluate the quality of assistance in medical care of powerful people (VIPs).
2. Evaluate the political clash of interests in medical care decisions.
3. Evaluate historical changes in communication of the truth in oncology.

Uncle Edward: An Enduring Influence

NICHOLAS DEWEY

Nicholas Dewey, who has been a professor of the humanities at a number of colleges in the United States, is currently a free lance writer and lecturer in medical history. A native of London, he has organized many medical-historical conferences in the United Kingdom and is an authority on medical bibliography and rare medical books..

The life, career, and achievements of Dr. Edward Osler (1798-1863) have merited notice in the venerable *Dictionary of National Biography*, along with his more famous nephew. Elder brother of Featherstone Lake Osler by some years, Edward Osler provides us with an unusually interesting case study in both genetic inheritance and in external influence on the Oslerian “way of life,” which is the primary focus of the American Osler Society.

Just as Edward Osler deviated from the mercantile and seafaring traditions of the Cornish Oslers in order to pursue a life in medicine, so his nephew, William Osler, was to turn away from a clerical calling to follow that same path. Admiration of his uncle was a decisive factor.

Harvey Cushing, writing 80 years ago, draws our attention to a number of similarities between the two men (which will be explored in greater depth in this presentation). Describing Edward Osler as “of dark complexion and short stature” he goes on to state that, “If one may judge from the titles of his three best-known publications (again, these will be scrutinized in detail in this presentation), his heart wavered between the Navy, the Church, and natural history; and in him as physician, naturalist, and author may be recognized many marks of resemblance, mental and physical, to those possessed by the nephew.”

Although Edward Osler died when William Osler was just short of 15 years of age, the book loving youth in remote Upper Canada devoured his uncle’s writings as they arrived in the post. William Osler recalled years later that “we cherished an amazing veneration for him ... the reputation of the family seemed to circle about this uncle.” That veneration lasted many decades, and in 1911 William Osler dedicated a plaque to his uncle’s memory in the Royal Swansea Infirmary.

This paper will outline Edward Osler’s professional career, from his apprenticeship as a surgeon; MRCS and pupil of Astley Cooper at Guy’s; naval surgeon; house surgeon at Swansea; practitioner at Truro in his native Cornwall; author, editor, and contributor to *Philosophical Transactions* of the Royal Society; and a Fellow of the exclusive Linnean Society; and forebear of other notable Oslerians (Drs. W. W. Francis and Marian Kelen).

It should be concluded from this presentation that Dr. Edward Osler played an important role in determining lifetime decisions and moral choices in the medical, literary, and personal aspects of William Osler’s span of days.

Learning Objectives:

1. List three ways in which Edward Osler influenced the career decisions of his more famous nephew.
2. Discuss Edward Osler’s more important publications.
3. Explore the role of hereditary and family traditions in the lives of unusually effective people such as Sir William Osler.

The Kappa Lambda Society of Hippocrates, the first American Medical Fraternity (and the Origin of the American Medical Association's Principles of Medical Ethics)

CHARLES T. AMBROSE

Charles T. Ambrose, a graduate of the Johns Hopkins University School of Medicine, completed a residency in infectious diseases in Boston, pursued immunology at Harvard Medical School (1959-1972), served as the first exchange professor between Harvard and the College de France and worked at INSERM in Paris, and, since 1973, has been Professor of Microbiology at the College of Medicine, University of Kentucky, Lexington. He has an outstanding collection of rare medical books.

This talk relates the neglected history of an idealistic, secret medical fraternity which existed briefly in Lexington, Kentucky during the first half of the 19th century. It was created for students in the Medical Department at Transylvania University, the fifth US medical school, founded in 1799. The fraternity's goals included (1) promoting medical science, (2) communicating interesting medical cases & discoveries, and (3) establishing chapters throughout the union. Of greater significance was its aim to counter the widespread dissension and often violent quarrels among doctors which characterized American medicine of that period. To that end it was among the first to promote Thomas Percival's code of medical ethics in this country. Branches of the fraternity were established in Philadelphia and New York City, where members became influential in local medical politics but in time encountered hostility from rival physicians. The secret character of the fraternity branches was publicized and maligned during an anti-Masonic movement in this country in the 1830s, which soon led to the demise of the Philadelphia group. The New York branch remained active through the 1850s. Members of both were among those who in 1847 established the American Medical Association and, in particular, devised its Principles of Medical Ethics.

Learning objectives:

1. Describe Kentucky's Transylvania University (1780-) and its Department of Medicine (1799-1859)
2. Explain the significance of the first American medical fraternity, The Kappa Lambda Society of Hippocrates.
3. Outline the role exerted by members of this Society in the early years of the American Medical Association, including the emergence of the AMA's code of ethics.

Osler and his Young Friend Mabel

SHIGEAKI HINOHARA

Shigeaki Hinohara is honorary president of St. Luke's International Hospital in Tokyo and also of the Japan Society for Medical Education. His introduction to the writings of Sir William Osler shortly after the conclusion of World War II stimulated him to translate Osler's essays into his native language. His many works on Osler include an extensively annotated edition of 20 of Osler's more famous essays (with Hisae Niki; Duke University Press, 2001). Dr. Hinohara is one of Japan's best known physicians and has been the guiding force behind the Japan Osler Society.

When Osler was 42 years old, he married Mrs. Grace Revere (1854-1928), the widow of his dear friend. Thereafter his home life was blessed with much love. He often invited his students to his home, and Grace was a congenial and thoughtful hostess. She assisted him in such a superb way that she was an ideal better half.

However, when he was 51 years old, he met and started cultivating friendship with a 17-year-old girl by the name of Mabel (later Mrs. Mabel Brewster) at a hotel where he stayed during a trip. They remained close friends despite her subsequent marriage and move to New York City.

After Osler moved to Oxford, they exchanged letters often. Osler's biography (The Life of Sir William Osler) written by Harvey Cushing contains 47 letters which Osler had written to Mabel. I will examine the content of these letters to analyze Mabel's personality, which was literary and widely read unlike Grace. I will report on Mabel's character and cultivation so that we may learn the source of Mabel's charm in Osler's eyes.

Learning Objectives:

1. Describe the relationship of William Osler's home life to his effectiveness and productivity in his later years.
2. Recount Osler's friendship with Mabel Brewster.
3. Examine the content of Osler's letters to Mabel Brewster and elaborate on how she might have been an important personage in his later life.

George T. Harrell, Jr., M.D.—Oslerian, Scientist, and Pioneering Medical Educator

JAMES O. BALLARD

James O. Ballard is Professor of Medicine, Pathology, and Humanities and the Jane W. and Lawrence F. Kienle Chair of Humane Medicine at the Penn State University School of Medicine. He has been an attending physician and medical educator in the Division of Hematology/Oncology of the Department of Medicine at the Penn State Milton S. Hershey Medical Center since 1976. In 2003, he received Penn State's Distinguished Educator Award.

Becoming a physician seemed unlikely for young George T. Harrell, Jr. (1908- 1999) who grew up in rural North Carolina. With a strong interest in high school chemistry and meager savings, he matriculated at Duke in 1928 with a major in chemistry. While working the night shift at the college bookstore, he met Wilburt Cornell Davison, M.D., the founding Dean of Duke's School of Medicine. Davison had been a student of William Osler during Davison's studies at Oxford from 1915-1917. He encouraged Harrell to consider the study of medicine, and promptly offered him a place in the freshman class.

As a medical student, Harrell impressed his mentors with his scientific curiosity and native teaching ability. Like Osler, Harrell first immersed himself in the study of pathology, performing over 3000 surgicals and autopsies during his summers as a medical student. During his subsequent medical residency, he introduced new teaching methods at Duke including clinical-pathological correlations (CPCs). He observed that the personal needs of medical students were given low priority, and he noted gaps in his training, especially in the areas of the cultural and behavioral contexts of illness.

When the Bowman Gray School of Medicine opened in 1941, Harrell was appointed as its first full-time clinical faculty member. He worked to reform the curriculum, improve teaching, and modernize existing facilities, but his ideas were mostly rejected. His laboratory research activities resulted in early descriptions of the histopathology of sarcoidosis and original studies on the pathophysiology of Rocky Mountain spotted fever, earning him an endowed laboratory research professorship; however, he was dissatisfied because the new appointment provided no opportunities for patient contact and teaching. In 1954 the University of Florida recruited him, first as consultant in designing its new medical school and then as its first Dean. Here he experienced resistance to implementing a curriculum that was to include medical student training in medical humanities, behavioral science and family medicine.

In 1964, Harrell reluctantly accepted the offer of the president of the Pennsylvania State University (PSU) to become the founding Dean of the Penn State School of Medicine, which was to be built in Hershey, a small town in central PA located 90 miles from the main campus of PSU. With careful attention to functional design, Harrell became the school's architect, designing a modern facility with emphasis on adequate research animal facilities, student study areas and a modular building design that could be expanded for future growth. Finally, Harrell was able to implement the curriculum that he had envisioned as a student and resident. The first three department chairs appointed were in Family Medicine, Behavioral Science and Humanities --the first such free-standing departments in any U.S. medical schools of the time. Harrell served as Dean until retirement in 1972. He had the unique opportunity of presiding over the founding of two medical schools, and is recognized today as a pioneer in the design of academic health centers. He was a consummate Oslerian, and he published numerous articles on aspects of the life of Osler and his family. When the American Osler Society was founded in 1970, Harrell served as its first vice president, and then, its second president.

Learning Objectives:

1. Describe the personal qualities, professional relationships, and serendipitous events that influenced the career of a leader in modern American medicine.
2. Explain George T. Harrell's vision for changes in medical education and his role as architect and founding dean of two academic health centers.
3. Describe George T. Harrell's contributions to our knowledge about the life of Sir William Osler.

Osler's Service: A Look at the Charts

LARRY R. KIRKLAND AND CHARLES S. BRYAN

Larry R. Kirkland is a retired internist in Atlanta, Georgia, where he served on the faculty of Emory University. 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.

In 1963, one of us (LRK) studied the charts of the Medical Service of the Johns Hopkins Hospital during the first decade of its existence (1889-1899). These records, housed in dusty boxes in the first level of the William H. Welch Medical Library, were tragically destroyed several years later. Our purpose is to report and discuss some salient observations from this survey.

In the years 1889-1896, the staff consisted of Osler, the Resident Physician, and 2 to 6 Assistant Resident Physicians (ARPs). Most chart entries, never signed, were presumably made by the ARP. However, the first recorded physical examination was usually that of the Resident. These charts were incredibly skimpy

by today's standards. Thus, a stack of 332 consecutive charts measured only 17.5 centimeters in height, or roughly 48 charts to the inch! In September 1896, fourth-year medical students arrived on the wards and, as clerks, were to "be responsible (under the direction of the house physician and the first assistant) for the ward notes." Thereafter, the thickness of the charts more than doubled; thus a stack of 172 consecutive charts from 1898 measured 22.5 cm in height, or roughly 19 to 20 charts to the inch.

The general organization of the history and physical examination was similar to that used today, although there was no organ-based "Review of Systems." Progress notes were scanty. There was never a Discharge Summary or other condensation of the hospital course, although the last progress note usually contained a brief evaluation of the patient (most commonly, "Improved"). There was no "Orders" sheet nor any other specified place in the chart for therapy. When treatment was mentioned at all, it was usually scribbled on the temperature sheet. Presumably, nurses maintained some separate system which did not become a part of the medical record. Patients had frequent urinalyses, eventually leading to a special Urinary Chart. This was followed by special sheets for sphygmograph tracings and bacteriology reports.

Discussion. Osler's oft-cited dictum, "Observe, record, tabulate, communicate," was evidently intended to stimulate learning and publication. He obviously did not extend this philosophy to recording data in the hospital chart. This survey of the charts on Osler's service revealed no instance of his signature. The extensive publications from Johns Hopkins during this period may have been based, in part, on a separate system for recording information on personally-kept file carts that measured 6" by 6 5/8", with 28 ruled lines on each side.



Osler viewing the charts at the Johns Hopkins Hospital.
But did he ever write in them?

Learning Objectives:

1. Contrast the medical records kept during Osler's era at Johns Hopkins with medical records kept today.
2. Discuss whether Osler's emphasis on meticulous observation was intended primarily for research and education, as opposed to patient care.
3. Review the evolution of the clinical clerkship and its impact on patient care delivery in teaching hospitals.

Charles McBurney (1845-1913)

ROBERT R. NESBIT, Jr.

Robert R. Nesbit, Jr., is Professor Emeritus of Surgery at the Medical College of Georgia, Augusta. Although retired from clinical practice, he remains active in teaching medical students and is the Director of Medical Student Education for the Department of Surgery at that institution. His interest in appendicitis, the theme of this paper, dates back to his days at Harvard College when he wrote an undergraduate thesis on Reginald Heber Fitz, who identified appendicitis a disease entity, named it "appendicitis," and recommended surgery for perforation.

Little has been written recently about the man whose name is probably the best known of any surgeon in American history. Charles McBurney was born in Massachusetts and received bachelors and masters degrees from Harvard. He received his M.D. from the College of Physicians and Surgeons in New York, interned at Bellevue Hospital and did further training in Europe. He started practice in New York in 1873 and went on to hold various faculty positions at P&S and multiple hospital appointments.

In 1886 Reginald Fitz proposed the name appendicitis, definitively identified appendicitis as a common disease entity and made the then radical recommendation that surgery be performed for perforated appendicitis. A mere three years later McBurney presented his paper on "Early Operative Interference in Cases of Disease of the Vermiform Appendix," in which he proposed that localized tenderness at what has forever since been known as "McBurney's point" was a key to the early diagnosis of appendicitis and emphasized early diagnosis and surgery prior to perforation of the appendix. William Osler early on recognized the importance of McBurney's work and cited him in the first edition of his *Principles and Practice of Medicine*. In 1894 McBurney described the muscle splitting incision which was also widely accepted and with which his name was also associated.

Always a busy practicing surgeon, McBurney made many other contributions in the fields of hernia, biliary tract, vascular, orthopedic and trauma surgery. He was an early advocate of aseptic surgery and of the use of rubber gloves by the whole surgical team. Thanks to the generosity of one of his patients, McBurney was able to oversee the building of the first modern operating suite in the United States, the Syms Operating Pavilion at Roosevelt Hospital in New York, which opened in 1891. McBurney's national reputation was such that he was called to Buffalo in consultation when President McKinley was shot, but he was criticized for giving what turned out to be an overly optimistic evaluation of McKinley's prognosis.

Charles McBurney was an athlete and sportsman. He retired from practice in 1905 because of poor health and moved to his country estate in Massachusetts. He became active in local affairs and at the time of his death he was Chairman of the Board of Health in Stockbridge and was heavily involved in working to clean up the pollution in the Housatonic River.

Learning objectives:

1. Explain the importance of McBurney's contributions to the diagnosis and treatment of appendicitis.
2. Describe McBurney's role in President McKinley's care
3. Elaborate on McBurney's role in the development of modern surgery in America.

The Peregrinations of a Collection of Osleriana

CHARLES G. ROLAND

Charles G. Roland is the Jason Hannah Professor Emeritus at McMaster University in Hamilton, Ontario. In addition to the life and works of William Osler, his research and writings include nineteenth century Canadian medicine, the Warsaw Ghetto (1940-1943), and the medical aspects of Allied prisoners of war in Axis hands in World War Two. He is currently preparing two medical biographies.

Between 1890 and 1976, the lives of four men intersected, though some of them never knew the others. They were, in order of birth, William McMaster (1811-1887), Dr. Norman Gwyn (1875-1952), Dr. Jason Hannah (1899-1977), and Dr. Myron Prinzmetal (1908-1987). Curiously, the role of the first-born of these men was only to be experienced early in the last third of the twentieth century, almost 100 years after his death.

In 1976, a substantial collection of books by and about Sir William Osler entered the holdings of McMaster's Health Sciences Library, in Ontario. The collection originated in the efforts of Dr. Norman Gwyn, a nephew of Osler, to make as complete a collection as he could, during the 1910s and through the 1940s. His collection presumably had its inception in reprints and books given him by the great man himself, likely during some of Captain Gwyn's visits to The Open Arms during World War One. Gwyn expressed his affection and, perhaps, reverence for Osler by creating his archive.

At Gwyn's death in 1952, his library of Osleriana came into the legal possession of his executor, nephew John Gwyn Osler, and Violet Gwyn, his widow. The collection was purchased by Dr. Myron Prinzmetal of Pasadena, California. Precisely how Prinzmetal came to know the existence of this treasure trove is at present uncertain, but he and Gwyn were acquainted. A detailed archive of telegrams and letters trace the ultimately successful negotiations between Prinzmetal and the executors. Today, the price paid for the collection seems remarkably modest.

Not long after Prinzmetal's purchase, about 1970, the late Jason Hannah,* president of the Associated Medical Services (AMS), began to create what became the Hannah Institute for the History of Medicine. One of the Institute's activities was to purchase books and, ideally, libraries to enhance the existing history of medicine collections in Ontario. Thus, in 1976, AMS agreed to purchase Prinzmetal's collection at a considerable premium over the earlier sale.

McMaster's Faculty of Health Sciences, and its Health Sciences Library, born in 1966, came to fruition in 1971. And in 1977 they added to their faculty an historian with a long interest and connection with Osler: the present author. Thus AMS decided to donate the Gwyn/Prinzmetal collection to McMaster University, rehabilitating it to Ontario. But for William McMaster's vision, the books and reprints might still rest in California.

*See Jason A. Hannah, *Poetic License with Prose* (N.p., n.d.); one of these poems, "Mankind," contains two stanzas that may be of interest in suggesting Hannah's historical bent: "... Each generation builds/upon the simpler ground work laid/by dark antiquity and simple faith/by those whose lives have already paid/the price of struggle 'twixt love and hate'; and 'The steps in which to tread to gain the sight/of 'Man's Redemption of Man,' to cease his cares...." Both stanzas appear on page 62; the poem is dated 6 January 1962.

Learning Objectives:

1. Outline alterations in the sales value of rare or highly desirable books and collections over the past century.
2. Explain the competitive nature of book collecting by committed fans.
3. Outline the types of personal intersection involved in the course of this collection of Osleriana.

An Annotated Checklist of Nationana

JOHN C. CARSON

John C. Carson was born in Wichita, Kansas, received his medical training at the University of Pennsylvania, and since 1960 has practiced internal medicine and cardiology in LaJolla, California. He is Clinical Professor of Medicine at the University of California, San Diego; a member of the Board of Trustees of the Scripps Foundation for Medicine and Science; and a past president of the American Osler Society.

In compiling *AN ANNOTATED CHECKLIST OF OSLERIANA*, Nation, Roland & McGovern quoted Osler: "Most bibliographies have, in a supreme degree, the gift of inrigidation" and stated that "The annotations to this bibliography were made partially to thaw the work." On his retirement in 1990, the staff of his office surprised him by publishing *NATION'S NOTIONS*. In 2001 The Huntington Memorial Hospital came forward with *A COLLECTION OF ESSAYS* selected from the Medical Staff Newsletter. When Earl Nation's published works are gathered together they total some three hundred articles.

This presentation will acquaint members of the American Osler Society with the impressive output of one of our most distinguished members. Earl Nation is incapable of writing anything dull. The breadth of his learning is astonishing, and so far as I have been able to tell he has forgotten almost nothing over the years.

I plan an annotated bibliography on the Nation, Roland & McGovern model to be given as a keepsake, and my presentation will speak of and illustrate some of its highlights.

Learning Objectives:

1. Discuss what one person can accomplish in the midst of an extremely busy practice of urology.
2. Explain how Earl Nation represents a striking exception to what William Osler had to say in "The Fixed Period."
3. Provide insights into the worlds of chemistry, urology, history, humanism, and life in general, as exemplified by Earl F. Nation.

Presidential Address

Where Shall Medical Wisdom Be Found? Some Answers from More than a Century of Value-Centered Teaching at the University of Texas Medical Branch at Galveston

CHESTER R. BURNS

Chester R. Burns is James Wade Rockwell Professor of Medical History, Institute for the Medical Humanities, University of Texas Medical Branch, Galveston. A renowned figure in medical history and the medical humanities, his writings include provocative pieces on professionalism and, most recently, a definitive history of his institution.

This address is divided into five parts. The first part outlines the fundamental sources of cultural wisdom in the legacies of Western civilization. I shall use the perspectives of Harold Bloom's *Where Shall Wisdom be Found?* (2004), and the perspectives of Allan Bloom's *The Closing of the American Mind* (1987) and Robert Proctor's *Defining the Humanities* (1998).

In the second part, I use William Osler's trilogy of "head, heart, and hand" to outline the fundamental sources of medical wisdom in the cultural legacies of Western civilization. I shall identify six value-centered legacies in these traditions: medical ethics, medical history, medical humanism, medical humanities, medical professionalism, and Osler studies. Referring to the address I gave in Galveston last year about the Humanism in Medicine symposium (1970), I shall give brief examples of each.

In the third part, I shall sketch the major patterns of value-centered instruction that have animated teaching and patient care since the University of Texas Medical Branch began the teaching of medical students in 1891. These patterns include the following: the value-centered beliefs of each student, teacher, and patient as American citizens; the value-centered trilogy of research, education, and patient care that has been the centerpiece of American medical education for more than 100 years; commencement ceremony oaths; formal patterns of value-centered instruction that began in the 1890s and continue to the present; formally institutionalized patterns of medical professionalism developed since 1997, and the teaching legacies of the Jack P. McGovern Academy of Oslerian Studies that began in 2002. I shall briefly outline the cultural and social contexts that enabled these developments.

In the fourth part, I shall offer personal "words of wisdom" about the future of these educational adventures in American medical schools, briefly addressing such major ideologies as humanism, fundamentalism, and pragmatism. A bibliography of pertinent resources will be distributed to attendees. The address will conclude with some musical selections (fifth part).

Learning Objectives:

1. Describe some features of wisdom in Western cultural legacies.
2. Describe six value-centered legacies of medical wisdom in these legacies.
3. Describe six formalized patterns of value-centered instruction that have developed at UTMB since 1890.

Jan Waldenström: An Oslerian Life

CLAUS A. PIERACH

Claus A. Pierach is Professor of Medicine and of the History of Medicine at the University of Minnesota, Twin Cities Campus, Minneapolis. An authority on the porphyrias, he was a full-time clinician until recently; he now enjoys a second career in medical history.

Jan Gösta Waldenström (JGW) was born in 1906 in Stockholm, Sweden. His father and grandfather had been medical Professors. JGW obtained his MD from the University of Uppsala and later studied chemistry with Hans Fischer in Munich. It was Fischer who received the Nobel Prize for unraveling the formulas of heme and of chlorophyll. Disturbances in the synthesis of heme lead to porphyrias where JGW made major contributions, postulating their genetic origin. His clinical work prompted the term *Swedish porphyria*, now called acute intermittent porphyria. A seminal paper (with Bo Vahlquist, 1939) introduced the term *porphobilinogen*. It was JGW's work on heme that led to his friendship, first with my teacher CJ Watson and later with me.

Like Osler (WO), JGW had broad interests in medicine, focused on the problem on hand. Both men took their clues from the bedside to the laboratory, the morgue or the bench. Both retained their clinical acumen and both loved to teach, whether it be on the wards or in lecture halls. The spectrum of diseases in which WO and JGW made major contributions was broad. While JGW's work in porphyria is at times understated and perhaps underappreciated, his studies of blood proteins led to his discovery of macroglobulinemia and to his description of purpura hyperglobulinaemica, known as benign hyperglobulinemic purpura of Waldenström (1943). JGW further distinguished 2 different forms of hypergammaglobulinemia (1961). His elucidation of the carcinoid syndrome could certainly justify the appellation of his name to this disease (1955). Each of these discoveries had its roots in astute observations at the bedside, followed by unrelenting questioning and work in the laboratory, surely an Oslerian trait. Both men relished case reports and underscored their importance. Their output in scientific papers was as impressive as was the breadth of their invited lectures. WO contributed a textbook in medicine (1892), JGW left us his memoirs shortly before he died in 1996.

The *International Who's Who* (1993/4) gives JGW's *Leisure interests*: history, botany, traveling, art. A visit to his home in Malmö gave ample evidence: the walls decorated with art by Munch, Rodin and Braque, his bookshelves overflowing with old botanical folios. A drive with him through the Swedish countryside was a living lesson in history as he described the various castles and churches en route. Entering one of these magnificent edifices revealed how warmly the custodians greeted an old friend.

JGW was like WO a polyglot and it was a delight to begin a conversation with JGW in English, drifting into German, some French, only to be lost when he spoke Swedish. JGW received many honors, and when asked about his honorary degrees, he said: "As many as I have grandchildren. Quite a few." I never discovered how many.

WO and JGW were consummate clinicians, a rare academic breed nowadays. JGW firmly believed that an internist needed to be well rounded and cannot be too specialized. Surely, WO would have agreed.

Learning Objectives:

1. Explain the importance of clinical observations, followed by work in the laboratory.
2. Discuss and evaluate the scope of international medicine.
3. Contrast many of today's professors in medicine with giants like WO and JGW.

Books by Robert Boyle in Osler's Library, Especially Boyle's Landmark Book of 1660 on the *Spring of the Air*

JOHN B. WEST

John B. West is Professor of Medicine and Physiology at the School of Medicine, University of California, San Diego. He has written extensively on historical topics particularly in relation to respiration and high altitude. His book High Life: A History of High Altitude Physiology and Medicine (New York: Oxford University Press, 1998) is a standard text.

Osler, like many serious collectors of early medical books, had a special place for Robert Boyle (1627-1691). His library contained no less than 15 books by Boyle in his top catalogue category Bibliotheca Prima. Boyle was a prolific writer and his topics included medicine, physics, chemistry, religion and ethics. In fact 2 of the 15 books in Osler's collection are on religion, and one is on ethics with the title *A free Discourse Against customary Swearing. And a Dissuasive from Cursing*. The first of Boyle's books in Osler's catalogue is *New Experiments physico-mechanical, touching the Spring of the Air, and its Effects...* (1682) and this includes Boyle's landmark book of 1660 of the same title. This book occupies a watershed position in physiology. It describes the development of an air pump by Boyle with Robert Hooke (1635-1703) with the result that, for the first time, it was possible to study physical and physiological processes at both normal and reduced barometric pressures. The pump is described in detail but there is still uncertainty about the design of the critical piston. Boyle reported 43 separate experiments covering a wide range of topics from the behavior of burning candles, physiological observations on small animals, and the effects of low pressure on such diverse physical phenomena as magnetism, sound propagation, behavior of a pendulum, and evolution of gases from liquids. This classic book is bubbling with enthusiasm and fresh ideas even for scientists today. Remarkably it appeared only 23 years after Torricelli had first recognized the existence of barometric pressure. This period was one of the most productive in the history of science.

Learning Objectives:

1. List some topics covered by the books of Robert Boyle in Osler's library.
2. Explain why Boyle's 1660 book was so important in the development of medicine.
3. List some of the key advances made by Boyle in his 1660 book.

Samuel Wilks, British Medicine's "Grand Old Man"

MARVIN J. STONE

Marvin J. Stone is Chief of Oncology and Director of the Charles A. Sammons Center at Baylor University Medical Center in Dallas. He directs the internal medicine clerkship and the medical oncology fellowship program. He received the Lifetime Achievement Award from the International Society for the Study of Waldenström's macroglobulinemia in 2004. Dr. Stone is immediate past president of the American Osler Society.

Samuel Wilks (1824-1912) was a well-known Guy's Hospital physician who had been a student of Thomas Addison. In 1856 Wilks wrote a paper on amyloidosis in which he unknowingly redescribed some of Thomas Hodgkin's original cases on enlargement of the lymph nodes and spleen. He had been unaware of this work until he found an 1838 citation by Richard Bright which noted Hodgkin's 1832 article. In 1865 Wilks published another paper in which he credited Thomas Hodgkin with the original description of the lymph node disorder which Wilks called "Hodgkin's disease," thereby immortalizing his predecessor's name. Wilks also defended Addison's priority in the description of pernicious anemia after Biermer had claimed this was a new disease he called "progressive pernicious anemia."

Osler became acquainted with Wilks' *Lectures on Morbid Anatomy* while still a student in Montreal. They subsequently corresponded and met in 1878 while Wilks was making rounds at Guy's. The two men became friends and Osler often called upon Wilks during his visits to London. Wilks was the subject of one of Osler's vignettes included in the "Men and Books snippets" published in the *Canadian Medical Association Journal* during 1912, 1913, and 1914. These "Men and Books" articles were collected in a limited edition volume privately published by Earl F. Nation in 1959. A second edition of 1000 copies with an introduction by Nation was issued in 1987. Osler described Wilks as having a remarkably attractive personality which age so adorned, that at three score and ten there was no handsomer man in London. Osler said, "he had all the things that should accompany old age: fairly good health to the end, an unceasing interest in life, and the affectionate esteem of a large circle of friends." In his "Clinical Lecture on Erythraemia" at Oxford in 1907, Osler called Wilks the "grand old man of British medicine."

Wilks was also known for his blunt honesty which sometimes bordered on the indiscreet. In 1896 he became President of the Royal College of Physicians at which time his plain speaking became somewhat of a disadvantage. The President annually made some assessment of the character and achievements of the deceased fellows. It was said that Wilks' reviews, more "verum" than "bonum," added a new terror to death. Wilks became a Fellow of the Royal Society in 1870 and, in 1897, a Baronet. Osler stated, "with his (Wilks) death snaps the last link between the old medicine and the new, the link which united the profession with the famous clinicians of the early part of the last century, Bright, Addison, and Hodgkin."

Learning Objectives:

1. Explain Samuel Wilks' role in the history of Hodgkin's disease.
2. Outline the professional relationship between Wilks and Osler.
3. List the reasons why Osler called Wilks the "grand old man of British medicine."

The Rebirth of the Osler Club of London

NEIL McINTYRE

Neil McIntyre is Emeritus Professor of Medicine at Royal Free and University College of Medicine. Since his retirement in 1999 he has been working on a history of the Royal Free Hospital School of Medicine (originally the London School of Medicine for Women). He has been a member of the Osler Club of London for 50 years, and is a past president and secretary. He contributes a series on medical statues to the Journal of Medical Biography.

The Osler Club of London was founded in 1928 by Alfred White Franklin and Walter Bett, two medical students at St Bartholomew's Hospital Medical School (Bart's). Meetings ceased in 1938 and resumed in 1947. Lella's account of the Club's first ten years (in *The Persisting Osler III*), notes simply that it "did not meet for the duration of the war"; White Franklin (1965) attributed the cessation of meetings to fading enthusiasm and 'preoccupations with a war that each year made more certain'. He did not mention that the Club's headquarters was 27 Wimpole Street, his own family home. On 10 November 1935 it was destroyed by a fire in which his mother died. Before that there had been sixty-seven meetings, fifty of them at 27 Wimpole Street; only four were held in the next three years.

The Club was revived in 1947. White Franklin later stated that Dr. Louis Carlyle Lyon (the membership secretary for many years) roused the members, but the first record of his attendance (except as a guest in November 1933) was in January 1949. The Club resumed in its previously informal style (no minutes of Council meetings were kept until 1958). In 1951 the first president was elected (Zachary Cope), Bett became secretary, and membership increased. Bett, a flamboyant character, widened the choice of venues and of guests, and wrote detailed and entertaining minutes of meetings. Host institutions, like the American Embassy, the Austrian Institute and London hospitals, often subsidized the meetings.

Following the Wimpole Street fire the Club's archives and library were kept at Bart's. Then, for several years, the Wellcome Institute provided accommodation but when Noel Poynter retired Edwin Clarke, the new Director, asked the Club to move its collection. The Club's future became uncertain and, increasingly, host institutions began to request payment for their services. Thomas Cotton, a cardiologist born in Canada, saved the Club although he was not a member. His large bequest to the Royal College of Physicians of London was dependent on the College's providing a room for the Club in its new building in Regent's Park, plus a guarantee that the Club could meet in the College without charge and in perpetuity. As there was already to be an Osler Room the Club's room is called the Thomas Cotton Room holding books, pictures and furniture associated not only with Osler but also with W. W. Francis and Cotton himself.

Learning Objectives:

1. Trace the history of the Osler Club of London and explain why the club ceased its activities in 1938.
2. Relate how the nature of the meetings of the Osler Club of London changed after 1951.
3. Explain why the Osler Club of London owes a great debt to Thomas Cotton.

Osler's Tribute to the Irish and an Irish Tribute to Sir William

WILLIAM S. HAUBRICH

William S. Haubrich is Clinical Professor of Medicine at the University of California, San Diego. Between 1971 and 1984 he served as head of the Division of Gastroenterology at the Scripps Clinic and Research Foundation, Las Jolla, California, and subsequently he served as Senior Consultant until his retirement. His prolific writings include definitive papers and (as editor or co-editor) textbooks. He is also author of Medical Meanings: A Glossary of Word Origins, which is now available in a revised and expanded edition (American College of Physicians Press, 1997).

Publication of the first edition of *The Principles and Practice of Medicine* prompted a nearly 30-year exchange of letters between William Osler and Sir John Moore, an eminent Irish physician. In a 1905 letter, Osler referred to the Irish luminaries Robert Graves and William Stokes as among "my special professional friends."

In a poignant exchange of notes in 1997 the correspondents commiserated. Both Osler and Moore shared the grief of having sons lost in the carnage of The Great War.

On the occasion of Osler's death in 1919, Sir John Moore contributed an encomium to the *British Medical Journal* [1: 68 (10 January) 1920] that concluded: "His humility, devotion to duty, and the sympathetic spell with which he attracted friends to his side gained for him the title worn by his forerunner St. Luke, of 'The Beloved Physician'."

Thus, Sir William Osler paid tribute to the great names of Irish medicine, and Ireland's Sir John Moore, in turn, paid tribute to Osler.

Learning Objectives:

1. List at least three luminaries of Irish medicine of the late nineteenth and early twentieth centuries.
2. Describe the relationship between William Osler and Sir John Moore.
3. Discuss Osler's humanistic qualities as they were appreciated by Moore.

John Snow, M.D. (1813-1858): A Biography

MICHAEL RAMSAY

Michael Ramsay attended medical school in London, served on the faculty of the Royal London Hospital, University of London, and developed the first and most widely used sedation scoring system for critical care and perioperative patients. He is now chairman of the Department of Anesthesiology and Pain Management at Baylor University Medical Center and a clinical professor at Southwestern Medical School, University of Texas, Dallas.

John Snow's accomplishments in medicine, obstetrics, anesthesia and epidemiology constituted an achievement that changed the face of medicine.

Snow was born in the city of York, England, the first born of seven children to Francis and William Snow a laborer in 1813. He practiced medicine in the heart of London in Soho. His lodgings on Frith Street became a translational research laboratory with a menagerie of animals that he used to develop clinical recommendations on respiration, the circulation and the action of anaesthetic agents. He developed guidelines for neonatal resuscitation. John Snow was one of the first British anaesthetists administering ether two months after it had been demonstrated at the Etherdome in Massachusetts by William Morton. Within a few weeks he was able to develop apparatus to safely deliver accurate concentrations of ether and then chloroform taking in to account temperature changes. Snow became one of the most accomplished anaesthetists in the British Isles. He brought obstetric anaesthesia in to acceptance against religious, ethical and medical beliefs by administering chloroform to Queen Victoria for the births of Prince Leopold and Princess Beatrice.

John Snow mapped out the spread of cholera in England and developed a theory that it was spread by the ingestion of contaminated water and not the inhalation of infected material. He accurately tracked every death related to cholera in the London Soho area, and used a statistical analysis to demonstrate that his theory of water borne infection was most likely true. He acted on his theory of water transmission and stopped the Broad Street cholera epidemic by removing the handle of the local water pump. He used his knowledge of inhalational anesthetics to argue his case.

John Snow died at the age of 45 years in June 1858 spending his last years conducting laboratory and clinical experiments – mostly on himself - investigating new anesthetic agents and tracking down accurate epidemiological information on outbreaks of cholera around the country.

Learning Objectives:

1. Discuss the state of medical research during the first half of the nineteenth century.
2. Contrast the major medical opinions of 160 years ago with those of today.
3. Relate why John Snow is an iconic figure in the history of epidemiology, and examine his approach to the cholera epidemic.

Medicine and Literature: Medicine, Magic, and Harry Potter

CLYDE PARTIN

Clyde Partin was born in Emory University Hospital, Atlanta, Georgia; he now serves that university as Assistant Professor of Medicine. He spent six years in the United States Air Force as a flight surgeon. His history of medicine interests include Sir William Osler and unusual medical phenomena. He is working on a compilation of papers presented at meetings of various Osler-related societies around the world. He writes that he is still "an aspiring but as yet unpublished and unusually unpromising poet."

As the father of two young boys at the turn of the millennium, my life's trajectory was on an inevitable collision course with the popular Harry Potter series of novels by J. K. Rowling. By the time the fifth novel of the set was due to be published, I was primed to read it out of self-defense. The novels follow the trials and tribulations of Harry Potter as he attends the Hogwarts School of Witchcraft and Wizardry. While I had noted some reference to various issues medical in listening to the earlier novels on tapes while driving to the beach on family vacations, it was my reading of the latest novel that opened my eyes to the rich and varied portrayal of medically related themes. For example, there are about eighty visits made by the students to the school infirmary for a variety of medical issues, some related to magic gone awry, some related to more traditional illnesses and some related to the usual traumatic injuries that may befall victims of their own youthful exuberance. The infirmary, known in the books as the hospital wing, is presided over by one Madame Poppy Pomfrey, her name no doubt derived from the sleeping potion she is known to administer. Chocolate also figures predominantly in her therapeutic armamentarium. She is portrayed as delivering concerned and compassionate care in the traditional model of medical care, augmented by some occasional resorting to creative and magical cures. Many of the magical potions described in the novels were inspired by *Culpeper's Complete Herbal & English Physician*, first published in 1814. Thus some of the magical herbs and potions have their roots in old medical cures. Several scientific and biological phenomena are demonstrated. Distillation of pus harvested from the bubotuber plant was used by Madame Pomfrey to treat adolescent acne which brings to mind not only the Doctrine of Signatures but also the Doctrine of Laudable Pus. There are two examples of ontogeny recapitulating phylogeny, although in the reverse sense.

Many of the students and faculty members in the book are afflicted by various ailments reflecting known diseases and disabilities. The socially conscious author uses these descriptions to introduce students to the concept of accepting those with disabilities. The most complex of these characters is the well-loved Professor Lupin, which as his name might suggest, suffers from the incurability of being a werewolf. Some critics have suggested that the author's mother, to whom Rowling was quite close, suffered from multiple sclerosis and died relatively young, inspired this character. Hagrid the Giant, a favorite teacher of some students, was emotionally fragile, fond of distilled spirits and probably had a pituitary problem. Harry's cousin Dudley, a poster child for the movie *Super Size Me*, clearly has sleep apnea - "The silence of the dark house was broken only by the distant snores of his enormous, grunting cousin," as the author describes it. Hagrid, in a mischievous moment, adorns Dudley with a tail, predictably curly and porcine. Dudley later travels to London to have a plastic surgeon perform a supernumerary caudalectomy.

On a lesser note, regarding the parallel themes of magic and medicine, there is a corollary between the unfortunate perception of the study of the history of medicine and the study of the history of magic. The history of magic professor, Professor Binns, (the dustbin?) is depicted as dull as death. He indeed fell asleep one night in front of the fire, woke up the next morning and left his body behind as he headed off to class. The brainy student Hermione Granger saves the day. She diligently studies Batilda's Bagshot's definitive *The History of Magic*, which stands her in good stead as she applies the knowledge she acquires on the history of magic to help solve some serious problems encountered at the school (in much the same way public health practically applies historical knowledge). History is vindicated.

Medicine may be the artistic application of scientifically based knowledge yet it can be quite magical at times. I am frequently spellbound by the results I can achieve with a stroke of a pen on the nurse's order form or my prescription pad. The cardiologists have come along with their brew-eluding stents and surgeons do wondrous things with laparoscopes. In real life as in the Harry Potter novels, sometimes it is not clear where magic starts and the practice of medicine stops.

Learning Objectives:

1. Recognize the medical issues in the Harry Potter novels and their correlation with magical themes.
2. Compare the teaching styles of the Hogwarts professors to medical school professors.
3. Explain the significance of the character's various medical ailments.

Ironclad Fever: A Naval Surgeon's Civil War

SANDRA W. MOSS

A retired internist, Sandra W. Moss has since last year's annual meeting of the American Osler Society now received her masters degree in the history of medicine from Rutgers University. Her research interests center on nineteenth-century American medicine and on the medical history of New Jersey. She is a past president and longtime program chair of the New Jersey Medical History Society.

1866, young Dr. Edgar Holden of Newark (1838-1909), a recently demobilized medical officer in the Union navy, published "An Inquiry into the Causes of Certain Diseases on Ships of War" in the *American Journal of the Medical Sciences*. The *Index Catalogue of the Library of the Surgeon General Office* lists but a handful of articles about Civil War naval medicine; The *Medical and Surgical History of the War of the Rebellion* was compiled and published by the Army. Thus, Holden's article is quite valuable. In it, he described three apparently novel syndromes, including a condition which he called "ironclad fever."

The proposed paper begins with a description of Holden's experiences as a naval surgeon and the general health conditions aboard the first generation of Union ironclads. At the conclusion audience members will be invited to offer a modern perspective on Edgar Holden's series of "ironclad fever" cases.

Holden was a graduate of the College of Physicians and Surgeons in New York (1860) and had the great good fortune to have studied physiology under John Call Dalton, America's first professional physiologist. Holden was better prepared than most young medical man who attended ante-bellum American medical schools. Perhaps the habit of scientific enquiry nurtured by Dalton prompted Holden to observe closely the apparently novel illness of seamen which formed the basis of his article.

A few months after graduation, Holden signed on as an Acting Assistant Surgeon in the Union Navy. His experiences and observations as medical officer of the *Minnesota* at the battle between the *Monitor* and the *Merrimack* (Virginia), his harrowing brush with death aboard the ironclad *Passaic* in the storm which claimed the *Monitor* off Hatteras, and his grim sickbay duties aboard the steam gunboat *Sassacus* in the aftermath of the encounter with the Confederate "ram" *Albermarle* have not been previously researched.

The paper further explores the unhealthy conditions observed by Holden and others on the early ironclads. Faulty ventilation, noxious gases, unbearable heat, constant dampness, and oppressive gloom plagued the partly submerged and densely crowded vessels. Following the failed naval bombardment of Charleston harbor in 1863, Holden, surgeon on the ironclad *Passaic*, observed that conditions aboard the vessel "could not fail to enervate and sicken the healthiest crew."

Holden's 1866 article in the *American Journal of the Medical Sciences* described three previously unrecognized disorders. A fever attributed to fetid gas from a neglected bilge was thought by Holden to be due to mold. An outbreak of glossitis was traced by Holden to the presence of heavy metals in the ship's tobacco. Both these condition occurred on conventional vessels. The third syndrome, dubbed "ironclad fever," was apparently observed on several early ironclads by a number of naval surgeons. Of some 40 cases, Holden observed 10. The mortality rate was over 80%. The proposed talk before the American Osler Society will close with Holden's description of the clinical and post-mortem findings in "ironclad fever" and his educated guess as to its etiology. In a "mini CPC," audience members will be invited to submit their own solutions to the diagnostic and etiologic conundrum of "ironclad fever."

Learning Objectives:

1. Discuss the general health conditions aboard Civil War naval vessels, particularly ironclads.
2. Compare the management of battle injuries during the Civil War to modern trauma treatment.
3. Evaluate the emergence of apparently new, "work-related" disease aboard early ironclad vessels.

The Global Crusade against Filariasis: A Legacy of Sir Patrick Manson

SAKTI DAS

Sakti Das is Emeritus Professor of Urology, University of California Davis School of Medicine. His contributions to the field of urology include numerous articles, nine edited books (including Current Genitourinary Cancer Surgery), and innovations in laparoscopic and robotic surgery. He is the historian of the Western Section of the American Urological Association and is involved in medical volunteer work in the developing world.

Filariasis is one of the oldest and most debilitating ailment dating back to the history of mankind. Obvious signs of the disease are evident in a 4000 years old statue of a pharaoh. Mentioned in the premedieval medical texts in India, China and Persia, it remains today as the second leading cause of long term disability.

Along the tropical belt in 80 endemic countries, 1.2 billion or one fifth of the world population are at risk with 120 million actual clinical sufferers from various manifestations of acute lymphangioadenitis, lymphedema, chyluria and hydroceles. The Global Alliance for Elimination of Lymphatic Filariasis (GAELF), an international conglomeration of ministries of health of the endemic countries, various NGOs and philanthropic organizations under the aegis of the World Health Organization has undertaken a daunting mission to eradicate filariasis by the year 2020. The two main strategies in this pursuit are – a) elimination of the parasite by controlled mass drug administration and b) morbidity control of established disease.

Any success of this global crusade is based upon our critical understanding of the disease process for which we are ever indebted to the pioneering studies of Sir Patrick Manson. Working in the most primitive conditions in a little port in Formosa, Manson identified the blood sucking mosquito as the vector for transmission of lymphatic filariasis as well as many other key phenomena of the life cycle of filarial parasite. Manson's study also encouraged the work of Ronald Ross in Malaria in India. Over the years they maintained a close personal intellectual contact through numerous letters. Known as the father of tropical medicine, Manson, wrote the Manual of Tropical Diseases and helped in the foundation of the first tropical medicine schools in Liverpool and London. In 1907 he became the first president of the Royal Society of Tropical Medicine. Incidentally he was the other eligible candidate considered for the regius professorship at Oxford that was eventually awarded to William Osler. Osler mentioned his appreciation of Manson's work in several of his communications.

Learning Objectives:

1. Discuss the epidemiology, pathophysiology and treatment of lymphatic filariasis.
2. Define the endeavors of the Global Alliance to eradicate filariasis.
3. Elaborate upon the life and research of Sir Patrick Manson pertaining to lymphatic filariasis.

Walter Kempner and the Rice Diet

FRANCIS A. NEELON AND BARBARA C. NEWBORG

In 2002, Francis A. Neelon retired from the Duke University Medical Faculty after 33 years of distinguished service. He now serves as medical director of the Rice Diet Program Clinic in Durham, North Carolina. Barbara C. Newborg, who is also an emeritus faculty member of Duke University, has had a career-long association with the Rice Diet Program and is now working on a comprehensive biography of Walter Kempner.

America (and now much of the rest of the world) is beset by an epidemic of “lifestyle diseases”: obesity, hypertension, myocardial infarction, stroke, type 2 diabetes, osteoarthritis, sleep apnea, and even some cancers. All of these problems are induced or aggravated by an excessive consumption of calories, sodium, protein and saturated fats, and by a remarkably restricted amount of physical activity undertaken by modern individuals. Walter Willett has estimated that 70 % of colon cancer and stroke, 80% of coronary heart disease, and 90% of type 2 diabetes cases could be prevented by appropriate modification of lifestyle (diet and exercise).

In 1944, Walter Kempner published the first of a remarkable series of papers showing that many of the lifestyle diseases could be arrested or reversed by proper modification of diet and exercise. Kempner was born in Berlin in 1903 to prominent Jewish parents (his mother was the first female editor of a medical journal in Germany, and his father was the discover of botulinum toxin). Kempner graduated MD at Heidelberg and undertook an internship with Ludolf Krehl, director of the medical clinic at the University of Heidelberg and one of the earliest promoters of the integration of discrete natural sciences with medical research. Subsequently, Kempner wangled a position in the laboratory of Otto Warburg, the father of cellular physiology and recipient of the 1931 Nobel Prize in Physiology. In 1934, as the clouds of war gathered, Kempner came to the United States under the aegis of the Rockefeller foundation to continue his work on cellular respiration at Duke University.

In 1940, he began treating patients with advanced kidney disease and malignant hypertension (at that time, a universally and rapidly fatal illness) with a diet of his own devising. Because he wanted to limit cellular exposure to sodium and protein, he fed patients only white rice, fruit, fruit juices and sugar. In many cases, there was a remarkable stabilization of their insufficiency, a profound fall in blood pressure, and a reversal of papilledema and the other untoward consequences of uncontrolled hypertension (there were then no known drug therapies for hypertension). These benefits were sustained as long as patients adhered to his diet, which provided 50 mg of sodium per day, with <5% of calories from fat and 5% from protein. Weight loss was difficult to avoid, so the diet soon began to see service as direct treatment for obesity and all the problems associated with obesity (sleep apnea, osteoarthritis, hyperlipidemia, and, to the surprise of some, type 2 diabetes). The Rice Diet also proved to be of great benefit in all edematous states (eg, heart failure, hypoproteinemia), and in many chronic skin conditions such as psoriasis.

The results achieved by Kempner with his diet continue to accrue to patients willing to modify their lifestyle in the ways he pointed out. At a time when the medical world is overwhelmed by diseases of excess (too much food, too little activity) there is still much to be learned from the pioneering observations of Walter Kempner.

Learning Objectives:

1. Summarize Walter Kempner's life and scientific accomplishments.
2. List diseases attributable at least in part to the modern American lifestyle.
3. Describe the results of lifestyle modifications on the trajectory of those diseases.

The Medical Interests of Alexandre Dumas, *pere*

T. JOCK MURRAY

T. Jock Murray is former Dean of Medicine and Professor of Medical Humanities at the Dalhousie University, Halifax, Nova Scotia. 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.

Alexandre Dumas, *pere*, was one of the most prolific writers of all time, with more than 600 books and other writings (no one is sure how many) ranging from romantic historical novels to travel and cook books. Some of his writings, especially *The Count of Monte Cristo* show a remarkable knowledge of diseases, as well as anatomy, pharmacology and toxicology. Some of his descriptions of medical conditions, notable the locked-in syndrome, were not described in the medical literature until a century later. I will suggest that the Count of Monte Cristo acts as an idealized physician of the era, and displays medical knowledge, concocts his own medicines, displays a facility with poisons and antidotes, and treats many with advice and his personal medicines. Dumas learned medicine when he was a young writer and befriended Dr. Thibeau, a young graduate of the University of Paris, who taught him during evenings in his rooms, and took him on rounds in the hospitals. In his diary Dumas mentioned that he used the information he gleaned from Dr. Thibeau in his writings for the next thirty years. This paper will explore Dumas's interest in medicine and clinical questions and his visit to a mental institution where he viewed innovative approaches to mental illness by the use of theatre, art and agriculture. Finally I will ask the audience to assist with a distinct syndrome outlined by Dumas that continues to puzzle this author.

Learning Objectives:

1. Explain Alexandre Dumas's interest in medicine and how it may have affected his writings.
2. Discuss Dumas's early description of certain entities such as the locked-in-syndrome.
3. Give at least three reasons why the Count of Monte Cristo acts as an idealized physician for his era.

A Night to Remember: The Assignment, Selection, and Role of Mentors

BILLY F. ANDREWS

Billy F. Andrews received his medical degree from Duke University, where he worked closely with Wilburt C. Davison, a favorite student of Sir William Osler. He went on to become a pioneer in the field of neonatology, in which he published extensively and invented various devices used in patient care. He is Professor and Chairman Emeritus of Pediatrics at the University of Louisville School of Medicine, Louisville, Kentucky, where in 1993 the Billy F. Andrews Chair of Pediatrics was established. He is also a past president of the American Osler Society.

The last time I was with Dean Wilburt C. Davison was truly monumental to my life and career. Dean Davison was the penultimate medical mentor of my life who had indoctrinated me during close work with him in medical school with the ideals of his greatest mentor and teacher, Sir William Osler. I was in Charlotte, NC, to brief the Duke Endowment on progress in the developing field of neonatal medicine and was the guest of the Davisons. The personal time with Dean Davison started after our evening meal at approximately 9:00 p.m. to 5:15 a.m., with four interruptions by Dr. Atala Davison for refreshments and the last with her plea, "Dave, for God's sake, let the boy get some rest. He has to be at the Duke Endowment at 9:00 a.m."

Dean Davison during this period covered so many personal and educational experiences at Princeton, Oxford and Johns Hopkins, as a student, resident in pediatrics, faculty, assistant dean and acting chairman of pediatrics, the building of the Duke University Hospital and Medical School, the recruitment of faculty, the personalities and problems with faculty, family, health and at the Duke Endowment. Of course he mentioned Osler a lot. He directed his last instructions, commands and blessings for me after her request. First he gave me the names of three illustrious Duke Alumni who would always help me in any way they could and gave vignettes of each with qualifications and accomplishments of each: 1.) Jay M. Arena, who was a great pediatrician and teacher, founded poison control centers for the United States, an avid advocate for children against accidents and poisonings, and became President of the American Academy of Pediatrics, 2.) Colonel Ogden C. Bruton, M.C., U.S. Army, who was a founder of Military Pediatrics, discoverer of agammaglobulinemia and children's advocate, and 3.) John P. McGovern who was a founder of clinical allergy/immunology, a founder of the American College of Allergy/Immunology and the American Osler Society and established libraries, buildings, professorships, lectureships for medical history, ethics and humanities, etc.

I certainly benefited as did so many others. Short tributes to these men amplify the importance of dedicated mentors, friends, and the continuing influence of Sir William Osler. The members of this Society are a testimony to the value of mentors.

Learning Objectives:

1. Define the word "mentor."
2. List at least four qualities of a good mentor.
3. Describe the mentor-protégé relationship, and give pointers about how to select a mentor.

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
CHESTER R. BURNS	2004-2005

*Deceased

Members of the American Osler Society

Honorary Members

THOMAS G. BENEDEK
Pittsburgh, Pennsylvania

SHIGEAKI HINOHARA
Tokyo, Japan

JOHN N. WALTON
Oxford, England

GERT H. BRIEGER
Baltimore, Maryland

MARIAN FRANCIS KELEN
Ormstown, Quebec

Charter Members

WILLIAM K. BEATTY*
Evanston, Illinois

ALFRED R. HENDERSON*
Bethesda, Maryland

FRED B. ROGERS*
Trenton, New Jersey

G.S.T. CAVANAGH*
Athens, Georgia

JOHN P. McGOVERN*
Houston, Texas

CHARLES G. ROLAND*
Hamilton, Ontario

MARTIN M. CUMMINGS*
Chesapeake Beach, Maryland

VICTOR A. McKUSICK*
Baltimore, Maryland

ILZA VEITH*
Tiburon, California

WILLIAM C. GIBSON*
Victoria, British Columbia

EARL F. NATION*
Sierra Madre, California

Elected Members

JACK B. ALPERIN (2004)
Galveston, Texas

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

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

CHARLES T. AMBROSE (1998)
Lexington, Kentucky

RICHARD K. BLAISDELL* (1973)
Honolulu, Hawaii

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

BILLY F. ANDREWS (1972)
Louville, Kentucky

MICHAEL BLISS (1996)
Toronto, Ontario

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

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

CHARLES S. BRYAN (1994)
Columbia, South Carolina

CLIFTON R. CLEVELAND (1999)
Signal Mountain, Tennessee

ROBERT AUSTRIAN* (1983)
Philadelphia, Pennsylvania

W. WATSON BUCHANAN (1985)*
Hamilton, Ontario

EUGENE H. CONNER* (1980)
Louisville, Kentucky

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

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

BARRY COOPER (2002)
Dallas, Texas

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

CHESTER R. BURNS (1972)
Galveston, Texas

JOHN H. CULE* (1973)
Llandysul, Wales

R. DENNIS BASTRON (2003)
Tucson, Arizona

DEE J. CANALE (1985)
Memphis, Tennessee

BURKE A. CUNHA (2002)
Minneola, New York

STEVEN L. BERK (1988)
Amarillo, Texas

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

MARTIN L. DALTON (2000)
Macon, Georgia

PAUL E. BERMAN (2002)
Amherst, Massachusetts

JOHN C. CARSON (1987)
La Jolla, California

PETER E. DANS (2002)
Cockeysville, Maryland

*Emeritus

**Associate

Elected Members (continued)

SAKTIDAS (1998)
Lafayette, California

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

JONATHAN ERLIN (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

ABRAHAM FUKS (1999)
Montreal, Quebec

CONRAD C. FULKERSON (2001)
Durham, North Carolina

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

JOHN A. KASTOR (2004)
Baltimore, Maryland

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) <i>Avon, Connecticut</i>	STEVEN J. PEITZMAN (2002) <i>Philadelphia, Pennsylvania</i>	R. TED STEINBOCK (1994) <i>Louisville, Kentucky</i>
ROBERT G. MENNEL (1999) <i>Dallas, Texas</i>	EDMUND D. PELLEGRINO* (1975) <i>Washington, District of Columbia</i>	MARVIN J. STONE (1990) <i>Dallas, Texas</i>
M. ALAN MENTER <i>Dallas, Texas</i>	CLAUS A. PIERACH (1991) <i>Minneapolis, Minnesota</i>	HERBERT M. SWICK (2000) <i>Missoula, Montana</i>
PAMELA J. MILLER (2003) <i>Montreal, Canada</i>	CYNTHIA D. PITCOCK (1992) <i>Memphis, Tennessee</i>	JAMES F. TOOLF* (1976) <i>Winston-Salem, North Carolina</i>
MICHAEL E. MORAN (2004) <i>Albany, New York</i>	MABEL L. PURKERSON (2003) <i>St. Louis, Missouri</i>	JOHN T. TRUMAN (2000) <i>New York, New York</i>
DANIEL D. MORGAN (2000) <i>Freemont, California</i>	TONSEN K. RAGU (1999) <i>Chicago, Illinois</i>	JOSEPH B. VANDER VEER, Jr. (2003) <i>Devon, Pennsylvania</i>
ROBERT H. MOSER* (1974) <i>Green Valley, Arizona</i>	ROBERT E. RAKEL (1983) <i>Houston, Texas</i>	HECTOR O. VENTURA (1999) <i>New Orleans, Louisiana</i>
SANDRA W. MOSS (2002) <i>Metuchen, New Jersey</i>	P. PRESTON REYNOLDS (1998) <i>Baltimore, Maryland</i>	FERNANDO G. VESCIA* (1986) <i>Palo Alto, California</i>
PAUL S. MUELLER (2003) <i>Rochester, Minnesota</i>	HARRIS D. RILEY, JR.* (1990) <i>Nashville, Tennessee</i>	JOHN W. K. WARD (2003) <i>Abingdon, Oxon, England</i>
SEAN B. MURPHY (2002) <i>Montreal, Quebec</i>	CHARLES S. ROBERTS (2004) <i>Winchester, Virginia</i>	C. PETER W. WARREN (1996) <i>Winnipeg, Manitoba</i>
T. JOCK MURRAY (1992) <i>Halifax, Nova Scotia</i>	WILLIAM C. ROBERTS (2000) <i>Dallas, Texas</i>	THOMAS A. WARTHIN* (1982) <i>Silverdale, Washington</i>
ANDREW T. NADELL (1986) <i>Burlingame, California</i>	LORENA. ROLAK (1995) <i>Marshfield, Wisconsin</i>	ALLEN B. WEISSE* (1997) <i>Newark, New Jersey</i>
FRANCIS A. NEELON (1992) <i>Durham, North Carolina</i>	LEON Z. SAUNDERS* (1988) <i>Wynnewood, Pennsylvania</i>	MARK E. WEKSLER (2004) <i>Tenafly, New Jersey</i>
ROBERT R. NESBIT, Jr. (2003) <i>Augusta, Georgia</i>	A. BENEDICT SCHNEIDER* (1973) <i>Cleveland, Ohio</i>	DENNIS K. WENTZ (2003) <i>Chicago, Illinois</i>
JOHN NOBLE (1993) <i>Boston, Massachusetts</i>	OMP. SHARMA (1985) <i>Los Angeles, California</i>	JOHN B. WEST* (1995) <i>La Jolla, California</i>
ROBERT K. OLDFHAM (1982) <i>Franklin, Tennessee</i>	CHRISTOPHER B. SHIELDS (1989) <i>Louisville, Kentucky</i>	STEWART G. WOLF* (1979) <i>Bangor, Pennsylvania</i>
MICHAEL F. O'ROURKE (1996) <i>Sydney, Australia</i>	BARRY D. SILVERMAN (1997) <i>Atlanta, Georgia</i>	CHARLES F. WOOLEY (1984) <i>Columbus, Ohio</i>
BRUCE R. PARKER (1995) <i>Houston, Texas</i>	MARK E. SILVERMAN (1987) <i>Atlanta, Georgia</i>	W. CURTIS WORTHINGTON (1999) <i>Charleston, South Carolina</i>
CLYDE PARTIN, JR. (1999) <i>Atlanta, Georgia</i>	WILLIAM SMITH, JR. (2000) <i>Fulton, Kentucky</i>	JAMES B. YOUNG (1992) <i>Cleveland, Ohio</i>
G. R. PATERSON* (1981) <i>Barrie, Ontario</i>	WILLIAM A. SODEMAN, JR. (1998) <i>Toledo, Ohio</i>	

Deceased Members of the American Osler Society

Honorary Members

WILBUR T. C. DAVISON
(1892-1872)

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

H. ROCKE ROBERTSON
(1912-1998)

WILDER G. PENFIELD
(1891-1976)

LLOYD G. STEVENSON
(1918-1988)

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

EMILE F. HOLMAN
(1890-1977)

HAROLD N. SEGALL
(1897-1990)

GEORGE W. CORNER
(1899-1981)

EDWARD H. BENSLEY
(1906-1995)

Charter Members

PAUL DUDLEY WHITE
(1886-1973)

HOWARD L. HOLLEY
(1914-1988)

A. McGEHEE HARVEY
(1911-1998)

THOMAS M. DURANT
(1905-1977)

WILLIAM B. BEAN
(1909-1989)

WILLARD E. GOODWIN
(1915-1998)

WALTER C. ALVAREZ
(1884-1978)

R. PALMER HOWARD
(1912-1990)

GEORGE T. HARRELL
(1908-1999)

CHAUNCEY D. LEAKE
(1896-1978)

RAYMOND D. PRUITT
(1912-1993)

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

EARLE P. SCARLETT
(1896-1982)

THOMAS F. KEYS
(1908-1995)

PALMER H. FUTCHER
(1910-2004)

SAMUEL X. RADBILL
(1901-1987)

CÉCILE DESBARATS
(1907-1998)

Elected Members

ARTHUR D. KELLY
(1901-1976)

GEORGE E. BURCH
(1910-1986)

S. GORDON ROSS
(1899-1990)

MARSHALL N. FULTON
(1899-1977)

K. GARTH HUSTON
(1926-1987)

MAURICE A. SCHNITKER
(1905-1990)

I. N. DUBIN
(1913-1981)

GORDON W. JONES
(1915-1987)

JAMES V. WARREN
(1959-1990)

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

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

NICHOLAS E. DAVIES
(1926-1991)

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

ROBERT J. MOES
(1905-1988)

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 SCHAFFTEL
(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 FROY
(1933-2002)

ROBERT M. KARK
(1911-2002)

DAVID M. MUMFORD
(1927-2003)

ALEX SAKULA
(1917-2003)

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

CLARK T. SAWIN
(1934-2004)



In 1938, Earl F. Nation stood poised to enter the private practice of urology after making his mark successively at San Diego State Teacher's College (now San Diego University, from which he recently received the Alumni of Distinction Award), at Western Reserve University School of Medicine (now Case-Western Reserve, at which he won the Alpha Omega Alpha Prize in 1935 for his thesis on *Carotenemia and Its Influence on the Validity of the Icterus Index*), and Los Angeles County General Hospital. The finishing touch on his residency in urology consisted of a six-month stint in the pathology department. Then came the morning on which a professor, demonstrating the previous day's autopsy findings, dropped a tuberculous lung on the table causing Earl to be sprayed with fluid. Earl, whose tuberculin skin test had been nonreactive and whose chest x-ray had been normal, dashed home and took a shower. A month later he developed fever and was found to have extensive tuberculosis of his left upper lobe. He and Evelyn, his wife of less than two years, now faced an uncertain future. He was admitted to the Barlow Sanatorium in Elysian Park, California.

Earl, who is widely known for his optimism and energy, passed the time in part by reading Harvey Cushing's magisterial *Life of Sir William Osler*. As he later wrote, this "influenced my life more than any other one thing." On July 31, 1941, although still with an artificial pneumothorax, he was sufficiently well to begin practice although declared unfit for military service. He went on to enjoy a highly successful career, his patients ranging from the indigent poor to the likes of Howard Hughes. He contributed substantially to the field of urology, held academic appointments at both the University of California and Loma Linda University, served as president of the American Urological Association and also of its Western Section, and of course received many honors. Along the way he became a leading authority on the life, teachings, and values of William Osler. His numerous articles about Osler include, not surprisingly, "Osler and Tuberculosis." His four books about Osler include the two monumental volumes of *An Annotated Checklist of Osleriana* (with Charles G. Roland and John P. McGovern). This year, as Earl Nation celebrates his ninety-fifth birthday, it is indeed appropriate to dedicate in his honor the thirty-fifth annual meeting of the American Osler Society.

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 the 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.

