# 44th Annual Meeting

## of the

# AMERICAN OSLER SOCIETY

*Sunday, May 11th – Wednesday, May 14th, 2014*

*The Macdonald Randolph Hotel*
*Oxford, England*

**On the Cover**

This is the former home of Sir William Osler who moved to 13 Norham Gardens on January 27, 1907. The house became known as the 'Open Arms' as a result of the number of guests who visited - guests from all over the world, from the famous such as Rudyard Kipling and Mark Twain to American medical students and visiting scholars. Currently, the house is the Osler-McGovern Centre of Green Templeton College and used to host conferences, lectures and meetings. The photograph is courtesy of Dick Makin Imaging.

*Photo courtesy of Osler Library of the History of Medicine, McGill University*

Portrait of William Osler, Oxford 1907

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Oxford, England

# Officers and Board of Governors
# American Osler Society

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## *Course Objectives*

Upon conclusion of this program, participants should be able to:

- Describe new research findings in the history of medicine.
- Outline the evolution of medicine in a particular disease.
- List professional contributions made by others in medicine.

## *Intended Audience*

The target audience includes physicians and others interested in Osler, medical history and any of the medically oriented humanities who research and write on a range of issues. Attendees will acknowledge the diversity of topics discussed and the spectrum of research techniques employed to investigate hypotheses, frame arguments, and draw conclusions. The themes addressed are comprehensible to all health care providers, making the content and conclusions accessible to the participants regardless of their main professional identity.

## *CME Accreditation and Designation*

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 Arizona College of Medicine at the Arizona Health Sciences Center and the American Osler Society. The University of Arizona College of Medicine at the Arizona Health Sciences Center is accredited by the ACCME to provide continuing medical education for physicians.

The University of Arizona College of Medicine at the Arizona Health Sciences Center designates this live activity for a maximum of 14.25 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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For British delegates the Federation of the RCPs of the U.K. have put the meeting on its 'External Approved Activities' list. One CPD credit corresponds to one hour of CPD completed throughout the conference. Professor Mark Gardiner is administering this.

## *Disclosure Information*

All Faculty, CME Planning Committee Members, and the CME Office Reviewer have disclosed that they have no financial relationships with commercial interests that would constitute a conflict of interest concerning this CME activity.

# *Appreciative Acknowledgements*


**Local Arrangements Committee**

John Ward
Terence Ryan
Mark Gardiner
Ruth Ward

**Program Committee**

Herbert Swick
Laurel Drevlow
Jacyln Duffin
Conrad Fulkerson
Joel Howell
Michael Moran
Paul Mueller
Geoffrey Davenport
Richard Osborn

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The Osler Club of London
Green Templeton College (Principal: Sir David Watson)
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Royal College of Physicians of London
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Parochial Church Council of St. Mary the Virgin, Ewelme
The Ewelme Almshouse Charity
John P. McGovern Academy of Oslerian Medicine, University of Texas Medical Branch at Galveston

# Program Schedule

## Sunday, May 11, 2014

| | |
|---|---|
| 10:00 a.m. – 2:00 p.m. | Registration<br>*Garden Bar, Randolph Hotel* |
| 12:00 – 1:30 p.m. | Past Presidents' Luncheon<br>*Worcester Room, Randolph Hotel* |
| 2:00 – 4:00 p.m. | The Frank Neelon Literary Gathering<br>Moderators: Joseph Lella & Clyde Partin, Jr.<br>*St John's Room, Randolph Hotel* |
| 3:00 – 5:00 p.m. | Board of Governors Meeting<br>*Lancaster Room, Randolph Hotel* |
| 5:30 p.m. | Tea, coffee and biscuits<br>*Garden Bar, Randolph Hotel* |
| 6:00 p.m. | Welcome by Professor Terence Ryan<br>*Ballroom, Randolph Hotel* |
| 6:15 p.m. | Remarks from Sir John Bell<br>Regius Professor of Medicine, University of Oxford |
| 6:30 p.m. | Lecture by Professor Allan Chapman<br>500 years of Oxford Medical Achievement |

William Osler at his desk at
13 Norham Gardens, Oxford

*Photo courtesy of Osler Library of the History of Medicine, McGill University*

# Program Schedule

## Monday, May 12, 2014

| | |
|---|---|
| 7:00 a.m. – 5:00 p.m. | Registration<br>*Garden Bar, Randolph Hotel* |
| 7:00 – 8:10 a.m. | Breakfast<br>*Randolph Restaurant, Randolph Hotel* |
| 8:10 a.m. | Pamela J. Miller, President<br>Welcome and Announcements<br>*Ballroom, Randolph Hotel* |

### *William Osler During the Oxford Years*

***Laurel E. Drevlow, Moderator***
*Ballroom, Randolph Hotel*

*In teaching men what disease is, how it may be prevented, and how it may be cured, a University is fulfilling one of its very noblest functions.*
WO: Teaching and Thinking

| | |
|---|---|
| 8:20 a.m. | J. Mario Molina (page 42)<br>Osler at Oxford: The Birth of the Section of the History of Medicine of the Royal Society of Medicine |
| 8:40 a.m. | Paul R. McHugh (page 40)<br>Osler and the Creation of Modern Psychiatry |
| 9:00 a.m. | James R. Wright (page 54)<br>Osler's Quote: "As is Our Pathology So is Our Practice" |
| 9:20 a.m. | BREAK |

### *Biography 1: The Influence of William Osler*

***Laurel E. Drevlow, Moderator***
*Ballroom, Randolph Hotel*

*Exceptional men cannot be judged by ordinary standards.*
WO: The Treatment of Disease. Canadian Lancet 1909

| | |
|---|---|
| 9:40 a.m. | Richard J. Kahn (page 35)<br>Christopher Morley's Literary Bicycle Journey from Oxford to Edinburgh, July 1911 "The bicycle, the bicycle surely, should always be the vehicle of novelists and poets." Morley 1926 |
| 10:00 a.m. | W. Bryant Boutwell (page 20)<br>The Stories of John P. McGovern's Life: A Biographer's Perspective |

# Program Schedule

## Monday, May 12, 2014 (continued)

| | |
|---|---|
| 10:20 a.m. | James O. Ballard (page 16)<br>Dame Cicely Saunders and the Modern Hospice Movement |
| 10:40 a.m. | Joseph W. Lella (page 38)<br>Khaled Hosseini: Afghan American: Oslerian (Doctor In Spite of Himself) |
| 11:00 a.m. | Sir Donald Irvine<br>The John P. McGovern Award Lectureship<br>Patients, Their Doctors and the Politics of Medical Professionalism |
| 12:00 p.m. | LUNCHEON<br>*Randolph Restaurant, Randolph Hotel* |

### *Two World Wars*

***Paul S. Mueller, Moderator***
*Ballroom, Randolph Hotel*

*In the midst of this great struggle [World War I] we stand aghast at the carnage -- at the sacrifice of so many lives in their prime....The bitterness of it comes home every morning as we read in the Role of Honour the names of the much loved sons of dear friends.*

WO: The War and Typhoid Fever. Brit Med J 1914

| | |
|---|---|
| 1:00 p.m. | Vivian C. McAlister & Jenn Nelson (page 39)<br>Letters From the Front: John McCrae in Flanders 1915 |
| 1:20 p.m. | Eugene T. Ginchereau (page 29)<br>The American Ambulance: Paris, 1914-1917 |
| 1:40 p.m. | Alexandra C. Istl (page 34)<br>William B. Bean Student Research Award Lecture<br>Response to Declaration of the First World War: Dr. Edwin Seaborn |
| 2:00 p.m. | Kenneth G. Swan (page 48)<br>Antoine DePage, Flanders Fields and the Renaissance of Wound Debridement |
| 2:20 p.m. | David Hamilton (page 30)<br>Oxford, the U.S. Military, and World War II Tissue Transplantation Studies |
| 2:40 p.m. | Ryan T. Hurt (page 33)<br>The History of Starvation Research & Refeeding Syndrome: From Napoleon to Bergen-Belsen |
| 3:00 p.m. | BREAK |

# Program Schedule

## Monday, May 12, 2014 (continued)

### *Oslerian Influences, and a Visit to Bath*

***Paul S. Mueller, Moderator***
*Ballroom, Randolph Hotel*

*Every patient you see is a lesson in much more than the malady from which he suffers.*
WO: The Student Life

| | |
|---|---|
| 3:20 p.m. | Christopher J. Boes (page 19)<br>Osler, MacNalty, and the Recognition of Encephalitis Lethargica in England |
| 3:40 p.m. | Rachel Pearson (page 45)<br>Aequanimitas and Grief of Mind: the Roman Roots of Oslerian Practice |
| 4:00 p.m. | Dennis M. Kratz (page 36)<br>Osler, The Fixed Period, And Science Fiction |
| 4:20 p.m. | Thomas G. Benedek (page 17)<br>Bath (Somerset) as Descried by Two 16th Century Physicians |
| 4:40 p.m. | Sutchin R. Patel (page 44)<br>Sir William Osler's "Treasure" at Ewelme |
| 5:00 p.m. | ADJOURN |
| 7:00 p.m. | RECEPTION<br>Ashmolean Museum Atrium<br>*(Across the street from the Randolph Hotel)* |
| 7:30 p.m. | ADDRESS<br>Dr. Jon Whiteley |
| 8:00 p.m. | DINNER<br>Randolph Sculpture Gallery of the Ashmolean Museum |

# Program Schedule

## Tuesday, May 13, 2014

| | |
|---|---|
| 8:00 a.m. – 4:45 p.m. | Registration<br>*Garden Bar, Randolph Hotel* |
| 8:00 – 9:00 a.m. | Breakfast<br>*Randolph Restaurant, Randolph Hotel* |

### *Art and Books - 1*

***Herbert M. Swick, Moderator***
*Ballroom, Randolph Hotel*

*But by the neglect of the study of the humanities, which has been far too general, the profession loses a very precious quality.*

WO: British Medicine in Greater Britain

| | |
|---|---|
| 9:20 a.m. | Joseph B. VanderVeer, Jr. (page 50)<br>Christ Healing the Sick in the Temple: A Tale of Two Paintings |
| 9:40 a.m. | Osamu Yoshida & Megumi Kondo-Arita (page 55)<br>A Bedside Library for Medical Students: Ten Book Recommendations |
| 10:00 a.m. | John M. Harris, Jr. (page 31)<br>A Mysterious Gift to Dr. Osler and the Lost Story of a Fight for Medical Professionalism |
| 10:20 a.m. | BREAK |

### *Art and Books - 2*

***Herbert M. Swick, Moderator***
*Ballroom, Randolph Hotel*

*Books have been my delight these thirty years, and from them I have received incalculable benefits.*

WO: Books and Men

| | |
|---|---|
| 10:40 a.m. | Anand E. P. Date (page 24)<br>Bandits, Books and Bibliophiles |
| 11:00 a.m. | Douglas J. Lanska (page 37)<br>Osler and Cushing: Vesalian "Bibliomania" and the Tabulae Anatomicae Sex |
| 11:20 a.m. | Pamela J. Miller<br>Presidential Address |
| 12:00 p.m. | LUNCHEON<br>*Randolph Restaurant, Randolph Hotel* |

# Program Schedule

## Tuesday, May 13, 2014 (continued)

### *From the Osler Club of London*

***Andrew Hilson, President of Osler Club of London, Moderator***
*Ballroom, Randolph Hotel*

*Linked together by the strong bonds of community of interests, the profession of medicine forms a remarkable world-unit.*

WO: Unity, Peace and Concord

| | |
|---|---|
| 1:00 p.m. | Ruth Ward (page 51)<br>The Oslers and Christ Church |
| 1:20 p.m. | Peter N. Bennett (page 18)<br>Medicinal Drug Therapy in the U.K. in the 18th and 19th Centuries |
| 1:40 p.m. | Mark Gardiner (page 28)<br>Bacilli and Bullets: Osler and Typhoid Vaccination During the Great War |
| 2:00 p.m. | Edward R. Howard (page 32)<br>Osler: Views on Specialism in Paediatric Practice and Observations on Congenital Megacolon |
| 2:20 p.m. | Caroline J. Coats (page 22)<br>Revival of Human Hearts |
| 2:40 p.m. | Adrian M. K. Thomas (page 49)<br>Osler's (Final) Disease |
| 3:00 p.m. | BREAK |

### *Biography 2: Physicians, Scientists, Artists*

***Christopher J. Boes, Moderator***
*Ballroom, Randolph Hotel*

*Each generation has its own problems to face, looks at truth from a special focus and does not see quite the same outlines as any other.*

WO: The Evolution of Modern Medicine

| | |
|---|---|
| 3:20 p.m. | Steven J. Peitzman (page 46)<br>Richard Bright's *Travels from Vienna Through Lower Hungary* and the Obligation to Make New Knowledge |
| 3:40 p.m. | David K. C. Cooper (page 23)<br>John Collins Warren (1778-1856) – American Surgeon in London |

# Program Schedule

## Tuesday, May 13, 2014 (continued)

| | |
|---|---|
| 4:00 p.m. | Tonse N. K. Raju (page 47)<br>Sir Joseph Barcroft and *Mount Barcroft*—The Renaissance Physiologist and His Legacy |
| 4:20 p.m. | Charles S. Bryan (page 21)<br>Seymour Thomas: The Portrait and the Artist |
| 4:40 p.m. | ADJOURN |
| 6:30 p.m. | Buses leave from the Randolph Hotel |
| 7:00 p.m. | RECEPTION & DINNER<br>Marquee outside the Observatory at Green-Templeton College |
| 9:30 p.m. | Board buses to return to the Randolph Hotel |

*Photo courtesy of Osler Library of the History of Medicine, McGill University*

Osler Family at 7 Norham Gardens, Oxford, circa June 1905

# Program Schedule

## Wednesday, May 14, 2014

| | |
|---|---|
| 7:00 – 8:00 a.m. | Breakfast<br>*Randolph Restaurant, Randolph Hotel* |
| 8:00 – 9:00 a.m. | Annual Business Meeting<br>*Ballroom, Randolph Hotel* |

### *Reflecting William Osler's Many Interests - 1*

***Pamela J. Miller, Moderator***
*Ballroom, Randolph Hotel*

*In the records of no other profession is there to be found so large a number of men who have combined intellectual pre-eminence with nobility of character.*
WO: Books and Men

| | |
|---|---|
| 9:00 a.m. | Neil McIntyre (page 41)<br>Rose Anna Shedlock (c1850-1879) and Émile Roux (1853-1933) - A Blighted Romance |
| 9:20 a.m. | Thomas W. Frank (page 26)<br>Osler and Ogden's Odd Odyssey or the Fate of the Frenchman's Fabulous Fistula with Particulars of the Parsimonious Pill-Pusher and his Peculiarly Patent Patient |
| 9:40 a.m. | Margaret P. Wardlaw (page 52)<br>“Monstrous Birth”: Historical and Contemporary Conceptions of Congenital Anomalies |
| 10:00 a.m. | BREAK |

### *Reflecting William Osler's Many Interests - 2*

***Pamela J. Miller, Moderator***
*Ballroom, Randolph Hotel*

*The past is always with us, never to be escaped; it alone is enduring.*
WO: Aequanimitas

| | |
|---|---|
| 10:20 a.m. | Cosby G. Arnold (page 15)<br>Dr. Charles Champion and the Evolution of Alternative Medicine Practice in the American South—from Slave Medicine to Pharmacognosy to the Present |

# Program Schedule

## Wednesday, May 14, 2014 (continued)

| | |
|---|---|
| 10:40 a.m. | J. Gordon Frierson (page 27)<br>Tropical Medicine in Two Worlds: The American Path is Distinct from the British |
| 11:00 a.m. | Maria (Gabby) Frank (page 25)<br>Professor Emeritus Dr. Tomás Andrés Mascitti: The Survival of a Scientist and Humanist in the Argentinian National Reorganization Process |
| 11:20 a.m. | Dennis K. Wentz (page 53)<br>A Cautious Wait: Conflict over the M.D. Degree at the University of Chicago |
| 11:40 a.m. | ADJOURN |
| 12:00 p.m. | LUNCHEON<br>*Randolph Restaurant, Randolph Hotel* |

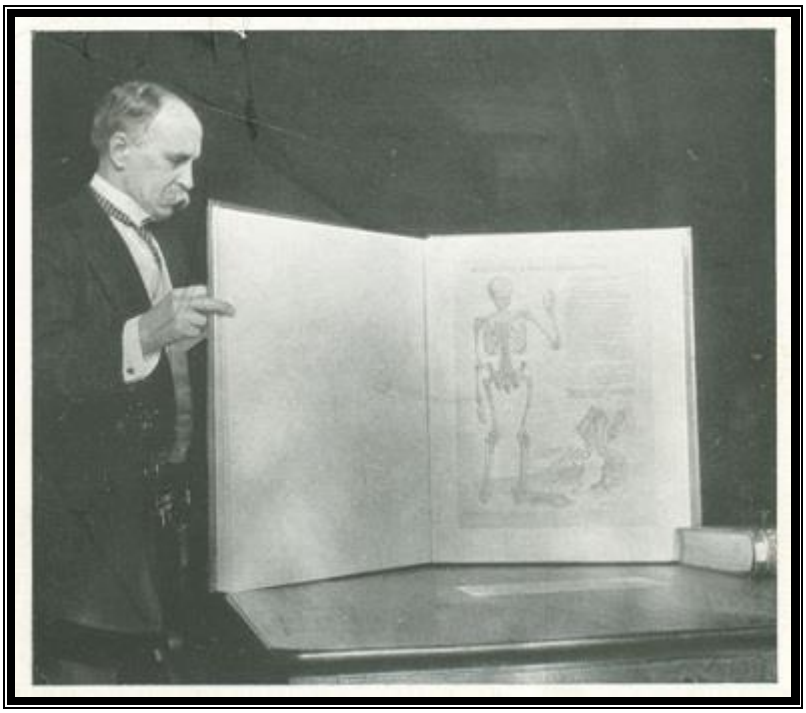

*Photo courtesy of Osler Library of the History of Medicine, McGill University*

Sir William Osler Holding Vesalius' "Tabluae Anatomicae Sex", Bodleian Library, 1912

# Social Program Schedule

## Wednesday, May 14, 2014

| | |
|---|---|
| 1:00 p.m. | Buses leave the Randolph Hotel |
| 1:15 p.m. | Tour Bodleian Library and visit Norham Gardens and have tea |
| 5:00 p.m. | Buses leave the Randolph Hotel for Christ Church Cathedral (for those not walking) |
| 5:30 p.m. | Christ Church Cathedral |
| 6:00 p.m. | Evensong at Christ Church |

## Thursday, May 15, 2014

| | |
|---|---|
| 9:30 a.m. | Buses leave the Randolph Hotel |
| 10:00 a.m. | Tour Blenheim Palace, lunch (price not included in registration fee), and look at gardens |
| 4:00 p.m. | Leave Blenheim Palace for Bladon Churchyard |
| 5:00 p.m. | Return to Randolph Hotel |

## Friday, May 16, 2014

| | |
|---|---|
| 9:30 a.m. | Buses leave the Randolph Hotel |
| 10:00 a.m. | Visit to Ewelme |
| 12:45 p.m. | Arrive back at Randolph Hotel |

**Dr. Charles Champion and the Evolution of Alternative Medicine Practice in the American South—from Slave Medicine to Pharmacognosy to the Present**

Cosby G. Arnold

*Cosby G. Arnold is a second-year medical student at the University of Tennessee Health Science Center in Memphis, TN. She completed undergraduate at Emory University in Atlanta, GA and earned her MPH from the Mailman School of Public Health at Columbia University in New York, NY. Co-authors are Eldridge F. Johnson, Richard H. Nollan, and James E. Bailey*

Nowhere in America has independent alternative and compounding pharmacy practice been more resilient than in the South. Historical records suggest that the strong alternative and independent pharmacy tradition in the American South derives from: 1) the strong organizational and licensure history of independent pharmacies in the South dating back to New Orleans, 2) the African-American and slave medicine traditions that brought herbal medicine traditions from Africa and expanded that tradition in the New World, and 3) economic stagnation and poverty in the Deep South following Jim Crow that made the South less attractive to both the pharmaceutical industry and chain pharmacies. This study uses historical records, a systematic review of the literature, and a series of unstructured interviews of Dr. Charles A. Champion—an African-American pharmacist in his eighties in Memphis, Tennessee—to assess the evolution of alternative pharmacy practice in the American South. Historical records and literature are reviewed to substantiate the early history of pharmacy in the American South and the powerful roles of African, Native-American, and slave medicine traditions in shaping American alternative, compounding, and independent pharmacy practice. Key informant interviews of Dr. Champion provide first-hand evidence of the impact of these traditions on the experience, training, and practice of a prominent African-American pharmacist in the South in the second half of the twentieth century. This evidence shows that African, Native-American, and slave medicine pharmaceutical practice traditions have blended seamlessly in the American South with those inherited from Western Europe. Dr. Champion is one of many practitioners who still carry on this strong tradition of blended European, African, and native-American pharmacy practice in the American South today.

**Learning objectives:**

1. Discuss the strong organizational and licensure history of independent pharmacies in the American South dating back to New Orleans.
2. Examine the African-American and slave medicine traditions that brought herbal medicine traditions from Africa and expanded that tradition in the New World.
3. Describe how economic stagnation and poverty following Jim Crow and desegregation contributed to the resilience of alternative, compounding, and independent pharmaceutical practice and the use of alternative medicines in the American South.

## Dame Cicely Saunders and the Modern Hospice Movement

James O. Ballard

*Dr. Ballard is a medical educator and clinical hematologist at Penn State College of Medicine/Penn State Hershey Medical Center.*

Providing comfort care for patients at the end of life is an ancient practice. The earliest hospices, probably first established in the 11th Century, were sponsored by religious orders as sanctuaries for both the weary traveler and the sick and dying. From the 14th to the early 20th century, hospices specializing in the care of the dying were founded in Greece, France, South Australia, and Ireland. In 1905, the Sisters of Charity established St. Joseph's Hospice in London.

Cicely Saunders grew up in suburban London in a family of means. Her deep desire was to become a nurse, but lacking her family's support for this career path, she enrolled at Oxford to study philosophy and economics. At the outset of WWII, she abandoned her studies at Oxford and began nurses' training at St. Thomas Hospital in London, but her career as a registered nurse was cut short by a disabling chronic back condition. Refusing to give up her altruistic goals, she returned to Oxford to train as a hospital social worker.

During vacation in Cornwall, she had a religious awakening in which she experienced God's call to devote her life to the care of the dying. How she would accomplish this was unclear until three years later when she met and fell in love with David Tasma, a Polish immigrant hospitalized for the management of advanced cancer. After many discussions with Tasma about how dying patients could be cared for in a manner that would reduce their pain and anxiety, she became dedicated to the idea of building a "home for the dying." On his death, Tasma bequeathed her £500. After his death she volunteered as a nurse's assistant at St. Luke's Hospital. When she asked a physician how she could be of greater help, he advised, "Go and read medicine."

Cicely Saunders heeded the call and began medical school at age 33, qualifying in 1958 before the age of 40. She was awarded a research grant to study the treatment of pain at St. Mary's Hospital, Paddington while continuing to volunteer at St. Joseph's Hospice. She observed that dying patients were frequently abandoned by their physicians who felt a sense of failure in their inability to cure them. She believed that these patients required and deserved effective treatment for their physical pain in the form of adequate doses of opiates, given on a regular schedule and without the fear of causing addiction—a novel idea for the time.

In 1959 she began her methodical plan to build a hospice. The money Tasma left her provided the seed, which together with her tireless fundraising efforts, led ultimately to the construction of St. Christopher's Hospice in South London. Dr. Saunders' writings and lectures in the U.K. and abroad popularized the concept of "total pain" to emphasize that in addition to its physical component, pain also had spiritual, emotional and social dimensions. The philosophy of palliative care practiced at St. Christopher's combined with her dynamic personality, ignited the modern hospice movement. Her ideals and charisma touched many world-wide, including international disciples such as Drs. Florence Wald, Derek Doyle, Balfour Mount and Robert Twycross.

In 1979, Queen Elizabeth II honored Dr. Saunders with the title "Dame Commander of the Order of the British Empire (DBE)." Other prestigious awards included the Templeton Prize for Progress in Religion, the Order of Merit, and the Conrad N. Hilton Humanitarian Prize, accepted on behalf of St. Christopher's. In 2005 at age 87, Dame Cicely Saunders died of cancer at St Christopher's Hospice. A Service of Thanksgiving for her life was held at Westminster Abbey on March 8, 2006.

**Learning objectives:**

1. Describe the origins of the hospice concept.
2. Outline the life events that influenced Dame Cecily Saunders' devotion to the care of the dying.
3. Explain the significance of Saunders' work on the birth of the modern hospice movement.

## Bath (Somerset) as Descried by Two 16th Century Physicians

Thomas G. Benedek

*Thomas G. Benedek, M.D., a graduate of the University of Chicago, is Professor of Medicine Emeritus (Rheumatology) at the University of Pittsburgh School of Medicine, past president of the American Association for the History of Medicine and still an active historian.*

The essays on the virtues of the thermal springs of Bath by William Turner and John Jones are noteworthy not only because they were the first on therapeutic bathing in English, but in how physicians with different backgrounds portrayed contemporary medicine. William Turner, Bologna trained physician, naturalist and cleric, in 1562 published the first essay on the bathing resort called Bath, stimulated to do so by his disappointment regarding its physical condition in comparison to ten European baths he had visited. He uniquely faulted "the rich men of England" for not subsidizing the facility to European standards. The majority of his essay compares Bath with these baths.

Some diseases are benefited more by drinking than bathing, and Turner warns against water intoxication from its excessive consumption.

John Jones lived only in England and perhaps Wales and since at least 1558 supported himself entirely by medical practice. Despite an education which probably was inferior to Turner's, in this 1572 essay he cites more classical and pre-Hippocratic authors, as well as one of his own now lost books. He is more specific than Turner in the identification of literary sources and contemporary science. Jones emphasizes the history rather than the current condition of Bath and devotes the longest section of this essay to a review of the various explanations for the heat of thermal springs. It is due to subterranean fire, as advocated by Aristotle, of which volcanoes are the proof. Because the solutes of water are most reliably identified by taste, Jones describes the anatomy of this sense.

Both authors subscribe to sinning as the underlying cause of diseases. Turner names 86 "diseases" that benefit from bathing, versus Jones's 51. The struggle between judging the risks versus the benefits in the perceived impact of bathing is based on hypotheses of the physiology of the humors and conservation of energy. Despite extolling its efficacy, bathing should, because of its hazards, be the last therapeutic resort, and only be employed as prescribed by a physician. Both essays detail advice about behavior before, during and after the bath. The fundamental concern is to minimize loss of energy during a warm bath and its regeneration after bathing. Belief in the impact of thermal bathing on internal organs can be explained by the hypothesis that heat and solutes penetrate inward through the then still hypothetical pores, which also justifies the importance of clean water.

**Learning objectives:**

1. Identify the first English authors on therapeutic bathing.
2. Compare 16th-Century Bath to contemporary European baths.
3. Explain how thermal baths were believed to be therapeutic.

## Medicinal Drug Therapy in the U.K. in the 18th and 19th Centuries

Peter N. Bennett

*Peter Bennett held clinical and academic posts in internal medicine and clinical pharmacology until he retired. He is co-author of a number of books about drug therapy, including a current standard text of clinical pharmacology which has been translated into eight languages.*

My sources are mainly texts of the practice of medicine and materia medica published in the relevant time. I make the assumptions, first that the authors reflect what they believe to be current practice of therapeutics within the medical community but coloured by their own views and second that the practice of physicians was in general influenced by the content of authoritative texts.

As background, in the 18thcentury, the London Pharmacopoeia [some 650 entries] and the Edinburgh pharmacopoeia [200 entries] provided sources of medicinal substances that carried a degree of sanction; they amalgamated in 1864 as the British Pharmacopoeia [750 entries].

Texts by MacBride [1772], Cullen [1777], Fordyce [1791], Temple [1792], Babington [1802] and Clarke [1811] carry broadly similar advice for a range of conditions without specific attention to the way drug use should be conducted. Medicinal therapy, often with combinations of substances, was heavily influenced by tradition and humeral concepts of illness; there was some understanding of drug effect, e.g. to cause emesis or catharsis, but not of the mode of drug action. A text by Alexander Gordon, written between 1786 in 1795 did provide detailed advice on principles, i.e. whether, when and how to use drugs and the relationship between benefit and risk but published only in 2012.

Through the 19th century, comparison of the content of books by Paris [1822], Ringer [1869] and Binz [1895] reveal little advance in the number of useful drugs with the notable exception of the general anaesthetics. The writings of Oliver Wendell Holmes, Abraham Flexner and Sir William Osler express frustration at the scarcity of effective agents among the many available to and used by the medical profession. Despite emerging understanding of major pharmacological principles [dose/response, structure/activity, stimulation/blockade, bias in clinical trials] by some individuals, the scientific discipline of pharmacology was slow to develop. Rudolph Virchow's ideas of cellular pathology re-orientated medical thinking towards the causes and mechanisms of disease. I shall examine the scientific, academic and commercial influences which subsequently moved drug use from multi-component, often biological, preparations towards single chemical entities with known biological activity.

**Learning objectives:**

1. To allow attendees to discuss the reasons underlying the use of a wide variety of drug preparations in 18th-century.
2. To examine the gradual emergence of the principles of pharmacology and therapeutics in the 19th century alongside widespread polypharmacy, despite the writings of notable critics.
3. To outline the influences behind the advent of useful therapeutic agents that materialised in the 20th century.

**Osler, MacNalty, and the Recognition of Encephalitis Lethargica in England**

Christopher J. Boes

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In 1917, Constantin von Economo reported an epidemic of a new disorder characterized by lethargy and eye movement abnormalities. The Viennese physician named the disease "encephalitis lethargica" in this German-language article.

In 1918, the English medical inspector Arthur MacNalty examined several patients with lethargy and ophthalmoplegia. MacNalty thought the patients had a new disease, being unaware of von Economo's publication because war prevented normal journal circulation. William Osler saw many of these patients at the request of MacNalty, his former student at Oxford, and initially thought that the patients had a cerebral form of poliomyelitis. George Draper, America's leading expert on the clinical manifestations of polio, examined some of the patients in England and agreed with Osler. Osler corresponded with the polio researcher Simon Flexner, who also concurred with Osler.

MacNalty and coworkers published their findings in an October 1918 special report to the Local Government Board. In the overview of the report, Arthur Newsholme stated that the commonly accepted definition of Heine-Medin disease (acute polio) at the time was: "an acute specific fever which may affect any part of the central nervous system and cause a variety of symptoms dependent on the portion affected." MacNalty contributed 38/74 pages, wrote the section on the clinical manifestations in 168 patients, and effectively argued that this was a new disease. By the time of MacNalty's writing, von Economo's paper had made it to England. The outbreak in England was identical with encephalitis lethargica, as originally described by von Economo. Osler reconsidered his initial diagnosis after MacNalty's publication, and eventually agreed with him on the diagnosis of encephalitis lethargica. Osler gave full credit to MacNalty in the ninth edition of *The Principles and Practice of Medicine*. Parsons, MacNalty, and Perdrau wrote in 1922 that "it may be noted that, largely on account of the findings of this report, Epidemic encephalitis (encephalitis lethargica) has been admitted as an independent disease to the ninth edition (1920) of Osler's Principles and Practice of Medicine, and this recognition goes far to establish the credentials of the 'new disease.'"

The recognition of encephalitis lethargica in England was delayed because war prevented von Economo's Austrian report from crossing borders. The broad classification of polio in the early 1900s complicated the new disease's detection, and lead Osler to diagnose a cerebral form of polio. Draper and Flexner influenced Osler's diagnosis more than MacNalty initially, but in the end, Osler agreed with MacNalty.

**Learning objectives:**

1. Explain why it was difficult to recognize encephalitis lethargica in England.
2. Summarize the particular circumstances that lead to Osler's initial diagnosis of polio in patients ultimately felt to have encephalitis lethargica.
3. Outline the influence of Draper, Flexner, and MacNalty on Osler's final diagnosis.

**The Stories of John P. McGovern's Life: A Biographer's Perspective**

W. Bryant Boutwell

*Dr. Boutwell is the first holder of the John P. McGovern Professorship in Oslerian Medicine at The University of Texas Medical School in Houston and recognized in 2013 as a Distinguished Teaching Professor. His biography of John P. McGovern is being published by Texas A&M University Press for Spring, 2014.*

The John P. McGovern Health Museum in Houston, McGovern Annual Lecture of the American Osler Society, McGovern Library and Lectureship at the Cosmos Club in Washington, D.C., McGovern endowed humanities programs at University of Texas medical schools in Houston and Galveston, McGovern Award at the Smithsonian, McGovern-Davison Children's Health Center at Duke, Houston's McGovern Children's Zoo and McGovern Library, the Osler-McGovern Centre at Oxford … this list barely scratches the surface of the man's legacy. John P. McGovern, M.D.(1921-2007) was described by his many friends in a 1980 festschrift with such words as: "brilliant clinician," "revered professor," "insightful researcher," "prolific author," "skilled administrator," "dedicated medical historian," "enlightened scholar," "concerned humanitarian," "gifted speaker," "lifetime student," "loyal friend," and "devoted husband." Above all else, he was an Oslerian. While he died May 31, 2007, just two days short of his 86th birthday, his legacy continues through the generosity of the foundation he created and grew. This presentation provides the biographer's perspective of knowing McGovern and researching the stories of his life to produce his biography, "*John P. McGovern, M.D.: A Lifetime of Stories*," on press for Spring 2014. The book represents a "labor of love" involving personal interviews with dozens of friends and colleagues along with a detailed review of his vast archives now located at the Texas Medical Center's Historical Research Center.

Did you know Dr. McGovern and Warren Buffett attended the same high school (nine years apart) in Washington D.C. or that he left Tulane and New Orleans in 1956 to join the young Texas Medical Center in Houston where he would be instrumental in the development of the young medical center, start one of the largest privately owned allergy clinics in the world, and launch a foundation and a fortune that continues to benefit numerous civic and medical initiatives worldwide. Seven years after his death, Dr. McGovern continues to touch our community and make a difference in many ways as the stories—and the back stories—of his life will tell.

**Learning objectives:**

1. Review biographical information on John P. McGovern.
2. Describe key factors that shaped his professional life dedicated to the timeless ideals of professionalism Osler modeled daily.
3. Review the creation of his foundation, factors contributing to its impressive growth from 1961 to present.

**Seymour Thomas: The Portrait and the Artist**

Charles S. Bryan

*Charles S. Bryan is Heyward Gibbes Distinguished Professor of Internal Medicine, Emeritus at the University of South Carolina, and a past president and long-time secretary-treasurer of the American Osler Society.*

A must-see for Oslerians in Oxford is the portrait of William Osler by Stephen Seymour Thomas (1868−1956) on Level 7 of the Jackson Wing of the Radcliffe Science Library in Parks Road, about a quarter of a mile from the main Bodley site. (This is the original; those in London and elsewhere are copies.) The portrait's history—Thomas completed it in just 11 hours in his Paris studio, then kept it the next 45 years before donating it to Christ Church College, which decided not to hang it!—has been well-told by late Oslerian Alex Sakula. The present paper, drawing from archival sources, concentrates on Thomas the nearly-forgotten artist and on what the portrait tells us about Osler.

Thomas was born and raised in Texas where he knew future Johns Hopkins urologist Hugh Hampton Young, who recommended Thomas to Osler. The year 1892 became for Thomas as it did for Osler an *annus mirabilis* and for the same reasons: the completion of a masterpiece (the *Victim Innocente*, a sensation at the Paris Salon) and his marriage to a woman who helped secure his financial success. Helen Haskell Thomas encouraged her husband to spend less time on genre scenes and landscapes and to focus on portraits. These brought acclaim and security during his lifetime but reduced his prospects for posthumous fame. Although Thomas as a portraitist, to paraphrase an art historian, lacks the flamboyance of John Singer Sargent, the vitality of William Merrill Chase, and the romantic ambience of James McNeill Whistler, he provides deep insights into his subjects based on careful study beforehand.

The Seymour Thomas portrait of Osler is generally considered the best likeness of those done from life. Osler deemed it "the best pictorial diagnosis of me." Grace Osler did not like it much. Why? The portrait suggests a highly-focused, businesslike, competent man who could probably succeed at just about anything—but at a cost. The dark circles beneath Osler's eyes, a feature not found in Thomas's other portraits, suggest a driven man who paid the full price for his considerable success. The portrait also exemplifies Thomas's controlled, disciplined approach to portraits, which contrasts with a freer style found in his other paintings and watercolors. It is largely because of Thomas's "other" (non-portrait) work that he now enjoys a minor revival.

**Learning objectives:**

1. Give at least three reasons why Osler considered Thomas's portrait to be "the best pictorial diagnosis of me" and why Grace Osler didn't care for it.
2. Situate Thomas among the later French Impressionists and the early California Impressionists, drawing on Thomas's genre scenes, landscapes, and seascapes.
3. Discuss Thomas as a portraitist in the context of the leading American and British portraitists of the early twentieth century.

**Revival of Human Hearts**

Caroline J. Coats

*Caroline Coats is a trainee cardiologist in London, UK and graduate of Imperial College Medical School. She is Archivist to The British Cardiovascular Society and a past recipient of the Osler medal for History of Medicine, from The Society of Apothecaries.*

At the turn of the twentieth century, isolated organs were a major experimental tool to study the physiological function and pharmacological responses of the heart. From Carl Ludwig's first perfused frog heart (1866) to Newell Martin's mammalian heart-lung preparations (1883) and Oscar Langendorff's isolated heart model (1895), there has been incremental progress in our knowledge of cardiac electrophysiology. It is remarkable to learn that human hearts were being revived after death for similar experimental work.

William B Kountz of St Louis Missouri first reported a large series of such studies in a paper in 1936 entitled "Revival of Human Hearts". Using coronary perfusion in situ he restored cardiac rhythm in 65 of 127 individuals who had died of various conditions. A three-lead electrocardiogram (ECG) was recorded from limb electrodes in the usual way. Then either the left or right branch of the bundle-of-His was cut and the resulting ECG pattern analyzed. This bold experiment settled the then current dispute as to the patterns of bundle branch block, which were different in humans than the hearts of dogs. In another experiment the heart was electrically stimulated and the patterns of four types of extra-systoles recorded. In addition fifteen heart-lung preparations were made and the effect of various drugs on the coronary blood flow were assessed.

In 1970 Dirk Durrer and colleagues in Amsterdam did elaborate electrophysiological studies on seven perfused human hearts removed within 30 minutes of death, which beat for 4 to 6 hours. Using multi-electrode needles, in over 800 sites, they showed the exact sequence of myocardial activation in different areas of the left and right ventricles. This was a technical and academic achievement of a high order. It confirmed in the human the very detailed studies Thomas Lewis had performed in 1914 on the dog heart.

In this paper we will review the major experiments on revived human hearts and reflect on how they have influenced development in cardiology.

**Learning objectives:**

1. To explain why experiments on a human heart are better than using the hearts of animals.
2. To examine the ethical issues around using human hearts for experimental work.
3. To discuss how the historical aspects of this subject fit with modern developments.

## John Collins Warren (1778-1856) – American Surgeon in London

David K. C. Cooper

*David Cooper, a graduate of Guy's Hospital Medical School in London, trained in cardiothoracic surgery in the UK, and continued an academic career largely focused on heart transplantation for 17 years before he devoted himself fulltime to research in organ transplantation.*

John Collins Warren's major claim to fame is his performance of the first operation under successful ether anesthesia in 1846. His training in surgery was largely carried out in London, where he was a dresser to Sir Astley Cooper at Guy's Hospital in 1799-1800. He made two subsequent visits to London. Throughout his life he kept a diary of his activities, which provides insight into medical practice in the UK in the early 19th century.

Warren was born in Boston, Massachusetts, in 1778, into a family that is remarkable for its many eminent medical practitioners (reviewed at the AOS by Dennis Bastron in 2012). He began the study of medicine under his father. There was no hospital in Boston or official medical school at that time, and so in 1799 Warren chose to continue his studies in Europe, beginning in London. Of London, Warren wrote to his father: "You have no idea sir, what a shocking place this is in winter … a constant drizzling, that keeps the town dirty as a kennel … The air is thickened with smoke and vapors, so that it is scarcely respirable." There were, however, "plenty of amusements here: in truth, there is amusement at every step through the streets of London. I constantly meet something new and interesting in this wonderful place."

At Guy's Hospital, students were either 'dressers', who paid £50 and had the advantage of practicing on surgical cases and dressing wounds, or 'walkers', who paid £25 and were simply observers. Warren entered as a dresser. "As I intend to become a surgeon, I think the acquiring a facility and steadiness in manual operation of the utmost importance." Under William Cooper (c1724-1800), then senior surgeon, Warren was "put in charge of about forty patients, comprising as interesting a collection of surgical accidents and diseases as could be desired." Twice a week Cooper "walked round with his dresser in a very quiet way, making amusing and instructive remarks." During his weeks on call, Warren slept in the hospital, but otherwise lived by himself nearby in two small rooms, with food being provided by the landlady.

Within a few months, William Cooper retired, and was succeeded by his nephew, Astley Cooper (1768-1841), "… a young man of the greatest natural abilities. The obligations I am under to Mr. Cooper are infinite. He has always treated me with the most particular attention, and suffered no opportunity of instructing me to pass by. I wish it were possible to return, in the smallest degree, the favors with which he has loaded me." Warren wrote to his father: "There are operations almost every day, - the stone, hydrocele, cataract, and amputations innumerable … The lectures have immense advantages from … (anatomical) preparations … The people called resurrection-men supply us abundantly."

After more than a year at Guy's, Warren left London for Edinburgh and Paris, returning to Boston in 1802, where he joined his father in practice. In 1837, Warren made his second visit to London. Almost the first thing he did was call on Astley Cooper - by this time knighted – and presented him with a copy of his book on tumors. His third visit was in 1851, when he revisited Guy's Hospital. "It was very interesting to me to go over the ground I trod more than fifty years ago, and to compare the feelings of the period with those of the present; but, though no doubt the balance would be in favor of the first, it was very fascinating, from the uncertainty of success, and the predominant feeling that my life would be short."

John Collins Warren - a 'Guy's man' - died in Boston in 1856.

**Learning objectives:**

1. To appreciate the health hazards of life in London in the early 19th century.
2. To understand the surgical care of patients in London in the early 19th century.
3. To appreciate the influence of Sir Astley Cooper on surgery.

**Bandits, Books and Bibliophiles**

Anand E. P. Date

*Anand Date is a retired Professor and Head of the Department of Pathology, Sultan Qaboos University, Muscat, Oman & formerly of the Christian Medical College, Vellore, India. He has had a long interest in Osler especially his Middle-Eastern contacts.*

A Persian merchant in Shiraz who had two Arabic manuscript books to sell, heard that Mr. J. Bill the British Consul in Shiraz, was going on leave to England for four months. The Persian persuaded Bill to sell the books in England where a better price could be expected than in Persia. Bill agreed. On the overland part of his journey, Bill had an escort of Indian Cavalry in spite of which they were attacked by tribal bandits, who were repulsed; but two of the escorts were killed. Bill returned to Shiraz with the bodies and probably with the books which had not been damaged. In England, he first took these to the British Museum but was not offered a large enough price. Next he tried the sub-librarian at the Bodleian, Dr. Cowley, a scholar in Middle Eastern languages, who passed these on to the Regius Professor of Medicine, William Osler whose offer of £20 was not acceptable. Bill's attempts to sell the books in Cambridge and to Quaritich the antiquarian Bookseller in London also failed. The books returned to Persia with Bill who was now First Assistant Resident at Bushire. Osler by then had changed his mind, and made an offer of £25, which was accepted. The books were received at Oxford sometime in April 1912.

The two MS books were of the same size. The covers were the same colour and had the same impressed decorations. Both MSS were rich with pictures; a rarity in Arabic manuscripts. The illustrations had some stylistic similarity. The prominence given to the title page of the Dioscorides MS with its portrait of the author and the bland text-only first page of the second manuscript, would to a non-Arabic–speaker suggest a first and second volume of a single work, rather than two unrelated manuscripts!

Apparently the two manuscripts were kept in Osler's home at Norham Gardens, with his other books being slowly catalogued. Osler had many commitments at the time: the campaign for the restoration of the tomb of Avicenna in Persia; for the preparation of the Silliman lectures at Yale and their required publication; increasing responsibilities came with the Great War and the tragic death of his son; his health started deteriorating. Cowley too was busy, having become Bodleian Librarian because of the illness and death of his predecessor. Thus it was only in 1920, a year after Osler's death when Cowley was helping to catalogue Osler's manuscripts that he realized what he had missed; that one of the manuscripts was by Al Ghafiki. This was unfortunate for the Bodley since it enabled W.W. Francis, the designated Osler Librarian to claim the Al-Ghafiki MS for the Osler Library, with Grace Osler's support! Osler's bequest had only named the Dioscorides!

**Learning objectives:**

1. Describe how the manuscripts reached Oxford.
2. Discuss why Osler was able to get the manuscripts for just £25?
3. Explain why only one of the manuscripts was given to the Bodleian library.

**Professor Emeritus Dr. Tomás Andrés Mascitti: The Survival of a Scientist and Humanist in the Argentinian National Reorganization Process**

Maria (Gabby) Frank

*Dr. Frank is Associate Chief of Hospital Medicine, Denver Health Hospital Authority and Assistant Professor of Medicine, University of Colorado, School of Medicine.*

During the Argentinian National Reorganization Process (NRP), many people were forced to leave the country or were victims of forced disappearance. The official estimate of disappearances was as high as 30,000 with several hundred of scientists fleeing the country during the military dictatorships and economic crises of the 20th century. To date, over 800 scientists have now been repatriated through the installation of the program "RAICES." However, from 1976-1983, medical students lacked the privilege of being taught by some of the country's most extraordinary minds such as Dr. Tomás A. Mascitti whose biography exemplifies the challenges faced by many of the 20th century's greatest intellectual leaders in Argentina.

Dr. Mascitti (1931-2012) was born in Buenos Aires. He enrolled at the Philosophy and Literature School of the University of Buenos Aires where he completed four years of graduate education and then transferred to the School of Medicine, obtaining his degree in 1959. In 1962 he received his PhD in medicine, and subsequently, received a post-doctoral grant to complete his Master degree in Neurosciences at the Anatomical Institute in Oslo, Norway, under the supervision of Dr. Alf Brodal.

In 1970 he became Chair of the Department of Anatomy at the University Of Buenos Aires School Of Medicine, and in 1973, he was appointed Dean, a position that he chose to leave after one month. Despite his unmatched credentials and dedication to medical education, he was released from his academic appointments at the university by the Military Dictatorship during the National Reorganization Process in 1976.

Dr. Mascitti's passion for medicine and philosophy was equaled by his interest in politics. Because of this interest, he was arrested in 1956 after the "General Valle rebellion" against the dictatorship of Generals Aramburu and Rojas. During the NRP, he was not only confronted with the loss of his position at the university but also other public appointments; thus, he was faced with the impossible decision of either leaving his country and his family or staying and risking becoming a victim of forced disappearance. His parents were old, and his daughter was young, so despite multiple international work offers, he opted to stay in Argentina and start an outpatient clinic. With Democracy reinstatement in 1983, he was able to re-apply for his position at the university. He was successfully reappointed in 1986 and continued to excel as a neuroscientist, teacher and mentor until his retirement in 2008.

His legacy includes over 140 original publications including peer-reviewed articles and six books; he served as co-author on many projects and translated four neuroscience texts to Spanish. His work was referred to by neuroscientists over the world, and he was an invited speaker nationally and internationally. He received numerous prestigious awards during his career. In 2000, he was named Professor Emeritus for the University of Buenos Aires, and in 2010, the Neurosciences Museum at the Institute for Cognitive Neurology was named after him.

In summary, many scientists were victims of the Argentinian NRP and were forced either to leave their country, jobs, families, and friends or to stay and face a reality of unemployment, repression and fear. The Argentinian government is now actively recruiting and repatriating scientists. This summary is designed to honor those who were not demeaned by the challenges but became role models for later generations.

**Learning objectives:**

1. To identify and describe the challenges that scientists confronted during Dictatorship regimes in Argentina.
2. To introduce the biography of Dr. Tomás Andrés Mascitti.
3. To outline practices in place to repatriate Argentinian scientists.

**Osler and Ogden's Odd Odyssey or the Fate of the Frenchman's Fabulous Fistula with Particulars of the Parsimonious Pill-Pusher and his Peculiarly Patent Patient**

Thomas W. Frank

*Thomas W. Frank is a Colonel on active duty in the US Army. An internist and an allergist by trade he is a graduate of the Tulane University School of Medicine and obtained his graduate medical education at Brooke Army Medical Center in San Antonio, TX and Walter Reed Army Medical Center in Washington, DC. Having served as an Army medical officer in numerous locations and capacities from Seoul to Kabul, he is currently Chief of the Division of Medicine at Landstuhl Regional Medical Center in Landstuhl, Germany. He has an abiding interest in the history of medicine and has been a member of the American Osler Society since 2009.*

"Come with me for a few moments on a lovely June day in 1822, to what were then far-off northern wilds to the Island of Michilimacincac, where the waters of Lake Michigan and Lake Huron unite and where stands Fort Mackinac, rich in the memories of Indian and voyageur, one of the four important posts on the upper lakes in the days when the rose and the fleur-de-lis strove for the mastery of the western world." So begins Sir William Osler's sketch of the life and contributions of Dr. William Beaumont – *A Backwoods Physiologist*. The now familiar tale of the Canadian fur trader Alexis St. Martin and his savior/tormentor U.S. Army surgeon William Beaumont was hardly as well known to Osler's 19th century contemporaries as it is to us today. And it is arguably because of Osler that the story is among the most oft repeated anecdotes of American medical history. Cushing claims in his *Life of Sir William Osler* that "the first glimmering of Osler's subsequent deep interest in matters relating to medical history and biography" originated with the tale of the doctor who exploited his patient's post-traumatic gastro-cutaneous fistula to elucidate the mysteries of digestive physiology. In the fall of 1902 Osler delivered a lecture on the subject of William Beaumont to the members of the St. Louis Medical Society – the self-same city that was home to Beaumont some fifty years earlier. It must have been a good talk, because it purportedly catalyzed the founding of the city's first medical history society. In the audience that night was one Dr. Jesse S. Myer who was so inspired by Osler's presentation that he became the first to undertake a scholarly biography of William Beaumont… the introduction to which Osler willingly agreed to write.

Decades earlier, when Osler learned that one Henry Vining Ogden, a McGill medical student of limited means, was living at a Montreal address of uncertain respectability, the 29 year-old professor immediately elevated the penurious scholar to his own residence in St. Catherine Street. He befriended the young man, and leveraged Ogden's unflagging gratitude to solicit his complicity in the execution of sundry adventures and misadventures - perhaps most notably… the retrieval of the stomach of the aging and ailing fur trapper – whom Osler styled "fistulous Alexis." The outcome of that dubious mission, the nature and enduring influence of Osler's interest in William Beaumont as well as some of the more humorous peculiarities and foibles of Osler's "Backwoods Physiologist" are the subjects of this paper. Beaumont was fond of alliteration… and my title was chosen both with this in mind and with a view to giving the alliteratively oriented Dr. Richard J. Kahn a run for his money.

**Learning objectives:**

1. Understand the nature and scope of Osler's keen interest in the work of William Beaumont.
2. Describe the influence of Osler on subsequent Beaumont scholarship.
3. Recount the strange fate of the stomach of Alexis St. Martin.

**Tropical Medicine in Two Worlds:**
**The American Path is Distinct from the British**

J. Gordon Frierson

*Dr. Frierson was engaged in the private practice of internal medicine and infectious diseases for 35 years. He served as attending physician at the Tropical Medicine Clinic at the University of California San Francisco for many years and operated a private travel medicine clinic for 16 years. He is currently retired.*

The years 1898 into the early 1900s were important years in the development tropical medicine in Great Britain and the United States. But the trajectory in each country was quite different. In Britain the long history of colonies and military ventures around the world aroused early interest in "diseases of warm climates", and support of these activities generated seminal discoveries by British investigators. The culmination was Patrick Manson's 1898 text on tropical diseases, his founding of the London School of Tropical Medicine, and the creation of the Liverpool School of Tropical Medicine. The Society (later Royal Society) of Tropical Medicine and Hygiene was organized, and journals devoted to tropical medicine and parasitology were initiated.

In America tropical medicine developed along different lines. The discipline was born in wake of the Spanish-American War. The work of Walter Reed and the Yellow Fever Commission in Cuba is well known, allowing William Gorgas to pave the way for building the Panama Canal. But the Philippines provided particularly fertile ground for research. Here the hidden but influential hand of Osler could be felt. Richard Strong, from the first Hopkins class in 1897 and drawn to tropical medicine by Osler and Welch, was sent by the Army to Manila as part of an Army board to investigate tropical diseases. He soon became chief of the civilian Biological Laboratory where important investigations were carried out, including work on amebiasis, beri-beri, yaws, cholera, filariasis, and dengue fever. Strong went on to become the first professor of tropical medicine at Harvard. On Strong's heels were Lewellys Barker and Simon Flexner, also Hopkins men. While in Manila, Flexner isolated from dysentery cases a new bacterium, *Shigella flexneri*. Others, including Edward Stitt, whose tropical medicine text was widely used, Charles Craig, and Percy Ashburn served in the Philippines and made significant contributions. In 1903 Army surgeon Charles Kieffer, another former student of Osler, delivered a series of lectures on tropical medicine in Philadelphia, which stimulated an ophthalmologist, Thomas Fenton, and a small group of local physicians (who had never been to the tropics) to found the American Society of Tropical Medicine. Wisely, experts like Gorgas, Manson, Ross, Koch, and others were made honorary members. William Thayer became president in 1911. In 1913, the year Strong went to Harvard, Tulane opened the first separate School of Tropical Medicine with Creighton Wellman, whose experience had been in Africa, as dean. He launched *The American Journal of Tropical Diseases and Preventive Medicine* soon after. The School and journal collapsed, however, after Wellman suddenly eloped with a younger woman to Brazil, became a mining engineer, wrote novels, and then opened an art school in Santa Fe. But the Society carried on, enlarging slowly, and the journal was revived. The discipline was in the U.S. to stay.

**Learning objectives:**

1. Contrast the needs of commercial and government interests served by developments in tropical medicine.
2. Examine the origins and development of tropical medicine in America.
3. Assess the role of the military in research aspects of tropical medicine.

**Bacilli and Bullets: Osler and Typhoid Vaccination During the Great War**

Mark Gardiner

*Mark Gardiner is Emeritus Professor of Paediatrics at University College London and Visiting Professor of Paediatrics, University of Oxford. He is a member of the Osler Club of London and has a long standing interest in the history of medicine.*

A century ago saw the start of the war which blighted the last years of Osler's life. No pacifist, Osler played an active role at a local, national and international level. With his great experience and knowledge of infectious disease, especially typhoid fever, it is not surprising that prevention of this disease amongst combatants was a major concern. This paper examines his efforts to promote anti-typhoid vaccination amongst the troops.

On 27 August 1914, just three weeks after the outbreak of war, Osler wrote to the *Times* recommending that vaccination of British troops against typhoid should be made compulsory and reminding his readers that in war *'the microbe kills more than the bullet'.* During the autumn Osler's plea was supported by other leaders of the medical profession including Sir Almroth Wright, one of the pioneers of anti-typhoid vaccine. This provoked a vigorous response by the 'anti-vaccinationists', a group which had successfully achieved the repeal of laws concerning compulsory vaccination of infants against smallpox in 1907.

Osler expanded his arguments in favour of vaccination in a paper read at a meeting of the Society of Tropical medicine and Hygiene in November, 2014. Impressive statistics on efficacy could be marshaled, especially in regard to the results of making anti-typhoid inoculation compulsory in the US army in 1911. Although a daunting list of side effects had to be admitted he was able to dismiss unfounded rumors that the side effects could include death. The inevitable existence of carriers would undermine all but the most rigorous and impractical hygiene measures.

The anti-vaccinationists took up their cudgels, arguing that compulsory vaccination was a gross interference with personal liberty and *'an attempt to cheat outraged nature'.* Recruiting stations, training camps and barracks were targeted with pamphlets denouncing anti-typhoid vaccination as dangerous and harmful and the *Medical Times* ran a series of editorials denouncing it. The Government refused compulsion.

In January 1915 Osler appealed in the *Times* again, arguing that soldiers should not allow themselves to be misled by *'misguided cranks who are playing into the enemy's hands'.* The accusation of unpatriotic behavior proved effective. A leaflet on the benefits of inoculation was issued to all soldiers endorsed by Lord Kitchener.

The campaign was successful: over the course of the war the incidence and fatality rate for typhoid fever was considerably lower in British troops than in those of France and Germany.

**Learning objectives:**

1. To outline the evidence for the risks and benefits of anti-typhoid vaccination in 1914.
2. To understand Osler's role in the prevention of typhoid fever amongst British and Canadian troops in the Great War.
3. To discuss the arguments and motivation of those opposed to vaccination.

## The American Ambulance: Paris, 1914-1917

Eugene T. Ginchereau

*Dr. Eugene T. Ginchereau is an Associate Clinical Professor of Medicine and Nursing at the University of Pittsburgh. He is also a retired Navy captain. He received his MA in history from the University of Pittsburgh. He has written the official history of the Navy Medical Department in the Korean War, and contributed to the Encyclopedia of War and American Society. He is the Associate Director of Clinical Services for the Pennsylvania Department of Corrections. His current interests are World War I, and Revolutionary War medicine.*

On August 3, 1914, the day Germany declared war on France, Dr. Ami J. Magnin, a physician at the American Hospital in Paris, proposed to Myron Herrick, the American Ambassador to France, the opening of an American Ambulance (Ambulance was the French term for a military hospital). The Ambulance would be an annex to the American Hospital in Neuilly, and neutrally serve all combatants, French as well as German. An historical precedent for this plan was the American Ambulance set up in Paris during the Franco-Prussian War of 1870.

The idea quickly received the approval of the American Relief Clearing House that coordinated the work of American volunteer organizations in France, even though the American Red Cross refused to support the idea due to its concern that the hospital would not be truly neutral. The French provided a building (the partially completed Pasteur High School) a short distance from the main hospital on the condition that the project be self-funded and self-sufficient. This proved to be no obstacle, and in early September, the 240 bed Ambulance received wounded soldiers from the Battle of the Marne.

The staff was all voluntary, and came mainly from the American Hospital. Because of a shortage of surgeons, Herrick, a native of Cleveland, asked a friend, Dr. George Crile, an anesthesiologist at Cleveland's Lakeside Hospital (a Western Reserve University teaching affiliate), to organize a surgical unit for the Ambulance. The Lakeside Unit (four surgeons, four surgical nurses, and operating equipment) arrived in Paris in early January, 1916. The second to follow was the Harvard Unit led by Dr. Harvey Cushing. Three other universities (the University of Pennsylvania, Northwestern University, and Washington University) rotated units through the Ambulance. The experience of treating wounded soldiers and airmen proved invaluable to the attending physicians and residents who would service in the American Expeditionary Force the following year.

Concurrent with the opening of the Ambulance was the organization of the American Ambulance Field Service, a transport arm of the Ambulance that moved patients from hospital trains arriving in Paris to receiving hospitals. Through the political efforts of its Inspector General, A. Piatt Andrew, the Service became independent, and began operating at the frontlines in 1916. Most of the volunteers came from American campuses.

In addition to developing one of the first transport systems for the wounded, the American Ambulance made notable contributions to the treatment of combat injuries and infections. Dr. George Hayes became a leader in the treatment of maxillofacial injuries; Dr. George Crile refined the management of traumatic shock; Dr. Harvey Cushing developed new techniques for neurosurgical injuries; and Dr. Kenneth Taylor added to the knowledge and treatment of gas gangrene.

When the United States entered the war in 1917, the American Red Cross became an auxiliary of the US Army responsible for the organization of field services, base hospitals, and nursing staffs. The American Ambulance became American Red Cross Military Hospital No. 1.

**Learning objectives:**

1. Understand the political and social motives of the founders of the American Ambulance.
2. Explain the contributions of American Medical Schools to the operation of the American Ambulance.
3. Recognize the importance of the American Ambulance as a training facility for American medical personnel that would serve in the American Expeditionary Force sent to Europe in 1917.

**Oxford, the U.S. Military, and World War II Tissue Transplantation Studies**

David Hamilton

*Dr. Hamilton is Honorary Senior Lecturer, Bute Medical School, St Andrews, Scotland. Author of A History of Organ Transplantation (2012), Scottish Medicine: An Illustrated History (2011) and The Monkey Gland Affair (1984). He was McGovern Lecturer in 1994.*

The new pattern of injuries in World War Two encouraged the study of burns and skin transplantation. At Oxford, starting in 1942, the investigations of zoologist Peter B. Medawar (1915-1987), together with the Glasgow surgeon Thomas Gibson (1915-1993), into the possible use of homograft (i.e. allograft) skin, later gained Medawar a Nobel Prize. The war brought U.S. military units to Britain, and Medawar interacted with these visiting surgeons based at Basingstoke nearby, notably the staff of the Volunteer Surgical Unit of the American Hospital. Working there were John Marquis Converse (1909-1981) and James Barrett Brown (1899-1971), drafted from St Louis, and both were interested in homografting. These surgeons and Medawar now accepted that homograft skin always failed, and that the loss was an immunological event. On their return home, the American surgeons took up a major interest in tissue transplantation, but failed to interest any U.S. immunologists in the subject. Meanwhile in Britain, the reverse was the case, since Medawar initially failed to attract any surgeons to the challenge, and even Gibson moved away into other unrelated plastic surgical projects.

On his return, Barrett Brown served as chief of plastic surgery for the U.S. Army at Valley Forge Hospital (where he trained Joseph Murray, later a Nobel Prize winner for his transplant work) and Converse settled to work in New York as a plastic surgeon, continuing with major studies of graft rejection. Converse interested Blair O. Rogers (1923-2006) in the topic, and they continued with studies of graft rejection. These plastic surgeons also played an important role in organizing an early series of American meetings devoted to tissue transplantation, until the general surgeons took over the development of organ grafting.

Later, when interest in transplantation increased greatly, there was sharp controversy on the relative roles of those involved in the WW2 events. In particular, supporters of Converse, Barrett Brown and Gibson suggested that they, rather than Medawar, had priority in these formative wartime insights.

**Learning objectives:**

1. Explain the American plastic surgeons' interest in tissue transplantation.
2. Contrast the early British and American clinical attitudes to homografting.
3. Examine the priority dispute over the explanation of homograft rejection.

**A Mysterious Gift to Dr. Osler and the Lost Story of a Fight for Medical Professionalism**

John M. Harris, Jr.

*John M. Harris Jr., MD is the Executive Director of the Office of Continuing Medical Education at the University of Arizona. He is Editor-in-Chief of the Virtual Lecture Hall, an online CME site owned by the University. In his career he has worked as an internist in the US Army and private practice, an executive in managed care, and a medical educator and researcher.*

Two books in the *Bibliotheca Osleriana* have similar, cryptic flyleaf dedications: "To Dr. Wm. Osler With Love, James E. Reeves, Chattanooga, Tenn, Oct. 17th, '95." These books, Cheyne's 1813 *Essay on Cynanchae Trachealis* and Blackmore's 1727 *Dissertations on a Dropsy*, are both collectible treatises in internal medicine, yet their donor is a mystery. James Reeves is not mentioned in Osler's records or writings, nor in contemporary or later medical biographies.

The most visible current reference to Dr. Reeves is as the brother of Ann Reeves Jarvis (1832-1905), a West Virginia Sunday School teacher for whom the American holiday of Mother's Day was founded in 1914. However, in his time James was much better known than Ann.

James Edmund Reeves (1829-1896) lived most of his life in West Virginia. In addition to maintaining a busy practice, he authored 12 medical articles, a medical journal, and four books. He organized the West Virginia Medical Society in 1867 and served as its president in 1882. He was the first health officer for the state capital, Wheeling. He wrote and helped pass legislation creating the West Virginia Board of Health in 1881 and served as its first secretary for 3 years. He was president of the American Public Health Association in 1885.

Among Dr. Reeves' accomplishments, a lifelong battle for medical professionalism stands out. The 1888 Supreme Court challenge of the law he authored and managed that created the state Board of Health, Dent v. West Virginia, led to a landmark decision that established the right of states to regulate medical practice. In 1893 he was arrested and sued for challenging Dr. William Amick's patented cure for consumption. He was vindicated on all counts and his battle against quackery was lauded by the popular press and medical journals, including the *Journal of the American Medical Association.* Following a call in the *Journal,* many physicians, including William Osler, sent funds to help defray costs of Reeves' legal battles with Amick.

Reeves' courageous fight for medical professionalism may have cost him a place in history. Today he is not even remembered in the West Virginia Public Health Association Hall of Fame. His lifelong struggle created many admirers, but also some enemies. Moreover, he stood by his principles personally. He even refused to send his biography to contemporary medical directories because he felt this was unethical self-promotion.

**Learning objectives:**

1. Compare the life of a widely-respected, but self-taught American physician with his better remembered contemporaries, such as William Osler.
2. Connect 19$^{th}$ century models of medical professionalism with today's standards.
3. Apply ethical principles addressing self-promotion to their own professional lives.

## Osler: Views on Specialism in Paediatric Practice and Observations on Congenital Megacolon

Edward R. Howard

*Professor Howard, now retired, is a surgeon with major interests in paediatric liver disease and congenital gastrointestinal disease. He worked at King's College Hospital, London, where he established the first surgical paediatric liver unit in the UK. He was a recipient of the 2003 Denis Browne international gold medal awarded by the British Association of Paediatric Surgeons. He was also awarded the 1973 gold medal for surgical research by the American South-eastern Surgical Congress.*

Osler was the consummate general physician with interests and skills in many branches of medicine. His work included a significant amount of paediatrics and of the 1,195 titles listed in the 1921 bibliography 99 publications, (8%), concern paediatric topics which include infectious disease, congenital heart disease, cerebral palsies, and a variety of genetic disorders (1). Although supporting the development of specialties in medicine he showed some reluctance in committing totally to the concept of specialization in paediatrics, although this did not prevent him from becoming a founder member of the American Pediatric Society, (APS), of which he was the 4th President in 1892.

During his Presidential address "*Remarks on Specialism*" he reflected that a paediatrician was "the vestigial remnant of what was formerly the general practitioner." He also believed that sick children should be treated by their general practitioners and that paediatric specialists should only be consulted in a minority of cases. He added that in the development of specialization "the children alone remain, and fortunately their ailments are too diversified to allow much specialization." Interestingly, although Osler appointed the paediatrician William D. Booker as Clinical Director of the new children's unit at Johns Hopkins in 1889 he remained in overall charge of paediatric medicine with Booker as his associate.

Osler continued to warn about the dangers of specialism in medicine whilst generally supporting the development. He said "The rapid increase of knowledge has made concentration in work a necessity: specialism is here and here to stay." On the other hand he suggested that "Concentrating narrows the mind – the incessant concentration of thought upon one subject, no matter how interesting, tethers a man's mind in a narrow field." He insisted "that every specialist should have a broad foundation in physiology and pathology" and referred to the expertise in these disciplines shown by 20 leading physicians and surgeons, a list of which included the London surgeons William Bowman and Lord Lister.

Although Osler had reservations about the development of specialism in paediatrics his own skill in managing paediatric cases is well illustrated in his two papers of 1893 on *"Dilatation of the colon in children"* in which he gave clear descriptions of the condition in two children aged 7 months and 10 years and recorded the resolution of the symptoms in one case following the formation of a sigmoid colostomy by his colleague William Halsted. Although referring to previous publications of 12 similar cases he did not refer to the classic description by Hirschsprung in 1888 who concluded that the cause of congenital Megacolon was a "congenital developmental anomaly" of the colon.

Osler, however, was the first to suggest that the condition might be caused by a defect in the innervation of the distal colon and this was confirmed 55 years later, in 1948, when an absence of ganglia was observed in affected rectum and colon. Later studies have shown an abnormal distribution of both sympathetic and parasympathetic nerves as well as aganglionosis in the bowel wall.

In conclusion, Osler's fine publications on paediatric topics, illustrated here by his observations on congenital Megacolon, reveal him as a highly skilled paediatrician. His views on paediatric specialization were probably influenced by his own ability as a general physician to treat successfully both adults and children.

**Learning objectives:**

1. To review Osler's views on specialism in paediatric practice.
2. To discuss the current training of specialists in relation to physiology and pathology.
3. To reflect on Osler's skill in paediatric medicine and his reluctance for paediatric specialism.

**The History of Starvation Research & Refeeding Syndrome:**
**From Napoleon to Bergen-Belsen**

Ryan T. Hurt

*Ryan Hurt is an Assistant Professor of Medicine and Director of Home Parenteral and Enteral Nutrition at Mayo Clinic Rochester, Minnesota. He has an interest in the history of nutrition and early medical education history in Minnesota.*

Refeeding syndrome consists of hormonal and metabolic changes in severely malnourished individuals reintroduced to significant nutrition. This can lead to profound electrolyte shifts, cardiac arrhythmias, and potential death. Refeeding syndrome is commonly thought to have been first described from Nazi concentration and Japanese POW camps during World War II. However there are a number of examples of earlier detailed cases of probable refeeding syndrome that occurred much earlier. One such example occurred with 10,000 French soldiers imprisoned on the Spanish Island of Cabrera from 1809-1814. This small island had virtually no natural resources and was undersupplied by the British. When these malnourished soldiers had rations withheld for over a week then reintroduced to food many died suddenly. The majority of early reported cases of refeeding syndrome originated from Nazi Germany concentration camps such as Bergen-Belsen. The scenes at Bergen-Belsen were horrific with piles of corpses intermixed with the severely malnourished. Early attempts at reintroducing significant nutrition proved deadly. Examples of the early attempts of nutrition replenishment include US and British rations, cans of beef, tins of hams, and thick soups. Some prisoners could tolerate these rations but most had worsening diarrhea and vomiting. It has been estimated that 2,000 prisoners died because of these early refeeding attempts. Later attempts of feeding with skim milk and solutions of rice and sugar (Bengal Famine mixture) were much more successful.

Three significant starvation research studies were conducted during the war. The first was during the Bengal famine in India 1943-1944 which resulted in over a million deaths. Many deaths resulted from refeeding after starvation. The Bengal famine mixture resulted after trial and error of numerous feeding strategies by the British. The second body of research was conducted by physicians and scientists in the Warsaw Ghetto. These studies examined the physiology and pathology of starvation in both adults and children. These studies were smuggled out with most of the authors not living to see the published manuscript. The final study was conducted at the University of Minnesota directed by Ancel Keys. Young men were placed on a starvation diet for 6 months and then fed with one of four refeeding programs. The goal of the experiment was to study the physiological and psychological effects of starvation and refeeding. Because these landmark studies were performed in the middle of the war the dissemination of the results had only marginal benefits to victims of the concentration camps.

**Learning objectives:**

1. Discuss the early cases of refeeding syndrome.
2. Describe the feeding strategies to prevent refeeding syndrome developed in WWII.
3. Examine the three major research studies of starvation conducted during WWII.

## WILLIAM B. BEAN STUDENT RESEARCH AWARD LECTURE

### Response to Declaration of the First World War: Dr. Edwin Seaborn

Alexandra C. Istl

*Alexandra completed her undergraduate studies at Western University and is now in her 3rd year of medical studies at Western University pursuing a career in General Surgery. She has previously presented different components of her work on the No. 10 Stationary hospital at Calgary's Annual History of Medicine Days, the Southwestern Ontario Surgical Association's Annual Meeting, and at Western University's History of Medicine Colloquium where she was awarded the Rowntree Award for work in medical history.*

On a British backdrop in Ontario at the turn of the 20th century, the medical careers of John McCrae and Edwin Seaborn were starting in the shadow of William Osler. Though sharing very similar backgrounds, the experiences of these men diverged considerably at the onset of WWI.

When war was declared in 1914, Dr. Edwin Seaborn, professor of surgery and anatomy, prevailed upon Western University's President to offer the Canadian government a fully-manned hospital for deployment overseas. The offer was ultimately accepted after mounting casualties stretched the capacity of the Canadian Army Medical Corps. In May 1916, Seaborn was granted command of the new No. 10 Canadian Stationary Hospital.

While overseas, Seaborn's medical, surgical, and administrative practices transformed the humble Stationary Hospital into a General Hospital that was indispensable to the war effort, raising the standards for military medical practice. Upon the unit's return to London, Seaborn's dedication was transferred to his extensive work as an author, historian, academic, and beloved physician.
As the centennial approaches, this project explores the impact of an academic medical unit in World War I by looking at the career of its Commanding Officer: a man who made an invaluable contribution to the Canadian war effort and set a precedent for exceptional medical care at home and at war. It will also explore Seaborn's experiences in relation to two notable physicians: William Osler and John McCrae.

**Learning objectives:**

1. Describe the shared heritage of William Osler, John McCrae, and Edwin Seaborn
2. Understand how this heritage sustained them during WWI
3. Discuss how Seaborn's approach contributed to the success of the No.10 Hospital

**Christopher Morley's Literary Bicycle Journey from Oxford to Edinburgh, July 1911**

"The bicycle, the bicycle surely, should always be the vehicle of novelists and poets." Morley 1926

Richard J. Kahn

*Richard is a practicing internist, a lifelong Oslerian, former AOS president, and Patty's husband. Patty is a medical librarian and Richie's wife, lo these many years.*

About two years ago our son Ian, an antiquarian bookseller, brought us a 1947 letter from Christopher Morley to Norman [Cousins, we think] – knowing we would be interested because of Morley's comments about William Osler at Oxford. Of course we were interested, and we set out to find out more about Morley: who was he and what was his connection with Osler? That research led to the paper we delivered to the AOS in 2013.

After graduating from Haverford College in 1910, Morley went to Oxford as a Rhodes Scholar, spending three happy years at New College studying modern history, walking and cycling over much of England and Scotland, having a first book of poems published by B. H. Blackwell, meeting his future wife, and starting his lifelong habit of keeping pocket datebooks and literary notebooks. Like other Rhodes Scholars, Morley was invited to dinners and parties at the Open Arms, and it is easy to imagine him with Osler discussing their favorite books, authors, and classical references. Morley's first two novels, *Parnassus on Wheels* in 1917 and *The Haunted Bookshop* in 1919, were about the love of books and book collecting.

The main collection of Morley material (some 300 archival boxes) resides at the Harry Ransom Center at the University of Texas at Austin. We spent a week there with the pocket diaries and small literary notebooks, an assortment of letters, and at least a thousand photographs and images. The diaries and notebooks include Morley's account of a 400-mile literary bicycle trip from Oxford to Edinburgh that he made in 1911 with his friend E. Page Allison, a copy of the Oxford Book of English Verse in his haversack. The pubs and inns they visited, the homes of literary giants, and the sites of poetic interest are recorded in both their lively diaries with some photographs and drawings. In November 2013 we used these diaries to retrace their trip (although not on bicycles, alas) and we would like to present our findings to the AOS at Oxford in 2014.

**Learning objectives:**

1. Name at least three of the important literary sites visited by Morley and Allison.
2. Did the Stratford innkeeper refuse to serve Bacon?
3. Give an example of Morley's literary humor.

**Osler, The Fixed Period, And Science Fiction**

Dennis M. Kratz

*Dennis M. Kratz is the Rockover Professor of Humanities and the Dean of the School of Arts and Humanities at The University of Texas at Dallas.*

In his farewell address to his colleagues at Johns Hopkins, Sir William Osler, alluding to Anthony Trollope's novel The Fixed Period (1882), made the impish suggestion to "chloroform them at 60." His suggestion reflects both Osler's own fear of a useless old age and the difficulty of imagining the medical and technological developments that would greatly expand the human life span. That expansion, however, has raised a complex of profound ethical questions for society. In a world where health and "end of life" care for the aged places increasing demands on scarce resources, could a government impose a "fixed period" of life for its citizens? Osler turned to a work that, in retrospect, can be regarded as "Science Fiction," for his example. I will focus on the value of using Science Fiction to examine issues of scientific and medical ethics, using three works that deal with the question of governmentally imposed limits on the span of human life: The short story "The Jigsaw Man" (1967) by Larry Niven extrapolates an unexpected outcome of expanded transplant technology; the novel This Perfect Day (1970) by Ira Levin describes a governmentally controlled society that includes a fixed maximum of 62 years for a person's life; finally, "Half a Life" (1991), an episode of the television series Star Trek: Next Generation, portrays an alien society with a rigidly applied fixed term (60 years) of life. In the context of the outrage over "oslerizing" that erupted after newspaper reports of Osler's speech, as well as the rhetoric of "death panels" that inevitably accompanies discussions of limiting end of life care, it is not surprising that most treatments (among them "Jigsaw Man" and This Perfect Day) dealing with a governmentally limited life span are harshly critical. "Half a Life," however, offers a more nuanced and sympathetic view. I will conclude by arguing that medical advances have given new relevance to Osler's concern about living too long; moreover, Science Fiction can play a valuable educational role in exploring this and other ethical issues driven by developments in science and technology.

**Learning objectives:**

1. Describe reasons for the continuing relevance of the "fixed period" issue.
2. Explain the value of Science Fiction as a vehicle for exploring science-based ethical issues.
3. Apply three specific narratives to discuss the implications of a "fixed period."

## Osler and Cushing: Vesalian "Bibliomania" and the Tabulae Anatomicae Sex

Douglas J. Lanska

*Douglas Lanska is senior staff neurologist and former Chief of Staff at the Tomah VA Medical Center, and has been Professor of Neurology, Preventive Medicine and Environmental Health at the University of Kentucky, and Professor of Neurology at the University of Wisconsin. Dr. Lanska has published widely on the history of neurology, has been the Associate Director of 6 international historical exhibitions, serves as Editor for the History of Neurology for the Journal of the History of the Neurosciences, and is the Associate Editor for History of Neurology for the Encyclopedia of the Neurological Sciences. He was awarded 3 McHenry Awards (1997, 2001, 2013) and a Tyler Fellowship (2012) from the American Academy of Neurology for his contributions to the history of neurology, and also received the History of Military Medicine Essay Award (2013) from AMSUS - The Society of the Federal Health Agencies.*

In 1903, William Osler (1849-1919) encouraged Harvey Cushing (1869-1939) to develop an interest in the works of Renaissance anatomist Andreas Vesalius (1514-1564), particularly the revolutionary *De humani corporis fabrica* (usually referred to simply as the *Fabrica*, 1543). Osler held great reverence for the *Fabrica*, and called it "one of the great books of the world, and [one which] would come in any century of volumes which embraced the richest harvest of the human mind." Cushing soon developed a similar reverence, and, like Osler, became an avid collector of Vesaliana. For decades Osler and Cushing scoured the bookshops of Europe, bid at auctions, and encouraged booksellers to locate Vesalian artifacts. Cushing himself referred to his collecting as "bibliomania," while Lady Osler referred to her husband and Cushing as "Vesalius lunatics." Cushing soon far exceeded Osler (and any other private or institutional collector) in the extent of his personal collection of Vesaliana (which after Cushing's death formed the foundation of the Yale Medical Historical Library). It was Osler, though, who was instrumental in facilitating the dissemination of Vesalius's earlier anatomical work, the *Tabulae anatomicae sex* (*Six Anatomical Tables*, 1538).

In 1538, prior to the *Fabrica*, Vesalius had published the *Tabulae anatomicae sex*—a set of six large, anatomical, woodcut illustrations—as a teaching aid for students. Only 2 *original* sets are known to exist (at the Hunterian Museum at the University of Glasgow, and at the Biblioteca Nazionale Marciana in Venice) because they were initially individual anatomical "fugitive sheets" or broadsides, and so relatively ephemeral. Vesalius had illustrated 3 sheets himself (diagrams of the portal, caval, and arterial systems), at that time still relying largely on Galenic anatomy. Under Vesalius' direction, artist Jan Stefan van Calcar (1499-1546) had illustrated the remaining sheets (diagrams of the human skeleton based upon Vesalius's first dissection at Padua as a professional anatomist). The original set of woodcut prints now in the Hunterian Museum had been owned by Sir William Stirling Maxwell (1818-1878), who published a full-size, facsimile edition of thirty copies in 1874. The original set was bequeathed to the University of Glasgow Library in 1956 (and ultimately received by the Library in 1958) under the terms of the will of Sir John Stirling Maxwell (1866-1956), Sir William's son.

On August 10, 1909, Osler and Cushing went to the Bodelian Library at the University of Oxford, to see the Stirling-Maxwell edition of the *Tabulae Anatomicae Sex*, which had been placed there temporarily by Sir John at Osler's request. Cushing took photographs of Osler with the volume. Osler learned that only a few of the 30 copies had been distributed. At Osler's request in 1909, Sir John distributed the remaining copies to various libraries (including the Library of the U.S. Surgeon General's Office, which is now the U.S. National Library of Medicine) and individuals (i.e., Cushing and Osler, with these copies now at Yale and McGill, respectively).

Osler and Cushing had hoped to have Oxford University Press reprint the Stirling-Maxwell edition in conjunction with a celebration in Brussels of the quatercentenary of Vesalius's birth in December 1914, but this was precluded by the advent of World War I. Instead, after the war, a three-quarter size photographic facsimile edition (*Des Andreas Vesalius sechs anatomische Tafeln vom Jahre 1538 in Lichtdruch neu herausgegeben*, 1920) was published by Austrian surgeon Mortiz Holl (1852-1920) and German medical historian Karl Sudhoff (1853-1938) from the set in the Biblioteca Nazionale Marciana.

**Learning objectives:**

1. Indicate the relationship and significance of the Vesalius's *Tabulae Anatomicae Sex* and the *Fabrica*.
2. Indicate the relationship of Osler and Cushing concerning the works of Vesalius.
3. Indicate Osler's role in disseminating the *Tabulae Anatomicae Sex* to libraries around the world.

## Khaled Hosseini: Afghan American: Oslerian (Doctor In Spite of Himself)

Joseph W. Lella

*Joseph Lella is Professor Emeritus of Sociology, and Professor of History of Medicine, Western University. He is Past President of the American Osler Society and has published on: change in chronic care, medical education, Sir William Osler and, matters Oslerian. He plays Sir William Osler live and on video in his dramatic monologue, Willie: A Dream and retains his ties at McGill's Faculty of Medicine as a Curator of the Osler Library.*

Khaled Hosseini (1965--) qualified in California as an internist but abandoned practice after ten years. On his first day at work he felt he had made a mistake. He had become a doctor like so many other immigrant children to please beloved parents. They came to America in 1980 sacrificing their own prestigious positions in conflict-torn Kabul to give themselves and their family a better life. Post-medicine, Khaled became what he had always wanted to be, a writer. He has now published three successful books: *The Kite Runner* (2003); *A Thousand Splendid Suns* (2007); *And the Mountains Echoed (2013)* together selling well over 38 million copies worldwide. He is also active in philanthropy and is a good will envoy for the United Nations High Commissioner for Refugees.

My essay on Hosseini in *Doctors of Another Calling* (David Cooper, MD, Ed., Univ. of Delaware Press, 2013), discusses his life and work through his first two books. This talk examines the trajectory of his *three volumes*, showing how within them, the writer has become an Oslerian Doctor in Spite of Himself.* In 2010, Vanderbilt University awarded Khaled the Nichols Chancellor's Medal saying that his writings and humanitarian work exemplified 'the best qualities of the human spirit in the 21st century." Accepting the award, he paraphrased Osler saying 'apathy is our most common foe" and that the pain of the needy must become imaginatively ours through the arts and their window into the minds of others. In Khaled's writing one hears a voice that describes the uprooting, division and even violence suffered by tribal, and less traditional Afghan families.

The first two books have little that is narrowly medical about them but offer much insight into social psychological trauma. *The Kite Runner* is about patriarchy, fathers and sons in ethnically diverse Kabul, and later among Afghan immigrants in California: *A Thousand Splendid Suns* is about wives, husbands and daughters under male dominance sanctioned by religion. Each book includes short medical vignettes revealing an experienced doctor's eye. Each includes sensitive and detailed descriptions of the violence, the physical, psychological and social maiming linked to Afghanistan's culturally based patriarchy and matriarchy as it confronts religious, and ethnic conflict with the world outside increasingly involved.

Hosseini's medical background comes to the fore in his third book's linked and detailed tales of separation, loss, and attempted return. Reviewers have called this book his most complex, ambitious and emotionally heart-wrenching. Medical experience is seen in its deep understanding of the human body and spirit under stress and in tales of physicians,' family members' and other health workers' responses. For example, one tells of an Afghan-American doctor working for an international project in Kabul. He becomes committed to a needy Afghan patient. Later, while feeling guilty, he gradually deserts her after returning home to his privileged life. We are also shown a young Greek man's evolving response to a family member's horrible facial disfigurement. Becoming a physician, he devotes himself to the surgical reconstruction of disfiguring conditions and later becomes fully committed to this on an international medical team in Kabul.

These and other elements of Hosseini's work especially in his last book shall be explored in more detail in this talk. Despite abandoning medical practice he is truly a doctor of another calling. Or is it really the same calling?

**Learning objectives:**

1. Discuss:Is Khaled Hosseini a "Doctor of Another Calling' or is he a doctor of the same or related calling?
2. Explain whether or not physicians in *And the Mountains Echoed* portray elements or conflicts in Hosseini's life?
3. Based on this book discuss the social and emotional pitfalls of "medical missionary work" for doctors and their patients.

* Not at all the hilarious figure, Sganarelle, spawned and baptized by another prolific writer, Jean-Baptiste Poquelin, aka Moliere.

**Letters from the front: John McCrae in Flanders 1915**

Vivian McAlister and Jenn Nelson

*Jenn Nelson is Heritage and Special Collections Administrator at the Royal College of Physicians and Surgeons of Canada. Vivian McAlister is a surgeon in the Royal Canadian Medical Service and Western University Canada.*

John McCrae, a medical officer with the Canadian Army Medical Corps, wrote his WWI emblematic poem "In Flanders Fields" on 3 May 1915 soon after the Second Battle of Ypres. It is said that a fellow officer rescued his discarded draft and submitted it to Punch magazine which published it on 8 Dec 1915. McCrae quickly became a celebrity. He refused offers to leave the front for other tasks and eventually became commanding officer of No. 3 Canadian General Hospital (McGill) at Boulogne. McCrae's poems from this time became increasingly dark. At the time of his death from pneumonia on 28 Jan 1918, he was exhausted and despondent.

The Royal College of Physicians and Surgeons of Canada was founded in 1929, several years after WWI and McCrae's death. It quickly became a cherished institution of the medical profession in Canada, frequently receiving mementos from physicians and their families. During a recent renovation of its archive, two previously unknown letters were found, written by McCrae to a friend, "My dear Charley". This paper reports their contents in the context of McCrae's life and career.

The first letter, dated 16 March 1915 "In Flanders", opens with news that the warming weather had allowed the troops to dry out. McCrae described their position as front line with the artillery guns firing day and night at the rate of a machine gun. He believed that 250,000 men on both sides were involved in the battle with German casualties being 18,000. Allied casualties are not mentioned but McCrae found the medical work to be light. He even substituted for a field officer at the front line and had to shelter from snipers who were "disguised as Tommies or civilians". Finally McCrae described being confronted by the Surgeon General, Carleton Jones, because news of his appointment, possibly to the faculty of McGill University, had been published without approval of the Army.

The second letter is dated 10 days after McCrae composed "In Flanders Fields". "We have just got through the terrible battle of Ypres." He described how they were caught behind the French when the line broke. They were eventually taken out of the melee to a place where they worked for 17 straight days and nights. McCrae describes in detail the shelling from both sides, bullets going overhead in clouds and repeated gas attacks. Despite all of this, birds kept singing in what trees were left. He remarks on the horrors of war and that his uniform remained bloodstained. McCrae's horse Bonfire was hit with shrapnel but had recovered. He ends by saying there was "no word of the hospital yet!"

We believe these letters were sent to Dr. Charles Martin, Dean of Medicine at McGill. They appear to show a different side to McCrae than the simplistic picture often presented. Even though he was knowledgeable regarding the art of war, his interest was similar to his peers. McCrae appeared to look forward to resuming an academic medical career as his life's work.

**Learning objectives:**

1. Consider the role of medical officers in WWI.
2. Discuss war poetry.
3. Understand battle fatigue.

**Osler and the Creation of Modern Psychiatry**

Paul R. McHugh

*Paul McHugh is now the University Distinguished Service Professor of Psychiatry at the Johns Hopkins School of Medicine and, as the successor to Adolf Meyer, served as Henry Phipps Professor and Psychiatrist-in-chief at Hopkins from 1975 -2001. His interests include the history of medicine and psychiatry, bioethics, and the neuroscience and psychology of the motivated behaviors.*

On April 16, 1913, William Osler, speaking to the crowd at the opening exercises of the Henry Phipps Clinic at Hopkins, celebrated the coming together of psychiatry and academic medicine. This historical event culminated Osler's enterprises on behalf of American psychiatry that he, with his friend Weir Mitchell of Philadelphia, had spurred to emerge from its isolated, asylum, "warehousing" phase for patient care so as to enter the science-inspired contemporary medical world. He had watched approvingly as Adolf Meyer, now appointed the first Henry Phipps Professor of Psychiatry, began his own pioneering efforts to build smaller and research-oriented psychiatric centers in Illinois, Massachusetts, and New York. As Osler was leaving Hopkins for Oxford, he encouraged the philanthropist Henry Phipps to consider funding the first such unit at a medical school right in the center of Hopkins Hospital with Meyer as Director and psychiatrist-in -chief. Osler's authority and influence along with the capacities of Adolf Meyer launched what would be the creative hub for American psychiatry for the next thirty years. Meyer operationalized the Oslerian principle of "knowing the patient not just the disease" in a fashion that enriched psychiatry specifically but general medicine as well. My objectives will be to describe how this Oslerian message was first laid out by Meyer and how protégés of Meyer such as Leo Kanner, Jerome Frank, Alexander Leighton, and Aubrey Lewis carried it further in advancing child psychiatry, psychotherapy research, and community mental health.

**Learning objectives:**

1. Describe the transition of psychiatry from an alien and 'outside' enterprise into medicine proper at the turn of the 19th Century.
2. Explain just how the thoughts about patients and their care so often identified as Oslerian were shared by the pioneering psychiatrist Adolf Meyer and first systematically taught at Hopkins.
3. Identify just how methods of study derived from this approach to psychiatric patients advanced therapeutics and research right to the current day.

## Rose Anna Shedlock (c1850-1879) and Émile Roux (1853-1933) - A Blighted Romance

Neil McIntyre

*Neil McIntyre, BSc MD FRCP, was Professor of Medicine at the Royal Free Hospital Medical School until 1999. A member of the Osler Club of London and the American Osler Society, he has just completed his book 'How British Women Became Doctors: the story of the Royal Free Hospital and its Medical School'.*

In 1874 Rose Anna Shedlock witnessed the first marriage between two British doctors - that of George Hoggan to Frances Morgan (the first British woman to graduate MD in Europe). Shedlock was then a medical student in Paris, having previously been involved in Sophia Jex-Blake's famous struggle to persuade Edinburgh University to let women gain a medical degree. Although not named in Margaret Todd's biography of Jex-Blake, legal documents clearly identify Shedlock as the '*able and well-educated young lady whose health was causing her friends some anxiety'* who was sent to Italy by Jex-Blake to obtain documentary evidence of admission of women to Italian universities.

I discovered that on 8 August 1878, at the Register Office of the London District of St Olave, Southwark, Rose Anna married Pierre Paul Émile Roux, later one of France's greatest scientists. This was a surprising finding as his biographers and obituarists considered him a confirmed bachelor.

The couple probably met as medical students in Paris. Roux began medical studies in Clermont-Ferrand in 1872. There he conducted on himself a detailed physiological study which Pasteur presented to the Académie des Sciences in 1873. Roux left for Paris in 1874 when medical students were being recruited as future Army doctors. Those selected were admitted to the school at the Val-de-Grâce military hospital, and also enrolled in the Paris medical school. The Government paid for their medical education; this helped Roux as his father's premature death had impoverished the family.

Relatively little time was spent at the Val-de-Grâce. Roux entered the Hôtel Dieu service of the surgeon Behier, was made 'aide de clinique' and was given a small laboratory. He completed the courses and passed the necessary examinations for the Paris MD by March 1876, but to graduate he had to defend a thesis. His reluctance to submit one angered the Director of the Val-de-Grâce who, in August, advised the Dean of the Faculty of Medicine that Roux had been dismissed and should cease to benefit from being a military student. The matter of his dismissal is poorly documented. One suggestion is that Roux wished to leave the Army but could not pay the 1,500 francs needed to buy his release, so he triggered his dismissal by verbally abusing the Director. This led to him being arrested and jailed.

The Director had accused Roux of pottering about in biological research instead of preparing his thesis. But he may have been encouraged to 'potter' by Alphonse Laveran (discoverer of the malaria parasite), then a professor at the Val-de-Grâce. It is possible that Alphonse and/or his father, Louis—Theodore Laveran, acting Director of the Val-de-Grâce from 1872-1874, recognised Roux's great potential for research and suggested the Army release him, without financial penalty, by dismissing him.

Roux's activities between 1876 and his marriage in 1878 are unclear. Subsequently he joined Duclaux in Pasteur's laboratory, began working with Pasteur on avian cholera, anthrax and rabies and was initially the only assistant with any medical training. In 1883 he submitted his thesis 'Des Nouvelles Acquisition sur la Rage' and graduated MD Paris. But what of his wife? The marriage appears to have been a secret so it seems unlikely she returned with him to Paris after the ceremony. It probably remained a secret because Shedlock died in Madeira, probably of tuberculosis, on 9 October 1879. In a romanticized and highly inaccurate biography of Roux his niece, Mary Cressac suggested that an Englishwoman called 'Mary' died after contracting TB from Roux, whose own life was later blighted by the disease. However, Shedlock was unwell for years before they married and it seems far more likely that she infected him.

**Learning objectives:**

1. Outline the features of Émile Roux's medical education & explain the delay in his graduating MD Paris.
2. Explain why Shedlock's medical history suggests her as the likely source of Roux's tuberculosis.
3. Name the diseases initially studied by Roux in Pasteur's laboratory and the subject of his MD thesis.

**Osler at Oxford: The Birth of the Section of the History of Medicine of the Royal Society of Medicine**

J. Mario Molina

*Dr. Molina is CEO of Molina Healthcare, a member of the AOS and a trustee of Johns Hopkins Medicine.*

I often marvel at all that William Osler accomplished and sometimes wonder how he would assess his own contributions. As we gather at Oxford, it is worth examining his contributions during the "English period" of his life. On May 28, 1915, Osler, reflecting of his first ten years in Oxford, wrote that he had "not done much in the profession," but that he was proud of helping to establish the Section of the History of Medicine of the Royal Society of Medicine (RSM). Osler was the consummate organizer of medical meetings. Sir D'Arcy Power stated, that as early as 1900, there were attempts to organize meetings on the history of medicine, as few such venues existed in England at the time, but they invariably failed from lack of support. Sir Raymond Crawfurd said that Osler "acted like a magnet, gathering together a company of original members." In preparation, Osler sent out 168 letters to Fellows of the RSM to get some idea of the number likely to join the historical society. Support was not universal. Sir Richard Douglas Powell opposed the idea because it threatened to splinter the Medical Section into too many subdivisions. Osler was not deterred. He enlisted the support of RSM's President, Sir Francis Champneys and created an organizing committee that met twice in October, 1912. The inaugural meeting was held Friday October 11, 1912 with Champneys in the chair. Osler moved the resolution leading to the formation of the Section of the History of Medicine. The Section was an immediate success with 160 members attending the first meeting on November 20. Osler preferred Sir Clifford Albutt or Norman Moore chair the section, but the members insisted on electing Osler. In thanking the members for electing him, Osler noted that he had at least two qualifications, "a keen interest in the subject and a certain academic leisure". He noted that physicians had varying views on the history of medicine; some were indifferent, some were amateur students, like him, and some were real scholars. His hope was that the Section would be a meeting place for all three groups.

Osler gave papers himself and badgered others to do so, as well. Many were published in journals or as monographs. For example, Morris Jastrow spoke on "Medicine of Babylonians and Assyrians" later published as a monograph. Prompted by a post card from Osler, Sir D'Arcy Power wrote the Section's first publication, The Portraits of Dr. William Harvey. In 1913, HM Barlow, assistant librarian to the RSM, published a bibliography, Old English Herbals, 1525-1640 (BO 6881), and Joseph Offords spoke about a new Egyptian medical papyrus. When the scholarship of some of the papers presented to the Section were criticized Osler responded, "We cannot make medical historians in a couple of years."

The initial success was followed by years when the history of medicine was considered a hobby for retired physicians and attendance fell off. However, Charles Singer, Professor of the History of Medicine at the University of London, fought hard to maintain high editorial standards in published papers and kept a strict eye on lengthy, boring presentations. After one meeting, when a foreigner whose English was poor went on too long, Singer invented a set of "traffic lights and switched the signal to red" when talks ran over an hour.

The Section's proceedings were published as annual volumes from 1913-1939. In 1963 a supplement to the Proceedings of the RSM was published to evaluate the Section's work over the previous 50 years. The spirit of Osler and the Section eventually led to the rise of 113 teachers in the history of medicine in British universities.

**Learning objectives:**

1. Describe the role played by Osler in founding the Section of the History of Medicine of the RSM.
2. Discuss how the Section helped to launch the study and teaching of the history of medicine in Great Britain.
3. Describe how those annoying lights that tell us when our talks are running too long came to be.

**Medicine and Physicians in the Art of William Hogarth**

T. Jock Murray

*Dr. Murray is Professor Emeritus at Dalhousie University, and former Dean and Director of Medical Humanities. He is a Past President of the American Osler Society and Honorary Member of the Osler Club of London and on the Board of Curators of the Osler Library at McGill University.*

The prints and paintings of William Hogarth (1697 - 1764) provide a unique view of medicine and physicians in the 18th century. Hogarth trained as an engraver but wanted to be a painter and printmaker. Unlike other artists of the day who painted the life of aristocracy in grand mansions, he captured the everyday life and street scenes of London, using his paintings to tell stories of the people, politics and events of the day. He liked to poke fun at the superstition, hypocrisy and pompousness of the upper classes, physicians, lawyers, clergy and royals.

Hogarth did not dislike physicians, (he was a patron of the Foundling, St. Bartholomew's, London and Bethlehem Hospitals) but he caricatured their tendency to believe outrageous ideas, make exaggerated claims, and dispense useless and harmful therapies.
In *The Company of Undertakers*, we see three famous quacks of the day standing above a group of pompous, wigged physicians sniffing their canes. Hogarth saw little difference between the quacks and the members of the Royal College of Physicians. He mocked their gullibility in two prints telling the obstetrical story of Mrs. Mary Tofts, who delivered a number of rabbits, which impressed many prominent physicians until it was revealed to be a fake. In *The Harlot's Progress* we see Dr. Richard Rock arguing with Dr. Jean Misaubin while ignoring their young patient, Moll Hackabout who is dying of syphilis after being treated with Dr. Rock's Panacea and a necklace anodyne. In *The Rake's Progress*, a life of excess ends in madness and confinement in Bedlam, in a scene that shows the state of asylums and attitudes to the mentally ill. In the depressing story of *Marriage a la Mode*, Hogarth depicts gout, acquired and congenital syphilis, suicide with laudanum, and a physician fleeing the death scene. His famous set of contrasting prints, *Gin Lane* and *Beer Street*, shows his disdain for the foreign gin that destroys lives and ruins society and his praise for the joys and health benefits of good British beer.

Hogarth did not focus specifically on physicians, but included them as part of the fabric of society and the daily life of London. I will illustrate how we can "read" the complex detail in Hogarth's works using Print III of a doctor's visit in *Marriage a la Mode*.

Hogarth shows the public attitude towards medical therapy, physicians and quacks in the 18th century which contrasts with the traditional record of the profession. It can be argued that Hogarth painted a more realistic view of 18th century medicine than many of the Whig medical histories of this age.

**Learning objectives:**

1. Outline the reasons the public had difficulty differentiating physicians from charlatans.
2. Contrast Hogarth's criticisms of physicians with his support of hospitals.
3. Contrast Hogarth's view of medical practice with traditional medical history of this era.

**Sir William Osler's "Treasure" at Ewelme**

Sutchin R. Patel

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Sir William Osler's appointment as Regius Professor of Medicine at Oxford also conferred upon him the title of Master of the old almshouse at Ewelme. William de la Pole, succeeded his father in 1415 as Earl of Suffolk, after the latter was killed in the battle of Agincourt. He along with his wife Alice, who was the granddaughter of Geoffrey Chaucer, played a prominent role in the founding of the Ewelme Almshouse which was originally a hospital. Osler took great pleasure in the connection to the almshouse at Ewelme and its thirteen elderly pensioners, who would become a focal point of his interest and leisure time. Both Lady Osler and he became a revitalizing part of the village and almshouse and would regularly picnic with the families and children of the surrounding area in addition to the old pensioners.

It was in one of the Master's rooms at Ewelme that Osler found an ancient safe. Cushing describes the episode where the safe was opened. The safe had rusted and Osler sent for "Chubb's man from London." Upon opening it, the interior of the safe was coated with mold and the documents were damp. A photograph entitled "Ewelme Muniments" shows Osler's second cousin, Dr. W. W. Francis, spreading the documents out at the graveyard to dry in the sun. Osler's discovery included numerous documents of the fourteenth to sixteenth century. One of the earliest documents, dated 1359, was a grant of various manors in England to Thomas de la Pole. Other documents included ancient title-deeds, audit accounts, conveyances, court rolls as well as the original charter with the great seal of Henry VI, endowing the almshouse at Ewelme with the manors of Marsh, Connock and Ramridge. The oldest parchment roll included a mixture of "Cape Salepetr, Sulfure, etc." which would explode with an "oribilem sonum" and become later known as gunpowder. Osler would take the parchments to the Bodleian Library where Maltby (the university binder) would bind them into a number of volumes.

It was fitting that the "treasure" Osler uncovered would be old parchments and documents as Osler was a known bibliophile and would serve as curator of the Bodleian Library. However, one must wonder if the true treasure was the warmth and serenity of Ewelme, as it did much to rejuvenate Osler and served as an area of refuge when he needed it.

**Learning objectives:**

1. Describe the history surrounding the almshouse at Ewelme.
2. Discuss Osler's role as the Master of Ewelme and his relationship to the pensioners and village.
3. List the other "treasures" Osler found at Ewelme aside from the ancient safe.

**Aequanimitas and Grief of Mind: the Roman Roots of Oslerian Practice**

Rachel Pearson

*Rachel Pearson is a Student Scholar in the John P. McGovern Academy of Oslerian Medicine at the University of Texas Medical Branch, where she is a fifth-year MD/PhD student. Her PhD research in the medical humanities focuses on the history of medicine and literature and narrative in medical practice.*

Shortly after his daughter's death, Roman philosopher Marcus Tullius Cicero published "On Grief of Mind," arguing that "a truly wise man would not grieve." Instead, using ration (the higher part of the mind) he would transcend the "perturbations" caused by the lower, emotional parts of the mind. Cicero's argument was consistent with the expectations of a virtuous man in Rome at that time: with the Republic in near-constant warfare, virtuous men were expected to suppress or transcend feelings—in order to continue serving the state.

Nearly two millennia later, Osler would look to Cicero as a model of philosophical virtue. Osler's "Aeqanimitas" draws on Cicero's philosophy in encouraging young physicians to cultivate "imperturbability." Like Cicero, Osler faced his own greatest grief in a country at war. When Revere Osler died, Sir William and Grace were praised for continuing their work and social lives despite their grief. Imperturbability, in Britain at the time of the Great War, was a quality not only of the virtuous physician, but also of the virtuous human being.

Today, the social expectations of a virtuous physician are no longer synonymous with those of a virtuous human being. Humanities scholars argue that emotional sincerity and authenticity—not imperturbability—are expected of virtuous people. The imperturbability of a physician is sometimes seen as callous and unempathetic, and physicians are criticized for lacking emotional sincerity. This criticism may be appropriate and, ultimately, fruitful. But much of it comes with no understanding of the millennia of tradition, wisdom, and virtue that underly *aequanimitas*. If physicians as a community are to respond to the criticisms of today's culture, we must understand the roots of our own. Is a virtue originally elaborated to serve men in constant warfare truly the best to guide today's medical practice? How should medicine reevaluate one of our deepest values—one that is now called "inhumane," but which is actually grounded in the ancient wisdom of the humanities itself?

**Learning objectives:**

1. Articulate the connection between Roman virtues around the time of 45 BC and the virtues that William Osler recommended to young physicians.
2. Explain how the qualities of a virtuous human being have changed, and critically evaluate the expectations of a virtuous human being today.
3. Respond to criticisms of *aequanimitas* from a historically and culturally informed stance.

**Richard Bright's *Travels from Vienna Through Lower Hungary* and the Obligation to Make New Knowledge**

Steven J. Peitzman

*Steven J. Peitzman is an internist and nephrologist who also enjoys recognition as an historian of medicine. His historical work has centered on kidney disease and nephrology, the entry of women into medicine, medical education in the United States, and the medical history of his beloved native city, Philadelphia. He is Professor of Medicine at Drexel University College of Medicine.*

The reputation of the British physician Richard Bright (1789 – 1858) rests mainly on his discoveries linking dropsy (edema), albuminuria, and pathological alterations of the kidney. He did this work in the wards and morgue of Guy's Hospital in London. He first published his findings in the magisterial *Reports of Medical Cases* (1827 – 1831), which contained as well a wealth of other observations in clinical-pathological correlation. The two-volumes included a magnificent colored atlas of pathology, the first of its kind. As a young man, Bright published another very substantial book, the *Travels from Vienna Through Lower Hungary* (1818). In it, he narrated his journeys through Hungary in 1814 and 1815, in effect a holiday from his medical training. The book contains rather little about medicine, and few entertaining tales—but it does offer an incredible abundance of description, facts, and numerical data. Page after page and numerous tables of the stout quarto document the raising of sheep, growing of turnips, holdings of ancient coins in the Hungarian Library, prevalence of bee-keeping, numbers of priests, nuns, and friars, etc. Whereas others writing about Bright have discussed the *Travels*, none that I know of have placed the book in its context by exploring the obligations of an earnest English traveler in the early nineteenth century, or the conventions of travel writing. (Travel accounts stood second only to novels in popularity with British readers in Bright's day.) I shall therefore attempt to provide some understanding of what motivated the young doctor in assembling this massive (and often tedious) volume, and how the objectives closely matched those which produced the even more ambitious (and always interesting) *Reports of Medical Cases*.

**Learning objectives:**

1. Indicate the obligations for observation and recording information known to the responsible traveler in the time of Richard Bright.
2. Compare the motivations and objectives for building knowledge as seen in Bright's Travels and his Reports of Medical Cases.
3. Speculate on what factors drove a young physician such as Bright to work so hard.

**Sir Joseph Barcroft and Mount Barcroft - The Renaissance Physiologist and His Legacy**

Tonse N. K. Raju

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Sir Joseph Barcroft, a younger contemporary of Sir William Osler, was born into a Quaker family on July 26, 1872 at the Glen, Newry, County Down, UK. After a science degree from London in 1891, Sir JB (as he was affectionately called) opted to study physiology rather than medicine. He joined King's College in Cambridge as physiology lecturer in 1900 and became the Fellow of the Royal Society in 1911. To study cardiopulmonary physiology and high-altitude acclimatization, he led expeditions onto mountain tops. He set up labs on Tenerife and Monte Rose peaks, and the Peruvian Andes at Cerro de Pasco. He invented the differential blood gas manometer—a forerunner of modern blood-gas machine. He discovered the mechanism of gas transport in the blood, the properties of hemoglobin, and the distribution of cardiac output. Sir JB's 1914 monograph *Respiratory Functions of Blood*, established him as world's preeminent authority on cardiopulmonary physiology.

In 1932, when he turned 60, instead of slowing down, Sir JB began the study of mammalian fetal physiology, because in his words, he was ". . . intrigued by fetal life under precarious conditions of intra-uterine hypoxia." He famously compared fetal oxygen supply in the placenta to that of a man on a mountain, and said that the fetus was "on Mount Everest in-utero." He adapted the research methods he had invented to study fetal physiology, and developed new fetal animal models including the non-human primate, rabbit, rat and guinea pig models, and the famous exteriorized fetal sheep model used even today. He adapted electronic and radiological methods to record physiological variables, and biochemical methods to measure metabolic changes. Within a few years, Sir JB and his students had discovered the fetal blood volume, its distribution, cardiovascular reflexes, fetal cardiac output and its distribution, the physiology of the ductus arteriosus, fetal utilization of glucose, fat, proteins and amino acids, placental exchange of nutrients, $O_2$ and $CO_2$ carrying by the fetal and adult hemoglobin, and fetal breathing—to name a few. These and other contributions were the foundations of perinatal physiology as we know today, and of the evolving specialty of perinatal-neonatal medicine.

Sir JB never lost sight of the fact that ... "one day, the call will come and the fetus will be born." He sought to explain how the fetus survives and grows, manages to adapt during labor and delivery, and survives in the extra-uterine environment. He trained a number of young scientists from the UK, USA, and Europe, including Geoffrey Dawes, Charles S Smith and A.E. Barclay—who became leaders in fetal and neonatal physiology research.

Posthumously, Sir JB was honored in a unique manner. He had never visited the US—yet, in 1954, the US Board of Geographic christened a 13,040-feet peak Mount Barcroft on the California White Mountain Range, honoring Sir JB's contributions to high-altitude physiology research. The lab remains active even today.

**Learning objectives:**

1. Sir Joseph Barcroft (JB)'s education and career, including the temporal overlap at University of Cambridge with that of Sir William Osler at Oxford.
2. What innovative methods Sir JB developed to study cardiovascular and pulmonary physiological adaptations at high altitude, and how he applied them to study fetal physiology.
3. JB's legacy as a humanist, a teacher and a scientist, and how he lived up to the high ideals of Sir William Osler.

**Antoine DePage, Flanders Fields and the Renaissance of Wound Debridement**

Kenneth G. Swan

*Dr. Swan is Professor of Surgery, New Jersey Medical School; COL, Medical Corps, USAR (Ret.) and veteran of Vietnam and Desert Storm*

The Centennial of "The Great War" begins in 2014. The first of the four Battles of Ypres (Paschendaele) started in 1914, the last ended in 1918. Battle lines were static. Carnage on both sides was unprecedented. Immortalized by John McCrae's poem and now a symbol of remembrance, the poppy flourished in the generously fertilized soil, worked by the weapons of war. The same conditions favored proliferation of the bacteria, which caused gas gangrene and necrotizing fasciitis in soldiers' wounds. Larrey had popularized missile wound debridement in the Napoleonic wars, but the wounds of World War I were different. They were caused by rifle rounds whose muzzle velocity was three times that of our Civil War. Such wounds required aggressive debridement, a technique introduced to the Western Front by Belgian surgeon, Antoine DePage. He had organized his nation's combat support hospitals during the Balkan War of 1912 and had extensive experience in 20th-century combat casualty care when World War I began. He established a 900 bed military hospital at La Panne in Flanders, 12 km behind the lines. Attached was a laboratory where Alexander Fleming cultured war wounds. John McCrae's clearing station was nearby. Osler's son, Revere, was treated there by Harvey Cushing and buried in Flanders.

DePage emphasized "radical" debridement, Dakin's solution and delayed primary closure after wounds were "bacteria free". Results were dramatic and he presented them to the Inter-Allied Surgical Conference in March, 1917. Consensus prompted policy implementation throughout the theater. The US entered World War I that summer and wounded American soldiers were beneficiaries of the new standard of care, a partial explanation for the "low" lethality (21%) among the wounded. This figure is the lowest of any 20th-century American war.

Alexis Carrel, Nobel Prize winner in 1912 and director of the largest allied hospital, in Compiegne, France, credited DePage with the greatest contribution to combat casualty care in World War I. Both surgeons would be proud in knowing that Antoine DePage's technique for debridement of high velocity missile injury has not changed in the subsequent one hundred years!

**Learning objectives:**

1. Describe the treatment of the wounds of WW I at war's beginning.
2. Explain the changes in combat casualty care introduced by Antoine DePage.
3. Discuss the effects of such care on US casualties in that war.

**Osler's (Final) Disease**

Adrian M. K. Thomas

*Professor Adrian Thomas is a radiologist at Princess Royal University Hospital and was a founder of the British Society for the History of Radiology. He is Chairman of The International Society for the History of Radiology and Immediate-Past President of The British Society for the History of Medicine. Adrian is Past-President of The Osler Club of London and Past-President of the Radiology Section of The Royal Society of Medicine.*

The first book on chest radiology, *Die röntgenologische Diagnostik der Erkrankungen der Brusteingeweide,* was written in 1901 by Guido Holzknecht (1872-1931) from Vienna. This book was the first in the new specialty of thoracic radiology. The late Robert Steiner, past-president of the Fleischner Society, commented on the accuracy of the interpretations in this first book. There is an interesting example illustrated of empyema with pyopneumothorax. Sadly Holzknecht suffered from radiation injury as did many of the first generation of pioneers, and his commemorative statue can be seen in the Arne Karlsson Park in Vienna. The first book on chest radiology in English, *The Röntgen Rays in the Diagnosis of Diseases of the Chest*, was written in 1906 by Hugh Walsham and G Harrison Orton, both from St Bartholomew's Hospital in London. There is a discussion of the use of radiology in pneumonia and pleural effusion with good illustrations.

Sir William Osler became ill in early October 1919. In a letter on October 6 he discussed his bronchitis, and his condition gradually deteriorated. By the end of November there was concern that his condition might be complicated by empyema. A pleural aspiration was performed on the 5 December, and turbid fluid was aspirated. Sir William continued to deteriorate and he died on the 29 December 1919. It is not obvious why radiography was not utilized during the course of Osler's final illness. In 1913, in the 8$^{th}$ Edition of *The Principles and Practice of Medicine,* Osler had written that "The X-rays are of great interest and of much value in diagnosis." The reasons for the lack of radiography in his own illness are obscure, and will be discussed.

Pleural aspiration is commonly performed, and as blind aspiration can be difficult, it is ideally performed under ultrasound guidance. Ultrasound diagnosis and intervention can be performed by either Radiologists or clinicians and in December 2012 the Royal College of Radiologists published *Ultrasound training recommendations for medical and surgical specialties, Second edition.* The curriculum is intended for clinicians who perform diagnostic and therapeutic ultrasound. At least Level 1 should be obtained by anyone performing thoracic scans unsupervised. There are frequent situations arising in clinical practice where rapid bedside assessment using focused ultrasound techniques can help with the assessment of, and treatment planning for, patients. These unitary skills may aid the clinician's practice and greatly improve patient pathways.

Medical imaging has transformed medical practice, and Sir William would be astonished by the scope and quality of modern medical imaging.

**Learning objectives:**

1. To understand the development of chest radiology, and its utility in pneumonia and pleural disease.
2. To learn about the management of empyema before antibiotics and modern medical imaging and intervention.
3. To understand the clinical use of ultrasound in modern thoracic imaging and intervention.

**Christ Healing the Sick in the Temple: A Tale of Two Paintings**

Joseph B. VanderVeer, Jr.

*Dr. VanderVeer is a retired general surgeon who served on the faculties of the Oregon Health Sciences University and the University of Arizona. He divides his time between Pennsylvania and Arizona. He is editor of the AOS newsletter The Oslerian.*

Born into a Quaker family in Pennsylvania in 1732, Benjamin West displayed great natural artistic talent as a boy. After studying at the College of Philadelphia, some local merchants sponsored him to study in Italy for three years, where over that period he sent them copies of some of the great masters. Believing he would fare better as an artist in London than in the Colonies, he took up residence there in 1763 and soon was well accepted.

Enamored of an historical painting West did for the Archbishop of York, King George III – who was the same age as West – had him paint in 1769 the story of *The Departure of Regulus from Rome*. It so pleased the king that he appointed him Historical Painter to the Court of St. James and commissioned further large canvases from him. West was instrumental in organizing and gaining royal support for the Royal Academy of the Arts of London, and was its president for twenty-seven years. A gifted and dedicated teacher, during a sixty year span, West took under his wing two dozen Americans who later became the major artists of the newly independent United States. These included Charles Wilson Peale, Gilbert Stuart, John Trumbull, Mather Brown, Robert Fulton, Rembrandt Peale, Thomas Sully, and Samuel F. B. Morse.

Pennsylvania Hospital was founded in 1751 by Benjamin Franklin and Thomas Bond as the nation's first such institution. By the turn of the century it was raising funds for expansion; they approached West, who promised a painting as his gift. West worked on it for ten years. When completed, *Christ Healing the Sick in the Temple* was a massive canvas (10' by 16') that was so well received in London that England was reluctant to part with it. Funds were raised to purchase it (for three thousand guineas) to go in a proposed National Gallery. So Benjamin West painted a second version. The original version now resides in storage at the Tate Gallery in London and unfortunately was water damaged in a flood in 1948. West's second version, originally housed in its own separate gallery in Philadelphia for which admission was charged, is currently in good condition, on prominent display at Pennsylvania Hospital.

This paper is a brief biography of Benjamin West, and a tale of those two paintings, pointing up a subtle difference between the first and second versions.

**Learning objectives:**

1. Outline major milestones in Benjamin West's Career.
2. Describe his close relationship with the Monarch George III.
3. Explain the importance of engravings of famous paintings in West's lifetime.

**The Oslers and Christ Church**

Ruth Ward

*Ruth Ward graduated MA in Modern Languages from St Andrews and Dip Ed from Dundee. She has worked as a teacher, writer, researcher, broadcaster, examiner and multilingual tour guide. She is a past chairman of the Oxford Guild of Guide Lecturers.*

When William Osler accepted the Regius Chair of Medicine in Oxford, he was offered a fellowship by three colleges. He chose to accept that of Christ Church due to its association with many distinguished medical men, especially his heroes, John Locke and Robert Burton.

Although he lived, worked and taught outside the college, Osler had close associations with it. Each traditional Oxford college has its own chapel, library and dining hall. In this paper I shall discuss the Osler family's associations with all three.

The first building on the site of the present college was the priory of St. Frideswide, Oxford's patron saint. This was partly demolished when Cardinal Wolsey founded the Cardinal College here in 1525. When Wolsey fell from power four years later, King Henry VIII refounded the college, using the old priory church as the chapel and later making it the cathedral of Oxford. Henry also founded five Regius professorships, including that of medicine.

Osler had rooms in the "Old Library" building. His contribution to the college library was the assembling and shelving of the book collection Burton had left to Christ Church. He frequently dined and entertained in the Great Hall where his coat of arms can be seen in a stained glass window. Grace invited Belgian refugees here to meet the Duchess of Vendome, sister of King Albert I.

The Oslers worshipped in the Cathedral, and here in 1915 Osler helped an American student, Brett Langstaff, to make a replica of a chandelier. Langstaff later had ten copies made of his replica chandelier which were hung in his church in Walden, NY, as a memorial to Osler. They are still there although the present minister was unaware of the Osler connection.

Revere had rooms in Peckwater Quadrangle for one term. His name appears on the war memorial at the entrance to the cathedral.

Finally, the funerals of Sir William and Lady Osler took place in the cathedral and Osler's body lay in state in the Lady Chapel after the funeral.

**Learning objectives:**

1. To give a brief history of Christ Church, Oxford.
2. To discuss Osler's work on Burton's bequest to Christ Church and the Bodleian Library.
3. To give biographies of the three other medical men whose coats of arms appear in the Great Hall window alongside that of Osler.

**"Monstrous Birth": Historical and Contemporary Conceptions of Congenital Anomalies**

Margaret P. Wardlaw

*Margaret P. Wardlaw is a pediatric resident in Austin, Texas. She received her MD and PhD in the Medical Humanities from the University of Texas Medical Branch at Galveston where she was a director of St. Vincent's House, a free clinic. She has been the recipient of the John P. McGovern Award in Oslerian Medicine, and was admitted to the American Osler Society as a medical student. Her research interests include religion, spirituality, childbirth, disability studies, medicine as religious practice, and pediatric palliative medicine.*

In the attic of the Ashbel Smith building, "Old Red," as it is called by the students at the University of Texas Medical Branch, there is a collection of babies. They line the windows and walls of the gross anatomy lab where novice medical students are indoctrinated into their new profession by what Michel Foucault calls, the "boldness of the gesture that violated only to reveal," anatomical dissection. The collection dates back to the 1910's and 20's when Dr. Marie Charlotte Schaefer, the first female professor of medicine in Texas, purchased embryology specimens to diversify the medical branch's already prestigious collection of preserved human remains. The collection expanded in the following years to include babies with spina bifida and anencephaly, the placenta of a famous group of triplets and many fetuses of varying gestational age. One jar, containing an anencephalic baby still reads, "anencephalic monster."

Historically, "monstrous births" have been the object of many variations of the analytical gaze through which they are used to make statements about sin, gender, race, and the preservation of specific social structures. Greek and Roman culture saw the birth of a deformed baby as an omen that could be read and interpreted only by those who were privileged to know how. Aristotle characterized women as the first kind of monster, and suggested monstrosity was common in both Egyptians and lower animals. With the rise of the printing press, the discourse about monstrosity in the Early Modern period rivaled that on surgery or midwifery, and monstrous births were used as lessons in sexual morality, xenophobia, and politics. In America, human exhibitions of the late nineteenth and early twentieth centuries were held everywhere from zoos to university museums and exhibited by academics and profiteers alike. And the science of teratology has been used in contemporary political debates to make social statements about poverty, race, and gender. This paper examines the fascinating history of congenital anomalies in cultural and political discourse, citing examples of "monstrous birth" from classical antiquity through contemporary political debates about "crack babies."

**Learning objectives:**

1. Illustrate the historical importance of "monstrous birth" to lay and medical audiences.
2. Describe the development of the embryology collection at the University of Texas Medical Branch at Galveston, and its appearance in the Flexner report.
3. Give examples of ways in which monsters have historically been used to make political statements and analyze the contemporary debates over "crack babies" in the context of historical understandings of monstrosity.

## A Cautious Wait: Conflict over the M.D. Degree at the University of Chicago

Dennis K. Wentz

*Dennis Wentz is a graduate of the University Of Chicago School Of Medicine. Trained in gastroenterology, he migrated towards administrative medicine and medical education. A native of North Dakota, he lives in Bozeman, Montana after faculty positions at the University of Maryland, the University of Tennessee, and Vanderbilt University.*

While all other major universities had been awarding MD degrees for decades, the University of Chicago did not grant an MD degree until 1929, 39 years after its founding. This represents a third of the 124 years it has been giving degrees. Why? This paper will investigate some of the reasons the M.D. degree was late in arriving at Chicago.

The University of Chicago was founded in 1890 as a result of the coming together of William Rainey Harper, its first President, the American Baptist Education Society, and oil-magnate and philanthropist, John D. Rockefeller. Backed by Rockefeller's largesse, Harper was able to attract a star faculty including many college presidents, provosts and tenured professors. Its major focus was to be on advanced studies, not undergraduate students, although at its outset the new University recognized the bachelors, masters, and the doctorate of philosophy degrees. Awarding any professional degree, let alone an M.D., was not a consideration.

President Harper impatiently wanted a medical program, but it did not fit the vision of his new faculty who were dedicated to becoming a premier research university. The faculty knew the state of medical education (the Flexner report was yet to come and in 1910 Abraham Flexner wrote "The city of Chicago is in respect to medical education the plague spot of the country"'). Harper pressed on in spite of the opposition and in 1898 the University of Chicago affiliated with Rush Medical College, founded in 1837 as Chicago's first medical college. It would be a shared medical program, as Rush's faculty "proprietors" accepted a proposal to affiliate with this new University. The M.D. degree would come from Rush, not from the University of Chicago. And the affiliation agreement was clear: "That nothing in the affiliation….shall be understood to give encouragement that Rush Medical College is ever to become the Medical School of the University". Harper was cautious because of the faculty opposition.

The affiliation agreement further said: "That it is the distinct purpose of the University to establish a Medical School when funds were provided". Harper prevailed, and although he died in 1905, the Board of Trustees raised and set aside $5.3 million in 1916 as an endowment for such a school. The University Senate finally agreed that a medical school would be built, but World War I was to intervene.

By 1927 a new University of Chicago Hospital, endowed by the Billings family, opened, That same year, with Flexner and the General Medical Board's approval, the University of Chicago Medical School matriculated its first class, even while the Rush 2+2 year option continued. In 1929, the first University of Chicago MD degrees were awarded to 3 graduating members. It seemed inevitable that the Rush "divided school" MD degree relationship (as Flexner described it in his 1910 report) would end; the affiliation ended in 1941 and Rush Medical College closed its doors in 1942 (Rush's charter would be reactivated in 1969.)

This paper will discuss the factors that bothered the faculty and the administration over the years. Was the M.D. degree an equivalent degree? The faculty insisted that the medical school faculty would be no different from other faculty members, e.g. they would be full-time, salaried, subject to the same academic tenure requirements. The debates reflected in the oral history are not catalogued in the official archives but were heated. Was the Chicago faculty voicing a reasonable concern? Has Medicine been forced to change by external and internal circumstances and what has been the impact on Medicine as a learned profession?

**Learning objectives:**

1. Explain the historic debates over the value of the various doctorates in higher education.
2. Evaluate the University of Chicago faculty arguments resisting the MD degree.
3. Outline some current forces hostile to medicine as a learned profession and cite examples.

## Osler's Quote: "As is Our Pathology So is Our Practice"

James R. Wright

*Dr. Jim Wright received his MD, PhD (Pathology), and MA (Medical History) degrees from The Ohio State University and was the recipient of the AAHM William Osler Medal in 1984. After completing a residency in anatomical pathology at Washington University, he moved to Dalhousie University in Halifax, NS where he established an active research laboratory doing experimental pancreatic islet transplantation, and was Professor of Pathology, Surgery, and Biomedical Engineering. In 2005, he moved to the University of Calgary as Head of the Department of Pathology & Laboratory Medicine.*

"As is our pathology so is our practice," a quote attributed to Osler, has been widely cited by Canadian pathologists, pathology associations, and the press to reinforce the fundamental importance of pathology. As a Canadian pathologist, I wanted to know the context in which Sir William uttered his famous words. A Google search resulted in many "hits" attributing it to Osler but no context, while a review of standard Oslerian texts and correspondence with prominent Olserian scholars suggested that Osler never said this or that it was never recorded. With perseverance, I eventually identified the source -- Osler's lecture to the Ontario Medical Association on June 3, 1909, while he was Regius Professor at Oxford, and which was fortuitously published in the BMJ. How did this phrase from an obscure lecture that had eluded the most scholarly experts on the life of Osler become part of Canadian pathology lore? It appears on both the title page and as the 1st sentence in Chapter 1 of William Boyd's textbook Surgical Pathology -- in 8 editions and 17 "reprintings" from 1925 to 1967. Boyd, a Scottish/Canadian pathologist who served sequentially as Professor/Chair of Pathology at Universities of Manitoba, Toronto, and British Columbia from 1915-54, was a prolific author and his textbooks were popular because of his engaging writing style. From the age of 17, Boyd voraciously collected quotes from literature, poetry, historical figures, great doctors, etc. and put them in his "commonplace book", a hand-written memory device used historically by Renaissance scholars to record compelling bits of poetry, prose, or oratory. Boyd later used these quotes to make his textbooks so readable and popular. At the time of "Osler's quote," Boyd, who graduated from Edinburgh University with his MBChB in 1908, was practicing psychiatry at mental hospitals in the English midlands but was also responsible for performing asylum autopsies. Boyd read Osler's article and, recognizing the close relationship between pathology and sound clinical practice, this sentence resonated with him as he was functioning as a clinician-pathologist just as Osler had earlier in his career. The knowledge Osler gained by performing autopsies made him a better internist. So, it seemed intuitive to me why this statement resonated with Osler, as his practice was intimately tied to pathology. But, in actuality, this is not what Osler meant as Boyd removed a second sentence and took the quote out of context. Minus the second sentence, it was the perfect way to start his book, as it highlighted the important relationship between a basic understanding of pathology and sound clinical practice. Did Boyd intentionally "misinterpret" Osler's quote? As a collector of quotes, it seems unlikely that he would remember this particular quote's context when writing a book almost two decades after reading Osler's paper in the BMJ. Today, the quote has taken on even a different nuance. In the time of Osler, clinical diagnosis, and hence treatment was highly dependent upon the history and physical as well as the clinician's ability to astutely interpret these based upon the clinician's fundamental understanding of pathophysiology. Now, clinical treatment is mostly dependent upon laboratory test results as >70% of all critical clinical decision-making is based upon laboratory data, which comprises >70% of the content of a typical electronic medical record. Therefore, "as is our pathology so is our practice", like any great quote, is readily generalized and stands the test of time, as high quality clinical care is now highly dependent upon high quality laboratory results.

**Learning objectives:**

1. Explain the precise context in which "as is our pathology so is our practice." was first uttered.
2. Compare the multiple interpretations of "Osler's quote."
3. Define "commonplace book".

## A Bedside Library for Medical Students: Ten Book Recommendations

Osamu Yoshida and Megumi Kondo-Arita

*Osamu Yoshida is President of Tenri Health Care University, Professor Emeritus of Kyoto University and Nara Medical University and a charter member and a director of Japan Osler Society.*

Sir William Osler stated, "Before going to sleep read for half an hour, and in the morning have a book open on your dressing table. You will be surprised to find how much can be accomplished in the course of a year. I have put down a list of ten books with which you may make close friends. There are many others; studied carefully in your student days these will help in the inner education of which I speak." And he recommended 10 books/authors: Old and New Testaments, Shakespeare, Montaigne, Plutarch, Marcus Aurelius, Epictetus, Thomas Browne, Cervantes, Emerson and Oliver W Holmes. What Dr. Osler recommended was a "Bed-side Library for Medical Students" as he considered medicine being not just a vocation but a calling that requires both brain and mind equally engaged.

More than 100 years have passed since his day and the environment for medical students has changed dramatically. The biggest of the changes is the drastic development in the field of Information Technology, which enables the individual to obtain information instantaneously. On the other hand, it has become far more difficult to sort out what is really necessary from the sea of medical information and to integrate one's own wisdom to find answers that resolve problems. Unfortunately, we cannot say that today's medical students who manage to cram abundant and superficial knowledge into their heads have fully developed the ability to "see" things through their own thoughts and minds; the most desired ability for a medical practitioner. It is because of this state of affairs that Dr. Osler's directive should be recognized again.

The presentation of the 10 books recommended for today's medical students came from a dialogue between Dr. Osamu Yoshida, an Oslerian who has been engaged in medicine as a medical doctor and educator for over 50 years and Dr. Megumi Kondo-Arita, who has been in medical practice and education as a young psychologist. Dr. Yoshida and Dr. Kondo-Arita referenced a list of books recommended by 12 board members of the Japan Osler Society as the starting point of the selection process. The three criteria for selection stipulated that the books have: 1. Humanistic elements which are necessary in forging personalities; 2. Are helpful in understanding the unique cultural characteristics of Japan; 3. Are helpful in understanding universal issues beyond specific culture. We think that the following selections are helpful for medical education not just in Japan but in other countries as well.

- *Osler's "A Way of Life" & Other Addresses with Commentary & Annotations (2001)* by Shigeaki Hinohara and Hisae Niki
- *Meno (380 B.C.E)* by Plato
- *Men's Search for Meaning (1946)* by Viktor E Frankl
- *What is Man? (1906) by* Mark Twain
- *Sherlock Holmes(1887-1927)* by Arthur C. Doyle
- *"An Account of a Ten-Foot-Square Hut"* by Kamo-no Chomei *Trans. Anthony H. Chambers (2007)*
- *An Inquiry into the Good (1911)* by Kitaro Nishida
- "*Silence" (1966) or "Deep River" (1993)* by Shusaku Endo
- "*Omoidasu Koto nado" (literally Random Thoughts)" (1910) or Kokoro (literally Heart) (1914)* by Soseki Natume
- *1Q84 (2009) or Kafka on the Shore (2002), Norwegian Wood (1987),* or *The Wind-Up Bird Chronicle (1995)* by Haruki Murakami.

**Learning objectives:**

1. To list books by the authors recommended to medical students.
2. To discuss reading materials beyond medicine.
3. To compare cultural backgrounds relative to Japan, the U.S. and Europe regarding medicine.

## John P. McGovern Lectureship Awards

| | |
|---|---|
| 1986 | Albert Rupert Jonsen |
| 1987 | Edward Janavel Huth |
| 1988 | Joanne Trautmann Banks |
| 1989 | John Nicholas Walton |
| 1990 | E. A. Vastyan |
| 1991 | Daniel Michael Fox |
| 1992 | William C. Beck |
| 1993 | Anne Hudson Jones |
| 1994 | David Hamilton |
| 1995 | Sherwin B. Nuland |
| 1996 | David J. Rothman |
| 1997 | Roger James Bulger |
| 1998 | Paul Potter |
| 1999 | John David Stobo |
| 2000 | Gert Henry Brieger |
| 2001 | Kenneth M. Ludmerer |
| 2002 | James K. Cassedy |
| 2003 | Sir Richard Doll |
| 2004 | William F. Bynum |
| 2005 | Karen Hein |
| 2006 | Joseph Jack Fins |
| 2007 | Abraham Verghese |
| 2008 | Charles E. Rosenberg |
| 2009 | Patrick A. McKee |
| 2010 | Nuala P. Kenny |
| 2011 | Rosemary A. Stevens |
| 2012 | C. David Naylor |
| 2013 | Bert Hansen |
| 2014 | Sir Donald Irvine |

## Lifetime Achievement Awards

| | |
|---|---|
| 2005 | Earl F. Nation |
| 2006 | Charles G. Roland |
| 2007 | Lawrence D. Longo |
| 2008 | Richard L. Golden |
| 2009 | W. Bruce Fye |
| 2010 | Charles S. Bryan |
| 2011 | Michael Bliss |
| 2012 | Jeremiah A. Barondess |
| 2013 | John C. Carson |

# Presidents of the American Osler Society

* Deceased

| | | | |
|---|---|---|---|
| William B. Bean* | 1970-1971 | Alvin E. Rodin* | 1992-1993 |
| George T. Harrell* | 1971-1972 | Robert E. Rakel | 1993-1994 |
| Thomas M. Durant* | 1972-1973 | Kenneth M. Ludmerer | 1994-1995 |
| John P. McGovern* | 1973-1974 | Charles F. Wooley* | 1995-1996 |
| Edward C. Rosenow, Jr.* | 1974-1975 | Billy F. Andrews | 1996-1997 |
| A. McGehee Harvey* | 1975-1976 | Eugene H. Conner | 1997-1998 |
| Raymond D. Pruitt* | 1976-1977 | Richard J. Kahn | 1998-1999 |
| Martin M. Cummings* | 1977-1978 | Dee J. Canale | 1999-2000 |
| Earl F. Nation* | 1978-1979 | Mark E. Silverman* | 2000-2001 |
| Irving A. Beck* | 1979-1980 | John C. Carson | 2001-2002 |
| Peter D. Olch* | 1980-1981 | Lawrence D. Longo | 2002-2003 |
| William C. Gibson* | 1981-1982 | Marvin J. Stone | 2003-2004 |
| R. Palmer Howard* | 1982-1983 | Chester R. Burns* | 2004-2005 |
| Jeremiah A. Barondess | 1983-1984 | Claus A. Pierach | 2005-2006 |
| K. Garth Huston* | 1984-1985 | T. Jock Murray | 2006-2007 |
| William B. Spaulding* | 1985-1986 | Francis A. Neelon | 2007-2008 |
| Charles G. Roland* | 1986-1987 | Joseph W. Lella | 2008-2009 |
| Robert P. Hudson | 1987-1988 | John Noble | 2009-2010 |
| W. Bruce Fye | 1988-1989 | Charles S. Bryan | 2010-2011 |
| Richard L. Golden | 1989-1990 | Michael Bliss | 2011-2012 |
| Jack D. Key | 1990-1991 | Sandra W. Moss | 2012-2013 |
| Paul D. Kligfield | 1991-1992 | Pamela J. Miller | 2013-2014 |

# Secretaries and Treasurers of the American Osler Society

*Deceased

| Year(s) | Treasurer-Historian | Secretary |
|---|---|---|
| 1971 | Alfred R. Henderson | John P. McGovern* |
| 1972 | Alfred R. Henderson | Edward C. Rosenow, Jr.* |
| 1973 | Alfred R. Henderson | A. McGehee Harvey* |
| 1974 | Alfred R. Henderson | Raymond D. Pruitt* |
| 1975 | Alfred R. Henderson | Martin M. Cummings* |
| | **Secretary-Treasurer** | |
| 1976 - 1985 | Charles C. Roland* | |
| 1986 - 1989 | Jack D. Key | |
| 1990 - 2000 | Lawrence D. Longo | |
| 2001 - 2009 | Charles S. Bryan | |
| | **Treasurer** | **Secretary** |
| 2009 - 2012 | R. Dennis Bastron | Paul S. Mueller |
| 2012 - 2014 | R. Dennis Bastron | |
| 2012 - 2015 | | Christopher J. Boes |

# Living Members of the American Osler Society

## Honorary Members

THOMAS G. BENEDEK
*Pittsburgh, Pennsylvania*

SHIGEAKI HINOHARA
*Tokyo, Japan*

JOHN D. STOBO
*San Rafael, California*

GERT H. BRIEGER
*Baltimore, Maryland*

MARIAN FRANCIS KELEN
*Ottawa, Ontario, Canada*

JOHN N. WALTON
*Belford*
*Northumberland, England*

## Charter Members

* Emeritus

ALFRED R. HENDERSON*
*Bethesda, Maryland*

FRED B. ROGERS*
*Trenton, New Jersey*

## Elected Members

* Emeritus

NITIN K. AHUJA (2011)
*Charlottesville, Virginia*

JACK B. ALPERIN (2004)
*Galveston, Texas*

CHARLES T. AMBROSE* (1998)
*Lexington, Kentucky*

BILLY F. ANDREWS (1972)
*Floyds Knobs, Indiana*

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

JAMES E. BAILEY (2011)
*Memphis, Tennessee*

JAMES O. BALLARD (2006)
*Hummelstown, Pennsylvania*

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

R. DENNIS BASTRON (2003)
*Tucson, Arizona*

GEORGE S. BAUSE (2010)
*Cleveland, Ohio*

STEVEN L. BERK (1988)
*Lubbock, Texas*

PAUL E. BERMAN* (2002)
*Amherst, Massachusetts*

FAUSTINO BERNADETT (2012)
*Long Beach, California*

KERSTIN BETTERMANN (2010)
*Hershey, Pennsylvania*

DARRYL BINDSCHADLER (2007)
*Cheyenne, Wyoming*

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

RICHARD K. BLAISDELL* (1973)
*Honolulu, Hawaii*

J. MICHAEL BLISS (1996)
*Toronto, Ontario, Canada*

CHRISTOPHER J. BOES (2010)
*Rochester, Minnesota*

W. BRYANT BOUTWELL (2005)
*Houston, Texas*

MICHAEL BRENER (2011)
*Baltimore, Maryland*

CHARLES S. BRYAN (1994)
*Columbia, South Carolina*

JOHN D. BULLOCK (2008)
*Dayton, Ohio*

LEONARD H. CALABRESE (2008)
*Cleveland Heights, Ohio*

IAN A. CAMERON (2011)
*Sherbrooke, Nova Scotia, Canada*

DEE J. CANALE* (1985)
*Memphis, Tennessee*

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

JOHN C. CARSON (1987)
*La Jolla, California*

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

DONALD CATINO* (1984)
*New London, New Hampshire*

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

CLIFTON R. CLEAVELAND* (1999)
*Signal Mountain, Tennessee*

MARGARET COCKS (2012)
*Long Beach, California*

EUGENE H. CONNER* (1980)
*Thomasville, Georgia*

BARRY COOPER (2002)
*Dallas, Texas*

DAVID K. C. COOPER (2006)
*Pittsburgh, Pennsylvania*

CHRISTOPHER CRENNER (2005)
*Kansas City, Missouri*

JOHN H. CULE* (1973)
*Ceredigion, Llandysul, Wales*

BURKE A. CUNHA (2002)
*Garden City, New York*

# Living Members of the American Osler Society (continued)
## Elected Members

* Emeritus

MARTIN L. DALTON, JR.* (2000)
*Macon, Georgia*

PETER E. DANS* (2002)
*Cockeysville, Maryland*

SAKTI DAS (1998)
*Lafayette, California*

ANAND P. DATE (2002)
*Middlesex, United Kingdom*

ALLAN J. DENNIS, JR.* (2005)
*Augusta, Georgia*

NICHOLAS DEWEY* (1981)
*Santa Barbara, California*

CHRISTOPHER F. DIBBLE (2011)
*Carrboro, North Carolina*

LAUREL E. DREVLOW (2006)
*Minneapolis, Minnesota*

JACALYN M. DUFFIN (1998)
*Kingston, Ontario, Canada*

PAUL G. DYMENT* (1982)
*Topsham, Maine*

GEORGE C. EBERS (1985)
*Oxford, England*

RICHARD EIMAS* (1986)
*Reston, Virginia*

ARNOLD EINHORN* (2002)
*Chevy Chase, Maryland*

MICHAEL EMMETT (2003)
*Addison, Texas*

LYNN C. EPSTEIN* (1999)
*Bristol, Rhode Island*

JONATHON ERLEN (2002)
*Pittsburgh, Pennsylvania*

WILLIAM N. EVANS (2010)
*Las Vegas, Nevada*

MEGHAN A. FEELY (2011)
*Short Hills, New Jersey*

ANDREW Z. FENVES (2005)
*Boston, Massachusetts*

GARY B. FERNGREN (1996)
*Corvallis, Oregon*

JOSEPH J. FINS (2009)
*New York, New York*

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

THOMAS W. FRANK (2010)
*El Paso, Texas*

RICHARD S. FRASER (2012)
*Montreal, Quebec, Canada*

HERBERT L. FRED* (1984)
*Houston, Texas*

J. GORDON FRIERSON (2009)
*Palo Alto, California*

ABRAHAM FUKS (1999)
*Montreal, Quebec, Canada*

CONRAD C. FULKERSON (2001)
*Timberlake, North Carolina*

J. MICHAEL FULLER (2009)
*Greenville, South Carolina*

W. BRUCE FYE (1975)
*Rochester, Minnesota*

CHRISTOPHER G. GOETZ (2000)
*River Forest, Illinois*

JOHN T. GOLDEN (1999)
*Grosse Pointe Woods, Michigan*

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

JAMES T. GOODRICH (1982)
*Grandview, New York*

JOHN L. GRANER (1997)
*Rochester, Minnesota*

STEPHEN B. GREENBERG (1997)
*Houston, Texas*

JEREMY A. GREENE (2013)
*Baltimore, Maryland*

DAVID R. HABURCHAK (2002)
*Augusta, Georgia*

JAMES F. HAMMARSTEN* (1981)
*Melrose, Minnesota*

SIMON HANFT (2006)
*New York, New York*

H. ALEXANDER HEGGTVEIT* (1982)
*Hamilton, Ontario*

PERRY HOOKMAN (1999)
*Potomac, Maryland*

JOEL D. HOWELL (1987)
*Ann Arbor, Michigan*

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

KRISTIN M. HUNTOON (2013)
*Grand Ledge, Michigan*

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

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

BRUCE J. INNES* (2001)
*Macon, Georgia*

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

NEIL JENKINS (2008)
*Nashport, Ohio*

H. MICHAEL JONES (2006)
*Henderson, North Carolina*

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

RICHARD J. KAHN (1981)
*Tenants Harbor, Maine*

ANAND B. KARNAD (1998)
*San Antonio, Texas*

JOHN A. KASTOR* (2004)
*Baltimore, Maryland*

CARLA C. KEIRNS (2011)
*Port Jefferson Station, New York*

ELTON R. KERR (1989)
*Richland, Washington*

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

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

DENNIS M. KRATZ (2013)
*Richardson, Texas*

IRVING KUSHNER (2012)
*Shaker Heights, Ohio*

ROBERT A. KYLE (2007)
*Rochester, Minnesota*

S. ROBERT LATHAN* (2002)
*Atlanta, Georgia*

# Living Members of the American Osler Society (continued)
## Elected Members

* Emeritus

KATHERINE LATIMER (2011)
*Baltimore, Maryland*

JOSEPH W. LELLA (1998)
*London, Ontario, Canada*

ROBERT I. LEVY* (2007)
*Baltimore, Maryland*

LAWRENCE D. LONGO (1976)
*Redlands, California*

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

CARL E. LUNDSTROM (2011)
*Rochester, Minnesota*

CHRISTOPHER M. LYONS (2012)
*Montreal, Quebec, Canada*

ERIC L. MATTESON (2011)
*Rochester, Minnesota*

CHRYSSA N. K. McALISTER (2009)
*Toronto, Ontario, Canada*

VIVIAN C. McALISTER (2010)
*London, Ontario, Canada*

PAUL R. McHUGH* (1990)
*Baltimore, Maryland*

NEIL McINTYRE* (1995)
*Woodford Green, Essex, England*

LAURA McLAFFERTY (2011)
*Cranberry Township, Pennsylvania*

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

ROBERT G. MENNEL (1999)
*Dallas, Texas*

M. ALAN MENTER* (2004)
*Dallas, Texas*

PAMELA J. MILLER (2003)
*Westmount, Quebec, Canada*

J. MARIO MOLINA (2008)
*Long Beach, California*

MICHAEL E. MORAN (2004)
*Aiken, South Carolina*

DANIEL D. MORGAN (2000)
*Fremont, California*

SANDRA W. MOSS (2002)
*Metuchen, New Jersey*

PAUL S. MUELLER (2003)
*Rochester, Minnesota*

SEAN B. MURPHY* (2002)
*Westmount, Quebec, Canada*

T. JOCK MURRAY* (1992)
*Halifax, Nova Scotia, Canada*

ANDREW T. NADELL (1986)
*Burlingame, California*

FRANCIS A. NEELON* (1992)
*Durham, North Carolina*

ROBERT R. NESBIT, JR. (2003)
*Augusta, Georgia*

JOHN NOBLE* (1993)
*Boston, Massachusetts*

ROBERT K. OLDHAM (1982)
*Summerland Key, Florida*

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

BRUCE R. PARKER* (1995)
*San Francisco, California*

CLYDE PARTIN, JR. (1999)
*Atlanta, Georgia*

STEVEN J. PEITZMAN (2002)
*Philadelphia, Pennsylvania*

COURTNEY PENDLETON (2010)
*Baltimore, Maryland*

CLAUS A. PIERACH (1991)
*Minneapolis, Minnesota*

CYNTHIA D. PITCOCK (1992)
*Memphis, Tennessee*

SCOTT H. PODOLSKY (2010)
*Boston, Massachusetts*

BETH PREMINGER (2002)
*New York, New York*

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

TONSE N. K. RAJU (1999)
*Gaithersburg, Maryland*

ROBERT E. RAKEL (1983)
*Houston, Texas*

MICHAEL A. E. RAMSAY (2006)
*Dallas, Texas*

P. PRESTON REYNOLDS (1998)
*Charlottesville, Virginia*

C. JOAN RICHARDSON (2008)
*Galveston, Texas*

CHARLES S. ROBERTS (2004)
*Charleston, South Carolina*

WILLIAM C. ROBERTS* (2000)
*Dallas, Texas*

LOREN A. ROLAK (1995)
*Marshfield, Wisconsin*

MILTON G. ROXANAS (2012)
*Wahroonga, New South Wales, Australia*

GEORGE SARKA (2009)
*Laguna Hills, California*

AMIT SHARMA (2009)
*Highland Park, New Jersey*

CHRISTOPHER B. SHIELDS* (1989)
*Louisville, Kentucky*

BARRY D. SILVERMAN (1997)
*Atlanta, Georgia*

RUSSELL L. SILVERSTEIN (2005)
*Dallas, Texas*

WILLIAM A. SMITH, JR. (2000)
*Fulton, Kentucky*

THOMAS C. SODEMAN (2012)
*Toledo, Ohio*

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

MARVIN J. STONE (1990)
*Dallas, Texas*

ROB H. STONE (2008)
*West Hills, California*

JOHN T. STROH (2012)
*Olathe, Kansas*

HERBERT M. SWICK (2000)
*Missoula, Montana*

RAMYA TAKKELLAPATI (2013)
*Baltimore, Maryland*

SERENA TAN (2006)
*Palo Alto, California*

JOSHUA C. TOMPKINS (2013)
*Los Angeles, California*

# Living Members of the American Osler Society (continued)

## Elected Members

* Emeritus

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

MICHAEL TROTTER (2013)
*Greenville, Mississippi*

JOHN T. TRUMAN* (2000)
*Goshen, Connecticut*

JOSEPH B. VANDER VEER, JR. (2003)
*Devon, Pennsylvania*

HECTOR O. VENTURA (1999)
*Metairie, Louisiana*

SARA E. WALKER (2012)
*Las Cruces, New Mexico*

JOHN W. K. WARD (2003)
*Abingdon, Oxfordshire, England*

MARGARET P. WARDLAW (2011)
*Austin, Texas*

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

MARC E. WEKSLER* (2004)
*Tenafly, New Jersey*

DENNIS K. WENTZ* (2003)
*Bozeman, Montana*

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

THORNE S. WINTER (2010)
*Atlanta, Georgia*

W. CURTIS WORTHINGTON* (1999)
*Charleston, South Carolina*

JAMES R. WRIGHT
*Calgary, Alberta*

JAMES B. YOUNG (1992)
*Cleveland, Ohio*

# Deceased Members of the American Osler Society

## Honorary Members

WILBURT C. DAVISON
*(1892-1972)*

WILDER G. PENFIELD
*(1891-1976)*

EMILE F. HOLMAN
*(1890-1977)*

GEORGE W. CORNER
*(1899-1981)*

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

LLOYD G. STEVENSON
*(1918-1988)*

HAROLD N. SEGALL
*(1897-1990)*

EDWARD H. BENSLEY
*(1906-1995)*

H. ROCKE ROBERTSON
*(1912-1998)*

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

## Charter Members

PAUL DUDLEY WHITE
*(1886-1973)*

THOMAS M. DURANT
*(1905-1977)*

WALTER C. ALVAREZ
*(1884-1978)*

CHAUNCEY D. LEAKE
*(1896-1978)*

EARLE P. SCARLETT
*(1896-1982)*

SAMUEL X. RADBILL
*(1901-1987)*

HOWARD L. HOLLEY
(1914-1988)

WILLIAM B. BEAN
*(1909-1989)*

R. PALMER HOWARD
*(1912-1990)*

RAYMOND D. PRUITT
*(1912-1993)*

THOMAS F. KEYS
*(1908-1995)*

H. GRANT TAYLOR
*(1903-1995)*

CECILE DESBARATS
(1907-1998)

A. McGEHEE HARVEY
*(1911-1998)*

WILLARD E. GOODWIN
*(1915-1998)*

GEORGE T. HARRELL
*(1908-1999)*

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

WILLIAM K. BEATTY
*(1926-2002)*

PALMER H. FUTCHER
(1910-2004)

G. S. T. CAVANAGH
*(1923-2005)*

JOHN P. McGOVERN
*(1921-2007)*

# Deceased Members of the American Osler Society (continued)

## Charter Members

EARL F. NATION
*(1910-2008)*

VICTOR A. McKUSICK
*(1921-2008)*

CHARLES G. ROLAND
*(1933-2009)*

WILLIAM C. GIBSON
*(1914-2009)*

MARTIN M. CUMMINGS
*(1920-2011)*

ILZA VEITH
*(1912-2013)*

## Elected Members

ARTHUR D. KELLY
*(1901-1976)*

MARSHALL N. FULTON
*(1899-1977)*

I. N. DUBIN
*(1913-1981)*

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

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

GEORGE E. BURCH
*(1910-1986)*

K. GARTH HUSTON
*(1926-1987)*

GORDON W. JONES
*(1915-1987)*

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

ROBERT J. MOES
*(1905-1988)*

S. GORDON ROSS
*(1899-1990)*

MAURICE A. SCHNITKER
*(1905-1990)*

JAMES V. WARREN
*(1915-1990)*

NICHOLAS E. DAVIES
*(1926-1991)*

PETER D. OLCH
*(1930-1991)*

JOHN Z. BOWERS
*(1913-1993)*

WILLIAM B. SPAULDING
*(1922-1993)*

LEWIS THOMAS
*(1913-1993)*

RODERICK K. CALVERLEY
*(1938-1995)*

DYKES CORDELL
*(1944-1996)*

LUTHER C. BECK
*(1909-1996)*

HASKELL F. NORMAN
*(1915-1996)*

JOHN W. SCOTT
*(1915-1997)*

IRVING A. BECK
*(1911-1997)*

THOMAS A. WARTHIN
*(1909-1997)*

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

JAMES A. KNIGHT
*(1918-1998)*

NORMAN SCHAFTEL
*(1914-1998)*

DANIEL B. STONE
*(1925-1998)*

ALVIN E. RODIN
*(1926-1999)*

GARFIELD J. TOURNEY
*(1927-1999)*

R. CARMICHAEL TILGHMAN
*(1904-1999)*

STANLEY W. JACKSON
*(1920-2000)*

SAUL JARCHO
*(1906-2000)*

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

ROBERT E. BEAMISH
*(1916-2001)*

ARNOLD G. ROGERS
*(1925-2001)*

FREDERICK W. BARNES
*(1909-2001)*

WALTER D. HANKINS
*(1910-2001)*

ROY SELBY
*(1930-2002)*

E. CARWILE LEROY
*(1933-2002)*

ROBERT M. KARK
*(1911-2002)*

CARLETON B. CHAPMAN
*(1915-2002)*

DAVID M. MUMFORD
*(1927-2003)*

ALEX SAKULA
*(1917-2003)*

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

CLARK T. SAWIN
*(1934-2004)*

A. BENEDICT SCHNEIDER
*(1914-2004)*

STEWART G. WOLFE
*(1914 - 2005)*

G. R. PATERSON
*(1919-2005)*

W. WATSON BUCHANAN
*(1930-2006)*

*The American Osler Society was 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 Sir 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.*

# Deceased Members of the American Osler Society (continued)
## Elected Members

CHESTER R. BURNS
*(1937-2006)*

ROBERT AUSTRIAN
*(1916-2007)*

CHARLES F. WOOLEY
*(1930-2008)*

M. GEORGE JACOBY
*(1920-2008)*

MARK E. SILVERMAN
*(1939-2008)*

ROBERT U. MASSEY
*(1922-2008)*

ARTHUR GRYFE
*(1935-2009)*

LEON Z. SAUNDERS
*(1920-2009)*

HOWARD B. BURCHELL
*(1908-2009)*

HARRIS D. RILEY, JR.
*(1924-2010)*

D. GERAINT JAMES
*(1922-2010)*

ROBERT C. KIMBROUGH, III
*(1941-2010)*

C. PETER W. WARREN
*(1940-2011)*

J. WILLIS HURST
*(1920-2011)*

PHILIP W. LEON
*(1944-2012)*

OM P. SHARMA
*(1936-2012)*

WILLIAM S. HAUBRICH
*(1923-2012)*

EDMUND PELLEGRINO
*(1920-2013)*

WILLIAM H. FEINDEL
*(1918-2014)*

ROBERT P. TURK
*(1931-2014)*

KENNETH G. SWAN
*(1934-2014)*

*Photo courtesy of Osler Library of the History of Medicine, McGill University*

Sir William Osler in Oxford Gown