53rd Annual Meeting of the American Osler Society



Sunday, May 21st – Wednesday, May 24th, 2023 Holiday Inn Regent's Park London, England

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Thomas Linacre c1460-1524 First President of the Royal College of Physicians 1518-24 William Osler gave the Linacre Lecture in 1908.

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Course Objectives

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

- 1.) Describe new research findings in the history of medicine
- 2.) Outline the evolution of medicine in a particular disease
- 3.) List original 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 Statement

This activity has been planned and implemented in accordance with the accreditation requiremen and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of The University of Arizona College of Medicine - Tucson and American Osler Society. The University of Arizona College of Medicine - Tucson is accredited by the ACCME to provide continuing medical education for physicians.

The University of Arizona College of Medicine – Tucson designates this live activity for a maximum of 18 AMA PRA Category 1 Credit(s)TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Relevant Financial Relationships Statement

None of the presentations of this activity will discuss any products or services produced, marketed, sold or distributed by an ACCME-defined ineligible company. Therefore, there are no relevant financial relationships for anyone in control of content.

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Sunday, May 21, 2023

1:00 – 5:00 pm Registration

3:00 – 5:00 pm Tours

7:00 – 9:00 pm Board of Governors Meeting

Monday, May 22, 2023

The Search for Truth Moderator: Mario Molina

8:00 am	Provenance and Purpose - The Dilemma over Data from Nazi Experiments Claus A. Pierach (page 43)
8:20 am	Freud and Leonardo: Confabulation and Creativity Rolando Del Maestro (page 16)
8:40 am	Sir William Wilde and His Son Oscar: Personality Parallels in Their Successes and Downfalls Mike Collins (page 14)
9:00 am	Animo Intrepidus – With Courage Undaunted. A Window Into the Roman Art of Medicine Yang Liu (page 34)
9:20 am	To Cut or Not to Cut? The History, Controversy, and Informed Discussion of Male Neonatal Circumcision Kathleen Karam (page 30)
9:40 am	BREAK
	The Search for The Art of Medicine Moderator: Robert Mennel
10:00 am	The Whole Art: 1. The Physical Examination as Healing Ritual Herbert M. Swick (page 54)
10:20 am	The Whole Art: 2. The Physical Examination as Scientific Evidence

Monday, May 22, 2023 (continued)

10:40 am The Whole Art: 3. The Physical Examination as Font of Serendipity Francis A. Neelon (page 40) 11:00 am THE JOHN P. MCGOVERN AWARD LECTURESHIP The Role of Physicians in Creating Health Equity Shawna Nesbitt, M.D. 12:00 pm LUNCH **British Connections Moderator: Sarah Peart** 1:00 pm Dame Cicely Saunders and the Inception of Modern-Day Hospice Care Manjushree Shanmugasundaram (page 50) 1:20 pm The Four Great Men of Guy's Marvin J. Stone (page 53) 1:40 pm Dr. Frederick Silk, A Forgotten Name in Medicine but a Pioneer in the Establishment of Anaesthesia as a Medical Specialty David Green (page 25) 2:00 pm What Was Osler's Motto? John M. Harris, Jr. (page 27) Two Physicians with Acromegaly 2:20 pm Gordon Frierson (page 23) Osler's Last Patient, "Mrs. M." - A Clinico-pathological Appraisal 2:40 pm Graham Kyle (page 31) 3:00 pm Conscientious Objectors, WWI, and William Osler: A Missed Opportunity Michael H. Malloy (page 37) 3:20 pm BREAK

Program Schedule

Monday, May 22, 2023 (continued)

The Search for Beauty in Art and Prose Moderator: Ali M. Fazlollahi

3:40 pm	Toward a Kinder, Gentler World: The Art of Tarleton Blackwell, William Osler's Most Recent Portraitist Charles S. Bryan (page 12)
4:00 pm	'Brush Up Your Shakespeare': My View of the Bard's Relevance to Medicine John D. Bullock (page 13)
4:20 pm	Literary and Artistic References to Scleroderma: From Osler to Klee Richard M. Silver (page 51)
4:40 pm	Creators, Transmuters and Transmitters, as Illustrated by Shakespeare, Bacon and Burton and Sir William Osler George Sarka (page 48)
5:00 pm	ADJOURN
6:00 – 8:00pm	Drink & Hors d'oeuvres Reception Royal Society of Medicine

Tuesday, May 23, 2023

Canadian Osler Connections Moderator: Milton Roxanas

8:00 am	Lord Strathcona, William Osler, and a Pinch of Shakespeare C. Ronald MacKenzie (page 36)
8:20 am	History of Apprenticeship in Neurosurgery at the Montreal Neurological Institute, 1934-1960 Ali M. Fazlollahi, Rolando Del Maestro, and Thomas Schlich (page 21)
8:40 am	From Rhodes Scholars to Osler's Students to Honorary Members of American Osler Society: Davison, Holman, and Penfield Jong O. Lee (page 33)

Tuesday, May 23, 2023 (continued)

- 9:00 am "A Young Canadian from the Rockefeller Institute" Arthur Ellis and the Treatment of Cerebro-spinal Meningitis in World War I Edward J. Wawrzynczak (page 58)
- 9:20 am Osler's Contemporaries Part I: Anderson Ruffin Abbott the First Black Canadian Physician J. Alberto Maldonado, Premal Patel, and Sandy Samaan (page 26)

9:40 am BREAK

New Voices Moderator: Joan Richardson

- 10:00 am Audrey E. Evans M.D., Humanist and Pioneering Pediatric Oncologist Robert G. Mennel (page 39)
 10:20 D. Willie G. et al. (1990, 10(4), A. Willie et al. (1990, 10(4)).
- 10:20 am Dr. William Carpenter MacCarty (1880-1964): A Visionary in Surgical Pathology and in his Enthusiasm for the Osler Legacy Dennis T. Costakos (page 15)
- 10:40 am Sir William Osler's Place in the History of Cancer Christopher Doan (page 17)
- 11:00 am Dr. Solomon Carter Fuller: An Unde-Recognized Pioneer in Alzheimer's Research Peyton Armstrong (page 11)
- 11:20 am John Ferriar (1761-1815) A Manchester Polymath John W.K. Ward (page 57)
- 11:40 am The Complicated Life of Heinrich Stern, Founder of the American College of Physicians Daniel Goodenberger (page 24)

12:00 pm LUNCH

Tuesday, May 23, 2023 (continued)

Life and Ethics Moderator: John Bullock

1:00 pm	Concessions, Coercions, and Coveted Conversions: Exploring Pope Gregory XIII's Injunction of 1584 Against Jewish Physicians Yoel Yakobi (page 60)
1:20 pm	Resuscitating Lazarus: The Accident as Medical Emergency Katarina Sawtelle (page 49)
1:40 pm	Inside the Box of Life: The Story of the Incubator Hillary C. Lee (page 32)
2:00 pm	Rh Disease and Reproductive Governance Jennifer Qin (page 45)
2:20 pm	Then and Now: Osler, Vaccine Hesitancy, and Public Health Ethics Grayson R. Jackson (page 28)
2:40 pm	Justina Warren Ford: A Tale of a Medicine Woman in Early-Twentieth Century in Denver, Colorado Maria G. Frank (page 22)
3:00 pm	BREAK
	Past to Present Moderator: Christopher Crenner
3:20 pm	The Rejection of Theodoric Borgognoni's Antiseptic Treatments Jean Pierre Durand (page 19)
3:40 pm	The Reluctant Prometheus Bound but Unwound: The Hot-Headed Contention Surrounding the Bovie's Inclusion in Harvey Cushing's Festschrift Michael P.H. Stanley (page 52)
4:00 pm	The Legacy of Dr. Paul Farmer Meghana Potturu (page 44)
4:20 pm	Allen Buckner Kanavel: Surgical Proteus David Tate (page 55)

Tuesday, May 23, 2023 (continued)

4:40 pm Caregiver Burnout, the Pursuit of Stillness, and Osler's *Aequanimitas* James B. Young (page 61)

5:00 pm ADJOURN

6:00 – Reception & Banquet 10:00 pm Presidential Address – Christopher Boes Royal College of Physicians

Wednesday, May 24, 2023

7:30 –	Annual Business Meeting
8:15 am	-

War and Rebellion

Moderator: Rebecca Jones

8:20 am Physicians Without Borders, Physicians Without Countries, or Physician Enemy Aliens? Lessons from the International Medical Relief Corps in wartime China Robert Mamlok (page 38) 8:40 am Hospitales y Jefes: The Role of the Hospital System in supporting the Guatemalan Military Regime Emily Rodriguez and Elizabeth O'Brien (page 47) 9:00 am Dr. Anandi Gopal Joshi: Fearless Challenger of the Indian Quo Yash Ramgopal (page 46) 9:20 am Forensic Psychiatry, Insanity, and the Whiskey Rebellion Matthew L. Edwards (page 20) 9:40 am A Psychiatrist's View of Tricking People: From Benign to Malignant Tricks John G. Looney (page 35) 10:00 am BREAK

Wednesday, May 24, 2023 (continued)

More Osler Moderator: John Ward

10:20 am	Oslers of the Cape - the South African Branch of the Osler Family Sarah Peart (page 42)
10:40 am	Elliott Carr Cutler, MD, FACS: The "Other" Mosely Professor Robert R. Nesbit, Jr. & Christian Cullen (page 41)
11:00 am	A Bibliophile, a Bookseller, and 3 Bigelows Meet in a Bar William Osler's Prolonged Search for BMSJ Volume 35 (1846–47): I Propose That This Persistent Pursuit Possibly Promoted His Premature Passing Richard Kahn (page 29)
11:20 am	Was Osler "On the Run" When He Moved from Philadelphia to Baltimore? James R. Wright (page 59)
11:40 am	William Bennett Bean, MD: First President of American Osler Society Barbara L. Thompson (page 56)
Noon	ADJOURN

Dr. Solomon Carter Fuller: An Underrecognized Pioneer in Alzheimer's Research

Peyton Armstrong

Peyton Armstrong is a second year medical student at the University of Texas Medical Branch in Galveston. She is on the Board of Directors for the Student Osler Societies at UTMB. Peyton has presented nationally and won multiple awards for her research in Alzheimer's Dementia and neurotrauma.

Sir William Osler said "Be calm and strong and patient... Rise superior to the trials of life, and never give in to hopelessness or despair. In danger, in adversity, cling to your principles and ideals." Dr. Solomon Carter Fuller was an African American neuropathologist and psychiatrist who upheld these tenets. Fuller made strides in the medical world not only in Alzheimer's Dementia research, but also for black doctors in the US. However, his historical contributions have not been fully recognized.

Solomon Carter Fuller was born in 1872 in Liberia. At 17, he left Liberia and emigrated to the United States. He earned his MD from Boston University Medical School in 1897. Dr. Fuller developed interest in the fields of neurology and psychiatry. His interest in neuropathology led him to conduct autopsies during his free time. Similar to Sir William Osler, Dr. Fuller closely observed organs comparing diseased tissues and investigating mysterious illnesses. In 1899, he became Hospital Pathologist and Instructor of Pathology at Boston University. In 1904, at the opening of the Emil Kraepelin's clinic and laboratory at the Royal Psychiatric Hospital, Dr. Solomon Carter Fuller was one of five foreign students selected to serve as a research assistant. Fuller published descriptions of neuropathological features he found on autopsy of patients diagnosed with conditions such as "dementia paralytica", "dementia senilis", and chronic alcoholism. He noted abnormalities in neuronal structures and presence of neurofibrils. In 1912, Dr. Fuller published the first comprehensive review of Alzheimer's disease and translated Alzheimer's original case to English for the first time. Fuller returned to Boston University in 1919 where he served as an associate professor. As the only African American professor at the time, he was met with racial discrimination. At the time of his retirement, Dr. Fuller commented "With the sort of work that I have done, I might have gone further and reached a higher plane had it not been for the colour of my skin". While his ethnicity may have limited his career opportunities, Dr. Solomon Carter Fuller still became a pioneer in Alzheimer's disease research. He clung his ideals and principles and faced adversity with courage and determination, emulating similar characteristics to Sir William Osler.

- 1. Give insight into Dr. Fuller's contributions to early Alzheimer's Disease research.
- 2. Discuss racial hardships the African American population has faced in medicine and research.
- 3. Outline events of Dr. Fuller's life and medical career which exhibit Oslerian principles and ideals.

Toward a Kinder, Gentler World: The Art of Tarleton Blackwell, William Osler's Most Recent Portraitist

Charles S. Bryan

Charles S. Bryan, Heyward Gibbes Distinguished Professor of Internal Medicine Emeritus at the University of South Carolina, is a past secretary-treasurer (2001–2009) and president (2011) of the American Osler Society and editor-in-chief of Sir William Osler: An Encyclopedia (2020).

"Empathy" crossed into English in 1909 from the German Einfühlung, coined by Robert Vischer (1847–1933), who wanted a word to denote the ability to appreciate the emotional world of an artist by studying the artist's creations. The compositions of Tarleton Blackwell (b. 1956), one of his generation's most acclaimed African American artists, pose unique challenges in this regard.

Blackwell is familiar to Oslerians for his 2019 portrait of our namesake, commissioned for the Osler encyclopedia and based on a 1913 photograph colorized for Nadeem Toodayan by the British firm of Joseph J. Lloyd. This portrait evinces Blackwell's competence across a range of media and subject matter, but his wide reputation derives from a body of work known as the Hog Series.

The Hog Series presents images from everyday life, animals (wild and domestic), high culture (notably, the art of Diego Velázquez [1599–1660]), children's stories, cartoon characters, corporate logos, trees and houses as drawn by schoolchildren, and icons representing militarism, nationalism, and commercialism. These are often juxtaposed with images from rural South Carolina, where Blackwell has spent most of his life. Our first response is to smile; these paintings are fun. The social allegory, however, is unmistakable. What does Blackwell want to tell us?

One critic suggests Blackwell "conceptualizes his personal experience, politics, economic, and social struggles that are felt around the Black communities of the United States." Another asserts that Blackwell's Red Rooster/Cardinal "captures the oxymoronic multiplicity of the southern myth." A third explains how Blackwell "uses ambiguity and metaphor to explain conflicts and to suggest possible solutions" as he "dignifies notions of 'other' and 'difference.""

The Hog Series conveys to me the idea that people everywhere want the same basic things exemplified by the barbecue culture of rural Black communities—devoid of the prejudices, oppression, and armed conflicts traceable to zealous adherence to mythic constructs. I suggested to Blackwell that his essential message is our need to work together toward a kinder, gentler world. The artist smiled: "That's what it's all about."

- 1. Suggest how Blackwell's study of the portraiture and brushwork of John Singer Sargent (1856–1925) enhances the appeal of his portrait of Osler and compare this portrait to those of Osler by Sargent, William Merritt Chase (1949–1916), and S. Seymour Thomas (1868–1956).
- 2. Examine the influence of Las Meninas (1656) by Diego Velázquez on Blackwell's compositions.
- 3. Relate Blackwell's iconography in such compositions as Fox General IV (1993), Wolf General II (1990), and Clear and Present Danger (2008) to such statements by Osler as the need to eliminate "distinctions of race, nationality, colour, and creed," the need to advance medicine for its "fuller hope for humanity than in any other direction," and the need to recognize that "there must be a very different civilization or there will be no civilization at all."

'Brush Up Your Shakespeare': My View of the Bard's Relevance to Medicine

John D. Bullock

Dr. Bullock is a Forensic Medical Historian, Founder and Director of the Ophthalmic History Research Institute in Winchester, Massachusetts, and a Member of the Board of Governors of the American Osler Society. He is the author or co-author of over 250 scientific papers, mostly within the fields of ophthalmology, infectious diseases, and medical history.

William Shakespeare is considered to be the greatest writer in the English language and the world's greatest dramatist. He is credited with almost 40 plays, encompassing three genres: history, comedy, and tragedy. Ben Johnson said that Shakespeare was "...not of an age, but for all time." Seventy-five years ago, the prolific American composer and songwriter Cole Porter wrote Kiss Me Kate, a modern play within a play about William Shakespeare's classic comedy, The Taming of the Screw. In it is his beloved song Brush up Your Shakespeare, to wit:

"The girls today in society Go for classical poetry, So to win their hearts one must quote with ease Aeschylus and Euripides. But the poet of them all Who will start 'em simply ravin' Is the poet people call 'The bard of Stratford-on-Avon.' Brush up your Shakespeare, Start quoting him now. Brush up your Shakespeare And the women you will wow..."

A tribute to Shakespeare's unparalleled genius is the relevance and quotability of his words over four centuries later. Less frequently noted is Shakespeare's prodigious breadth of medical knowledge. This talk will detail multiple Shakespearean quotes from 11 of his plays that correlate with medical topics on which I have spoken or written, thus making him my de facto "co-lecturer" and "co-author." These include, among other topics: Shakespeare's opinion of the validity of the miasma theory of disease transmission; an explanation of sensory compensation after blindness; the risks of opportunistic iatrogenic infections from advanced medical technology; and other references to optical devices, physiognomy, and medical malpractice. In addition, some years ago I had submitted a paper for publication. The Editor of the journal used a Shakespearean title (from play # 12) to reject it, thus making Shakespeare my de facto "critic." I have enjoyed collaborating with Bill Shakespeare over the years even though I did not always agree with him!

- 1. Discuss Shakespeare's opinion of the validity of the miasma theory of disease transmission.
- 2. Explain sensory compensation after blindness; are touch, taste, and smell enhanced.
- 3. Define the risks of opportunistic iatrogenic infections from advanced medical technology.

Sir William Wilde and His Son Oscar: Personality Parallels in Their Successes and Downfalls

Mike Collins

Mike Collins is a retired radiologist and member of the Osler Club of London and past member of Council. Whilst President of the British Society for the History of Medicine (BSHM) he was joint organiser of the Poynter Lecture and the Sir William Osler Legacy Symposium in 2020. He was awarded the Osler Medal by the Society of Apothecaries of London in 2016.

Sir William Wilde 1815-1876) the pioneer eye and ear surgeon was the father of Oscar Wilde (1854-1900), famous playwright, poet and wit. Father and son lived in different worlds, one in science and medicine, the other in the arts. Yet their careers followed similar paths with both achieving spectacular success only to be followed by crushing downfalls leading to ruin and ridicule within their lifetimes. The purpose of this study was to find common personal characteristics to account for their successes and failures by examining the published literature devoted to their lives.

Both men possessed high intellect, linguistic ability and energy that allowed them to reach the top of their professions within their lifetimes and both left considerable legacies. However, recklessness, arrogance, misjudgement and sexual misadventure contributed to the downfall and eventual ruin of both.

It is argued that remarkably similar personality characteristics played significant roles in the successes and downfalls of father and son. This provokes the "nature versus nurture" debate in understanding many facets of the life of Oscar Wilde.

- 1. List the achievements of Sir William Wilde and Oscar Wilde
- 2. Evaluate the common personal characteristics that eventually accounted for the downfall of both men.
- 3. Name the surgical condition the relief of which is associated with Sir William Wilde and accounted for Oscar's death.

Dr. William Carpenter MacCarty (1880-1964): A Visionary in Surgical Pathology and in His Enthusiasm for the Osler Legacy

Dennis T. Costakos

Dr. Dennis T. Costakos is in full-time practice as a Mayo Clinic neonatologist since 1989. Dr. Costakos values the ideas of Sir William Osler, particularly the importance of bedside teaching, and the idea that the medical profession is one international family.

Dr. William Carpenter MacCarty attended the Johns Hopkins School of Medicine and was a student of Sir William Osler. He joined the Mayo Clinic staff in 1907. His enthusiasm for Osler's legacy prompted Dr. MacCarty to form the Osler Medical Historical Society (1920-1925.) Dr. MacCarty wrote why to study the history of medicine "it teaches me to appreciate the difficulties which it is necessary to overcome in order to succeed."

Dr. MacCarty stated that he was "interested taking care of the patient while they were alive." In 1905, Dr. William Mayo challenged the pathologists to find a way to advise surgeons whether a growth is cancer while the patient was still on the operating room table. Dr. MacCarty embraced this challenge in 1907 and worked with Dr. Louis B. Wilson on the application of the fresh frozen examination of patient tissue so to advise a surgeon within minutes while the patient was still on the table, a practice still in place at Mayo. In a 2005 to 2016 consecutive series of 3201 patients with ductal carcinoma in-situ or invasive breast cancer who underwent breast conserving surgery at Mayo Clinic, the positive margin rate was 1.2%, with a 30-day reoperation rate for positive margins of 1.1%. The 5-year local recurrence rates observed were 0.6% and 1.2% for patients with ductal carcinoma in-situ or invasive breast cancer (Ann Surg Oncol 2020).

Dr. MacCarty wrote that "frozen sections of fresh, on fixed tissue is so reliable in the hands of a well train pathologist then he can make the diagnosis of a malignant condition correctly from a single cell." Dr. MacCarty discovered that the cancer cells have a nucleolus that is larger in proportion to size of the nucleus and concluded that this finding was important for the early recognition of cancer. Currently, the international grading of clear cell renal carcinoma emphasizes the value of examination of nucleoli size in predicting long-term course of renal tumors (Histopathology 2017).

Dr. MacCarty had the example of Dr. Osler as a clinician pathologist. Dr. MacCarty contributed to the Mayo model of teamwork, system, and organization as necessary for progress.

- 1. Discuss that Dr. MacCarty believed it would serve physicians "well to study the lives of those whom they consciously or unconsciously emulate."
- 2. Explain that Dr. MacCarty advocated that the pathologist could serve the surgeon while the patient was still in the operating theater.
- 3. Evaluate the idea that microscopic findings in cancer can predict tumor aggressiveness and patient longevity.

Freud and Leonardo: Confabulation and Creativity

Rolando Del Maestro

Dr. Rolando Del Maestro is the William Feindel Professor Emeritus in Neuro-Oncology, Professor, Department of the Social Studies of Medicine and Director of the Neurosurgery Simulation and Artificial Intelligence Learning Centre, at McGill. His interests include the History of Medicine with a particular interest in Leonardo da Vinci and medicine. He is the Honorary Osler Librarian, Chairperson of the Standing Committee, and member of the Board of Curators of the Osler Library of the History of Medicine at McGill.

In May of 1910 Sigmund Freud (1856-1939) published a volume entitled Eine Kindheitserinnerung des Leonardo da Vinci (Leonardo da Vinci and a Memory of His Childhood) which has been called "fundamental to psychoanalytical thought" and the "foundational" volume on the exploration of sublimation. This 'memory' the core of Freud's book is based on a note in Leonardo's writings that Freud quotes as "while I was in my cradle a vulture came down at me, and opened my mouth with its tail, and struck me many times with its tail against my lips." To carry out his "obsession" with Leonardo, Freud had obtained books on Leonardo including those by a Russian author, Dmitrii Merezhkovskii, a German author, Marie Herzfeld, and an Italian author Nino Scognamiglio. In Leonardo's note the bird mentioned is a 'nibio' (nibbio) which in Italian means kite, a small hawk, which was translated correctly as kite in the original Russian, and the German and Italian volumes that Freud owned. In the German translation of Merezhkovskij volume that Freud owned and read the correct Russian word 'korshun' for 'nibio' was translated as Geier (vulture). On December 1, 1909, before completing his volume, Freud presented his findings at the Vienna Psycho-Analytical Society, and he quotes Herzfeld's volume using the German word for kite and later he used the word Geier (vulture) suggesting he understood the difference in meaning of both words. So why did Freud use the word 'vulture" rather than 'kite' in his volume? From this single word change, Freud was able to develop a sweeping narrative about Leonardo's childhood and psychological development by encompassing, Christian and Egyptian concepts of virgin motherhood, illegitimate birth, and Leonardo's sexuality. In the 1919 edition Freud added Oskar Pfister's finding of a vulture in Leonardo's painting of the Virgin Mary. When the error in translation was pointed out by Eric MacLagan in 1923 Freud did not correct the error in a forthcoming edition and his disciples attempted to deflect the reason for Freud's error onto other authors. This error was dismissed as unimportant by Freud's followers. Confabulation and cover up ran unchecked for decades.

- 1. Outline the origins of Freud's 1910 volume on Leonardo da Vinci.
- 2. Pprofile the reasons why Freud utilized an error to support his conclusions.
- 3. Explore how confabulation was used by Freud to promote his theories on the origin of creativity

Sir William Osler's Place in the History of Cancer

Christopher Doan

Christopher Doan is a second-year medical student in the John Sealy School of Medicine at the University of Texas Medical Branch in Galveston, Texas. He earned his BS in Biology at the University of Texas at Dallas in 2020.

The history of medicine is often filled with stories of deadly infections. Rampant epidemics of various maladies like typhus, cholera, and smallpox decimated communities throughout the 19th century. The advent of antibiotics - at the time dubbed by some as "chemotherapy" - would change the course of humanity. Nevertheless, at the edge of that conquered frontier lay a new challenge, one malignantly hidden within the shadows - cancer.

The 20th century brought enhanced focus upon this new foe. Sir William Osler was himself a strong proponent against cancer. In 1896, his *Lectures on the Diagnosis of Abdominal Tumors* was published. It was an early piece in the scientific literature regarding the clinical practice of cancer diagnosis. In the early 1900s, he co-authored a review of 150 stomach cancer cases published in the *Philadelphia Medical Journal*. He often worked with Sir William Halsted in the management of these cancer cases, laying the foundation for our current multidisciplinary approach to oncology. He states "to attain the best possible results the physician and surgeon must cooperate." Osler was also an early advocate for the use of microscopy, playing a role in shaping the current histological foundations of cancer diagnosis.

Outside the halls of the hospital ward, the general public began to take note of this ailment. Patient advocacy groups and federal organizations were formed to research possible treatments. As the 20th century marched forward beyond the time of Osler, this focus turned into an obsession, with government groups writing practically blank checks in hopes of a breakthrough. With that came public health measures through cancer screenings. These campaigns align well with Osler's principle of treating the patient, not the disease. In his final published lecture, *The Evolution of Modern Medicine*, he described "great optimism in the emergence of preventive medicine". He would likely be a powerful ally and advocate for the practice of preventative oncology.

This presentation will review the critical marking points in the history of cancer, describe Sir William Osler's fascination with cancer, and analyze how his influence is felt in our current clinical and public health practices.

- 1. Outline major points in the history of knowledge on cancer.
- 2. Discuss Sir William Osler's fascination with abdominal tumors and how it affects current practice.
- 3. Examine the importance of public health and policy in the battle against cancer.

The Whole Art: 2. The Physical Examination as Scientific Evidence

Laurel Drevlow

Laurel Drevlow is a Professor of Medicine, University of Minnesota, teaching and practicing at ANW Hospital in Minneapolis. She was President of the American Osler Society, 2017-18.

Ever since the first "doctor" mom placed her hand on a feverish child's forehead and said, "you're sick," physical examination has been evolving and improving. Insights based on careful observation by physicians from Hippocrates to Osler reveal steady progress in the science of the physical exam through the millennia. Over time, that science added simple tools to its performance – tuning forks, thermometers, reflex hammers, head lamps. As physical diagnosis advanced, the tools became more sophisticated – pleximeters, goniometers, stethoscopes, ultrasound. Evolution has taken us from "humor"-ous diagnoses (black bile, yellow bile, blood, and phlegm) to objective measurements of neck veins and calculations of ventricular shortening, so that we are now able to rely on the sensitivity and specificity of examination maneuvers with confidence. Still, in the age of highly accurate, diagnostic radiologic imaging and laboratory testing, some will ask: is physical examination worth the physician's time?

Science says yes. For a skilled practitioner, much of physical examination happens in *das Augenblick* – an almost instant observation: "Hmmm..., you look a little peaky." "Feels like you have a Dupuytren's contracture starting." "How long has your voice been raspy like this?" The skilled use and understanding of the physical exam improve not only patient interactions but also diagnosis. Verghese and colleagues found that physical examination inadequacy created missed or delayed diagnosis in 76% of cases, incorrect diagnosis in 27%, unnecessary treatment in 18%, no or delayed treatment in 42%. The patient with sharp chest pain following a viral illness who leans forward to relieve her pain and who has a clear pericardial rub on examination most likely does not need a fast trip to the coronary artery catheterization lab.

Time is always short, and time is always money (as hospital administrators always tell us.) What parts of physical exam, then, merit our attention and application in 2023? Evidence shows that, performed with even slightly less than Oslerian expertise and attention to detail, the answer is, "all of it." Medical students at the University of Minnesota are asked to memorize and identify the *extensor digiti minimi* – a useful bit of knowledge to be sure, but probably less helpful to doctors than knowing how to perform a quick and reliable bedside exam. Weber or Rinne hearing tests may be of little clinical utility to the otologist, finding egophony and tactile fremitus on exam will not replace CT or ultrasound, but understanding why these findings occur helps us better understand the pathology at work. For as long as medical schools require students to commit *minimi* muscles to memory, they should similarly require students to learn, understand, and practice physical examination to ensure the highest quality patient care.

- 1. Discuss the practicality and diagnostic utility of physical examination.
- 2. Recognize the educational value of teaching physical examination.
- 3. Describe consequences to patient care from ineffective physical examination.

The Rejection of Theodoric Borgognoni's Antiseptic Treatments

Jean Pierre Durand

Jean Pierre Durand is a first-year medical student at the John Sealy School of Medicine in Texas. He is a first-generation American whose family is originally from Peru, and he is interested in pursuing a career in surgery.

Theodoric Borgognoni's (1205-1296) advocacy for antiseptic surgery and wound care was a novel idea rooted in his ability to approach medicine with critical thought and first-hand experience. During the 13th century, prominent medieval surgeons widely believed in the ancient teachings of Galen and Arabic medicine, which advocated for pus to be used in wound healing. Borgognoni, however, strongly believed in the importance of personal experience and observation as opposed to a blind reliance on ancient teachings. This understanding of critical thought largely reflects Sir William Osler's promotion of evidence-based medicine and the importance of continuous reevaluation of current medical practices.

Born in the Italian village of Lucca in 1205, Borgognoni received his medical training from his father, Hugh Borgognoni of Lucca, who was crucial in developing Borgognoni's values of investigation and application of new medical treatments. As he continued practicing medicine in Europe, Borgognoni would eventually raise concerns about cleanliness in treating wounds, and even recommending using the cleanest cloths when working with open injuries. In 1267, Borgognoni published his opinion on wound care in his 4-volume medical work on surgery, *Chirurgia*, by explaining how pus is detrimental and can actually impede wound recovery. This idea went against the long-standing belief that pus was the body's natural remedy. As a result, there was widespread disregard of Borgognoni's antiseptic ideas which will go on to hinder surgical treatment progress for centuries. It is not until the work of Joseph Lister on germ theory that antiseptic treatments would be revitalized.

Modern-day medicine strongly emphasizes antiseptic treatments in wound care in order to inhibit the growth of microorganisms. However, for centuries pus was promoted and cleanliness in surgical procedures was not widely practiced. Theodoric Borgognoni attempted to challenge this doctrine of laudable pus and change the standards of care. He serves as an example of a brave physician who stood up for his beliefs, despite the disapproval of his colleagues. His confidence in his work was grounded in positive patient outcomes as he continuously testing his theories of wound care. As medicine continuous to progress with the growth of scientific discoveries, the medical community can learn from Borgognoni's story by continuously improving the standards of medical care, and by allowing novel scientific ideas to be discussed openly and without ostracization.

- 1. Discuss the medical ideas of Theodoric Borgognoni.
- 2. Describe standards of wound care in 13th century Europe.
- 3. Explain the importance of continuously revaluating and improving current medical practices.

Forensic Psychiatry, Insanity, and the Whiskey Rebellion

Matthew L. Edwards

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In 1795, President George Washington issued a respite and stay of execution for two Pennsylvania farmers convicted of treason against the United States for their role in the Whiskey Rebellion. While technically not the first use of presidential pardon power, these grants of amnesty have been widely considered the "first nationally recognized pardons," with implications both for the history of executive power and for the history of psychiatry. Not only were mental fitness arguments used to plead for clemency, but both of the accused underwent examination by key figures in American psychiatric history, most notably the polymath physician and signer of the Declaration of Independence, Benjamin Rush.

This paper discusses the historical roots of the Whiskey Rebel pardon and the role that expert physician testimony played in Washington's historic decision. It highlights the key role that an insanity examination played in the history of presidential pardons or clemency while exploring the implications of the case for both late 18th-century conceptions of mental illness. The paper considers the development of forensic psychiatry as an early component of psychiatry's development as a medical specialty. Benjamin Rush was one of America's early supporters of moral treatment. As such, this paper will also examine Rush's simultaneous work as a penologist and social reformer alongside his support of an early law in 1790 that established hard labor as an acceptable method of punishment for individuals convicted of criminal offenses.

- 1. Understand the role of various therapeutics and diagnostics in early American psychiatry.
- 2. Place the use of medical expert testimony in the historical context of insanity in the US.
- 3. Characterize Benjamin Rush's role in shaping the understanding of medical jurisprudence alongside his work as a penologist and social reformer.

History of Apprenticeship in Neurosurgery at the Montreal Neurological Institute, 1934-1960

Ali M. Fazlollahi, Rolando Del Maestro, and Thomas Schlich

Ali Fazlollahi is a second-year medical learner at McGill University and a Master of Science graduate in Surgical Education. His research focuses on using advanced technologies to enhance the quality of surgical training, specifically on the use of virtual reality and artificial intelligence as pedagogical tools in neurosurgery. Although Ali's vision is towards the future, he believes there is so much that can be learned by looking at the past. He is a recipient of the Molina Foundation Osler Library Medical Student Research Award and in this project, he will be exploring how the "Montreal Procedure" was taught at the Montreal Neurological Institute by shedding light on successful educational practices that facilitated effective transmission of skills, styles, and techniques at this institute.

Dr. Wilder Graves Penfield (1891-1976), in collaboration with his long-term colleague Dr. William Vernon Cone (1897-1959) founded the Montreal Neurological Institute (MNI) in 1934. Among their contributions was the introduction of a special technique to neurosurgeons to improve the results of epilepsy by improving patient outcomes and decreasing patient morbidity. This new tool also allowed for in depth investigations and discovery of the complex functions of the human brain. It became known as the "Montreal procedure", in which direct electrical stimulation of the brain of awake patients enabled surgeons to accurately identify and precisely resect the part of the brain responsible for epilepsy.

The subject of direct brain stimulation is previously studied by historians and archives of the Osler Library of the History of Medicine at McGill University have provided scholars rich resources on the history of the MNI. However, further investigation is required to elucidate the educational context at the MNI during its early days and follow the modes of apprenticeship that enabled the transmission of new styles of practice. The present project used the Wilder Penfield Fonds and the William Vernon Cone Fonds at the Osler Library to explore this topic by focusing on the Montreal procedure as a case study for examining the pedagogical practices that helped in consolidating and transmitting this technique. In doing so, this project aims to identify instructional modalities and institutional factors at the MNI that introduced a new paradigm in the history of neurosurgical education.

- 1. To review the history of direct cortical stimulation and the formation of the Montreal Procedure.
- 2. To outline the structural and institutional forces which helped consolidate innovation through education.
- 3. To explain the enduring effects of the MNI's ethos on the landscape of surgical education.

Justina Warren Ford: A Tale of a Medicine Woman in Early-Twentieth Century in Denver, Colorado

Maria G. Frank

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Being a woman and a physician in late 19th and early 20th century was a rarity. Despite Elizabeth Blackwell pioneering women's presence in Medicine in 1849, by 1880 only 2.8 % of US physicians were women. Not surprisingly, the percentage of female physicians doubled by 1900 reaching 5.6%. In Colorado, the first licensed female physician was Edith A. Root in 1881 soon joined by Mary H. Bates and Aida Avery. All 3 were admitted to the Denver Medical Association in 1881.

By 1881, Justina Warren was 10 years-old and lived in Knoxville, Illinois; where she was born in 1871 to freed (run-away) slaves. Justina's mother was a practicing nurse exposing Justina to caring for the sick at a young age. Her compassion and enthusiasm for health sciences led her to attend Herring Homeopathic School in Chicago, obtaining her medical diploma in 1899. After finishing medical school, she opened her own practice in Chicago, moving to Alabama in 1900 to be the Director at the State Normal and Agricultural College in Normal-Huntsville. She married John Ford in 1892 and followed him to Denver in 1902. By that year, Denver's African American population was barely 2%. Justina became the first black woman physician in Colorado and the only African American female practicing physician until 1952. Rumor has it when she applied for her Colorado medical license the medical examiner's clerk told her: - "I feel dishonest taking a fee from you. You've got 2 strikes against you to begin with. First of all, you are a lady; and second, you're colored". She persevered and started a private general medical practice in her own house, where she cared mostly for underserved communities. The "Lady Doctor", as her patients called her, practiced Gynecology, Obstetrics and Pediatrics for over 50 years. She exchanged good for services and consultations, brought groceries bags to patients and learned to speak 5 languages. In 1950, she was finally allowed to join the Colorado and American Medical Associations. Dr. Warren Ford died in October of 1952, at the age of 81. Her house, which was since relocated, became the Black American West Museum and Heritage Center.

Dr. Ford was honored with the Human Relations Award by the Cosmopolitan Club of Denver in 1951. However, most of her recognition occurred posthumous. In 1973, the League of women voters named one of their units the Justina Ford Unit; was inducted to the Colorado Women's Hall of Fame in 1975; and recognized as Colorado Medical Pioneer by the Colorado Medical Society in 1989. The Denver public library named one of their branches "Ford-Warren" in 1973; and the University of Colorado School of Medicine offers the Justina Ford Scholarship for Commitment to the Underserved in her honor.

Despite the scarce opportunities, Justina Warren Ford was a pioneer and a crusader. She advocated for patients and communities and shaped generations to come. This summary is designed to honor those who were not demeaned by the challenges but instead became role models for later generations.

- 1. Examine the challenges female physicians confronted during early 20th century in the Unites States of America.
- 2. Outline the contributions of Dr. Justina Ford.
- 3. Discuss specific race-related challenges.

Two Physicians with Acromegaly

Gordon Frierson

Dr. Frierson is Clinical Professor Emeritus at the University of California San Francisco. He was engaged in the private practice of internal medicine and infectious diseases for 35 years. He is currently retired, pursuing his interest in the history of medicine and publishes a blog containing vignettes from the history of medicine (http://medihist2.blogspot.com).

This is the story of two physicians, one residing in England and one in America, who both lived with acromegaly for many years. They were near contemporaries and never met but at least one knew of the tribulations of the other.

Leonard Portal Mark, the British medical man, was born in 1855 and completed medical school at St. Bartholomew's, London, in 1879. In his first year of residency, he noticed a "queer" feeling in the head, his eyes became puffy and reddened and his nose congested. Over time, he suffered headaches, purchased gloves and shoes in larger sizes, and noticed that his lower lip and jaw were more pronounced. He practiced medicine in London and worked as an illustrator in the pathology department of St. Bartholomew's Hospital. Amazingly, 25 years after the first symptoms he suddenly realized that he had acromegaly. He wrote an important book, *Acromegaly: A Personal Experience*, detailing his symptoms and providing serial photographs. The book fell into the hands of an American surgeon, William Coley.

William Coley, born seven years after Mark, had just completed a surgical residency at New York Hospital, when he lost a young woman to a bone sarcoma. Determined to study the disease, Coley found cases that appeared cured after bacterial infections. He developed injectable solutions of killed bacteria that improved or cured a significant minority of sarcoma patients. Despite opposition by James Ewing, the influential cancer pathologist at Memorial Hospital (later Sloan-Kettering), Coley persisted with bacteria-based injections in hundreds of cases with significant numbers of successes. Eventually, though highly respected as a surgeon, his treatments failed to attract many followers.

When Coley was 51 years old (1913) and vaguely aware of enlarging hands and feet, a friend gave him a copy of Leonard Mark's autobiography. Coley read the book, and though it is not clear whether he knew of his acromegaly, he downsized his surgical practice. He eventually died at the age of 78 after surgery for diverticulitis. Posthumously, William Coley's work has been reappraised, and many consider him the "father" of the emerging field of cancer immunotherapy.

Serial photographs of both men show similar acromegalic changes. Leonard Mark willed that his body be autopsied by a competent pathologist and William Coley willed that his brain be entrusted to his friend Harvey Cushing for study. Neither underwent pituitary surgery.

- 1. Review the clinical features of acromegaly.
- 2. Review literature on the history of the disease and its association with the pituitary gland.
- 3. Describe the effects of the syndrome on the personal lives of physicians afflicted with it.

The Complicated Life of Heinrich Stern, Founder of the American College of Physicians

Daniel M. Goodenberger

Dr. Goodenberger is Professor of Medicine at Washington University. A pulmonologist by training, the majority of his career has been spent in medical education and administration at Washington University, the University of Nevada, and the University of Texas Southwestern.

In the creation mythology of the American College of Physicians, Heinrich Stern has pride of place. He founded the College, was a leading figure in New York medicine in the late nineteenth and early twentieth century, was a prolific author, founded the Archives of Diagnosis, and died tragically young without realizing his dream of the College becoming an organization like the Royal College of Physicians, serving as an educational as well as a certifying body. Despite their roughly contemporaneous careers, there is no evidence that he and Sir William Osler ever met, nor that they saw the organizations they founded, the American College of Physicians and the Association of American Physicians, as competitive.

However, unlike Osler, his contemporary, there is no definitive biography. What little is available about his life, on the College website and in the published histories of the College, appears to be drawn principally from the obituaries that appeared at the time of his death in 1918. A deeper exploration by the author suggests that he was at pains to obscure and falsify his educational record, both in Germany and the US. It is uncertain that he held the PhD degree that he claimed for roughly a decade. The author has reviewed all of Dr. Stern's available papers and his six books. Given his behavior, the activity of his practice, and his extensive organizational activity, travel, and oration, his very research productivity is troubling, given that there were no clinical laboratories in the city available to him and the chemical studies would have to have been done by himself in the large numbers of patients reported. It is possible, perhaps likely, that his career and prominence were based in fraud.

- 1. Explain the genesis of the American College of Physicians
- 2. Evaluate the evidence for educational fraud on the part of Dr. Stern
- 3. Contrast the state of metabolic medicine at the turn of the 20th century with today

Dr. Frederick Silk, A Forgotten Name in Medicine but a Pioneer in the Establishment of Anaesthesia as a Medical Specialty

David Green

David Green was a Consultant Anaesthetist and Honorary Senior Lecturer at Kings College Hospital and King's College in London for 33 years. He was President of the Section of Anaesthesia at the Royal Society of Medicine in London in 2008 and President of the Osler Club of London in 2005-7.

Dr Frederick Cliffe was born in 1858 in Gravesend, Kent, UK and received his medical training at Kings College London and Kings College Hospital, qualifying MB in 1881. He wrote one of the early anaesthetic textbooks A Manual of Nitrous Oxide Anaesthesia (1888) and was a vigorous supporter of providing education during clinical training of anaesthesia for both medical and dental students. He, along with many consultant anaesthetists of the day, was opposed to nurse anaesthetists who were the main providers of anesthesia in the USA at this time. In 1893, the same year that he was appointed Consultant Anaesthetist at King's, he proposed the formation of the Society of Anaesthetists (SoA). He invited prominent anaesthetists of the day to the first meeting of the SoA which was held in his house very close to the current Royal Society of Medicine (RSM) building in Wimpole Street. The SoA was specifically set up to discuss at monthly meetings the latest controversies and developments in anaesthesia. The proceedings were published and make interesting reading! The SoA included at the outset both male and female medically qualified anaesthetists. This led to controversy and delay when an approach was made to join the newly reconstituted RSM, as at that time the RSM would not accept women as fellows! When the SoA eventually joined the RSM in 1908 it was renamed the Section of Anaesthetics.

The Society of Anaesthetists, initiated and founded by Cliffe in 1893, more than a decade before the American Society of Anesthesiologists (ASA), can thus lay claim to be the first society of medically qualified anaesthetists in the world. This fact and the role of Frederick Cliffe needs to be more widely appreciated.

- 1. Promoting anaesthesia safety and training especially as an essential feature of the medical and dental student curriculum.
- 2. Understand the early development of anaesthesia as a primarily medical specialty in the UK versus the USA.
- 3. Understand that the formation of the Society of Anaesthetists led to the establishment of other major educational and administrative establishments in anaesthesia, such as the Association of Anaesthetists and Royal College of Anaesthetists in the UK and the American Society of Anesthesiologists in the USA.

Osler's Contemporaries Part I: Anderson Ruffin Abbott the First Black Canadian Physician

J. Alberto Maldonado, Premal Patel, and Sandy Samaan

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In 2019, McGill University medical students, from Sir William Osler's alma mater, passed a motion to drop Osler eponyms. Three students then went on to publish in the Canadian Medical Association Journal on Osler's contemporaries that were notable but overlooked figures in medicine. One such figure was Anderson Ruffin Abbott.

Dr. Abbott was born in 1837 in Toronto to a wealthy family. His parents fled pre-confederacy Alabama after their family store was looted by white community members. Abbott's father would go on to own nearly 50 properties by the time Abbott was in his mid-thirties. With the help of a thriving business, Abbott's family was able to send him to several well-known schools, including Oberlin College in Ohio, before eventually enrolling in the Toronto School of Medicine. In 1861, Abbott became the first Black Canadian physician.

At the age of 24, Abbott went on to petition the Secretary of War for commission as an assistant surgeon in the Union army. Despite a successful commission from Dr. Alexander Thomas Augusta, a Black American physician, Abbott was denied. However, Abbott was relentless and re-petitioned President Lincoln with a "desire to be appointed in one of the coloured regiments." On September 2, 1863, Dr. Abbott was sworn in as Acting Assistant Surgeon. During his time as a Union surgeon in Washington, D.C., he was one of eight Black physicians in the Army Medical Core. Abbott worked directly under the mentorship of Augusta for four years and eventually was a founding member of Freedman's Hospital, which is now a part of Howard University.

Abbott was known across the city, working with prominent figures such as W.E.B. DuBois and even stood vigil over President Lincoln during his final breaths, before eventually returning to Canada. Abbott spent his years after the Civil War as a prolific writer, a champion of desegregation of public schools, and even serving as the elected coroner in Chatham, Ontario.

- 1. Discuss the relevance of A. R. Abbott in context of his accomplishments during the Civil War.
- 2. Compare the parallels and differences between Osler and Abbott in the context of racial strife.
- 3. Explore the literary works of Abbott regarding medicine, education, Darwinism, and poetry.

What Was Osler's Motto?

John M. Harris, Jr.

Dr. Harris is the former Executive Director of the Office of Continuing Medical Education at the University of Arizona. He authored the book, <u>Professionalizing Medicine: James Reeves and the Choices That Shaped American Health Care</u>, in 2019.

The exhaustively researched *Encyclopedia Osleriana* does not provide a clear resolution to the pivotal question: What was Osler's motto? For example, under "Mottoes of William Osler," the *Encyclopedia's* editor suggests several possibilities, without singling out any. Elsewhere, under "Coat of Arms and Crest of William Osler," we see the three upright pilchards (most) everyone associates with Osler and "Aequanimitas" written below. However, the accompanying text advises that the motto Sir William filed with his Arms in 1911 was not "Aequanimitas" but "Di laboribus omnia verdant." A proper answer is essential for Oslerians to know what text to place on their ties and scarves.

We must examine the details surrounding Osler's Coat of Arms to solve this century-old mystery. It was the only time Sir William formally declared a motto to King and Country. Osler devised his coat of arms in 1911, when King George V made him a baronet. According to *Burke's Peerage* from 1912, Osler's arms included the well-known Latin maxim, "Dii laboribus omnia vendunt." The phrase translated to, "The gods sell us everything in return for our labor," or, as an 1869 dictionary of classical aphorisms put it, "Without pains, no gain." This edition of *Burke's Peerage* was completed in December 1911, but the College of Arms did not grant Osler his Arms until September 7, 1912, after the book appeared. The College's records show, in contrast to what *Burke's* published, that it recorded "Aequanimitas" as Osler's heraldic motto.

The most likely explanation for the historical discrepancy is that Osler changed his mind. *Burke's* editor had to have obtained the "Dii laboribus..." motto directly from Osler. The editor acknowledged that he corresponded with new earls, viscounts, barons, and baronets to gather material for his 1912 edition. Thus, the coat of arms that *Burke's Peerage* published in early 1912 accurately reflected the crest (with pilchards), wreath, helmet, mantling, and shield the College of Arms granted to Osler, but not the final motto. Why the change? When one scrutinizes Osler's professional advice to physicians, the continually recurring message was that equanimity was nice, but work was what really counted. However, by 1912, Osler was running a free B and B for family, friends, and friends of friends in Oxford. Plus, his English surname was derived from the Old French word for "inn-keeper." In this setting, "Equanimity" was better personal branding than "No pain, no gain." Notwithstanding the attractive simplicity of "Aequanimitas," those who see themselves as historical originalists should consider, "*Dii laboribus omnia vendunt*" to be William Osler's preferred professional motto.

- 1. Appreciate the value of hard work in becoming a good doctor.
- 2. Wear an appropriate Osler tie, scarf, or beanie.
- 3. Correctly demonstrate an upright pilchard.

Then and Now: Osler, Vaccine Hesitancy, and Public Health Ethics

Grayson R. Jackson

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Sir William Osler was a strong proponent of early vaccinations. Having suffered a mild case of smallpox himself in 1876, Osler ardently supported smallpox inoculation. In a sermon entitled "Man's Redemption of Man" given in 1910, Osler chided the so-called "antivaccinationists"— with his characteristically sharp wit—saying, for those "who are certain to die, I will try to arrange the funerals with all the pomp and ceremony of an anti-vaccination demonstration." His subsequent address to British soldiers at Churn in 1914, at the outset of the First World War, argued in favor of the military receiving the typhoid vaccine because the lives lost to disease far exceeded wartime casualties in previous armed conflicts, such as the Boer War in South Africa. For Osler, vaccination was not only effective, but also a patriotic act for "King and country."

Despite these remarkable advances in public health, anti-vaccine sentiment began to grow in the late nineteenth and early twentieth centuries. Antivaccinationists, who organized the London Society for the Abolition of Compulsory Vaccination in 1880, opposed vaccines for a variety of reasons. Many such reasons failed to fully apprehend the science of vaccinology, but one seemingly persisted: that compulsory vaccinations constitute a violation of one's civil liberties. According to Dr. Stephen Greenberg, Osler managed to debunk pseudoscientific objections to vaccination but neglected to speak on the issue of conscientious objection—that is, of negative autonomy.

In the present day, we struggle still with our collective response to vaccine hesitancy, particularly to conscientious objection. While vaccine hesitancy undoubtedly gained momentum from a spurious article published in *The Lancet* in 1998, which infamously correlated the MMR vaccine with autism, it spiked in the wake of the SARS-CoV-2 pandemic. While we must, as Osler did, educate the public about the science of vaccines, we must also speak to the appropriate balance of autonomy with the public welfare. Public health ethics may offer us a path forward as physicians renew their centuries-old fight against vaccine hesitancy and misinformation.

- 1. To discuss Osler's legacy on vaccinations through his written and oral works.
- 2. To appraise the historical arc of vaccine hesitancy from the Oslerian era to the present.
- 3. To apply public health ethics, informed by historical understanding, to our current challenge with vaccine hesitancy and misinformation.

A Bibliophile, a Bookseller, and 3 Bigelows Meet in a Bar William Osler's Prolonged Search for BMSJ Volume 35 (1846–47): I Propose That This Persistent Pursuit Possibly Promoted His Premature Passing

Richard Kahn

Lloyd Stevenson's Prologue to *Bibliotheca Osleriana* summed up one of William Osler's comments on his library: "... a library represents the mind of its collector, his fancies and foibles, his strength and weakness, his prejudices and preferences." One of the strengths of Osler's library was anaesthesia, but he wanted to add an important early publication on the subject, "Insensibility during surgical operation produced by inhalation," *Boston Medical and Surgical Journal*, Volume 35 (1846–47). This paper documents Osler's five-year search.

Letters to and from Oxford, London, Boston, and Portland, Maine give us a picture of a passionate bibliophile contacting the greats and near-greats in an effort to obtain this important addition to his collection. Physicians, librarians, and booksellers were called upon. Osler's toast on the evening of the 4th Annual Meeting of the International Association of Antiquarian Booksellers in 1911 included, ". . .you see before you a mental, moral, almost, I may say a physical wreck. . . [because of your] seductive literature," and I might add, the difficulty in securing certain key books. Osler's search included contacts with descendants of the "Ether Day" event, including John Collins Warren II and William Sturgis Bigelow, as well as bookseller Charles Goodspeed in Boston, Maine surgeon/historian, James Alfred Spalding in Portland, and librarians Grace Whiting Meyers at Mass General's Treadwell Library and Dr. Edwin Howard Brigham, assistant librarian at the Boston Medical Library from 1875–1922. Oliver Wendell Holmes also enters the story. And why did Henry Jacob Bigelow, a 30-year-old who had just joined the Mass General staff in 1846 and was neither the surgeon nor the anesthesiologist, write this article in the BMSJ?

Sir William Osler's illnesses from July until his death on Dec. 29, 1919, are briefly discussed to contextualize the fact that BMSJ Volume 35 arrived at 13 Norham Gardens from Goodspeed's on Dec. 11, and he was "clearly aware that his death was imminent, though he was able to maintain his legendary cheerfulness to a considerable degree . . ." He was cheerful enough to ask his physician and friend, Dr. Archibald Malloch, to write the following in the recently arrived book: "All things come to him who waits—but it was a pretty close shave this time!" Osler died eighteen days later, on Dec. 29, knowing he had secured BMSJ Volume 35 for his Anaesthesia/Anesthesia collection for the *Bibliotheca Prima* in the *Bibliotheca Osleriana*.

- 1. What is the significance of the *Boston Medical and Surgical Journal* Volume 35, 1846–47?
- 2. Why did Henry Jacob Bigelow publish the first article on "Insensibility during surgical operation produced by inhalation as he was neither the surgeon nor the "anesthesiologist?"
- 3. "Boston State-House is the hub of the solar system. You couldn't pry that out of a Boston man if you had the tire of all creation straightened out for a crowbar." What does this mean?

To Cut or Not to Cut? The History, Controversy, and Informed Discussion of Male Neonatal Circumcision

Kathleen Karam

Kathleen Karam is currently a second-year medical student at University of Texas Medical Branch at Galveston. She received her B.S. in Biology with highest honors from Texas Tech University. She is interested in patient advocacy and the support of diversity in healthcare.

Male neonatal circumcision is a medical procedure in which the foreskin of the penis is surgically removed. The history of circumcision dates to 3000 BC where it was performed for hygienic and religious reasons. Presently, it is still considered a sacrament in Judaic and Islamic religions. Its prevalence in America is much higher than Europe, which begs the question, "why"? If it is considered a medical procedure that incurs health benefits, why doesn't every country with established health systems promote them? In fact, some European countries, such as Italy have gone as far as to not cover the procedure with public healthcare. This disconnect alludes to the first crossroad decision-makers pass; is circumcision in fact medically necessary?

In the past decade or so there has been a rise in controversy surrounding the topic. The question "to cut or not to cut" swirls around the medical and parental communities. Physicians are responsible for acting in the best interests of their patients, this argument can be used as the ethical basis for both sides of the controversy. Support for circumcision would argue that circumcision shows health benefits for the child such as reduced risk of urinary tract infections and spread of sexual transmitted diseases. The anti-circumcision retort is that these proposed "health benefits" are not significant enough to justify what they believe is a medically unnecessary violation of the child's future bodily autonomy, so it is not in the best interest of the infant. The complexity of this topic is deepened when you consider the parents that are making the decision based on non-health related ideals, such as culture and religion. This is the second crossroad faced; how do we navigate the discussion of whether to proceed with a neonatal circumcision in a culturally sensitive way?

Neonatal male circumcision will likely remain controversial, and while its prevalence in the United States is declining, it is still often opted for by parents, whether it be for medical, cultural, or religious reasons. A physician is obliged to facilitate patient autonomy. The bearer of this autonomy in the US, for better or worse, is defaulted to the legal medical decision maker. The role of the physician in these scenarios is to ensure that patients or their guardians have all the tools to make an informed decision. However, this must be done in a way that allows space for the patient or guardian's individual ideals. Physicians should be well-practiced in strategies of delivering care to diverse cultures, races, ethnicities and religions. This project will explore the history and meaning of circumcision in various groups, navigate the medical risks and benefits, and supply an introductory framework of how to provide culturally competent care.

- 1. Understand the history of circumcision and the cultural and religious significance it holds to distinct groups.
- 2. Evaluate the pros and cons of circumcision from an evidence-based medicine standpoint.
- 3. Practice addressing the topic in a scientifically informed and culturally competent manner.

Osler's Last Patient, "Mrs. M." - A Clinico-pathological Appraisal

Graham Kyle

Graham Kyle is a retired ophthalmic surgeon interested in medical and social history. He was President of the Osler Club of London, 2019-2021

On 23 September 1919 Sir William Osler saw in Glasgow a 40-year-old woman, "Mrs. M.," in consultation with three local physicians. She was, effectively, Osler's last patient as he developed a respiratory infection on his way home from Scotland that led to his death in December of that year. Osler wrote three former colleagues in Baltimore that "Mrs. M." represented "one of those remarkable Erythema cases (all sorts of skin lesions) and three months on and off consolidations of both lower lobes."

I previously ascertained that "Mrs. M." was Bethia Fulton Martin (née Wylie), that she died 4 months after Osler saw her, on 16 January 1920, and that her death certificate listed "angioneurotic œdema with chronic nephritis" and "tuberculous enlargement of the mediastinal lymph nodes." (Kyle G, Bryan CS, "Sir William Osler's fatal trip to Scotland: 'Mrs. M' and the University Grants Committee," *Journal of Medical Biography* 2021, https://doi.org/10.1177/09677720211052613).

An autopsy report has recently been uncovered in the Wylie family archive. The pathologist, George Haswell Wilson (1884–1951), was held in high regard, eventually becoming Professor of Pathology at the University of Birmingham.

At postmortem examination the body appeared emaciated and "very anæmic" with "marked œdema" of the dependent parts. The lungs were œdematous and contained several small, firm caseous nodules surrounded by fibrous tissues. Hilar and mediastinal lymph nodes were enlarged. The liver was somewhat enlarged with chronic venous congestion but the spleen was normal-sized. The kidneys were enlarged, their surfaces were pale and "mottled with irregular areas of congestion and fatty degeneration," and the "[renal] cortex is slightly narrowed in places and much cloudy swelling and catarrh is evident." Microscopic examination confirmed "chronic tuberculosis" in the scattered pulmonary nodules and in the hilar and mediastinal lymph nodes. Haswell Wilson wrote: "The kidneys show well marked subacute nephritis … much proliferation in the Bowman's capsules and early interstitial changes. There is much desquamation of the tubular epithelium and staining by Osmic acid demonstrates the presence of fat in the cells still in situ, as well as those desquamated. Casts in various stages of degeneration are seen in the collecting and straight tubules."

- 1. Discuss the contribution of tuberculosis to the clinical picture.
- 2. Discuss how Osler might have classified the nephritis in the light of the pathological findings.
- 3. Discuss whether the postmortem examination of "Mrs. M." helps clarify the differential diagnosis, which based on limited clinical details was between systemic lupus erythematosus (SLE) and Henoch-Schönlein purpura (HSP).

Inside the Box of Life: The Story of the Incubator

Hillary C. Lee

Hillary Lee is a third-year pediatric resident at Children's Hospital Los Angeles. She graduated magna cum laude and Phi Beta Kappa from Duke University with a B.S. in Evolutionary Anthropology and received her M.D. from the University of Texas Medical Branch. As a medical student, she was selected as an Osler Student Scholar in the John P. McGovern Academy for Oslerian Medicine. Hillary will be beginning her fellowship in neonatal-perinatal medicine upon graduation from residency this summer.

During the 19th century, the infant incubator was first developed by obstetricians in Europe to warm infants at risk for hypothermia in the maternity wards. Dr. Jean-Louis-Paul Denucé published a report in 1857 about his incubator concept, a double-walled zinc metal tub in which warm water could be poured into the space between the walls and drained out when cooled. In 1860, a German obstetrician Dr. Carl Credé independently released a similar design with the addition of a hose connecting the tub to a hot water faucet. This incubator was used in hospitals across Europe until 1880 when Dr. Stéphane Tarnier developed the first closed model circulating warm air, which was adapted from chicken incubators for egg hatching used in the Paris zoo.

Tarnier's student and successor Dr. Pierre Constant Budin continued to improve the incubator, introducing thermostats to prevent overheating and emphasizing glass material for mothers to see and bond with their infants. In the 1890s, Dr. Alexandre Lion developed a more sophisticated incubator with a forced ventilation system. Since they were expensive, he created "incubator charities" and charged for admission to see infants growing inside the incubators. This concept was used to produce the widely successful *Kinderbrutenstalt* or "child hatchery" for the Berlin Exposition of 1896. Dr. Martin Couney adapted the idea, displaying infants at World's Fairs and setting up permanent exhibits at amusement parks on Coney Island. Couney received infants from U.S. hospitals that did not want to care for them and managed his own nurseries at Luna Park and Dreamland. The success of these sideshow attractions allowed for publicity and funding to care for more premature infants. Couney saved thousands of infants and ran the Coney Island exhibits for 40 years until the first U.S. premature infant unit opened at Cornell Hospital in 1943.

Incubators, also known as isolettes, are now the standard of care in modern-day neonatal ICUs to help premature infants regulate body temperatures, maintain sterile conditions, and provide a stable environment for growth and development. Isolettes today have specialized features, such as weighing infants, controlling humidity, and providing phototherapy. There are also transport incubators that usually include a cardio-respiratory monitor, ventilator, and IV pump for ground and air transport. Since the invention of incubators over 150 years ago, innovation has continued to improve technology and push the boundaries of care for younger and smaller infants.

- 1. Highlight major individuals who contributed to the development of infant incubators.
- 2. Discuss the evolution of incubators from world fairs and exhibitions to neonatal ICUs.
- 3. Appreciate the technological advancements of incubators over the years.

From Rhodes Scholars to Osler's Students to Honorary Members of American Osler Society: Davison, Holman, and Penfield

Jong O. Lee

Jong Lee, MD is a Professor of Surgery at the University of Texas Medical Branch in Galveston, Texas. He holds Annie Laurie Howard Chair in Burn Surgery. He is a Scholar in the John P. McGovern Academy of Oslerian Medicine at the University of Texas Medical Branch.

Wilbert C. Davison, Emile F. Holman, and Wilder G. Penfield were Rhodes Scholars and the last of Sir William Osler's American students at Oxford. Davison and Penfield were classmates at Princeton and graduated in 1913. Holman graduated from Stanford in 1911. They were medical students together at Oxford during the early years of World War I. Davison entered Oxford's Merton College in 1913. Holman entered Oxford's St. John's College in 1914. Penfield entered Oxford's Merton College in 1915. All three students became favorites of Osler. They were frequent guests for tea and dinner at 13 Norham Gardens.

Osler encouraged them to apply to the medical school at Johns Hopkins and with the favorable recommendations by Osler, all three transferred to Johns Hopkins University Medical School to finish their medical education: Davison and Penfield in 1916 and Holman in 1917. Davison graduated in 1917 and completed a pediatric residency at Hopkins. Penfield graduated in 1918 and completed an internship under Harvey Cushing in Boston at Peter Brent Brigham Hospital. He completed neural sciences study in Oxford and London afterward. Holman graduated in 1918 and completed a surgical residency at Hopkins under William Halsted. He served as Halsted's last resident in 1922.

Davison, Holman, and Penfield became prominent physicians with distinguished careers in America and Canada. Davison went on to become the first Dean and chair of the Department of Pediatrics of the Duke University Medical School in 1927. Penfield was the founder and first Director of the Montreal Neurological Institute of McGill University in 1934. Holman became a long-time chair of the Department of Surgery at Stanford University in 1926. He is best known for his pioneering work in vascular surgery especially on arteriovenous fistulas.

In 1970, these three Rhodes Scholars who had been Osler's last American students at Oxford were named Honorary Members of the American Osler Society.

- 1. Examine mentorship and friendship of the three Rhodes Scholars and Sir William Osler.
- 2. Discuss the life of William C. Davison, Wilder G. Penfield, and Emile F. Holman.
- 3. List the accomplishments of William C. Davison, Wilder G. Penfield, and Emile F. Holman.

Animo Intrepidus - With Courage Undaunted. A Window Into the Roman Art of Medicine.

Yang Liu

Yang Liu is a second-year medical student at the University of Texas Medical Branch, Galveston as a member of the Blocker Society. He previously studied at the University of Texas at Austin as a Dean's Scholar in the department of Biology with a thesis on artificial intelligence. He has studied Latin as well as Greek and Roman culture for five years and is interested in learning lessons from the past to pioneer medicine into the future.

Animo intrepidus, misericors sic, ut sanari velit eum – with courage undaunted, filled with mercy, so that the surgeon wishes to heal the patient.

With declarative brevity, Aulus Cornelius Celsus describes the ideal surgeon. Not much is known about the elusive author of the oldest printed medical textbook, *De Medicina*. Many historians agree that he likely lived during the reign of Emperor Tiberius, from 14-37 CE. Celsus was likely well integrated into the Roman aristocracy – his works were held in high regard by the famous Pliny the Elder and Quintilian.

By extraordinary luck, all eight books of *De Medicina* survived the sands of time and were translated in its entirety during the 15th century. Celsus paints with his prose the most illustrious picture of the landscape of Roman medicine. Through this window we get a glimpse of the roots of Oslerian medicine.

Celsus in typical Roman fashion starts off the preamble in *De Medicina* with a tribute to the Greeks. He declares that the Greeks split medicine into three branches: the first through diet, second through medication, and third through handcraft. Celsus then highlights a core tenant in medicine: "because the same remedies do not meet with success in all, even of similar cases, additional knowledge of peculiarities in such a case is often necessary". From these early declarations, Celsus pays particular attention to observation based practices. In book I, he mentions that patients with good digestion can wake up early but those with indigestion should stay in bed and avoid any kind of exercise. Book II reveals that a person's stature gives insight to the disease process as well. "It is a worse sign when anyone, contrary to their habit, becomes thinner, and loses his color… there is something for the disease to draw upon." Though many of these statements might not be supported at the level of scrutiny of modern practices, one still appreciates the attention *De Medicina* provides to observing the patient's condition as a contributor to illnesses.

Aulus Celsus has given modern scholars a unique opportunity to scrutinize and marvel at the medicinal practices of the Roman Empire. Without *De Medicina*, the world would've never known that cataract surgery were being performed in the 1st century. The mistakes in Roman thinking would also never be highlighted as well. Celsus shows that Roman practices mirrors the Hippocratic art to the same degree as Oslerian medicine. By deciphering *De Medicina*, we can extend the passion Osler had for classical medicine, with the same courage and mercy shared over two thousand years ago.

- 1. Describe the Roman practice of medicine and analyze the Greek influences on Roman procedures.
- 2. Highlight the principles Celsus held in terms of diet, medication and surgery and compare them with modern practices.
- 3. Explore the legacy of *De Medicina* on Oslerian medicine.

A Psychiatrist's View of Tricking People: From Benign to Malignant Tricks

John G. Looney

Dr. Looney is Emeritus Professor of Psychiatry at Duke University Medical Center where he was Director of Child and Adolescent Psychiatry, then Director of Youth Substance Abuse Treatment, and then Director of Forensic Psychiatry. He is a Fellow of the American College of Psychiatrists, Life Fellow of the American Society of Adolescent Psychiatry (Past President), Fellow of the Group for the Advancement of Psychiatry (Past President), and Fellow of the Benjamin Rush Society (Past President). He now operates a ranch in Tennessee where he also retrospectively contemplates the meaning of being a doctor with his doctor sons and physician friends.

The behavior examined in this presentation is tricking people—the perpetration of pranks, misrepresentations, fraud, and tricks—from the harmless to the mean. Sir William Osler is well known to have been a prankster beginning in his youth, and the author will chronicle some of his pranks and misrepresentations. Other examples of tricks are described, from humorous to malignant:

- 1. The fictitious miniè ball pregnancy reportedly caused by a miniè ball bullet passing through the scrotum of a confederate soldier and into the abdomen of a southern belle. The account was published by an ancestor in-law of the author, a Confederate Civil War surgeon, LeGrand Capers, M.D.
- 2. An account by Ferrol Sams, M.D. in which a fictious soldier was made part of a World War II surgical unit.
- 3. A hoax by the author and co-conspirators to get a fictitious man accepted into an American Ivy League college and keep him matriculated for several semesters.
- 4. The fraudulent recruitment of patients to McGill Medical School for treatment by a famous psychiatrist, Donald Ewen Cameron, M.D. (President of the American and Canadian Psychiatric Associations) and then using the patients as subjects in experiments on interrogation methods—research paid for by the American Central Intelligence Agency.

The author will discuss what might be learned from these disparate examples and how to prevent activities on the malignant end of the continuum of tricksterism.

- 1. Learning that tricking others may be a common human trait.
- 2. Assessing that tricking others, even in complex matters, is easier than it might seem. Sir William Osler's tricks are examples.
- 3. Recognizing that once tricksterism is started, it may be hard to stop.
- 4. Recognizing that tricks may be fun for the trickster, and perhaps sometimes for the tricked. Yet, tricks can be mean, malignant and destructive. It is important to identify malignant tricksters and stop them.

Lord Strathcona, William Osler, and a Pinch of Shakespeare

C. Ronald MacKenzie

Dr. C Ronald MacKenzie is Professor of Clinical Medicine and Medical Ethics at Weill Medical College of Cornell University and Attending Physician at the Hospital for Special Surgery where he holds the C Ronald MacKenzie Chair in Ethics and Medicine and maintains an active practice in general medicine, rheumatology, and perioperative care. He chairs his institutions Institutional Review Board and Ethic Committee.

Donald Alexander Smith (1820-1914), aka 1st Baron Strathcona and Mount Royal, had a long life and an astonishing career. Immortalized for all Canadians in a photograph of Smith driving the last spike commemorating the completion of the Canadian Pacific Railway, it was another image that provided the stimulus for this presentation. Taken at his Westminster Abby funeral, amongst the ten distinguished pall bearers, one finds the namesake of our societies – Sir William Osler. This presentation examines their friendship.

The history of Sir William needs no review to those in attendance, an observation perhaps not as true of Donald Smith. Born in Scotland, he followed the path of an uncle, accepting a junior Clerkship with the Hudson Bay Company in Canada. Arriving at age 18 he was assigned to Labrador assuming control of the company's fur and salmon trade, where he remained for the next thirty years. In 1852 he married Isabell Sophia (Bella) Hardisty, a union of 60 years producing one child, Margaret (Maggie) Charlotte Smith. She would enter the Oslerian circle through her marriage to Robert Palmer Jared Bliss Howard, son of Robert Palmer Howard, Osler's Montreal mentor. Smith never liked his son-in-law, a subject referenced in this presentation. Once emancipated from his Labrador posting, Smith's career was just beginning his subsequent achievements breathtaking in scope. Whether judged by success in business, politics, or his philanthropy be would become a foremost British Empires figure. At his death, his estate was valued at \$5.5 million; in his lifetime he had given away over \$8 million in Canada, the United Kingdom, and the United States including many appeals from Osler for medical causes.

Osler met Smith through his older brother Edmund, a noted Canadian businessman associate. Despite their differences in age, Osler 29 years Smith's junior, a lasting friendship developed likely due to their Canadian backgrounds, their shared social station, and later a common geographic locus in the United Kingdom. The index of Cushing's biography shows thirty entries for Strathcona; Michael Bliss records eight; he appears in the Bryan Encyclopedia.

The story most emblematic of the Strathcona-Osler friendship, and possibly well-known to the British Oslerians, involves Shakespeare and the Bodleian, specifically a first edition folio once owned by the library. As the story goes, 50 years after securing the original, the Cursors sold the 1623 "superfluous" publication to a local bookseller. The folio was purchased later [1759] by a Richard Turbutt in whose family it remained until 1905 when it was offered to the Bodleian [a kind of right of first refusal], for the then unheard price of \$3000 pounds. With a secure American offer, a purchase deadline approaching, and appeals to benefactors proving insufficient, the curators turned to Osler. Could he find a benefactor? He did! (Hint: Strathcona).

While William Osler lives large in each of us and remains important to our profession, the life of Donald Smith also inspires his legacy unsurpassed in Canadian history. Productive until his death at 94 he turned down the Abby for burial choosing Highgate next to his wife.

- 1. To introduce Donald Alexander Smith and his extraordinary career.
- 2. To highlight Osler-Smith friendship.
- 3. To recall a specific philanthropic Smith-Osler interaction.

Conscientious Objectors, WWI, and William Osler: A Missed Opportunity

Michael H. Malloy

Dr. Malloy is a neonatologist and Professor at the University of Texas Medical Branch, Galveston, Emeritus John P. McGovern Chair in Oslerian Education, and Emeritus Assistant Dean of the Osler Student Societies.

During the course of World War I (WWI) from 1914-1918 around 16,000 men in England were identified as conscientious objectors (COs). Among these men some 357 were identified as being affiliated with the Church of England. Conspicuously absent from among these COs were physicians. The rationale for objecting to the war ranged from religious convictions to secular-political. Many had socialist and trade union affiliations. The fate of COs ranged from assignment to work projects within and outside the military, imprisonment (2/3rds of total), to execution. Some found their way into the Royal Army Medical Corps and many Quakers were instrumental in forming the Friends Ambulance Corps. Osler reviewed his sentiments on the "War" in his last public address to the Classical Association at Oxford in 1919. In this address, *The Old Humanities and the New Science*, Osler bemoans the tragedy of the "War" in its aftermath.

"Never before in its long evolution has the race realized its full capacity. Our fathers have told us, and we ourselves have known, of glorious sacrifices; but the past four years have exhausted in every direction the possibilities of human effort..... we stand aghast at the revelation of the depth and ferocity of primal passions which reveal the unchangeableness of human nature."

Despite Osler's newly found voice of lamentation in the aftermath in 1919, Osler's perspective on the "War" in 1914 was one of righteous indignation at Germany's militarism. Bliss in his biography of Osler notes Osler's wife Grace's astonishment at W.O.'s saying of "vicious things" about the Kaiser. Yet, Osler is subject to his own personal concern of the idea of his son, Revere, going off to war. Bliss notes a statement from Grace in 1914 saying, "Willie was opposed to his (Revere's) joining anything at once." Nevertheless, Osler's early public projection of his views on the "War" seems to be one of maintaining a "stiff-upper-lip" and supporting England's war effort. Some of his professional efforts of doing so, however, bastardize his concept of aequinamitas. In a luncheon address to a group in Leeds in 1915 he reviews the issue of "Nerve and 'Nerves" in a somewhat insensitive manner referring to soldiers as "machines" and suggesting that courage is a simple matter of training to react in an automatic way. In 1916 as Revere is set to go to the front Grace notes that "Willie was phlegmatic: 'We shall be terribly anxious of course, but the cause is worth any sacrifice." Osler's willingness to sacrifice his son seems mystifying, but perhaps not out of character of an English gentleman attempting to keep up their image as a loyal subject to the Crown. Still, there were German physician role models who spoke out defiantly against the very concept of war. In particular, Rudolph Virchow, with whom Osler had studied and admired, and Albert Schweitzer. Had Osler been ruled by his heart and his family concerns and had he known of the enormous loses of humanity that the war would bring, he could have been a powerful voice in opposition to the "War". As it was, it appears to have been a missed opportunity.

- 1. To briefly review the history of conscientious objectors in England during WWI.
- 2. To briefly review Osler's views on the "War" during and in its aftermath.
- 3. To attempt to understand the physician's role and obligations towards war.

Physicians Without Borders, Physicians Without Countries, or Physician Enemy Aliens? Lessons from the International Medical Relief Corps in wartime China

Robert Mamlok

Dr. Mamlok is a Clinical Professor of Pediatrics at Texas Tech University HSC. He has served as the Director of the Division of Pediatric Allergy at TTUHSC, Chief of Medical Staff of Covenant Children's Hospital and President of the Texas Allergy, Asthma, and Immunology Society. He is the author of <u>The International Medical Relief Corps in Wartime China</u>.

Sir William Osler's warning of the danger that nationalism can pose is further illustrated by the history of the International Medical Relief Corps (IMRC) in wartime China. The IMRC consisted of 22 physicians from 11 countries. The majority were Jewish antifascists that had served with the Republicans during the Spanish Civil War. When the Spanish Republicans were defeated, British and Norwegian non-government organizations (NGOs) aided their release from internment camps in France and travel to the headquarters of the Chinese Red Cross (CRC) in Guiyang, China. From 1938 to 1945, the IMRC physicians served with their Chinese colleagues under austere wartime conditions throughout China. With Britain's declaration of war on Germany in 1939, the Austrian and German born IMRC physicians became enemy aliens of the Allies while their medical service with the Chinese made them enemies of the Axis. The IMRC's fate in China became more untenable as the smoldering civil war between the Chinese Nationalist Party and the Chinese Communist Party mounted. When the U.S. entered the Pacific War in 1942, most of the IMRC physicians were rescued by the U.S. Army which employed them as contract surgeons. They served with General Stillwell's medical command which was training the Chinese Army in India. The IMRC's experience points to the political complexity that national identity can pose to international physicians wishing to serve without borders.

- 1. Recognize the international physicians who volunteered to aid the Chinese Red Cross from 1938-1945.
- 2. Explain how NGOs were able to provide European and North American medical personnel to China prior to assistance from individual nation states.
- 3. Examine how the German and Austrian physicians transitioned from physicians without borders, to physicians without countries, to enemy aliens of all combatants in World War II.

Audrey E. Evans M.D., Humanist and Pioneering Pediatric Oncologist

Robert G. Mennel

Bob is a medical oncologist who has practiced at Baylor University Medical Center since 1979. He also is Medical Director of the Division of Molecular Medicine and Molecular Pathology.

Audrey Elizabeth Evans was born in York, England and educated at the Royal College of Surgeons in Edinburgh. She received a Fulbright Scholarship and studied at Boston City Hospital, under Sydney Farber, the father of chemotherapy. After her training, she returned to England but found the practice of pediatric oncology restrictive for women. Therefore, she returned to Boston City Hospital where she was recognized as a rising star in pediatric oncology. This led to her being named Head of Oncology and Hematology at the University of Chicago. In 1969, she was recruited by C. Everett Koop MD to become the inaugural head of pediatric oncology at CHOP, the Children's Hospital of Philadelphia. At the start of her career, pediatric oncology's major focus was to help children die. Her major interest was in neuroblastoma. Her Neuroblastoma staging system and research improved the cure rate by 50% during her career. She was known as a very caring physician who was willing to bend the rules to help her patients. She received multiple awards during her career including in 1997 the William Osler Patient Oriented Research Award from the University of Pennsylvania.

She lived by the motto of "A sick child has a sick family." This led her to form the unlikely union with herself, the Philadelphia Eagles professional football team and the McDonald's Corporation to establish the first Ronald McDonald House. She had remained very active with the Ronald McDonald Charities which has led to over 300 Ronald McDonald Houses in over 50 countries. She retired in 2009, but stayed active and formed the St. James School, a tuition free school for underprivileged kids. Her life is a perfect example of how caring improves the care of patients.

- 1. Describe the career of Dr. Evans and the impact she had on oncology,
- 2. Explain the history in importance of the Ronald McDonald charities
- 3. Outline with examples the difficulties that women in medicine endured.

The Whole Art: 3. The Physical Examination as Font of Serendipity

Francis A. Neelon

Frank Neelon, a retired internist and endocrinologist at Duke University, served as President of the American Osler Society, 2007-2008.

When the poet Rilke told the sculptor Rodin that his poetic impulse was going fallow, Rodin didn't suggest a change of dress, or diet, or writing style. Rodin said, "Go to the zoo!" When Rilke asked what he should do there, Rodin told him, "Look at an animal until you see it. Two or three weeks might not be too long." In a similar tribute to observation, Osler told his students: "Get the patient in a good light. Use your five senses. We miss more by not seeing than by not knowing." Despite such good advice about observation, the habit of careful physical examination is fading from the clinical horizon. The minimization, even abandonment, of elements of physical examination have been justified because they seem "unnecessary" or "low-yield" or "too time-consuming."

Few have opposed the belittling of physical exam despite its appeals to clinical delight and the sometimes-profound benefits that derive from thoughtful examination of our patients. With that in mind I have resurrected, from my attempts at honing the skills of artful observation, some personal examples of the sorts of things that turn up unexpectedly on physical exam. The examples range from the amusingly mundane to the potentially life-saving. As an example of the former, a young woman returned from a visit to the seashore complaining of tinnitus. Otoscopy showed a tiny seashell on her tympanum; simple lavage cured the tinnitus. At the other extreme, an older patient came in to be "cleared" for pending cataract surgery. Three indurated cervical lymph nodes announced the unexpected presence of late, but fortunately still treatable, metastases from a temporally remote squamous carcinoma of the scalp.

Aside from their potential contribution to diagnosis and care, coming across illuminating physical exam findings has an exhilarating effect on the doctor: *This* is what we are made for. These moments buttress the fundamental joy of actually, personally experiencing—right now!—a renewed sense of what doctoring is all about: knowing the patient through and through. And they are an antidote for the dread, pervasive, wasting disorder of mind and spirit that David Hellman called "Eurekapenia," a condition that seems ever more pervasive in the contemporary world of medical practice.

- 1. Create an appreciation of the persisting value of physical examination findings
- 2. Provide a counter-argument to notion that rarity of findings excuses not looking
- 3. Recognize that serendipity inspires the work of doctoring

Elliott Carr Cutler, MD, FACS: The "Other" Mosely Professor

Robert R. Nesbit, Jr. & Christian Cullen

Dr. Nesbit is Professor Emeritus of Surgery at the Medical College of Georgia at Augusta University. He has been a member of the AOS since 2003.

Most mid-20th U.S. century surgeons were aware of Harvard's Mosely Professors of Surgery, Harvey Cushing and Francis D. Moore. Fewer could identify the man who held the chair in the interval between them - Elliott Carr Cutler - also an accomplished surgeon and educator with major research contributions and a distinguished military career in both WWI and WWII.

Cutler was a 26 y.o. surgical resident when he accompanied Dr. Cushing to serve in the American Ambulance Hospital in Paris in the spring of 1915. His diary is a fascinating description of that trip. Although the cover has the motto, "The Spirit of Adventure is the Spice of Life", the epilogue emphasizes the barbarity of the war and his hope that the U.S. will not be drawn into it. Nonetheless, in May 1917, just over a month after the U.S. declared war, Cutler was a volunteer with Cushing's Harvard unit – Base Hospital No. 5 - when it sailed for Europe. By the time of the armistice, Cutler had assumed increasing responsibilities, ultimately serving as Chief of Surgical Services at U.S. Evacuation Hospital No. 1.

After the war Cutler served two years as Chief Surgical Resident under Cushing at the Brigham, then joining the Harvard surgical faculty and becoming chief of surgical research. His research interests and publications were wide ranging, but most notable was his pioneering development of closed mitral valvulotomy. His first patient survived and did well, but subsequent patients died and he published his results and abandoned the procedure.

In 1934, at age 36, Cutler was appointed to succeed George Crile as Chair of Surgery at Western Reserve University. There he continued his research and developed a strong resident training program. In 1934 he was Cushing's choice to replace him as Mosely Professor and Chief at the Brigham. There he was a dynamic leader who assembled an outstanding surgical faculty and trained many future leaders in surgery. His surgical atlas was widely used by American surgeons. When WWII was declared Cutler immediately volunteered and became chief surgery consultant for the ETO and played a major role in improving surgical care for U.S. soldiers, emphasizing the importance of surgical care close to the front lines. He ultimately achieved the rank of Brigadier General and was the recipient of many honors. He returned to the Brigham after the war, but died of prostate cancer in 1947 at the age of 59.

- 1. Describe Dr. Cutler's early training and his experience in WWI and WWII.
- 2. Explain Dr. Cutler's pioneering work in cardiac surgery.
- 3. Discuss Dr. Cutler's role in developing the next generation of academic surgeons.

Oslers of the Cape - the South African Branch of the Osler Family

Sarah Peart

The Hon Sarah Peart née Osler, born in Southern Africa into a medical family, is a past president of the Osler Club of London. She shares a common ancestor with Sir William Osler, namely Edward Osler of Falmouth, who was born in 1732. On completion of her university education in South Africa, she moved to the UK and pursued a career working in Human Resources at one of the Big Five Chartered Accountancy firms in London. She is chair of the local organising committee for this, the 2023 Annual Meeting in London of the AOS.

Sir William Osler's family has its roots in Falmouth in Cornwall. The earliest member of the family of whom there are records is Edward Osler, born in 1732. He had two surviving sons, Edward and Benjamin, from whom are descended the respective Canadian and South African branches of the family.

Edward, the older son, who was William Osler's grandfather, stayed in Falmouth as a merchant, with financial interests in ships.

Benjamin, Edward's younger brother, went out to South Africa as part of the "1820 Settler" movement which was an opportunity to escape from difficult conditions in England. This was some years before the journey of Edward's son, the Revd. Featherstone Lake Osler (1805–1895), who sailed from Falmouth for Quebec in 1837. Featherstone Lake started his career as an officer in the British navy, and eventually became an Anglican priest and settled in Canada in 1837. One of his sons, William, became Sir William Osler who needs no further introduction to this audience.

This account will trace the story of Benjamin's descendants within the history of the British settlement in South Africa. This includes their contact with their cousin Featherstone Lake when he visited South Africa as an officer in the Royal Navy in 1930, when his ship put into Simon's Bay for 30 hours to take in provisions. Moving to more recent times, this portrayal will attempt a view of the development of the Osler family living there today, in the form of a social history given by a participant observer, drawing principally on private family papers within the South African Osler family.

The author's father, Dr. TG Osler, a doctor's son, was a boy growing up in the Western Cape of South Africa when Sir William Osler was at the height of his fame. TG grew up to become an avid researcher of Osler history and his and other private family writings form a key part of the book 'Oslers of the Cape', which has been a significant source document for this discourse.

- 1. Examine the parallels between the Canadian and the South African branches of the family.
- 2. Outline the development of the Osler family in South Africa and some of their achievements.
- 3. Discuss the impact of Sir William Osler's reputation on his South African connections.

Provenance and Purpose - The Dilemma over Data from Nazi Experiments

Claus Pierach

Claus Pierach is a Professor of Medicine, in the History of Medicine Program at the University of Minnesota, Minneapolis. He still consults in porphyria, teaches, and is fascinated by the interface between American and German Histories of Medicine.

Wer immer strebend sich bemüht,

den können wir erlösen.

Goethe, Faust II

After almost 80 years, there is still active debate over what to do with data from unethical medical experiments conducted during the Nazi era (1933-1945). There can be no doubt that these often atrocious experiments must be assessed above and beyond any government's laws. Must the data also be dismissed? Or can it legitimately be used under certain circumstances?

Many of the Nazi experiments were not only immoral but also faulty in design, rendering the results worthless. Hypothermia experiments in the Dachau Concentration Camp yielded results that, after World War II, were used and cited in scientific studies. These experiments were of particular interest at a University of Minnesota laboratory in Duluth. Questions raised there prompted Arthur Caplan to convene and publish commentary from one of the earliest conferences to consider these thorny conundrums (1992). The Dachau experiments were done under Sigmund Rascher, a physician whom Benno Müller-Hill called a charlatan. Caplan and others concluded that valid results from even unethical experiments may still be used when great suffering or a life is at stake.

Eduard Pernkopf was an anatomist in Vienna and a Nazi who published a topographical atlas with drawings most likely made from executed Jews. The atlas, no longer published, is occasionally used when its unique images are deemed particularly helpful in surgery (Susan Mackinnon).

Steven Miles accurately argues that unethically obtained information, for example through torture, should be accorded no value. He and Caplan insist that war and national security offer no justification.

Questions of provenance play an increasing role elsewhere in modern society. Looted art objects are slowly being returned to their places of origin, for example sculptures to Cambodia or remnants or remains to Native American tribes. The stolen Elgin Marbles await their return from London to Greece and may continue to do so for some time.

William Osler in 1884 brought 4 indigenous skulls to Berlin as a gift for the renowned anthropologist Rudolf Virchow. These long-lost skulls have been re-discovered and await their homecoming and burial in the US or Canada surely as a 21st century Osler would have insisted.

Ethical questions can never be solved by legal fiat alone, but must be examined and discussed again and again through a lens of humanity's ethical evolution, reminding us that even medical experiments can be a slippery slope to misadventure and dishonorable science. As Goethe wrote in his drama about Faust, "Those who always strive can be saved."

- 1. Discuss the dilemma with data from immoral experiments
- 2. Understand the ongoing search for proper provenance in science
- 3. See the need to return looted art

The Legacy of Dr. Paul Farmer

Meghana Potturu

Meghana Potturu is a first-year medical student at the John Sealy School of Medicine. Meghana graduated from the University of Texas at Austin with a BS in Public Health and a minor in Health Communications in 2022. She is interested in the intersection between public health and medicine, and is passionate about using her background to improve healthcare accessibility.

Sir William Osler remarkably said, "The good physician treats the disease; the great physician treats the patient who has the disease." Dr. Paul Farmer, a social justice advocate, exemplified this principle throughout his life and practice. In his anthropological study, *Aids and Accusation*, Dr. Farmer stated, "we have no more excuses for ignoring the growing inequality that has left hundreds of millions of people without any hope of surviving preventable and treatable illnesses." This notion of steadfastly improving global health through a commitment to understanding the underlying barriers and clinical manifestations of poverty makes Dr. Paul Farmer a true inspiration.

In his medical practice, Dr. Farmer espoused the belief of "accompaniment." He embodied this concept as he lived alongside those he cared for, established relationships with academic institutions, mentored students, and brought together varying academic fields to accomplish the common goal of improving the lives of the sick. In 1987, he co-founded the international organization, Partners in Health (PIH) in Haiti, which expanded to Africa and Latin America to provide medical access to those in poverty and remote areas. By immersing himself in the communities he worked in, Farmer focused on understanding what the individual patient was going through and the systemic forces contributing to a patient's poor health. Academically, Farmer centralized the concepts of structural violence and health equity in global health research as he challenged the societal structures that perpetuate violence against marginalized communities. Additionally, Farmer displayed his moral philosophy of healthcare based on the Haitian Creole aphorism "Tout moun se moun" (Every person is a person). He believed care is a right of every human being and should be delivered based on need.

As medical students embark on their journey to treat patients, especially those suffering from the effects of poverty, they must look beyond the physical signs in front of them to understand the patient's whole story and the fundamental forces that may be affecting them. Farmer spent time in the communities he treated and used his understanding of their lived experiences as well as the large-scale perspective of the socioeconomic and political forces that shape each individual's life to better formulate their care plan. Dr. Farmer revolutionized the field of global health as he amended the top-down approach of healthcare aid to that of a more localized one. Through establishing Partners in Health and building sustainable healthcare infrastructures in numerous countries, Dr. Paul Farmer's legacy of using his anthropological aptitude and medical training to improve the lives of the poor leaves a lasting impact just as Sir William Osler has done.

- 1. Explain Dr. Paul Farmer's overall philosophy towards medicine and medical care.
- 2. Outline Dr. Paul Farmer's contributions to the field of global health.
- 3. Discuss the importance of understanding the systemic causes of a patient's disease.

Rh Disease and Reproductive Governance

Jennifer Qin

Jennifer Qin is a third-year OB/GYN resident physician at the University of California, San Francisco. She graduated from Johns Hopkins School of Medicine where she took an elective in medical humanities, focusing on the history of reproductive surveillance. During residency she received departmental funding to conduct archival research on Rh disease.

Until the mid-20th century, the fetus was rarely recognized as a living medical or societal subject. In the 1950s, the introduction of research on "perinatal" mortality consolidated the fetal and the neonatal period, conceptualized the fetus as a living subject for the first time, and led to increased governance of maternal subjects in attempts to decrease fetal risk during "high-risk pregnancies."

Using this critical lens, I conducted archival research on the medical research and public health efforts to prevent Rh disease in order to examine the widening scope of reproductive governance. Rh disease occurs when a Rh negative mother is exposed to Rh positive blood and subsequently develops antibodies that attack a subsequent pregnancy, leading to miscarriages and perinatal deaths. While the pathophysiology of Rh disease was understood by 1941, Rhogam—a preventative treatment—did not become available until 1968. Letters from Rh negative women, news articles, and legal cases regarding Rh disease during this period suggest that the fetus became an increasingly public entity, which exacerbated the public and the state's reproductive anxieties around a disease that predominantly impacted white people's reproduction and spurred interest into finding a treatment.

During this period, attempts were made to provide legislative-based reproductive governance when a preventative medical treatment was not yet possible. Bills were entertained requiring prospective marital partners to undergo blood type testing; bills were passed requiring Rh factor testing prior to artificial insemination in infertility. I argue that these state-driven efforts to prevent Rh disease moved the preconception period into the scope of reproductive governance.

Finally, in the 1960s, physician-scientists successfully developed Rhogam after a series of trials, including some experiments carried out on a group of incarcerated men. By the 1970s, facilitated by the pharmaceutical industry and encouraged by public health campaigns, Rhogam became a routine part of prenatal care regime increasingly focused on fetal health.

- 1. Explain the construction of the fetus as a socially recognized "living subject"
- 2. Discuss the ways physicians and researchers studying Rh disease blurred the distinction between fetal risk and neonatal risk
- 3. Evaluate how the legislative and public health efforts to reduce Rh disease between the 1950s-1970s widened the scope of reproductive governance beyond pregnancy

Dr. Anandi Gopal Joshi: Fearless Challenger of the Indian Status Quo

Yash Ramgopal

Yash Ramgopal is a first-year medical student at the University of Texas Medical Branch, Galveston. Yash graduated with a BS in Quantitative Sciences (with a concentration in Biology) from Emory University, where he was inducted into the 100 Senior Honorary which recognizes the top 100 seniors for their leadership and service to the Emory community.

"Be calm and strong and patient. Meet failure and disappointment with courage. Rise superior to the trials of life, and never give in to hopelessness or despair. In danger, in adversity, cling to your principles and ideals." - Sir William Osler

19th century India was characterized by a growing influence of British rule over local Indians and the peak of a patriarchal system. Amid these debilitating times emerged a young Indian female physician who paved the way for millions of Indian women pursuing professional medical education in the United States. Anandi Gopal Joshi (1865-1887) was the first woman of Indian origin to obtain a medical degree from an American institution. In line with one of Sir William Osler's ideals - "never give in to hopelessness and despair" - Dr. Joshi challenged 19th century norms and overcame multiple adversities with great determination and courage.

Born to an orthodox Hindu family in 1865, Anandi Gopal Joshi was married at the young age of nine due to parental pressure of the common practice of child marriage during those times. She gave birth to her first child within the next few years at age 14. However, due to the lack of basic medical care in India, her child passed away ten days later. This incident was a turning point in her life as she sought to improve medical care in India. It also marked the beginning of her struggles against a community that did not support the education of Indians, especially women.

With the help of her husband who was a major advocate of women's education, Anandi Gopal Joshi was one of the few women to gain an education in English. Her aspirations to study medicine in the United States, however, took a huge hit due to financial troubles and religion. Royal Wilder, an American missionary, offered to support Joshi's education only if she were to convert to Christianity. On the other end of the spectrum, she received backlash from the orthodox Hindu community about pursuing education in a foreign country. She delicately handled both these situations by publicly stating the need for female Hindus to contribute to the underdeveloped medical system in India. Successful in her approach, Anandi Gopal Joshi was finally admitted to the Women's Medical College of Pennsylvania from where she obtained her MD. She returned to India in 1886 and was appointed as the physician-in-charge of the female ward at the Albert Edward Hospital in Kolhapur. However, Dr. Anandi Gopal Joshi passed away from Tuberculosis, months after she started practicing medicine. Though her medical journey was short-lived, the everlasting impact that she had on her successors was monumental.

- 1. Describe the barriers to medical education that Anandi Gopal Joshi faced.
- 2. Explain the significance of her battles against religion, patriarchy, and the British rule.
- 3. Draw similarities between Sir William Osler's ideals and Dr. Joshi's life experiences.

Hospitales y Jefes: The Role of the Hospital System in supporting the Guatemalan Military Regime

Emily Rodriguez and Elizabeth O'Brien

Emily Rodriguez, B.S., is a second-year medical student at the Johns Hopkins University School of Medicine. Her research interests reside in the intersections of science, medicine, humanities, and society. She received funding from the JHUSOM Dean's Fund along with the JHU Institute of the History of Medicine's Gartner Fund. As a newly accepted student member of AOS and guided by the master-word, Emily hopes to pursue a career in cardiac surgery.

A cornerstone of medicine is that information shared with physicians contributes to patient wellbeing. In Guatemala, a United States' backed coup of President Jacobo Árbenz in 1954 led to authoritarian military rule for the next 36 years. Appointed to the presidency by the US, Carlos Castillo Armas revolutionized the Guatemalan National Police (NP). The election of Ríos Montt and the formation of left-wing groups led the country into *La Violencia*. The period between 1975 to 1985 has been decisively noted as the NP's most violent and active period, establishing social control that spanned public and private sectors, including the medical system.

Focusing on the years of heightened terror, 1975-1985, I consulted the Historical Archives of the NP. Contextual support was provided by archival documents within El Centro de Investigaciones Regionales de Mesoamérica.

Archival documents revealed intimate interactions between the government, the NP, and various hospitals. Hospital admissions logs were shared with the NP, with a focus on patients presenting with gunshot wounds or coming from areas with known counter-government activity. I found documents detailing hospital surveillance and government sanctioned police kidnappings within hospitals. The ability to discuss hospital and physician activity was essential, as supported by secret codes I discovered that were used to trade confidential hospital information. Hospitals were considered vital components of the military regime's control, underscored by the discovery of an undercover police agent working in Guatemala's main hospital.

Physicians are not neutral actors, and the practice of medicine is not inherently benevolent. As an integral part of society, medicine is ripley situated to take on the politics of those in charge. Doctors are subject to the influence of the political systems they operate in, including being compelled to collude in the surveillance, disappearance, and ultimately torture and death of those deemed enemies to the state. Medical mistrust can span beyond the doubt of a treatment option or diagnosis. For those seeking medical care, hesitancy to share personal details may reflect experience with a subverted medical system and fear that providing information could lead to their disappearance from the same hospital they sought out for care. Information shared by patients has the power to help heal, but as physicians, we must be cognizant of the history of the subversion and weaponization of patient information.

- 1. Contrast the etiology of politics in medicine in another country with the United States
- 2. Discuss a recent historical example of the use of medicine to further political agendas
- 3. Evaluate the role of physicians in society, especially during tumultuous societal situations

"Creators, Transmuters and Transmitters, as Illustrated by Shakespeare, Bacon and Burton" and Sir William Osler

George Sarka

George Sarka is an Associate Clinical Professor of Medicine at UCLA; Multispecialist at the California State University, Northridge; Immediate Past President and Current Secretary of the California Neurological Society, Past Governor of the ACP, Past President of the LA Neurological Society, and a Diplomate in eleven subspecialties. He received his MDCM from McGill University in 1980, MPH/DrPH from UCLA in 2003/2013.

On April 24, 1916, Sir William Osler gave a short address titled: "Creators, Transmuters and Transmitters, as Illustrated by Shakespeare, Bacon and Burton" at the opening of the Shakespeare Tercentenary Exhibition at the Bodleian Library of the University of Oxford being one of the most literary and enjoyable essays to listen and read. Osler divided the authors of books and manuscripts in the Bodleian collection into three groups: creators, transmuters, and transmitters. He referred to most books as "dead" and that the Bodleian Library was a "huge mausoleum." Osler referred to Robert Burton as the "last of the great transmitters" (author of the Anatomy of Melancholy); Francis Bacon as the "first of the modern transmuters;" and Shakespeare, as "the greatest of the world's creators." Transmuters are those individuals who changed something previously known. Transmitters are those who disseminated knowledge and ideas that was previously known. Creators conceive or discover something new of which there are very few such as Shakespeare. All three men were contemporaries of Sir Thomas Bodley for whom this library was named. Being a bibliophile himself, Osler recommended that all his medical students read the works of Shakespeare from his top ten book list. Ironically, the author of the very first book that Osler purchased was a copy of *Globe Shakespeare* in 1867 which unfortunately was stolen, never to be returned. Osler's letters and essays were replete with quotations from Shakespeare, supporting his admiration for this great, creative writer. In this essay, Osler referred to numerous scientists, physicians, philosophers, literary writers supporting his designation of Robert Burton as the last of the great transmitters and Sir Francis Bacon as the first of the modern transmuters but only God's English Bible and Shakespeare as Creators.

"The Alchemy of Shakespeare made him a great creator. 'Self-school'd, self-honour'd, self-secure,' in heaven-sent moments he turned the common thoughts of life into gold."

Osler ended his speech on a positive note that although "the seniors are apt to resent the rising generation" whose ideas are not always the same as their elders, they can benefit from "the more solid nourishment of the English Bible and of Shakespeare" which are timeless in their inspiration, teaching, and dissemination of knowledge.

- 1. Expand the participant's knowledge of Osler's passion for literature and science and their intersection.
- 2. Highlight the importance of his speech to historians, literary enthusiasts, physicians, and scientists.

Resuscitating Lazarus: The Accident as Medical Emergency

Katarina Sawtelle

Katarina Sawtelle is a practicing anesthesiologist with Spectrum Medical Group in Portland, Maine. She is a degree candidate in the online History of Medicine Program at Johns Hopkins. The following is an abstract based on work for her Master's thesis.

When is an accident an emergency? As 21st century professionals, we recognize an emergency when we see one. However, emergency medical responses to accidents also have a history. In 1767, a society to promote the rescue and resuscitation of victims of drowning accidents was established in Amsterdam; similar resuscitation societies were established throughout Europe and the English-speaking colonies during the rest of the eighteenth century. Others have situated 18th century resuscitation movements in the history of public health, the cultural life of early modern Europe, and discussions of Divine Providence. Using the Minutes, Annual Reports and other publications sponsored by the Royal Humane Society of London (RHS), I show how the RHS prompted a shift in public perception, changing drowning from an accident into a medical emergency. By drawing attention to time both of submersion and of resuscitation, the RHS promoted development of what E.P. Thompson called an "inward notation of time" in relation to accidents and the resuscitation of victims. By disseminating protocols for bystander first aid, linking rewards to medical assistance and publishing case reports, the RHS contributed to the modern conception of the accident as a societal event which requires both individual and professional responses.

- 1. Outline the early modern roots of resuscitation practices
- 2. Historicize the value of a protocol in the emergency response to an accident
- 3. Examine the use of primary source materials in historical arguments

Dame Cicely Saunders and the Inception of Modern-Day Hospice Care

Manjushree Shanmugasundaram

Manjushree Shanmugasundaram is a second-year medical student at The University of Texas Medical Branch in Galveston, Texas. She has an Honors Bachelor of Science in Biochemistry and a minor in Business Administration from the University of Texas at Dallas.

During William Osler's lifetime, there was no concept of end-of-life care. The terminally ill would die in a sterile hospital with poor pain control, a disease-focused approach to care, and alongside the sick. Dame Cicely Saunders changed the course of end-of-life care by showing that caring for the terminally ill must be different than caring for the sick. She advocated that end-of-life care should be patient-centered and can take place in the comfort of the patient's home with proper, continual pain control with opioids when necessary. The inception of the modern-day hospice ideology came from Dame Cicely Saunders, who was awarded the title "Dame of the British Empire" in 1979. Saunders has a diverse background in politics, economics, philosophy, nursing, and social work. Her journey to improving end of life care began during her time as a social worker at London's St. Thomas' Hospital.

She met David Tasma, who was a 40-year-old man dying of terminal cancer at such a young age. During her time with David, she became his confidant. As David faced the reality of his death, he felt an overwhelming lack of purpose and felt as though he had wasted his life. Working with David and understanding his end-of-life experience, Saunders realized that there is a need to bring peace to terminally ill patients in their last days or months. Recognizing the needs of a dying person was a cornerstone in the birth of modern-day hospice. David's death inspired Saunders to learn more about the needs of terminally ill patients. She started volunteering as a nurse at St. Luke's Hospital where she noticed that terminally ill patients were often treated with irresolution as they "could not be cured." This frustrated her and empowered her to pursue a medical degree to better care for terminally ill patients.

In 1951 Saunders began her medical education at 33 years old and began working at St. Joseph's once she finished her medical degree in 1957. She revolutionized end-of-life care with the introduction of "total pain." The idea is that pain is more than just physical pain. Pain is also emotional, social, and spiritual. When the physical pain was attended to much of the emotional pain also subsided. She emphasized that caring for patients at the end of their life includes caring for the whole patient (their "total pain") and including their loved ones in their care. This philosophy stands as one of the core principles of modern-day hospice and palliative care. The hospice movement in the United States was built on the philosophies and teaching of Saunders. Dame Cicely Saunders founded her hospice, St. Christopher's hospice, in 1967 and it is still operational to date.

- 1. Understand the impact of the "total pain" ideology.
- 2. Examine the history of Dame Cicely Saunders and the inspiration of the hospice movement.
- 3. Discuss the importance of the hospice and why it continues as a significant aspect of healthcare today.

Literary and Artistic References to Scleroderma: From Osler to Klee

Richard M. Silver

Richard Silver, a new member of the American Osler Society, is Co-Director of the Scleroderma Center at the Medical University of South Carolina. For more than four decades he has conducted clinical translational research on scleroderma with a special emphasis on scleroderma-associated lung disease. Dr. Silver has been recognized by the Medical University of South Carolina as a "Master Teacher" and "Distinguished University Professor".

Diffuse scleroderma is a rare and potentially fatal connective tissue disease characterized by autoimmunity, vasculopathy and fibrosis of the skin and internal organs. Osler reported his experience with diffuse scleroderma, limited to only 8 patients, in an 1898 paper published in the Journal of Cutaneous and Genito-Urinary Diseases. Osler likened scleroderma to the fateful life of Tithonus, prince of Troy, to whom Zeus granted immortality but without the accompaniment of eternal youth: "Like Tithonus, to 'wither slowly,' and like him to be 'beaten down and marred and wasted' until one is literally a mummy, encased in an ever-shrinking, slowly contracting skin of steel, is a fate not pictured in any tragedy, ancient or modern." This haunting description of disease referencing Greek mythology is just one example of Osler's historical allusions and also a literary allusion to a poem well known to Osler, Tithonus, written by the Victorian poet Alfred, Lord Tennyson. Like the disease itself, literary allusions to scleroderma are rare. A character described by Ivan Turgenev (1818-1883) appears to have suffered from a disease consistent with scleroderma (A Sportsman's Sketches, 1852). Artistic allusions to scleroderma are also rare, perhaps limited to several works by Paul Klee (1879-1940), the Swiss-German painter who suffered and died from the disease. Like Osler's allusion, Greek mythology is evoked by Klee's depiction of Charon steering a boat containing the deceased, presumably the artist imagining his own death.

Literary and artistic allusions serve to increase our appreciation of the individual patient's suffering and can teach us important lessons of the human aspects of medicine.

- 1. Describe diffuse scleroderma as reported by Osler.
- 2. List several literary and artistic allusions to scleroderma.
- 3. Appreciate how literature and art may enhance one's understanding of the human aspects of medicine.

The Reluctant Prometheus Bound But Unwound: The Hot-Headed Contention Surrounding the Bovie's Inclusion in Harvey Cushing's Festschrift

Michael P.H. Stanley

Dr. Stanley is a graduate of the Tufts University School of Medicine Maine Track Program, where he met Dr. Richie Kahn and began his pursuit of medical history in earnest, which resulted in a William Bean Award in 2018. Now a recent graduate of the Mass General Brigham Neurology Residency, and currently a behavioral neurology fellow at Brigham & Women's Hospital, Dr. Stanley's non-clinical endeavors include writing for the lay press on matters of medicine and society; promoting the medical humanities in his role as the Director of Outreach and Engagement for the Boston Society of Neurology, Neurosurgery, and Psychiatry; and serving as the AOS Social Media Coordinator and as a member at large of our AOS Board.

A *festschrift* is a celebratory publication dedicated to a figure at an important milestone in his life. Elliot Cutler, Surgeon-in-Chief-Elect for the Peter Bent Brigham Hospital led a committee who solicited articles from former Harvey Cushing trainees to produce a festschrift for Cushing in April 1929, when he would turn 60. This coincided with his friction-filled departure from PBBH. One of Cushing's many pioneering neurosurgical achievements was the use of an electrosurgical apparatus initially developed by William T. Bovie and first used surgically at the Huntington Hospital. While training under Cushing, Arthur McLean performed pathological evaluations on tissues subjected to "The Bovie." It was this pathology that he wished to submit to the festschrift, but to fully contextualize it, McLean needed to describe The Bovie itself. Bovie strongly opposed this, flattening the fearful McLean, resulting in many backchanneling efforts by Cutler and others, and possibly even an intercession by Cushing (though I think unlikely), before Bovie finally agreed to McLean's article in January 1929. What motivated Bovie's resistance may have been not been so much the ill-will he held towards Cushing and the medical establishment at large, but actually the simpler and ethical issue of priority to publish. Bovie was did not want a detailed description of the device published until he had done so in December 1928 for the John Scott Award. Alternatively, the ramping up of manufacture and sale of the device made such claims to first-to-publish/first-to-publicize less tenable. Whatever the reason, on January 19th, 1929, Bovie writes a curt reply to Cutler saying, "The paper meets my approval as it now stands, and I am writing you only to confirm my opinion." And with that, "Some Principles Underlying, and Effects Produced By, The Bovie Electro-Surgical Current Generator," by Arthur McLean was rescued for inclusion in the Cushing Birthday Book.

- 1. Describe Arthur McLean's difficulty in submitting a piece for the Harvey Cushing Annals of Surgery's 1949 April festschrift about the electrocautery device Bovie refined with Cushing.
- 2. Evaluate to what extent Bovie's initial outrage at McLean's attempt to publish was justified on grounds of academic priority and contribution as generally pertains to authorship for published works
- 3. Compare/contrast the story of Bovie and Cushing's Festschrift to your own experiences of memorial publications and the personalities that lay behind the stories we ultimately tell.

The Four Great Men of Guy's

Marvin J. Stone

Marvin J. Stone is Chief Emeritus of Hematology and Oncology, Baylor University Medical Center, Dallas, Texas, past president of the American Osler Society and recipient of its Lifetime Achievement Award. He is Clinical Professor of Arts and Humanities at University of Texas at Dallas.

Richard Bright (1789-1858), Thomas Addison (1793-1858), and Thomas Hodgkin (1798-1866) were designated "the Three Great Men of Guy's." All were great clinicians and had diseases named after them. Samuel Wilks (1824-1911) was responsible for naming Bright, Addison, and Hodgkin as the three great men but also merits consideration as belonging to this august group. An outstanding pathologist, clinician, and teacher, Wilks made several important contributions to medicine including inflammatory bowel disease, amyloidosis, syphilis, alcohol-induced neurological damage, infective endocarditis, and myasthenia gravis. His paper on Bright, Addison, and Hodgkin appeared in 1877. He named Hodgkin's disease and co-wrote a history of Guy's Hospital. Wilks was elected a fellow of the Royal Society in 1870 and served as president of the Royal College of Physicians from 1896 to 1899. In 1897, he was made a Baronet and appointed Physician Extraordinary to Queen Victoria. As president of the RCP, he was known for his truthful accounts of recently deceased fellows, more "verum" than "bonum." It was said that Wilks added a new terror to death. In 1907, William Osler called Wilks the "grand old man today of British medicine." Wilks had a genius for observation and friendship. He was idolized by his students, not only of Guy's but every school in London. Osler wrote "with his death snaps the link between old medicine and the new, the link which united the profession with the famous clinicians of the last century, Bright, Addison, and Hodgkin." Samuel Wilks rightly deserves to be called the Fourth Great Man of Guy's.

- 1. List the three great men of Guy's.
- 2. Explain who named Hodgkin's disease.
- 3. Discuss who added a new terror to death.

The Whole Art: 1. The Physical Examination as Healing Ritual

Herbert M. Swick

Herbert Swick is a retired child neurologist and Clinical Professor Emeritus, University of Washington. He served as President of the American Osler Society in 2014-2015.

The physical examination has been an integral part of medical practice since Hippocrates, but many feel it has become less important with advances in diagnostic technology. Has the physical examination lost its value in contemporary medicine? Certainly not.

The physical examination is a ritual, what AOS member and poet Jack Coulehan has called "a performance laden with gesture." Even today, it promotes healing by facilitating communication and patient confidence.

Careful observation is part of this ritual. Sir William Osler noted in 1903 that "the whole art of medicine is in observation," echoing his 1874 comment to students at McGill University that "Skill and nicety in manipulation...will do more towards establishing confidence in you, than a string of Diplomas..." Patients observe their physicians carefully. It is one fundamental step toward developing trust and strengthening the patient-physician relationship.

Touching is a part of this ritual. Lewis Thomas called touching "the oldest and most effective act of doctors." A gentle touch can be healing because it conveys confidence during a physical exam, reassurance when a patient is apprehensive, comfort when a family is grieving, empathy, compassion, and a love of humankind, a love that Osler knew was necessary "to serve the art of medicine as it should be served." Too often, physicians seem to forgo touching their patients, as Jack Coulehan observed in "Detached Concern:" 'My doctor's not engaged enough / to touch my hand. I wonder where / her feelings are, the human stuff. // Her brow is knit, her white coat there, / but touching? No. No human stuff.'

Skill is part of this ritual. Lewis Thomas noted that "to watch a master of physical diagnosis in the execution of a complete physical examination is something of an aesthetic experience, rather like observing a great ballet dancer or a concert cellist." Physicians can take pride in using their physical examination skills to make their work meaningful, for both their patients and themselves.

In contemporary medical practice, the physical examination has been de-valued because it is not "cost-effective" and does not provide "value-added." Yet the ritual of examination does add value: patients who trust their physician's skills and knowledge are more likely to follow recommendations for further diagnostic studies and treatment, ultimately lowering the cost of management and care.

- 1. Explain the important roles of the physical examination as ritual.
- 2. Understand how elements of the physical examination foster trust and healing.
- 3. Describe ways in which the physical examination adds value to the practice of medicine.

Allen Buckner Kanavel: Surgical Proteus

David Tate

Dr. Tate is a Clinical Associate Professor of Orthopaedic Surgery for the University of Louisville Department of Orthopaedic Surgery. He is a staff hand surgeon at Norton Louisville Arm and Hand, where he has worked since 2005. Dr. Tate graduated from the Medical University of South Carolina in 1991. Following this, he completed his Orthopaedic Surgery Residency at the Medical University in 1996, along with a fellowship in Surgical Arthritis at the Hospital for Special Surgery in New York in 1997, and Hand Surgery at the Kleinert Institute in 1998. Dr. Tate is a life member of both Alpha Omega Alpha and American Mensa. Dr. Tate lives in Louisville Kentucky with his wife, 3 Great Danes, 2 grandchildren, multiple electric guitars and many books.

Allen Buckner Kanavel (1874-1938) devoted his life to advancing surgical care and education. With his generous, kindhearted manner, he channeled the spirit of Sir William Osler. Additionally, he demonstrated a genius for anatomic investigation guiding surgical therapy, as exemplified by the quintessence of scientific surgery, William Stewart Halsted. Kanavel gave birth to a new surgical discipline, hand surgery, with his landmark 1905 article on hand abscesses. Dr. Kanavel was a medical leader, serving as a founding member of the American College of Surgeons, as well as chairman of Surgery at Northwestern University School of Medicine (1919-1929). He was a founding member of the journal Surgery, Gynecology and Obstetrics (1905), now the Journal of the American College of Surgeons, and a multimedia medical education pioneer, producing a 1927 film on infections of the hand. He was a skilled neurosurgeons as well, and was a founding member of the Society of Neurological Surgeons (The Senior Society) alongside luminaries such as Harvey Cushing, Ernest Sachs and Alfred Adson. His monograph Infections of the Hand, went through 7 editions from 1912-1938, and was the definitive hand surgery text until 1944, when Sterling Bunnell's Surgery of the Hand was published. In addition to these admirable attainments, Kanavel was a devoted family man. Unable to have children of their own, Kanavel and his wife adopted triplets in 1923, taking on this challenge in their late forties. Possessing a set of protean talents, Kanavel left us with his Kanavel's signs of flexor tenosynovitis, his amazing textbook, mapping synovial fluid drainage and paths of infectious propagation in the hand; the book is still used to teach resident surgeons (and attendings), but also a legacy as an innovator, and educator, administrator, author and investigator, as well as an exemplary human being and caring physician.

- 1. Describe Allen Kanavel's role in the creation of the specialty of Hand Surgery.
- 2. Discuss the protean nature of Dr. Kanavel's talents surgeon, anatomist, educator, administrator, multi media pioneer.
- 3. With his participation in founding of Surgery, Gynecology and Obstetrics, as well as the American College of Surgeons, discuss Dr. Kanavel's role in raising educational and clinical standards for surgery as a whole.

William Bennett Bean, MD: First President of American Osler Society

Barbara L. Thompson

Dr. Thompson is a Professor of Family Medicine at UTMB in Galveston and an Emeritus Faculty Scholar in the John P. McGovern Academy of Oslerian Medicine at UTMB.

William Bennett Bean was born in the Philippines in 1909 to Robert B. Bean, a eugenicist at the medical school of Manila, who moved to Tulane, and in 1916 to the Anatomy Department at the University of Virginia. William attended the University of Virginia, with a BA in 1932 and MD in 1935. He interned on the Osler Service at Johns Hopkins and worked at Thorndike Laboratory and the Harvard Service at Boston City Hospital. He began his academic career at the University of Cincinnati as a fellow in nutrition with teaching and research in the Department of Internal Medicine. While at Cincinnati, he published over 60 articles on cardiology, dermatology, and nutrition, including a 1945 obituary about his father. In 1948, he moved to the University of Iowa to lead the Department of Internal Medicine. He published his father's notes from his time studying under Osler at Hopkins: "Excerpts from Osler: A Mosaic of Bedside Aphorisms and Writings". Dr Bean was Physician in Chief of the University Hospitals in Iowa and in 1970 was named Sir William Osler Professor of Medicine.

When John McGovern, Alfred Henderson, and Wilburt Davison were forming the American Osler Society, their first choice for president of the AOS was Bill Bean. According to Charles Roland, Dr. McGovern tracked Bill Bean to a tennis court in Iowa, explained his plan to establish the AOS, and invited Bean to become its first president. Bean accepted and then returned to finish the set.

Bill Bean had a long friendship with Chauncey Leake (1896-1975), a pharmacologist who, in the early 1940s, rescued UTMB, Galveston following its disastrous years under Dean John Spies from 1938 to 1941. Spies was fired amidst a near faculty revolt following UTMB's probation by the AAMC. To rescue UTMB and restore its former standing, Leake was named Executive VP and Dean. While in Galveston, he improved faculty morale, prevented UTMB's relocation to Austin, and oversaw general expansion of numerous academic programs. Dr. Truman Blocker, UTMB's first president, sought out Bean to become founding Director of the Institute of the Medical Humanities at UTMB, the first of its kind in the United States. On advice from Leake, Bean accepted the position and served from 1974- 1980. He returned to Iowa City and was named the Sir William Osler Professor Emeritus. That same year he published one of his most well-known articles, "Nail Growth: 35 Years of Observation".

Bill Bean published over 600 articles and was a strict editor. He was a member of the Osler Club of London, Editor in Chief of the Archives of Internal Medicine, Editor of Stedman's Medical Dictionary, and on the Editorial Board of JAMA. In 1982, he published his last book, a biography of Walter Reed. He died in March 1989 at his home in Iowa City. As a tribute to this remarkable man, his colleagues in the AOS named its student research award after him, which is now known as the Bean Award.

- 1. Outline the major achievements in the career of William B. Bean.
- 2. Discuss the influence of Chauncey Leake on William Bean's decision to become founding director of the Institute of the Medical Humanities in Galveston.
- **3.** Describe the origins of the William Bean student award in the AOS.

John Ferriar (1761-1815) – A Manchester Polymath

John W.K. Ward

John Ward FRCPEdin FRCGP, a retired family doctor, is a past president of both the Osler Club of London and the British Society for the History of Medicine. He has lectured widely in Britain, France and North America on medical history, family medicine and Johnsonian subjects. He chaired the LOC for the 2014 Oxford AOS meeting and was similarly involved in the 2020 Osler death centenary meeting in Oxford.

John Ferriar has been much neglected by scholars in recent years. His remarkable career as a poet, physician, antiquarian, author and public health pioneer is worthy of our esteem particularly as William Osler was an admirer of his work. In 1950 Edward Brockbank, a Manchester cardiologist, who knew Osler published a short biography of Ferriar and dedicated it to Osler as "An Affectionate Tribute". The final parts of that book concentrate on Osler's interest in Ferriar and on Osler's visits to Manchester.

The son of a clergyman, Ferriar was born in Roxburghshire, Scotland and graduated from Edinburgh in 1781 with a thesis entitled "De variola." After a short time practising in Stockton on Tees he moved to Manchester where he joined the Manchester Literary and Philosophical Society, which had Thomas Percival as a founding member and president. Ferriar became secretary of the society and published widely on many subjects. In 1789 he was appointed physician to the home patients in Manchester Infirmary and then in 1790 was appointed honorary physician. Percival published his book entitled "Medical Jurisprudence" in 1794 and circulated it for comment to prominent personages including doctors such as Erasmus Darwin, John Ferriar, William Heberden, and William Withering. Encouraged by the general response he published "Medical Ethics" in 1803.

In 1788 and 1789 Ferriar made a study of typhus noting its spread in cellar dwellings and cheap lodging houses. He noted infectious diseases spread in densely populated areas causing death and economic damage to workers in the spinning mills. He and Percival conducted studies on the poor and pressed for public health reform including isolation wards and a new fever hospital along with shorter working hours, changes to child labour, public baths and a Board of Health.

Ferriar's literary output was enormous featuring works on digitalis, demonology, apparitions, Lawrence Sterne and much else. Bibliotheca Osleriana has many entries relating to him. He coined the word "Bibliomania" with his poem of the same name in 1809.

- 1. Outline John Ferriar's life and works.
- 2. Discuss the relationship between Ferriar and Percival.
- 3. Discuss why Osler had such an interest in Ferriar.

"A Young Canadian from the Rockefeller Institute" Arthur Ellis and the Treatment of Cerebro-spinal Meningitis in World War I

Edward J. Wawrzynczak

Edward Wawrzynczak graduated from Oxford University, has a PhD in biochemistry from the University of Cambridge, and was Head of the Drug Targeting Laboratory at the Institute of Cancer Research, UK. He holds the Diploma in the History of Medicine of the Society of Apothecaries, serves as Vice-President and President Elect of the British Society of the History of Medicine, and is a member of the Osler Club of London.

In December 1914, Captain Arthur Ellis of No.1 General Hospital, Canadian Army Medical Corps oversaw an isolation ward for troops of the Canadian Expeditionary Force on Salisbury Plain diagnosed with cerebro-spinal meningitis (CSM). A University of Toronto graduate, the 31-year-old pathologist had served as Assistant Resident Physician at the Hospital of the Rockefeller Institute in New York, specializing in the treatment of syphilitic meningitis.

Sir William Osler, then Regius Professor of Medicine in Oxford University, singled out the "young Canadian" for special praise and took him under his wing. Osler encountered CSM while performing autopsies in Montreal, had direct experience of cases during epidemics in the United States, and followed later diagnostic and therapeutic advances closely. It was only to be expected he would take a personal interest in Captain Ellis' attempts to treat his charges with anti-meningococcal serum during an outbreak associated with high mortality.

Treatment of CSM was discussed at a February 1915 Royal Society of Medicine meeting chaired by Dr Charles Martin, Director of the Lister Institute of Preventive Medicine. Osler, a member of the Institute's Governing Body in 1906-16, opened the meeting. Ellis reported that, although stock therapeutic sera appeared ineffective, a new serum prepared by the Lister Institute using organisms isolated from his patients gave strikingly positive results when administered in one patient with chronic disease that had resisted all therapy.

Ellis had no time to follow up his work, however, being ordered to France in March. There, attached to the Canadian Mobile Laboratory, he undertook bacteriological studies of CSM patients and helped to identify the two major types of meningococcus later used by the Lister Institute to make type-specific sera to treat British military personnel. Promoted Major and made Assistant Advisor in Pathology to the British Fourth Army, he was appointed to the Order of the British Empire in 1919 and continued his medical career in Britain in the 1920s.

Ellis was Professor of Medicine and Director, Medical Unit, London Hospital, contributing to the understanding of renal disease. In 1943-48, as Regius Professor in Oxford, he followed Osler who had undoubtedly influenced his decision to take up clinical medicine in England. Remembered as a man of great humanity and humility, Ellis excelled in instruction at the bedside and believed the academic physician must be first and foremost a good doctor.

- 1. Outline the medical career of Sir Arthur William Mickle Ellis (1883-1966).
- 2. Explain the advances and challenges in the treatment of patients with CSM.
- 3. Discuss the personal expertise and professional influence of Sir William Osler.

Was Osler "On the Run" When He Moved from Philadelphia to Baltimore?

James R. Wright

Jim Wright received the AAHM William Osler Medal as a medical student at The Ohio State University in 1984. He is now Professor Emeritus of Pathology at the University of Calgary.

Most historians believe that the activities and words of historical figures should be judged by the norms for the times during which they lived, while some ethicists judge historical figures by current day beliefs. Common examples include demonizing historical figures who owned slaves or did not speak out against slavery before society had evolved to recognize that slavery was morally wrong or who made race-based assumptions or did not speak out against such before society determined that race was a baseless social construct. Recently, Osler's reputation has been tarnished by some who do not consider "presentism" an historical fallacy; such individuals have taken stories about Osler circumventing autopsy consent and organ retention regulations to suggest his medical practice was unethical. This talk will analyze autopsy allegations in the context of medical paternalism characteristic of the time he practiced. Bliss's William Osler: A Life in Medicine and some of my prior writings have described irregularities in Osler's autopsy consent and organ retention practices at Blockley (Philadelphia General) Hospital; Bliss notes that Blockley administrators unsuccessfully changed internal policies to try to prevent Osler from performing any more autopsies with his residents. Philadelphia surgical intern Howard A. Kelly and Osler allegedly pioneered the use of covert autopsy techniques (i.e., with no visible incisions) to obtain organs as teaching specimens. Philadelphia pathologist (and former Osler trainee) Henry Ware Cattell, in his textbook *Post-Mortem Pathology*, describes and condones longstanding lax adherence to autopsy consent and organ retention regulations at Blockley "until lawsuits... [caused] this custom... to be discontinued." Occasional newspaper articles in the Philadelphia Inquirer confirm autopsy irregularities at Blockley. Finally, Cushing's The Life of Sir William Osler notes that Osler agreed to give up performing autopsies as a condition of recruitment when he became the first professor of medicine at Johns Hopkins. Combined, a circumstantial case against Osler could be made but has never been pursued. To ascertain whether Osler could have been in trouble with the law, rather than simply an annoyance to Blockley administration, Philadelphia newspapers were searched from 1883-1890 revealing no articles linking Osler to autopsy irregularities or lawsuits. City of Philadelphia Archives (Court of Common Pleas' docket books) and the National Archives in Philadelphia were searched (1883-1904) revealing no lawsuits involving Osler. While clearly Osler's autopsy practices were at odds with Blockley regulations and he bent rules related to consent and organ retention, he was clearly not "on the run" when Welch hired him. Two decades ago, autopsy consent and postmortem organ retention irregularities at Alder Hey Children's Hospital in Liverpool became a scandal in the UK precipitating a Parliamentary inquiry. Why was Alder Hey pathologist Dick van Velzen vilified while Osler is revered? I will discuss this in the context of presentism and the differing medical ethical paradigms existing in the late 1800s vs. the late 1900s.

- 1. Consider Osler's autopsy practices in Philadelphia in the context of those of his peers.
- 2. Discuss the concept of "presentism."
- 3. Explain how medical ethical paradigms existing in the late 1800s differed from now.

Concessions, Coercions, And Coveted Conversions: Exploring Pope Gregory XIII's Injunction of 1584 Against Jewish Physicians

Yoel Yakobi

Yoel Yakobi is a second-year medical student at McGill University, having previously completed a Bachelor of Arts and Science and a Master of Bioinformatics at the University of Guelph. Under the guidance of Dr. Faith Wallis and Anna Dysert, he was awarded first place in the 2022 Pam & Rolando Del Maestro Family William Osler Medical Student Essay Contest for the following work.

In 1584, Pope Gregory XIII (1572-1585) published a papal bull prohibiting Jewish physicians from treating Christian patients. He reasoned that, since Jews were under no obligation to provide their patients with the Last Sacraments, a sick Christian who employed a Jewish physician would risk condemning their soul to eternal damnation should they die over the course of treatment. Similar bulls had been published throughout the Middle Ages and Early Modern Period, but a curious case emerges when we consider the fact that these bulls were rarely (if ever) enforced despite their constant recurrence. Instead, Jewish physicians were employed at all levels of society, including by the popes themselves. Thus, we beg the question, why did the popes so fervently legislate against Jewish physicians but neglect to enforce their own laws? Rather than answering this question overall, we will use Gregory XIII's 1584 bull as a case study to explore the deeper tensions and motivations that could give rise to such injunctions. In response to various tensions in the 16th century, such as the Protestant Revolution and aggression with the Ottomans, Pope Paul IV (1555-1559) initiated a campaign for Jewish conversion that was upheld by his successors, including Gregory XIII. In the papacy's effort to pressure them into converting, Jews faced ghettoization and increasingly harsh restrictions across the papal states. In order to hasten these conversions, Gregory XIII targeted Jewish physicians. Physicians presented lucrative opportunities for conversion for many reasons, but chief among them was their status and prestige – a symbol to Jews and Christians alike, a tool that would not only fortify the Catholic resolve amidst Europe's growing religious divide, but a tool that would also embolden the Pope's conversionary force, sure to lead to widespread Jewish acclaim for the Catholic faith.

- 1. To contrast legislations restricting the practice of Jewish physicians with their widespread acceptance and employment across the papal states.
- 2. To outline the factors giving rise to the papacy's campaign for Jewish conversion in the mid-16th century.
- 3. To discuss the unique position of a Jewish physician in the aforementioned conversionary campaign to secure the papacy's medical force, combat religious dissent, and ultimately hasten further conversions by the Jews.

Caregiver Burnout, the Pursuit of Stillness, and Osler's Aequanimitas

James B. Young

Dr. Young is an Emeritus Professor of Medicine and former Executive Dean of Cleveland Clinic Lerner College of Medicine, Case Western Reserve University. He also served as Chief Academic Officer and was an Advanced Heart Failure and Cardiac Transplant cardiologist at Cleveland Clinic.

Medical school curricula have minimal focus on emotional challenges of training and practice. Practitioner burnout is a devastating syndrome characterized by depersonalization and emotional exhaustion which can lead to depression and disengagement. It is rampant with rates of burnout exceeding 50% in studies of residents and practicing physicians. It can result in medical errors and other significant consequences. Practitioners wearing a carapace of invincibility often fail to recognize burnout which is driven by workloads, clerical burdens, lack of control over issues affecting work lives, and inadequate support. Women and younger professionals are more vulnerable. Perhaps to soothe anxiety, fatigue, and depression, students (and faculty) should seek stillness through introspection and study of Osler's Aequanimitas. Iconic essays have been written about this work by eminent AOS scholars such as Charles Bryan, John Carson, and Michael Bliss. They give insight into the potential healing nature of aequanimity and imperturbability and need to be incorporated into burnout prevention and therapy. Cultivating stillness, as reflected in the term aequanimity, can help. Stillness has meanings related to silence and motionlessness, but the term can also mean emotional calmness, serenity, tranquility, placidity, quietness, and peace. Personal introspection and self-discovery can manifest as equanimity and lead to stillness. Equanimity can, for example, ease the disquiet of emotions associated with delivering bad news. Health care professionals have shared their experiences of travail and how the stillness born of aequanimity leads to redemption. I wear a lanyard during rounds embroidered with the single word Aequanimitas. It holds my Cleveland Clinic badge. It was distributed by the American Osler Society, our academic endeavor focused on the relevance of Oslerian values in the context of the historic evolution of the health care profession. The lanyard prompts clinicians to meditate on patients, colleagues, other caregivers, administrators, friends, and teams required to make an academic-or any-medical center thrive while compassionately ministering to patients. Thoughts become, in a moment of stillness, grounded in personal experience and the insights Osler passed along. Those thoughts spill over to the days in clinic or hospital and even to our personal lives. It is essential to expose our students to the concepts of Osler's imperturbability and equanimity. Clinical trials of such interventions can be mounted. This is my message.

- 1. Understand the challenge of caregiver burnout.
- 2. Consider the relationship of stillness and aequanimity to burnout prevention.
- 3. Gain insight into Osler's watchwords of aequanimity and imperturbability.

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John P. McGovern*	1973-1974	Mar
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A. McGehee Harvey*	1975-1976	Law
Raymond D. Pruitt*	1976-1977	Mar
Martin M. Cummings*	1977-1978	Che
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Peter D. Olch*	1980-1981	Fran
William C. Gibson*	1981-1982	Jose
R. Palmer Howard*	1982-1983	Johr
Jeremiah A. Barondess	1983-1984	Cha
K. Garth Huston*	1984-1985	J. M
William B. Spaulding*	1985-1986	San
Charles G. Roland*	1986-1987	Pam
Robert P. Hudson*	1987-1988	Her
W. Bruce Fye	1988-1989	Paul
Richard L. Golden*	1989-1990	Jose
Jack D. Key*	1990-1991	Lau
Paul D. Kligfield	1991-1992	Clyo
Alvin E. Rodin*	1992-1993	J. M
Robert E. Rakel	1993-1994	H. N
Kenneth M. Ludmerer	1994-1995	Rob
Charles F. Wooley*	1995-1996	Chri
Billy F. Andrews*	1996-1997	

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2022-2023

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The John P. McGovern Lectureship

1986	Albert Rupert Jonsen	2005	Karen Hein
1987	Edward Janavel Huth	2006	Joseph Jack Fins
1988	Joanne Trautmann Banks	2007	Abraham Verghese
1989	John Nicholas Walton	2008	Charles E. Rosenberg
1990	E. A. Vastyan	2009	Patrick A. McKee
1991	Daniel Michael Fox	2010	Nuala P. Kenny
1992	William C. Beck	2011	Rosemary A. Stevens
1993	Anne Hudson Jones	2012	C. David Naylor
1994	David Hamilton	2013	Bert Hansen
1995	Sherwin B. Nuland	2014	Sir Donald Irvine
1996	David J. Rothman	2015	Rolando Del Maestro
1997	Roger James Bulger	2016	Mark G. Dimunation
1998	Paul Potter	2017	Carlos del Rio
1999	John David Stobo	2018	K. Patrick Ober
2000	Gert Henry Brieger	2019	Marie Wilson
2001	Kenneth M. Ludmerer	2020	No Lecture
2002	James K. Cassedy	2021	Jonathan D. Haidt
2003	Sir Richard Doll	2022	Jeremy Norman
2004	William F. Bynum	2023	Shawna D. Nesbitt

Recipients of the Lifetime Achievement Award

2005	Earl F. Nation	2014	T. Jock Murray
2006	Charles G. Roland	2015	Marvin J. Stone
2007	Lawrence D. Longo	2016	Kenneth M. Ludmerer
2008	Richard L. Golden	2017	Richard J. Kahn
2009	W. Bruce Fye	2018	Pamela J. Miller
2010	Charles S. Bryan	2019	Joseph W. Lella
2011	Michael Bliss	2020	Francis A. Neelon
2012	Jeremiah A. Barondess	2021	Claus A. Pierach
2013	John C. Carson	2022	Herbert M. Swick

Notes



Artistic rendering of William Gowers and William Osler, as they might have appeared while visiting in the first decade of the 1900s. By permission of the W. Bruce Fye Center for the History of Medicine, Mayo Clinic, Rochester, Minnesota.



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 everbroadening horizons, and that they sail not as Sir Thomas Browne's Ark, without oars and without rudder and sails and therefore, without direction.

