55th Annual Meeting of the American Osler Society



Friday, May 2rd – Monday, May 5th, 2025

The Pasadena Hilton

Pasadena, Ca



Earl Faye Nation (1910-2008) loved to collect books and famous articles and ephemera about William Osler. His collection was given to the Huntington Library after his death. He was a charter member of the American Osler Society serving as its president (1978-1979) and was the first to receive its lifetime achievement award in 2005. Earl arose to outstanding levels of involvement with almost every organization with which he came into contact and demonstrated great equanimity in all aspects of his long life. He was the editor of *An Annotated Checklist of Osleriana* (1976), *Men and Books* (1987), *Chief: The Osler-Camac Correspondence* (2000), and *An Annotated Checklist of Osleriana: Volume Two* (2000).

About the front cover photo: The artist, Tarleton Blackwell, based his portrait of William Osler on a 1913 photograph taken at Johns Hopkins. Blackwell's interpretation draws upon descriptions of Osler and previous portraits. The portrait was commissioned and funded by Professor Charles S. Bryan, the Heyward Gibbes Distinguished Professor of Internal Medicine Emeritus at the University of South Carolina. Dr. Bryan is a past president of the American Osler Society and recipient of the American Osler Society's Lifetime Achievement Award in 2010. Tarleton Blackwell is a graduate of the Benedict College; he received his M.F.A. from the University of South Carolina.

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About this picture: George Dock (1860-1951) was assistant pathologist under William Osler who said of him that he "knows more about clinical procedures than anyone in the United States". A lifelong friendship ensued. After a peripatetic academic career, Dock retired in Pasadena leaving his collection of books to the Los Angeles County Medical Association, and they now reside in the Huntington Library.

Friday, May 2nd – Monday, May 5th, 2025 The Pasadena Hilton Pasadena, Ca.

Course Objectives

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

- 1. Communicate with and treat patients humanely and professionally.
- 2. Think critically about the diagnosis and treatment of contemporary diseases by learning how physicians diagnosed and treated diseases in the past.
- 3. Incorporate into practice new research findings and treatments via the evolution of treatment of various diseases and conditions.

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 requirements 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 the 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 13.25 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.

Appreciative Acknowledgements

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Charles Bryan, Tino Bernadett J. Mario Molina Francis Neelon Sutchin Patel

Barbara Thompson

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COMMITTEE	CURRENT	CURRENT	NEW	ROTATES OFF	NEW
	CHAIR	MEMBERS	CHAIR		MEMBERS
Bean Award	J. Harris	K. Klaas, M.Trotter, T. Frank	TBD	J. Harris	TBD
McGovern Award*	R. Del Maestro	M. Jones, B. Mennel	J. Richardson	B. Mennel,	None
Lifetime Achievement Award	L. Drevlow	J. Howell, F. Neelon H. Swick	No Change	J. Howell	None
Nominating*	R. Del Maestro	B. Mennel	J. Richardson	B. Mennel	None
Finance	F. Bernadett	M. Molina, M. Stone	No Change	None	None
History & Archives Committee	H. Swick	R. Del Maestro, M. Hague-Yearl, D. Kratz, R.Stone, S.Arfaie, L.Wang	No change	S.Arfaie	L.Wilson
Membership#	J. Harris	D. Goodenberger, N.Balasubramaniam, B. Thompson, D. Wolf	TBD	J. Harris	TBD
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*Chaired by the most recent living Past President and comprised of the 3 most recent living Past Presidents †Chaired by the Second Vice President

#Chaired by the First Vice-President

Friday May 2, 2025:

1:00-5:00 pm:	Registration – Lobby in front of The California Room
3:00-5:00 pm:	The Frank Neelon Literary Gathering – The Sierra Madre Room
6:00-8:00 pm:	Board of Governors meeting – The San Marino Room

Saturday May 3, 2025:

Session 1: "Potpourri"

Session Chair: Mario Molina

6:45 am	Registration-Lobby & Continental Breakfast -The San Gabriel Room
8:00 am:	Ronald Mackenzie: Paul B. Hoeber and the Annals of Medical History (Page 37)
8:20 am:	Claramance Dokyi: The moral responsibility of the medical professional: Religious lessons from Thomas Brown's Religio Medici (Page 22)
8:40 am:	Victoria Teoh: The forgotten life of Anna Morandi Manzolini: The mother of anatomy (Page 47)
9:00 am:	David Wolf: Sir William Osler's interest in bookworms of the insect and human varieties (Page 48)
9:20 am:	Gregory Anagnostopoulos: The long road to Helicobacter pylori: Revisiting a century of overlooked research on peptic ulcer disease (Page 13)
9:40 am:	BREAK

Saturday May 3, 2025 (continued)

Session 2: "Music or Art"

Session Chair: Michael Malloy

- 10:00 am: Haechan Justin Yang: Beethoven's deafness management and the development of hearing aids during the industrial revolution period (Page 50)
- 10:20 am: Katelynn Evans: Songbirds: The use of music as medicine in wartime soldiers and in today's veterans (Page 23)
- 10:40 am: Sutchin Patel: A requiem for Sakti Das: Historian, artist and humanitarian (Page 39)
- 11:00 am: Jennifer He: A Fractured Subject: The Influence of X-ray on analytic cubism (Page 26)
- 11:20 am: Herbert Swick: The many lives of Thomas Gainsborough's Blue Boy (Page 46)
- 11:40 am: Buffet Lunch-The San Gabriel Room
- 1:30 pm: Buses load to go to the Huntington Library.
- 2:15 pm: Self guided Garden Tours and Private Tours at the Huntington Library
- 5:15 pm: Reception
- 6:00 pm: Dinner at the Huntington Library
- 7:45 pm: Buses return to Pasadena Hilton

Sunday May 4, 2025:

Session 3: "Europe and the Middle East"

Session Chair: Skip Harris

6:45 am	Registration-Lobby & Continental Breakfast-The San Gabriel Room
8:00 am:	Kyla Pires: Unraveling the dark legacy: The influence of Nazi medical education on Holocaust physicians (Page 40)
8:20 am:	Rolando Del Maestro: Leonardo da Vinci and Pietro Monti: Intellectual Convergence (Page 21)
8:40 am:	Paris Dastjerdi: Restoring Avicenna's tomb: A historical analysis of William Osler's efforts (Page 20)
9:00 am:	Maryam Othman: From soundwaves to sultans: The use of music therapy in the Ottoman Empire (Page 43)
9:20 am:	Tee Guidotti: Bernardino Ramazzini: Master physician, enlightenment scholar, and killer stand-up comic (Page 25)
9:40 am:	BREAK

Session 4: "Credo quia absurdum est" Session Chair: Jim Wright

- 10:00 am: Clyde Partin: Weight Weight ... don't tell me: History of weight loss and Gila monsters (Page 38)
- 10:20 am: Jim Wright: How the public autopsy of a slave Joice Heth launched P.T. Barnum's career as the Greatest Showman on Earth (Page 49)
- 10:40 am: Hanna Skarnikat: "Blowing smoke up your rectum": The rise-and fall of smoke enemas for resuscitation in European medicine (Page 44)

Sunday, May 4, 2025 (continued)

- 11:00 am: *The John P. McGovern Award Lecture* "Maude Abbott: A Life in 10 Spaces." Annmarie Adams
- 12:00 pm Box Lunch-The California Room: Tino Bernadett w/ Morgan Stanley: "Building wealth and giving back strategies for a thriving organization" (NO CME)

Session 5: "Way Up North or Deep-Down South"

Session Chair: Mike Jones

1:00 pm:	Meygan Brody: Justifying judgment: How Canadian temperance textbooks use medicine to teach morality. (Page 16)
1:20 pm:	Hillary Hanna: The controversial legacy of Dr. Helen MacMurchy: Navigating MacMurchy's role as public health pioneer. (Page 28)
1:40 pm:	Richard Kahn: Valsalva was not just a blowhard: the Rockport, Maine-Bologna Connection: A very senior resident's case presentation & possible swan song. (Page 36)
2:00 pm:	Hanna Hronyecz: Safe sex in Tennessee: Harm reduction during the Civil War. (Page 34)
2:20 pm:	Charles Bryan: The primacy of primary sources: A case study. (Page 17)
2:40 pm:	BREAK

Sunday, May 4, 2025 (continued)

Session 6: "Across the Pond"

Session Chair: Brendan Ross

3:00 pm:	Mary Hague-Yearl: The Bibliotheca Osleriana comes together: Osler, the Oxford years, and the formation of a library. (Page 27)
3:20 pm:	Noah Hoonhout: Distinction without separation: The romantic medicine of Joseph Henry Green. (Page 33)
3:40 pm:	Ian Anderson: What was Edward Revere Osler doing in the artillery? (Page14)
4:00 pm:	Christopher Boes: Sir William Gowers' antiquarian pursuits in Suffolk: Relief from the burden of neurologic practice. (Page 15)
6:00 pm:	Reception at Hilton Pasadena–The International Ballroom
7:00 pm:	Banquet including Presidential Address at Hilton Pasadena–The International Ballroom

Monday May 5, 2025:

Session 7: "Back in the USA"

Session Chair : Rolando Del Maestro

6:45 am	Registration-Lobby & Continental Breakfast-The San Gabriel Room
7:00 am:	Annual Business Meeting
8:00 am:	Guadalupe Jose Rodriguez: Nunca Vamos A Rendirnos: How José Celso Barbosa's legacy continues to inspire generations of Latinos in medicine. (Page 41)
8:20 am:	Marvin Stone: Linus Pauling: Two Nobels and the common cold. (Page 45)
8:40 am:	John Bullock: The Wright brothers and their genetic susceptibility to typhoid fever. (Page 18)
9:00 am:	Timm Heinbokel: Abraham and Simon Flexner's academization of American medicine: Science and academic freedom 1877–1935. (Page 30)
9:20 am:	Meg Fielding: Dr. William Osler's lasting influence on the Medical & Chirurgical Faculty in Baltimore. (Page 24)
9:40 am:	BREAK

Monday, May 5, 2025 (continued)

Session 8: "Surgical Adventure and Misadventure"

Session Chair: Joan Richardson

- 10:00 am: Katie Chen: The ladylike and the lobotomized: How societal beliefs about women in the 1940s and 1960s led to increased lobotomies. (Page 19)
- 10:20 am: Reda Hessi: Harold Griffith and Sir Robert Macintosh: Untold stories of curare's journey to the operating room. (Page 31)
- 10:40 am: Robin Hong: Tommy John surgery: The past, present, and future of baseball's arms race. (Page 32)
- 11:00 am: John Jarrell: Historical gynecological procedures informed by pain sensitization. (Page 35)
- 11:20 am: Brendan Ross: Gatekeepers of choice: Psychiatric authority and abortion access in Pre-Roe America. (Page 42)
- 11:40 am: Skip Harris: The public health leader who brought antisepsis to William Halsted. (Page 29)
- 12:00 pm Final comments
- 12:30 pm Adjourn

55th Annual Meeting of the American Osler Society

Pasadena, California, May 2 to May 5th, 2025

Maude Abbott: A Life in 10 Spaces

McGovern Lecture: Professor Annmarie Adams, McGill University

t is impossible to aplThis talk, drawn from a book project, offers a spatialertain liminary knowledge cbiography of Canadian physician and museum curator A

ef e sep appo The gina ly, sep erve on its long axes occurs Maude Abbott (1868–1940). Known for her expertise in $t_{\rm of}$ congenital heart disease, leadership in medical museums, $_{\rm e}$ and pioneering role in a male-dominated field, Abbott's life is explored through the spaces she occupied rather than her medical achievements or constraints. Adopting a fight spatial and feminist approach, this work repositions finse. Abbott as an agent in her own story. The analysis is framed around ten spaces from her life, inspired by Abbott's her the the space museum cataloguing system. These includes the space of the space museum cataloguing system. These includes the space of the space o

h the ventricular portiphiladelphia, a New York hotel ballroom, and exhibitions in t upward and backw London and Chicago. For the American Osler Society, Ingle atricle forming its antfocus on "the doctor's house" (space number eight), which k m its right upper angl sheds light on Abbott's enduring connection with William g ind and to the left (Fiosler, and 28). At this stage it resembles the fourumbered heart of the fish, and is especially interesting in regard to the mat About Annmarie Adams is the inaugural Stevenson Chair in the eart is at first an l of Keith² Annmarie Adams is the inaugural Stevenson Chair in the eart is at first an

Annmarie Adams is the inaugural Stevenson Chair in the epender Philosophy & History of Science, including Medicine, at McGill I ly st University, where she is jointly appointed in the Peter Guo-hua Fu The au School of Architecture and the Department of Social Studies of icular at Medicine. Her research focuses on the cultural landscapes of homes and hospitals. Notable works include Architecture in the the build Family Way (1996), which won the Jason A. Hannah Medal, endoc Designing Women (2000), and Medicine by Design (2008). She is "Ome currently writing a book on physician and curator Maude Abbott...]

Adams has held leadership roles in architectural and medical ¹ M education, including Director of McGill's School of Architecture ² J and Chair of the Department of Social Studies of Medicine. She is President of the Canadian Society for the History of Medicine and a Fellow of the Royal Architectural Institute of Canada, the Canadian Academy of Health Sciences, and the Society of Architectural Historians, along with being a member of the Board of Curators of the Osler Library since 2001.

Hilton Pasadena - 168 South Los Robles Avenue, Pasadena, CA Sunday May 4, 11:00 am



uly, 1906. (323)



The Long Road to Helicobacter pylori: Revisiting a Century of Overlooked Research on Peptic Ulcer Disease

GREGORY ANAGNOSTOPOULOS

Gregory Anagnostopoulos is a second-year medical student at the Schulich School of Medicine and Dentistry at Western University in London Ontario, Canada. He presented at the 2024 History of Medicine Days Conference at the University of Calgary in Calgary, Alberta winning second place for the best presentation in the history of internal medicine.

In 1982, Dr. Barry Marshall famously ingested a bacterium he cultured, causing him to develop gastritis. After treating himself with antibiotics, his symptoms resolved, offering compelling evidence that peptic ulcer disease (PUD) was caused by the bacterium now known as Helicobacter pylori. Alongside Dr. Robin Warren, this discovery ultimately earned Marshall the 2005 Nobel Prize in Physiology or Medicine. Though this story is widely known in the medical field, it is often forgotten that the discovery of H. pylori was not a single, sudden breakthrough but rather the culmination of over a century of overlooked research, delayed by entrenched beliefs in medical dogma. Historically, PUD was attributed to excess stomach acid, stress, and lifestyle factors, with treatment focused on lifestyle changes, antacids, and surgery. Discovering the true role of H. pylori required challenging these assumptions, with many key insights dismissed for decades. Early observations linking spiral bacteria to gastric disease date back to 1875, when Bottcher and Letulle identified bacteria at the edges of gastric ulcers and proposed that bacteria might cause gastric disease. In 1893, Bizzozero described spiral bacteria in the gastric mucosa of dogs, producing detailed drawings that depicted what were later identified as Helicobacter species. Further advancements came in 1939 when Doenges observed similar bacteria in human and rhesus monkey stomachs. Inspired by these findings, Freeberg and Baron confirmed spiral bacteria in human gastric mucosa, although their studies were largely ignored. Then, in 1954, Palmer published a highly influential study examining over a thousand gastric biopsies and finding no evidence of bacteria. Using a flawed staining method, Palmer dismissed prior bacterial theories, reinforcing the belief that the stomach was sterile. This single study set PUD research back for decades. Despite these setbacks, independent efforts continued. Dr. John Lykoudis, a Greek physician who suffered from PUD, treated himself successfully with antibiotics in 1958 and began using a similar approach on his patients. Yet, like many others, Lykoudis' findings were disregarded by the medical community. The eventual acceptance of H. pylori as a causative factor in PUD transformed treatment paradigms, shifting from symptomatic management to curative antibiotic regimens, marking a profound change in gastroenterology and emphasizing how scientific discovery often requires challenging established medical beliefs.

- 1. Outline the key discoveries leading to H. pylori identification in PUD.
- 2. Explain how medical dogma delayed acceptance of the bacterial cause of PUD.
- 3. List several pioneers who's research led to the discovery of H. pylori

What Was Edward Revere Osler Doing in the Artillery?

Ian Anderson

Dr. Anderson retired in 2019 as a general and trauma surgeon at the University of Calgary. He also served 37 years as a surgeon with the Canadian army serving in Afghanistan, Bosnia, Haiti, Somalia, and NATO in Germany. He was indoctrinated into the world and service of Sir William Osler as a medical student at McGill University and has felt an affinity for Sir William and his son ever since. He continues to teach as Adjunct Assistant Professor of Surgery.

The much loved only son of Sir William and Grace Osler finished school at Winchester College in 1913. He spent a year with tutors to prepare for entrance to Oxford University, passing the entrance examination in the summer of 1914; but what a time to succeed. In 1888 the late chancellor of Germany predicted a great European war due to "some damned foolish thing in the Balkans." This foolish thing unleashed a chain of events that blind-sided the British government distracted by the threat of a civil war in Ireland. Nevertheless, Britain and the Empire found itself in a bloody war that would not be over at Christmas. Revere Osler was clearly of military age but what to do? Rejected by the Oxford Officer Training Corp, he was commissioned as an orderly officer to the McGill Hospital setting up in February in England and soon to deploy to France though not in time for blooding of the Canadian division at the first gas attack in the 2nd battle of Ypres. The Number 3 (McGill) Hospital was soon deployed and busy through the battles of 1915. He must have been restless. His role at the hospital was as an administrator – a glorified bookkeeper. Perhaps by the influence of John McCrae, he transferred to the British army early in 1916 in the Royal Field Artillery. What was the field artillery like? There were many different artillery units in the British army and the Dominion armies used the same organization and the same guns. It was hard, sustained, dirty, work in territory churned repeatedly into manure laden mud mixed with the decomposing bodies of thousands of dead humans, horses, and rats. The Field Artillery units were intended to be mobile but how so? The author takes as another example his grandfather who served throughout the war in the field artillery with the same guns, the same danger and in April 1915, was awarded the DSO for sitting on top of a house sighting his guns within 2500 yards of where the fatal round injured Revere just over two years later. It was miserable work and no doubt Revere wondered, at times, what he was doing there.

- 1. Discuss the military service of Lieutenant E. R. Osler
- 2. The duties as a subaltern serving an 18 pounder gun.
- 3. What was the environment the gunners and artillery officers worked in.

Sir William Gowers' Antiquarian Pursuits in Suffolk: Relief from the Burden of Neurologic Practice

Christopher Boes

Chris Boes is a Professor of Neurology and Professor of History of Medicine at the Mayo Clinic in Rochester, MN. He is medical director of the W. Bruce Fye Center for the History of Medicine at the Mayo Clinic, the designated institutional official in the Mayo Clinic School of Graduate Medical Education, and second past president of the American Osler Society.

Sir William Richard Gowers, a prominent neurologist, is well-known for his contributions to medicine, but his deep passion for archaeology and history is less widely recognized. This talk delves into Gowers' antiquarian pursuits, particularly in Suffolk, as a form of intellectual relaxation from the demands of his medical practice. In conducting this research, the author utilized primary sources housed in the Queen Square Archives, Norfolk Record Office, and Suffolk Archives. Gowers developed an interest in archaeology during his early years, influenced by his mentor Rev. Bryan Dale. This interest grew as he became increasingly involved in the study of church architecture and local history in Suffolk. Gowers' work in this area included detailed studies of the ancient structures in Southwold, his explorations of Mells Chapel, and his significant contributions to the understanding of medieval inscriptions at Blythburgh Church. Throughout his life, Gowers balanced his rigorous medical career with these antiquarian interests, making important historical discoveries while maintaining a scientific approach to archaeology. His efforts in preserving historical sites and his scholarly interpretations of medieval artifacts highlight his commitment to both medicine and history.

- 1. Understand the historical and cultural context of Gowers' archaeological work in Suffolk
- 2. Explore Gowers' contributions to medieval church architecture and inscription studies
- 3. Appreciate Gowers' balance between his medical career and antiquarian pursuits

Justifying Judgment: How Canadian Temperance Textbooks Use Medicine to Teach Morality

Meygan Brody

Meygan Brody is a third-year medical student at McGill University with a passion for reading, writing, and the medical humanities. She was awarded first place in the 2023 Pam & Rolando Del Maestro Family William Osler Essay Contest and second place for Best Medical Student Presentation at the 2024 AOS Conference for her work on palliative care and euthanasia. This year, she conducted the following project as a recipient of a Molina Foundation Osler Library Medical Student Research Award.

Temperance is an unfamiliar word in our modern lexicon, yet the Temperance movement swept through North America only a century ago. Temperance supporters believed that alcohol was a root cause of many social evils. In their view, drunkenness hindered economic advancement, corrupted religious purity, and stifled social cohesion. Few Temperance organizations were as influential as the Woman's Christian Temperance Union (WCTU), which led programs directed towards children and adolescents. The WCTU's work with youth was founded on ideas of Christian evangelicalism and was accordingly religious in tone and explicitly moralizing. A significant body of scholarship has already explored this religious framework. However, from the latter half of the 19th century into the second decade of the 20th century, the WCTU launched a fascinating, underexamined campaign aimed at implementing Temperance textbooks about anatomy and physiology into the Canadian public-school curriculum. This current project analyzed six textbooks printed between 1870 and 1930, that are held by McGill's Osler Library. A deep dive into these archives prompted the following research question: Why did the WCTU seek to shed its moralistic message, and why did it turn to science as a new framework for its Temperance public health campaign? This research shows that the WCTU's scientific textbook campaign arose from three sociocultural currents of the 19th century: the growing importance of public schools, the emergence of the scientific worldview and of the cultural figurehead of the scientific expert, and the decline of religion's cultural power. The WCTU would need to adopt the language and imagery of science to maintain its credibility, and public schools would be the ideal space in which to implement such a campaign. However, the textbooks were not free of all moralistic inclination—there are dozens of examples that show scientific and medical evidence merging with moralizing language. Ultimately, the WCTU crafted an insidious, implicitly moral campaign that rested on a new-found rationale—the facts of science. The Temperance textbooks push us to consider how good science might reasonably justify a moral position. This case study prompts contemporary reflections on the nature of public health campaigns, the stigmatization of health behaviors, and the potential pitfalls of appealing to scientific or medical authority.

- 1. Outline the history of the Woman's Christian Temperance Union.
- 2. Examine the sociocultural factors that prompted the scientific textbook campaign.
- 3. Discuss contemporary reflections about how science and medicine can justify morality.

The Primacy of Primary Sources: A Case Study

Charles Bryan

Charles S. Bryan is Heyward Gibbes Distinguished Professor of Internal Medicine Emeritus at the University of South Carolina, 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).

Through the years, Oslerians shared with me their visions that the American Osler Society (AOS) should be the premier venue for physician-historians' presentations of high-quality research based on primary-source material. Recent AOS programs feature high-quality papers, but few based on primary sources. Here is the story of how a project based on primary-source material proved pivotal to my own career. The president of the Columbia Medical Society (CMS) asked me to present a history of that organization in 1987. This led me to nine dusty volumes in the South Caroliniana Library. The CMS began in 1854 when a group of physicians wrote a charter with their objectives. These were the advancement of medical knowledge; the elevation of professional character; the protection of the interests of its members; the extension of measures adapted to the relief of suffering; and the promotion of means to improve the health and protect the lives of the community. The founders also wrote a constitution, a code of ethics, and a fee bill. The records of the CMS went up in smoke on February 17, 1865 when Union troops led by William Tecumseh Sherman came through town. The fire destroyed the homes and offices of all but two of the town's physicians. The existing minutes begin at 4 p.m. on 23 May 1865, when seven physicians met to reestablish organized medicine in their community. What were their main concerns, as reflected by the minutes? The minutes divulged a pattern easily explained by Abraham Maslow's theory of a hierarchy of needs. The CMS repeatedly aspired to higher needs such as scientific programs, development of hospitals, and the financing of medical care only to revert to basic security needs after threats to incomes or egos. I entitled my presentation, "Are We a Profession or a Business?" This presentation proved pivotal to my career. Five years later, at age fifty, I became president of the CMS, chair of the Department of Medicine at my medical school, and author of my first major peerreviewed article on William Osler. Had it not been for that primary-source-based project, I might have lived out my career in the second tier of North American infectious diseases subspecialists. Young Oslerians, go and do likewise!

- 1. Define "primary sources," and distinguish these from secondary sources
- 2. Name three AOS members who have published books based on primary-source material.
- 3. List two ways primary source historical projects might support physician careers.

The Wright Brothers and Their Genetic Susceptibility to Typhoid Fever

John Bullock

Dr. Bullock, Emeritus Professor of Ophthalmology and Clinical Professor of Population and Public Health Sciences at Wright State University in Dayton, Ohio (home of the aviation pioneers, Wilbur and Orville Wright) is now an infectious disease epidemiologist and forensic medical historian. A holder of five university degrees, he is the author/co-author of over 260 publications and has presented over 500 lectures throughout the world. He is a Fellow and past member of the Board of Governors of the AOS.

Objective: To investigate the number of cases of typhoid fever in the Wright brothers' family and determine if they had a predisposition to this infection that might have had a genetic basis. Methods: Biographical information concerning the Wright brothers was examined and a family tree was constructed. Using an estimated untreated case fatality rate of 20%, typhoid fever mortality data from decennial U.S. censuses (1850-1920) were converted to disease incidence rates from which individual and joint probabilities were determined. The medical literature was searched for genes associated with typhoid fever susceptibility and the origin of the Wright family was traced. Results: Nine Wright family members from three consecutive generations spanning 70 years were reported to have had typhoid fever. The joint probability that these nine separate cases could have occurred by chance alone was 8.57 x 10-25. If one were to assemble a stack of U.S. pennies which extended from our Milky Way Galaxy to our nearest galactic neighbor, the Andromeda Galaxy, the probability of blindly locating a certain unique penny from that stack would be roughly the same (1.37 x 10-25) as the Wright family situation. Multiple genes have been found in the medical literature to cause an increase in susceptibility to typhoid fever. Recent paleopathological genetic analyses of human remains derived out of mass graves from the 14th century in the northern German city of Lübeck exhibited evidence of enteric paratyphoid fever which is thought to have caused many deaths there following an epidemic of that disease. Lübeck was once part of Denmark, and the ancestors of the Wright family were Saxon Vikings that came from that area. Additional studies revealed the presence of the HLA-DRB1*03 gene in a higher percentage in these human remains than in modern German controls. Conclusions: Several genes which increase the susceptibility to typhoid fever have been identified. The HLA-DRB1*03 gene has been found in the remains of fourteenth century inhabitants of Lübeck, Germany who might have been Wright family ancestors. It is extremely unlikely that the nine Wright family members became infected with typhoid fever by chance alone. The Wright brothers and their other family members who developed typhoid fever were highly likely to have had a genetic predisposition to this infection.

- 1. To analyze disease incidence rates.
- 2. To learn the genetic basis of typhoid fever susceptibility.
- 3. To understand and calculate low probability events.

The Ladylike and the Lobotomized: How Societal Beliefs About Women in the 1940s and 1960s Led to Increased Lobotomies

Katie Chen

Katie Chen is a second-year medical student at the Schulich School of Medicine & Dentistry, Western University in London, Ontario. She graduated from Brown University in 2023 with a Bachelor of Arts in Public Health and Biology.

The lobotomy was invented by Portuguese neurologist Antonio Egas Moniz in 1935 to treat patients with mental illnesses such as schizophrenia, manic depression, mania, and bipolar disorder, and involved surgically severing pathways between the frontal lobe and other areas in the brain. While the procedure was heralded as a miracle cure for mental illness, with Moniz even being awarded the 1949 Nobel Prize in medicine for his invention, patients would often face postoperative complications. These included changes in personality and affect, brain abscess, dementia, and even death. Between 1936 and 1967, over 50 000 lobotomies were performed in the US alone. It is not insignificant that the majority of lobotomies in North America were performed on women. Almost 60% of lobotomies in the US and 74% of lobotomies in Ontario were performed on female patients, although the majority of institutionalized patients were male. Additionally, some of the most high-profile lobotomy patients included Eva Peron and Rosemary Kennedy — women known for their rebelliousness and combativeness — and lobotomies were commonly touted as successful as it made female patients "docile" and thus, easier to take care of. Through a combination of medical literature, including editorials, journal articles, and scientific studies; historical texts; popular media including novels and films; case studies on lobotomy patients; and biographies on both proponents of lobotomy — such as Walter J Freeman — and lobotomy patients, the relationship between lobotomy and gender will be examined. This presentation will answer the question of how conceptions of female sanity at the time resulted in the popularization and increase in lobotomies in North America between the 1940s and 1960s, as well as the decline afterwards. The findings of this presentation are how lobotomies were measured only in social, and not medical or scientific, outcomes; female patients were given lobotomies solely based on behavior deviant to gender norms, and not evidence of mental illness; and that physical appearance/conventional attractiveness and marriage were the main determinants of whether the procedure was successful on a female patient.

- 1. Understand the scientific basis or lack thereof of lobotomies
- 2. Grasp the heavy influence of gender roles in psychiatry at the time
- 3. Recognize what post-lobotomy outcomes were considered to prove that the procedure succeeded

Restoring Avicenna's Tomb: A Historical Exploration of William Osler's Efforts

Paris Dastjerdi

Paris Dastjerdi is a third-year medical student who has followed a less conventional path to medicine. Before embarking on her medical journey, Paris earned a bachelor's degree in Industrial Engineering and a master's degree in Supply Chain Management. After 12 years in the corporate world, she decided to pursue her passion for medicine. In addition to her medical studies, Paris is passionate about history and enjoys exploring the past to gain insights into the present and future.

This research explores Dr. William Osler's significant efforts in restoring the tomb of Avicenna, a Persian polymath who lived over 1,000 years ago and authored the renowned "Canon of Medicine." The restoration campaign, detailed through Osler's lesser-known personal correspondences, tells the captivating story of his dedication to the history of medicine. Using extensive archival material, including Osler's correspondences and historical documents related to Avicenna's tomb, the research examines Osler's motivations, the challenges he faced, and the broader implications of his restoration efforts. The researcher highlights Osler's passion for manuscripts and his particular interest in Avicenna, showing how he aligned his admiration for Avicenna with his vision for the medical profession, aiming to unite practitioners by honoring Avicenna as a father figure. The introduction of a lesser-known figure, Dr. Saeed of Iran, adds a crucial element to the narrative, illustrating how Dr. Saeed facilitated manuscript collections for Osler and engaged him in the restoration of the tomb. The presentation will provide a comprehensive examination of the motivations, challenges, and impact of Osler's campaign, shedding light on the intersection of medical history, cultural preservation, and the political climate around WWI. By showcasing Dr. Osler's efforts, this presentation aims to spark discussions on the importance of recognizing and preserving legacies that have shaped the medical profession. It provides a captivating narrative of Dr. Osler's admirable undertaking in restoring Avicenna's tomb, emphasizing the enduring relevance of such endeavors in preserving the rich tapestry of medical history. The presentation will feature visuals, excerpts from correspondences, and relevant historical images to enrich the narrative.

- 1. Outline Osler's admiration for Avicenna
- 2. Introduce Dr. Saeed, pivotal in aiding Osler with manuscripts and tomb restoration
- 3. Explore the efforts undertaken to launch the campaign to restore Avicenna's tomb

Leonardo da Vinci and Pietro Monti: Intellectual Convergence

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.

During 1497/1499 Leonardo da Vinci, (1452-1519) while in the services of the Duke of Milan, Ludovico Sforza (1452-1508), began to explore the complex motion of how objects move through space. In one notebook from this period (Manuscript I) Leonardo writes: Parla con Pietro Monti di questi tali modi di tarre I dardi (Speak with Pietro Monte concerning the methods of throwing spears) strategically placed under a drawing outlining mechanisms of launching spears by a sling. Monti (1457-1509) was a Milanese military strategist, philosopher, theologian, a fierce advocate of physical education and expert swordman. In Baldassarre Castiglione's Libro del Cortegiano Monti is described as "the true and only master of every form of trained strength and agility". Monte was one of the many unique individuals that were engaged in the ACADEMIA LEONARDI VIN. This 'Academia' (a school under Leonardo's leadership) held scientific disputations on topics concerning, science, art and poetry. Engravings after Leonardo's complex drawings involving knots, the fantasia dei vinci, were given to those that distinguished themselves in these debates outlining the interaction of ability and reward. This scientific milieu provided Leonardo who considered himself a omo sanza lettere (man without education) a method of acquiring knowledge from multiple erudite sources and he flourished in this environment. This presentation explores how Leonardo's interactions with Monti allowed him to surmount his dependence on ancient authorities including Aristotle's notions of natural and violent motions and focus his studies on careful experimentation to obtain truth. Monti, contradicting Aristotle, demonstrated that falling objects of all weights and dimensions fall at the same velocity a century before Galileo Galilei (1564-1642) demonstrated the fallacy of this very important ancient source of Leonardo's scientific knowledge. Monti's writings on the velocity of celestial, artificial, animal bodies and fluids would help Leonardo scientifically understand bird flight and fluid flow mechanics. This would aid Leonardo in his later anatomical attempts to reconstruct the mechanism of cardiac valve function, outline the eddies and turbulence of blood passing thru cardiac values and understand cardiac function. Leonardo's anatomical and other scientific contributions did not occur in an intellectual vacuum but resulted in his ability to learn from others, doubt authority and design and conduct experiments to determine what is today considered 'ground truth'.

- 1. To outline the important interactions of Leonardo da Vinci and Pietro Monte
- 2. To profile the reasons Monti's studies engaged Leonardo in scientific discovery
- 3. To explore how Monti's intellectual rigor contributed to Leonardo's anatomical vascular findings

The Moral Responsibility of the Medical Professional: Religious Lessons from Thomas Browne's Religio Medici

Claramence Dokyi

Clara is a second-year medical student at the John Sealy School of Medicine and a coordinator for the Andreas Vesalius Osler Student Society. She is a graduate of Vanderbilt University, with a major in Medicine, Health, and Society with minors in Business and Psychology. Throughout her educational career, she has been passionate about bridging healthcare disparities in underserved communities and hopes to continue to give a voice to society's most vulnerable populations throughout her medical practice.

On December 31st, 1919, a copy of the book that had the most "enduring influence" lay atop of Sir William Osler's coffin. To this day, Osler's contributions continue to inspire medical professionals to dedicate themselves to patient care, advocacy, and service. Though young Osler abandoned a path in Christian ministry, he cultivated what can be described as a "secular religion," rooted deeply in the moral principles laid out in Sir Thomas Browne's Religio Medici. Browne's work extends beyond the practice of medicine to a broader call for public health stewardship, urging future practitioners to embrace a commitment to the well-being of communities at large. Public Health, defined as "the science of protecting and improving the health of people and their communities," contrasts with healthcare in its focus on preventing individuals from becoming patients-targeting populations rather than individual treatments and cures. Browne suggests that the moral duty of a physician transcends the traditional doctor-physician relationship. He observes, "There is a health, that runs through all degrees and estates of men, which is that which neither the Physician nor the Philosopher can reach." This concept of "health" that Browne refers to is not just a spiritual health but can be read as a collective well-being. Similar to public health, Browne underscores the ethical duty of doctors to "place the patient's interests above his or her own self-interest," highlighting the role of preventive measures in preserving not just health but life —a mission that aligns closely with the goals of public health. Such goals encompass administering to the suffering caused by famine and war through the implementation of emergency medical services and comprehensive disease prevention and control measures. Physicians have played a pivotal role in advancing these public health efforts, as evidenced by their dedicated service in humanitarian crises such as those in Gaza and Sudan. Overall, though not apparent in his time, Browne not only influenced Osler's practice of medicine but also presented a strong ethical foundation for practices that would anticipate and mitigate illness rather than merely reacting to it- the core of public health.

- 1. Analyze the influence of Thomas Browne on William Osler's ethical perspectives.
- 2. Examine how Browne's views on physician moral obligations apply to contemporary practice.
- 3. Explore the link between clinical practice and public health in Browne's writings.

Songbirds: The Use of Music as Medicine in Wartime Soldiers and in Today's Veterans

Katelynn Evans

Katelynn Evans is a first-year medical student at the University of Texas Medical Branch at Galveston interested in improving health outcomes in vulnerable and under-studied populations. She also comes from a family of veterans and active-duty service members and dreams to work with the military community as a physician.

Though music's therapeutic role in treating military veterans is well-documented, its historical origins are not as widely perceived by the medical community. During the Revolutionary War, fifers fifed and drummers drummed alongside fellow soldiers to establish marching rhythms, communicate commands, and, equally as important, offer melodic reprieve as they trudged through the dense fog of rifle smoke. As our nation split into internal conflict of the Civil War Era, music held its place among frontline soldiers. Heard in the trademark "Battle Cry of Freedom", those of the North sang "...the Union forever! hurrah! boys, hurrah!". Similarly, heard in the (now infamous) "Dixie", those of the South sang "...hooray! In Dixie's land I'll take my stand to live and die in Dixie". These songs served not only to promote patriotism, but also to create bonds among troops, thereby easing isolation and making the present more bearable. It was during the Second World War that music dug its heels into military therapeutic use. In 1941, the United Service Organizations brought concerts to troops abroad, offering relief from the strain of war and helping soldiers recenter. As the war ended, music's medicinal role in veterans expanded when a 1945 War Department Technical Bulletin detailed a program on the use of music for reconditioning among service members convalescing in Army hospitals. Today, music therapy is available in Veterans Affairs locations across the country to treat post-traumatic stress disorder, anxiety, and depression. For example, a drum circle is the centerpiece of the Resilient Rhythms program offered at a California VA Hospital, and is used to help veterans release trauma via movement and cadence that induces meditation. Not unlike the use of drums by their Revolutionary War predecessors, the rhythms offer vets a means of being present. As in his 1913 Yale University address, Sir William Osler reminds us that "the load of tomorrow added to that of yesterday, carried today, makes the strongest falter." His lessons in the importance of focusing on the present ring true across soldiers of the past and today's veterans. Though as civilians we aren't going to battle, perhaps we can all take a page from America's patriots' proverbial books and seek non-traditional ways to heal our patients and ourselves, too.

- 1. Discuss music in the military during the Revolutionary and Civil Wars.
- 2. Examine how music's therapeutic role expanded during and after WWII.
- 3. Explain how music is used as medicine in treating veterans.

Dr. William Osler's Lasting Influence on the Medical & Chirurgical Faculty in Baltimore

Meg Fielding

Meg Fairfax Fielding is the Director of the History of Maryland Medicine at MedChi, which was founded in 1799. She has explored nearly every inch of MedChi's historic buildings in Baltimore, as well as searched through the four-story stacks library with its 55,000 books. She is also the Curator of the MedChi Museum of Maryland Medical History, located in the Faculty's historic headquarters building, and lectures on Baltimore's medical and architectural history.

When Dr. William Osler arrived in Baltimore in 1889, he became a member of the Medical & Chirurgical Faculty (the Faculty) less than a year later. He was looking for a collegial medical society, like the ones he belonged to in Montreal and Philadelphia. The Faculty seemed to fit the bill. Over the next 16 years, he was an active and supportive member, building a legacy that lasts to this day. In 1891, Osler became a member of the Faculty's library committee, mostly dormant since the Civil War. When he became President of the Faculty in 1896, Osler hired a librarian who then worked at the Faculty for 50 years. Until he departed for England in 1905, Osler was a major supporter of the Faculty's library: establishing the Book & Journal Club, soliciting contributions for the library and reading room, and donating both rare and common books to the library. After the Faculty relocated multiple times, Osler was adamant they build a permanent headquarters to their own specifications. Osler had already moved to Oxford when the serious planning began, but he kept an eye on the construction and was not averse to twisting an arm or two for a donation. Osler returned to Baltimore for the building opening to see the fruits of his labor and he declared the building perfect! The library and the librarian moved from strength to strength, topping out at 60,000 volumes and 50 years, respectively. Osler provided the basis for the Faculty's rare book collection. The 1909 building welcomed thousands of physicians for lectures, seminars, and classes, and now plays host to a small medical museum, featuring rare books from Osler's collections. But it's the intangible things that Osler bequeathed to the Faculty that have lasting influences. His long association spurred the Faculty from a moribund society to a vital organization whose members continue to be at the forefront of medicine, physician advocacy, and education. His influence attracted a larger membership, a trajectory that continues. When Osler arrived at the Faculty, he worked to create an atmosphere both "effective and genial" and show that "important and interesting things were happening under its roof." That is still true today.

- 1. List some of William Osler's major influences on MedChi
- 2. Explain William Osler's long-term influence on MedChi
- 3. Discuss how William Osler's early actions affected the trajectory of MedChi

Bernardino Ramazzini: Master Physician, Enlightenment Scholar, and Killer Stand-up Comic

Tee Guidotti

Dr. Guidotti is retired as Professor of Occupational and Environmental Medicine and of Medicine at the George Washington University and the University of Alberta. He is a Fellow of the Royal Society of Canada and the AOS. He is the author of The Handbook of Occupational and Environmental Medicine: Principles, Practice, Populations, and Problem-Solving (2nd ed., 2020, in two volumes).

"When a doctor visits a working-class home, he should be content to sit on a three-legged stool if there isn't a gilded chair..." Bernardino Ramazzini (1663 – 1714) was a historically influential professor of the Theory of Medicine and esteemed practicing clinician at the newly-reestablished University of Modena and later at the University of Padua, the leading university and research center of the day. He is best known for his seminal and exhaustive work De Morbis Artificum Diatriba (1700), which was of course present in Osler's personal library. The Diatriba was the first comprehensive work on medical disorders prevalent in particular occupations. It established the field of practice that evolved into the formal medical specialty of occupational and environmental medicine of today. Ramazzini also forcefully advocated occupational health and safety regulation. He made substantial and original contributions as well in epidemiology and applied public health, championed experimental toxicology, and dabbled in experimental sciences outside medicine (especially hydraulics). He was also very funny! As a speaker and writer, Ramazzini was renowned for his erudite prose style in Latin, his ironic poetry, and his sarcastic sense of humor. He took great care to package important information (such as the hazards of trades) into easily understood, pithy descriptions that were engaging, visual, and fun (such as his aphorism about the "three-legged stool"). He did not shy away from controversy and even advanced his career significantly early on by adroitly defending himself against allegations of misdiagnosis. He integrated his practical observations in medicine and public health with knowledge from relevant disciplines and challenged his peers to think beyond social class barriers. He was a privileged member of the upper class, born into wealth, but he devoted his career to the medical burdens of modest artisans and laborers. He showed genuine insight and compassion for the poor and marginalized. He was not afraid of offending his colleagues and was especially critical of physicians of the time who profited from disease outbreaks: "I never observed the Physician to be so much out of order as when nobody else is sick."

- 1. How a master physician empirically studied work, disease risk, and population health.
- 2. How a master physician integrated medical knowledge without formulating a specious "system".
- 3. How a master physician communicated through wit, visual imagery, and erudition.

A Fractured Subject: The Influence of X-ray on Analytic Cubism

Jen He

Jennifer is a third-year medical student from Western University. Within medicine, she is interested in the field of radiology, largely due to the ability take an ambiguous image, apply clinical context, knowledge of anatomy, and other domains of science to help other clinicians solve problems for their patients. Given her extra-curricular interests in art history, she pursued this project to further explore how these fields may have influenced one another at one point in time.

In 1895, Röntgen's discovery and rigorous experimentation with the x-ray transformed the field of medicine forever. In the decades ahead, a physician's diagnostic toolkit, which once relied on history and physical exam, now included technology that allowed one to see within the human body. Suddenly and rather easily, physicians could localize foreign bodies, visualize a bone fracture, and determine the cause of abdominal pain. Beyond the medical community and across the world, the X-ray craze crossed disciplinary boundaries. The establishment of the X-ray also coincided with a ground-breaking and revolutionary event in the art world. Led by Pablo Picasso and Georges Braques, the Cubism movement (1907-1914) was considered an inflection point in art history. Unlike preceding art movements such as Impressionism, which focused on accurately and objectively capturing the visual reality of everyday settings (e.g., Monet, Degas, Renoir), Cubism (particularly Analytic Cubism) sought to depict multiple viewpoints of one's subject at a single time, thus producing a more abstracted image. This presentation will draw on primary sources of Cubism (e.g., personal correspondences from A Picasso Anthology: Documents, Criticism, Reminiscences) and on the discovery of the X-ray (e.g., Röntgen's early publications), the principal documents of Cubism, and art catalogues (e.g., Picasso and Braque: Pioneering Cubism, MoMA 1989). Secondary sources that connect Cubism and the X-ray (e.g., scholarly work of art historian, Linda Dalrymple Henderson) will also be used to examine how advancements of diagnostic imaging in medicine influenced the artistic minds of the early 20th century, specifically the early works of Picasso (1908-1912). Through an analysis of Picasso's Girl with a Mandolin (1910), this presentation will argue that the discovery of X-rays caused physicians to look a new way: seeing inside a patient with a two- dimensional image. Cubism rendered three-dimensional representation into its underlying geometric shapes, showing multiple viewpoints simultaneously. By analyzing parallel use of fragmentation, absence of perspective, border emphasis, oligochromaticity and labelling, we argue that the X-ray challenged the meaning of "seeing" in art and thus transformed how a subject's form was represented and interpreted.

- 1. Examine the mutual influence of the domains of modern art and medicine
- 2. List the core artistic elements that defined the Cubism movement
- 3. Discuss the cultural impact of the discovery of the x-ray

The Bibliotheca Osleriana comes together: Osler, the Oxford years, and the formation of a library.

Mary Hague-Yearl

Mary Hague-Yearl is the Head Librarian, Osler Library of the History of Medicine, a position she has held since 2017. Prior to that, she was Archivist at Wellesley College in Massachusetts. She trained as a historian of medicine at Cambridge and Yale.

It is well-known amongst Oslerians that William Osler collected the greatest part of his library after he arrived in Oxford in 1905. This paper will take the familiar – the Osler Library – and think critically and analytically about factors that shaped Osler and the library he built. The picture composed in this paper will rest on three distinct areas: Osler's experience as a Curator of the Bodleian Library, his correspondence with friends and colleagues about the library, and the chronology and geography of (some of) his book buying. As part of an examination of Osler's time as a curator, the author will discuss the records of the Curators of the Bodleian Library and minutes of its Standing Committee during Osler's tenure. Were there events that took place that might have influenced Osler's notion that it was important to have such a board for his library? Is there anything in those records to suggest that this experience had an impact on his instructions for the governance of the Osler Library? The next section of the paper will rest primarily on the newly-digitised Cushing letters at the Osler Library of the History of Medicine. The author will consider Osler's written references to his building of the library and his approach to book collecting. The final section of this study will incorporate an analysis of Osler's book bills using ArcGIS software. This section will include the mapping of Osler's book buying as reflected in his book bills and will provide a different way of visualizing the formation of the Osler Library across time and place. By considering Osler's role as a curator, his correspondence about the library, and ArcGIS analysis of his book bills, the author hopes to provide a novel way of thinking about the multifaceted nature of Sir William Osler's formation of this library.

- 1. To understand how Osler's Oxford years influenced the formation of his library.
- 2. To engage ArcGIS to examine Osler's book collecting.
- 3. To describe elements of Osler's curation and administration of his library.

The Controversial Legacy of Dr. Helen MacMurchy: Navigating MacMurchy's role as Public Health Pioneer and Controversial Eugenicist

Hillary Hanna

Hillary Hanna is a third year medical student at the Schulich School of Medicine and Dentistry in London, Ontario. She first completed her Bachelor's of Science at the University of Sunderland in the UK, as well as received a college diploma as a Medical Lab Technician. She worked in at the Brockville General Hospital in Ontario as a Phlebotomist before attending medical school. She previously presented at the History of Medicine Days in Calgary, Alberta.

In 2012, in Ottawa, Dr. Helen MacMurchy (1862-1953) received the honour of a commemorative plaque by the Government of Canada for being a person of national historic significance. This recognition was due to her work to improve health care and educational services for mothers, infants, and people with disabilities. This work left a positive mark that is still being witnessed today, contributing to the ongoing improvements in medical accessibility throughout Canada. Yet curiously, the Historic Sites and Monuments Board of Canada omitted a key aspect of Dr. MacMurchy's work, that being her role as Ontario's Inspector of the Feeble-minded from 1906 to 1919 in which she strongly advocated for the institutionalisation of the mentally "sub-normal" and the sterilization of some patients to protect the country's well-being. This position was shaped by the fact that she was one of the most prominent promotors of eugenics in Ontario. In recognizing the contributions of this physician in public health while exploring the curious omission of her prominent role in eugenics an interesting question arises: How can we celebrate her positive work and simultaneously denounce her role in eugenics? This presentation interrogates Dr. MacMurchy's venerated work in public health alongside her more controversial actions as Ontario's Inspector of the Feeble-minded to assess seemingly contradictory goals of caring for the vulnerable. This project drew from multiple primary sources, including Helen MacMurchy's medical publications, her Ontario government reports, and the "Little Blue Books" authored by MacMurchy and published by the Canadian Department of Health. The work of historians such as Diane Dodd, Diana Pedersen, Veronica Strong-Boag, Angus McLaren, Erika Dyck, and others were also considered. Overall, Dr. MacMurchy's work in eugenics was motivated, in part, by public health ideas, however, the harm caused by the movement was unrelated to her public health contributions. Her plaque was removed and is currently under review by the Historic Sites and Monuments Board of Canada while they navigate honouring this complex historical figure. Perhaps the plaque can be edited to celebrate her public health work while simultaneously providing more education on the eugenics movement she endorsed.

- 1. Discuss the conflicting values of Dr. MacMurchy's eugenics and Public Health roles
- 2. Examine the various potential motivations underlying Dr. MacMurchy's work in eugenics
- 3. Evaluate the ethical implications of commemorating Dr. Helen MacMurchy's Public Health accomplishments

The Public Health Leader Who Brought Antisepsis to William Halsted

Skip Harris

John (Skip) Harris is a retired internist and medical executive. He was the Executive Director of the Office of Continuing Medical Education at the University of Arizona until 2014. Dr. Harris published a biography of New York physician Stephen Smith in 2023 titled, "Pestilence, Insanity, and Trees, How Stephen Smith Changed New York."

Joseph Lister introduced antiseptic surgery in 1867. German physician-scientists introduced aseptic surgery in the late 1880s. Physicians and historians have argued ever since if there is a real difference between the two. The crux of the argument is that antisepsis is killing microbes around the wound site, while asepsis means a germ-free surgical environment. Historians point out that the word "asepsis" did not exist until a German physician coined it in 1886. A closer look at William Halsted's years as a Bellevue house officer in 1876-78 sheds some light. And, of course, William Osler had an opinion. Halsted wrote to Stephen Smith in 1919, that he remembered the lessons Smith had taught him, "when I walked with you through the wards of Bellevue Hospital." Smith was a visiting (attending) surgeon at Bellevue when Halsted took his training and, according to Halsted, one of the two Bellevue surgeons who used Lister's techniques. Smith was also an American public health leader. He served on New York City's health board from 1868 to 1875 and organized the American Public Health Association in 1872. Smith had a firm belief in the unproved germ theory that arose from his public health work, and he brought this belief to his Bellevue surgery. Smith extended Lister's ideas during Halsted's time at Bellevue to argue for sanitary operating rooms and less use of Lister's carbolic acid spray, later hallmarks of aseptic surgery. A closer look at the period shows that Smith and others used the terms "aseptic" and "asepsis" years before they were adopted in Germany. Smith faced resistance within Bellevue, but he reported in 1885 that aseptic concepts had gained momentum. When a medical college requested a sample of pus, there was none to be found. Smith summarized good surgical technique in 1885 as, "A clean operator; clean assistants; a clean patient; clean instruments; clean dressings." Smith and Halsted's Bellevue experiences argue that surgical asepsis was the evolutionary outcome of germ theory-based surgical changes that began well before scientific proof arrived. When asked about the difference, Osler acknowledged that asepsis had the benefit of increased knowledge, but antisepsis and asepsis were applications of the same principles: "It is the difference between Tweedledum and Tweedledee."

- 1. Describe the theoretical differences between antisepsis and asepsis.
- 2. Explain how the unproved germ theory altered surgical practice.
- 3. Appreciate the uneven advance of scientific ideas.

Abraham and Simon Flexner's Academization of American Medicine: Science and Academic Freedom 1877–1935

Timm Heinbokel

Dr. Timm Heinbokel is a PhD candidate in the History and Philosophy of Science program at the University of Notre Dame. He holds an MD from Humboldt University Berlin and a PhD in Theology from the University of Aberdeen.

Abraham Flexner's 1910 report on medical education is widely regarded as a watershed moment in the history of modern medicine in the US and beyond. While most commentators focus on its administrative and managerial impact, I propose to study Flexner's intervention as a piece of intellectual history. I hold that this approach sets his report in relief vis-à-vis the German paradigm of 'scientific medicine' that he is commonly taken to be endorsing wholeheartedly. Understanding Flexner as expounding a 'reductionist' and 'hyper-rational' account of medicine modeled on the then-contemporary German example is a charge that is as old as the report itself, yet Flexner accomplishes only a highly selective appropriation of the German model. Thus, while he repeatedly quotes Hermann von Helmholtz' famous 1877 "Rektoratsrede" across his writings, he ignores e.g. Helmholtz' even more influential article "Über die Erhaltung der Kraft." Instead of arguing, as Helmholtz and the 'Berlin Four' did, for a Kantian scientization of medicine by refashioning the discipline according to the standards of physics and mathematics, Flexner relies on a much more loosely defined, Deweyan scientization of medicine that must rather be understood as an academization, and in which the heroic clinical investigator is "above all an educated man." Not "science as such" will engender progress, but only the scientist, and everything must therefore be "sacrificed to the gifted individual." This credo is articulated with increasing forcefulness by Abraham Flexner after his departure from the Rockefeller Foundation in 1928, and continues to be defended until 1935 by his brother Simon. Contrary to subsequent changes in "scientific philanthropy," the Flexners did therefore not push for a specific research agenda, and remained neutral or even reserved regarding controversial figures such as Jacques Loeb. Care must therefore also be taken to differentiate the Flexner vision from the later Weaver vision of biomedical research, with the Flexner vision enjoying a much shorter life-span than what might be suggested by the enduring attention accorded to Abraham Flexner's 1910 report.

- 1. Discuss the Flexner report's engagement in the intellectual debates of its time
- 2. Explain the Flexner report's complex impact on medical education and biomedical research
- 3. Evaluate the influence of the "German example" on Abraham and Simon Flexner

Harold Griffith and Sir Robert Macintosh: Untold Stories of Curare's Journey to the Operating Room

Reda Hessi

Reda Hessi is a first-year medical student at McGill University. Alongside his scientific and medical curiosity, he has a passion for the humanities, recognized with provincial and national awards in poetry and philosophy in Canada. Reda is a 2024 recipient of the Molina Foundation Osler Library Medical Student Research Awards, and has conducted the following research with his mentor Dr. Steven B. Backman.

In 1938, American naturalist Richard C. Gill ventured into the Ecuadorian Amazon in guest for curare – a paralytic arrow poison he hoped would alleviate his debilitating muscle spasms. Helped by Indigenous healers, he returned with over 25 lbs of curare and its plant sources. Scientists at ER Squibb & Sons extracted a sterile standardized curare substance, "Intocostrin," from one of the plants. Unexpectedly, it made its way to anesthesia, where it found its most important medical use. Inspired by observations that Intocostrin prevented traumatic fractures in psychiatric patients undergoing shock therapy, Canadian anesthesiologist Dr. Harold Griffith demonstrated in 1942 that curare could safely produce muscle relaxation in surgical patients, eliminating the need for dangerously high doses of anesthetic gases. This marked the advent of "balanced anesthesia," whereby small doses of selectively acting drugs are given to achieve specific ends. Curare's initial reception by anesthesiologists, particularly in the UK, was frosty due to its reputation as a lethal poison associated with witchcraft. Recently, we unearthed an unpublished scathing review of Griffith's work housed in the Wellcome Collection (London, UK). The review, requested by Sir Robert Macintosh, Oxford University's inaugural Nuffield Professor of Anaesthesia, was authored by his colleague, S.L. Cowan. In hindsight, this disparaging assessment is intriguing: it is worth exploring why this review was so negative when we now know that curare has had such a remarkable positive impact on medicine. Tracing curare's journey through the brilliant studies of scientists such as Claude Bernard, Henry Dale and Harold King, and clinicians like Ranyard West, helps put the review in perspective. Some of the review's objections, including concerns with drug dose or respiratory muscle paralysis, were valid - but others were unfounded or reflected narrow perspectives, like sample purity or the merits of regional vs. general anesthesia. Notably, absent were objections with study design or the potential for bias that would concern a modern reviewer. Based on material we assessed at the Osler Library (Montreal) and the Wellcome Collection, it is likely that Griffith never saw this review. Macintosh conducted curare trials soon afterwards and enthusiastically supported its use in anesthesia. Correspondence between them reveals a warm friendship exemplifying the deep personal and professional relationships that help guide medicine's progress.

- 1. Explore curare's journey from poison to anesthetic staple.
- 2. Reveal and assess Macintosh's critique within curare's historical trajectory.
- 3. Discuss the personal relationships shaping curare's legacy in medicine.

Tommy John Surgery: The Past, Present, and Future of Baseball's Arms Race

Robin Hong

Robin Hong is a second year medical student at the Schulich School of Medicine and Dentistry. He grew up in London, Ontario and graduated with a Bachelor of Medical Sciences at Western University where he continues his medical education.

For a large part of the history of baseball, pitchers that tore their ulnar collateral ligament (UCL) were labelled as "dead arms" and effectively forced into retirement. Tommy John was a Major League pitcher faced with this grim future in 1974 after tearing his UCL 11 years into his career. However, he instead became the face of the Tommy John surgery (TJS), a procedure founded by Dr. Frank Jobe which allowed Tommy John to extend his career by more than a decade. Dr. Jobe's TJS is a UCL reconstruction surgery that involves harvesting graft tendons to replace the UCL in the elbow. When Dr. Jobe first performed this surgery, he believed there was only a 1% chance for the operation to successfully restore Tommy John's arm back to an elite level. The result of the operation for Tommy John was a resounding success. He more than doubled the length of his career by playing 14 more seasons after the operation with 3 of those years being at an All-Star level. Now it has become an almost ubiquitous operation with over 25% of Major League pitchers reported to have undergone TJS at some point in their career. Elite throwers in baseball are always looking for new ways to exploit the mechanics of the human arm and Dr. Jobe gave them the ability to continuously push the boundaries without fear of ending their career. This presentation will outline the historical relationship between athletics and medicine and its ability to unlock the physical potential of humans using the story of Dr. Jobe's TJS as a backdrop. Analyses of widely available data on pitchers from the MLB, sports publications, scientific journal articles and case studies will be used to describe how the TJS have changed the way pitchers approach their craft. Finally, this presentation will discuss the rising rates of UCL tears and TJS in youth sports and explore how we could prevent overtaxing the bodies of young developing athletes.

- 1. Outline the historical relationship between athletics and medicine
- 2. Describe how Tommy John Surgery changed the way pitchers approach their craft
- 3. Discuss the rising rates of UCL tears and TJS in youth sports

Distinction Without Separation: The Romantic Medicine of Joseph Henry Green

Noah Hoonhout

Noah Hoonhout is a second year medical student at the New York Institute of Technology College of Osteopathic Medicine in Old Westbury, NY. He graduated from Hillsdale College in 2023 with a degree in History and a minor of Biochemistry. Noah has received the American Osler Society's Bean Award and the Edward Giuliano Global Fellowship to pursue research in the field of medical history, and hopes to carry these interests into a specialty in Internal Medicine.

Joseph Henry Green, the surgeon who Samuel Taylor Coleridge praised as "the man most intimate with [my] intellectual labors an aspirations," has largely been disregarded as an earnest but amateur intellectual, whose only significant achievement is his role as executor of Coleridge's will and compiler of unpublished works. Green helped set the groundwork of medical reform for the Victorian era, but such contributions have been unexplored by historians of literature and medicine alike. Throughout his career, Green showed a keen interest in assessing the practice and education of medicine in early 19th-century England. Such an appraising spirit is seen best in a series of open letters to the profession, which until now have been neglected by scholars. In analysis of these works, Green notes the disastrous impact disunity of medical practice and self-serving attitudes among physicians has on medicine. He offers a cohesive vision to elevate the profession in its social service, gain due distinction in the public eye, and foster greater connection between the professional Colleges and public governing bodies. Green's impact is wide, even beyond medical reform, but most notable among those who implemented his vision is Sir John Simon. Simon, a student of Green and later his memoirist, has been recognized for his key role in Victorian medicine and the origins of public health. Enabled by the AOS's Bean Award, the deeper historical significance of Joseph Henry Green, as medical visionary and reformer, has begun to be uncovered.

- 1. Outline the key difficulties facing 19th century English medicine.
- 2. Elucidate Joseph Henry Green's views on the scientific character of medicine.
- 3. Discuss the role of moral formation and personal character in medical practice.

Safe Sex in Tennessee: Harm Reduction during the Civil War

Hanna Hronyecz

Hanna Hronyecz is a third year medical student at the Schulich School of Medicine & Dentistry at Western University. She has a background in health sciences and a Master of Public Health from Western University.

Medicine during the Civil War is often associated with grim cases of wound trauma and amputated limbs. However, for most physicians both in field and general hospitals day to day work revolved around managing infectious diseases, notably dysentery, typhoid, and by 1863, a rising prevalence of venereal diseases (mostly syphilis and gonorrhea). Venereal disease rates nearly doubled during the Civil War, with the Surgeon General reporting 183,000 cases in the Union Army alone. It is estimated that one-third of the soldiers who later died in veteran's homes was the result of venereal disease. In 1863, efforts to address venereal disease included a failed attempt by Provost Marshal Spalding to forcefully relocate female prostitutes from Nashville to the north. This failed when the boat was denied harbour and sent back to Nashville. Faced with public ridicule, Spalding established a four-part plan that legitimized wartime sex work as a business. This included the introduction of registrations, weekly medical examinations, specialized hospitals for prostitutes, and the creation of a healthcare tax. While these reforms inadvertently improved healthcare access and changed perceptions about prostitutes, they were primarily aimed at preventing soldiers from falling ill. Using contemporary medical journals, the Medical and Surgical History of the Civil War, and relevant secondary sources, this presentation examines the Nashville reform plan and the government efforts to make prostitution safe for male soldiers. It argues that despite the health benefits incurred for these women, they had no autonomy or agency, reflecting their subjugation by the government. Although the Nashville reform plan perpetuated gendered ideas about prostitution, it caused a brief shift in attitudes from abolition to harm reduction. Simultaneously, it sparked discourse over the factors that caused prostitution, repositioning women as victims of economic strife rather than innate criminals. This presentation concludes on a discussion about the important lessons to take away from historical public health interventions, particularly through analyzing root causes, target populations, and social biases.

- 1. Explore how attitudes towards sex work changed during the Civil War.
- 2. Evaluate the four-part reform plan in 1863 Nashville to manage venereal disease.
- 3. Analyze why legalized sex work was a temporary and fleeting policy.

Historical Gynecological Procedures Informed by Pain Sensitization

John Jarrell

Dr.John Jarrell is Professor Emeritus Obstetrics and Gynecology and previous Department Head of Obstetrics and Gynecology, University of Calgary. He is the author of The History of the Gynecological Treatment of Women's Pelvic Pain and the Emergence of Pain Sensitization, Elsevier Press, July, 2025. ISBN 978-0-443-23994-6

The historical management of women's pelvic pain with gynecological surgery includes clitoridectomy, removal of normal ovaries and the diagnosis of hystero-epilepsy. Pain sensitization is recognized from the signs and symptoms by identifying allodynia, hyperalgesia, expansion and summation, all recently validated among women at the bedside. Clitoridectomy was heralded by Baker-Brown (1811-1873) a prominent Obstetrician/ Gynecologist who published On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy and Hysteria in Females in 1866. Baker Brown wrongly interpreted Brown Sequard's (1817-1894) theory of peripheral irritation and removed the clitoris as the source of such irritation. Clitoridectomy became a popular procedure and many gynecologists were trained by Brown. Reviewing the original sources of Baker Brown cases indicates many suffered chronic pain, fits, bladder irritability, dyspareunia and rectal fissures. Brown likely mistakenly identified the sign of perineal allodynia as peripheral irritation rather than the result of now known viscero-somatic pain referral. Baker Brown was thoroughly discredited but not for the procedure. Hystero-epilepsy was a term coined by Jean-Martin Charcot (1825-1893)) as the name of the condition of the fourth stage of hysteria. Paradoxically, pressure on the abdomen both initiated and terminated the epileptoid movement. Hystero-epilepsy became a common illdefined entity and an indication for surgery. Robert Battey (1828-1895) undertook the removal of women's normal ovaries in 1872 and at the 1881 International Medical Congress in London, 47 gynecologists reported 219 procedures on women as young as 17 with a mortality rate of 17%. Hystero-epilepsy was an indication. Battey's own 54 cases described women in extremis, emaciated, bed ridden with hystero-epilepsy and hemorrhagic ovaries. It is now suggested that hystero-epilepsy was caused by sudden activation of an abdominal wall trigger point initiated by ovarian pathology (particularly endometriosis), resulting in collapse and possible syncopal seizure. Such trigger points are severely sensitive to touch yet the pain can be terminated by pressure release or needling. Battey's operation became discredited owing to its use in mental illness, illdefined indications and the advent of hysterectomy. Despite this, removal of the ovary surgically and pharmaceutically is now an option for standard gynecological care. Identification of pain sensitization helps to understand the context of the historically discredited approaches to pelvic pain management.

- 1. Examine effectiveness of treatment of women's pelvic pain prior to Battey's Operation
- 2. Outline the clinical signs of pelvic pain sensitization
- 3. Examine historical interpretation of pain sensitization in other areas of medicine

Valsalva was not just a blowhard: the Rockport, Maine-Bologna Connection: A Very Senior Resident's Case Presentation & possible Swan Song

Richard Kahn

Richard Kahn, a retired internist, has previous academic appointments at University of Vermont, Dartmouth, and Tufts Medical Schools, and is the author of Diseases in the District of Maine 1772– 1820: the Unpublished Work of Jeremiah Barker, a Rural Physician in New England, Oxford University Press, 2020. He hopes to soon publish "Noah Webster, Proto Epidemiologist: Pedant, Pestilence, and Politics." His first presentation to the AOS was in 1982; he is a former AOS president, and always Patty's husband.

This paper focuses on a case presentation of a relatively rare cardiac disorder, a ruptured sinus of Valsalva (RSV), revealed by stethoscope and further suggested by a Swan-Ganz catheter performed in a community hospital in 1996. The diagnosis, treatment, and patient's response to the events will be followed by a brief history of Antonio Valsalva (1663–1723), Jeremy Swan (1922–2005) and the rise and fall of the "Swan" (a "swan song" so to speak) and its etymology. The importance of the sinus of Valsalva was recognized by Leonardo da Vinci, who performed some experiments on aortic valve function c.1512–13. The presentation will also show a direct connection between Valsalva and the speaker as well as comment on Jeremy Swan, who died 20 years ago and who was chairman of the Division of Cardiology at Cedars–Sinai Medical Center, about 20 miles from where we are meeting. This presentation suggests that our stethoscopes should not yet be thrown away.

- 1. What is the sinus of Valsalva and who was Antonio Valsalva?
- 2. Describe Leonardo daVinci's finding regarding aortic valve and the sinus of Valsalva.
- 3. Explain the medical genealogical connection between Antonio Valsalva and the speaker.

Paul B. Hoeber and the Annals of Medical History

Ronald Mackenzie

Dr C. Ronald MacKenzie is an Internist-Rheumatologist at the Hospital for Special Surgery where he is the C Ronald MacKenzie Chair in Ethics and Medicine. In addition to his clinical activities, he chairs both the Institutional Review Board and the Ethics Committee of his institution and holds a faculty position in the Ethics Division of Weill Cornell Medicine. His textbook, the Perioperative Care of the Orthopedic Patient, is in its second edition.

Paul Benedict Hoeber (1883-1937) was the leading publisher of medical books and journals of the early 20th century. The son of first generation Americans, Hoeber's father was a successful New York physician who would later become the city's Coroner. Hoeber attended City University for only one year his destiny determined by a family circumstance – his uncle, a dealer in medical books, bequeathed to Hoeber "all his earthly goods" amongst which included his stock and his "route" of physician customers. Hoeber's life in medical publishing began with the opening (1910) of a bookstore located in a brownstone at 57 East 59th Street, the shop becoming a gathering place for book-loving physicians, medical bibliophiles and historians. By the mid-1920's, with the building sold and his publishing activity beginning to flourish, the Paul B. Hoeber publishing house opened at 76 Fifth Avenue, just north of 13th Street. Amongst his many, highly regarded publications there was Charles Dana's The Peaks of Medical History, the two volume dedication to William Osler Contributions to Medical and Biological Research, a later edition of Osler's A Way of Life, and Clio Medica a series of small primers on medical history. Of the Hoeber periodicals the American Journal of Surgery had the largest circulation while the landmark American Journal of Roentgenology was first published in 1913. However the work held in the highest esteem was his Annals of Medical History. Owing to his publishing activity and acquaintance with the medical leaders of his time, Hoeber was the ideal candidate for this endeavor. Securing a distinguished board of editors, the first volume appeared in 1917, the inaugural presentation entitled "The Scientific Position of Girolamo Fracastoro" by Charles and Dorthea Singer. Initially a quarterly, after 1929 issues appeared on a bi-monthly schedule with publication finally suspended in 1942, a 25 year run. In its totality the series, an overview of which will be presented, is an extraordinary collection of essays, its contributors amongst the most eminent writers of medical history of its time. Hoeber's independent publishing activity was to last only nine years (1926-1935), the business acquired by Harper and Brothers with Hoeber remaining head of the medical book department until his untimely death two years later (1937).

- 1. To recall the life and contributions of Paul B. Hoeber.
- 2. To highlight his contributions to medical publishing.
- 3. To introduce his publication the Annals of Medical History

Weight Weight...Don't Tell Me: History of Weight Loss & Gila Monsters

Clyde Partin

Clyde Partin, MD teaches and practices at Emory University, where he went to college, medical school, and did his internal medicine residency. He spent six years in the US Air Force as an internist and flight surgeon, stationed at Plattsburgh AFB, New York and Elmendorf AFB, Alaska. At Emory, he founded and directed a Rare Diseases and Unexplained Symptoms Clinic. At heart he self-identifies as a writer and poet, although some have questioned the latter claim.

Finding a better weight loss drug has been the Rubik's Cube of pharmacology. Dr. Joel Habener, a diabetes researcher at Harvard, discovered a glucagon-like-peptide-1 (GLP-1) agonist in the early 1980s. This peptide stimulates pancreatic beta cells to release insulin. When injected, the peptide, in vivo, is quickly metabolized, rendering it ineffective. NIH scientists had noted Gila monsters constantly maintain their glucose levels within a narrow range with limited variation post-prandially or prolonged fasting. John Eng, at the Bronx VA Medical Center, isolated from Gila monster saliva a more resilient version of GLP-1. This led, in 2005, to the first marketable GLP-1 drug for diabetic therapy, exenatide (Byetta), which requires injections twice a day. As so often happens in science, serendipity stepped in: Exenatide unexpectedly caused weight loss. This was a bonus since weight loss provides an additional mechanism to improve diabetic control. Big Pharma began to drool with dollar-sign laden saliva as they recognized the market potential of these drugs, even in the absence of a diabetes diagnosis. Healthcare providers and patients began to forget that the original purpose of GLP-1 drugs was for diabetes therapy, not weight loss. In 2017, the FDA gave approval for Ozempic, the first semaglutide, followed by Wegovy, the same drug but the first GLP-1 with FDA approval for weight loss. By 2021, the Gila monster spit was hitting the fan as the frenzy to obtain these drugs became a full-blown nightmare, when yet another version, tirzepatide, marketed as Mounjaro and Zepbound, soon arrived. Demand was like the Roadrunner, leaving Supply in the dust to settle on a frenetic populace trying to find a pharmacy that could fill their prescription. All of this for a drug whose long-term consequences are uncertain, and whose mechanism of action is not fully understood. And brutally expensive, at least in the United States. The amount of human effort, and financial resources, expended toward achieving weight loss is astronomical. As a society, herculean efforts to lose weight likely correspond to the epidemic rise in obesity. The ascent of GLP-1 receptor agonists has prompted me to explore the history of weight loss and how weight loss strategies have evolved.

- 1. Explain the origin. rise, and history of GLP-1 drugs.
- 2. Define the pharmacology of GLP-1 inhibitors.
- 3. Discuss the history of weight loss.

A Requiem for Sakti Das: Historian, Artist and Humanitarian

Sutchin Patel

Sutchin Patel is an Adjunct Assistant Clinical Professor at the Department of Urology, University of Wisconsin, Madison. He is actively involved in the William P. Didusch Center for Urologic History. Dr. Das served as an important mentor early in his career and introduced him to the American Osler Society.

Dr. Sakti Das (1939-2024) was a friend and mentor to many urologists, but he touched the lives of so many more outside of urology. Dr. Das began his medical education at the University of Calcutta and the University of Delhi in India (1961-1968). He completed his residency and fellowship at the UCLA Urology Department under Dr. Willard Goodwin. He worked as staff urologist at Northern California Kaiser Permanente for 20 years before joining the University of California, Davis School of Medicine, as Professor of Urology. In 2002 he retired, becoming Professor Emeritus of Urology at UC Davis. From 2006 to 2010, Dr. Das served as the 7th American Urological Association (AUA) Historian though his contributions to the William P. Didusch Museum were more significant than just those four years. He was responsible for the 2012 history exhibit "Skeletons in the Closet: Injustices and Indignities in Medicine" and published numerous medical history articles. He was recommended for election to the American Osler Society by Earl Nation and became the 3rd urologist elected to the society. He was an artist who enjoyed painting and photography and produced award winning urologic motion pictures and videos. He won the 2004 Didusch Art & History Award for his contributions to urologic art and his commitment to urologic education through media. Dr. Das was significantly influenced by Rabindranath Tagore's writings from an early age. Tagore's influence can be seen in many of his activities throughout his life and culminated in him founding the Tagore Program on Literature, Culture and Philosophy at the University of California, Berkely. Dr. Das pursued humanitarian efforts spanning the globe, including supporting primary education centers and orphanages in India, Kenya, Bangladesh and Niger. He was awarded the 2022 Urology Care Foundation Humanitarian Award for his lifelong humanitarian service. We cannot begin to adequately describe the multitude of humanitarian efforts of Dr. Das. and so we refer the reader to his website: https://saktidas.com Dr. Sakti Das was an accomplished urologist, historian, artist and humanitarian. He touched numerous lives from his colleagues, those he mentored, his patients and those he helped throughout the world with his many humanitarian efforts. His life is best epitomized in his own words "I serve therefore I am."

- 1. Discuss Dr. Das' contributions to urologic history and the Didusch Museum.
- 2. Explore how Rabindranath Tagore influenced Dr. Das' life.
- 3. Examine the many humanitarian efforts of Dr. Das.

Unravelling the Dark Legacy: The Influence of Nazi Medical Education on Holocaust Physicians

Kyla Pires

Kyla Pires completed her undergraduate degree in Developmental Biology at the University of British Columbia and is currently a second-year medical student at Western University. She has published three papers in stem cell research, with a fourth in progress. Outside of science, Kyla has always been passionate about history, particularly the history of medical education. She aspires to become a family doctor and, eventually, a medical school professor, hoping to pass on her knowledge and love for medical education.

Physicians in Nazi Germany played integral and disturbing roles in the atrocities of the Holocaust. Beyond their traditional healing role, some doctors actively participated in state-sponsored programs aimed at systematically eliminating specific groups deemed undesirable by the Nazi regime. In the infamous T4 euthanasia program, physicians were tasked with first assessing and then exterminating individuals with mental and physical disabilities. They also engaged in forced sterilisations based on racial and eugenic principles, conducted gruesome medical experiments on vulnerable populations in concentration camps and were involved in mass shootings as part of mobile killing squads. While there is a common assumption that Nazi physicians constituted a small fringe group, the reality is strikingly different. Between 1933 and 1945, seven percent of all German doctors became members of the Nazi Party, compared to less than one percent of the general population. In fact, physicians joined the Nazi Party at rates exceeding those of any other profession. This widespread involvement was not random but rather the result of deliberate indoctrination. The Nazi regime actively worked to shape the perspectives of young physicians in training, infiltrating medical education to propagate its ideology systematically. Drawing from primary and secondary sources, including Nazi-era medical school textbooks, testimonies, medical association documents, and published monographs, this presentation will examine how Nazi medical education contributed to the ethical lapses of physicians during this dark period. This presentation seeks to unravel the ideological underpinnings and institutional mechanisms that fostered the dehumanisation of medical professionals, enabling their participation in unthinkable acts against humanity. As contemporary medical education grapples with the responsibility of training ethical clinicians, this research extracts valuable lessons from the past. This presentation concludes with a discussion of the importance of medical ethics education which promotes a commitment to professional integrity, empathy, and a steadfast dedication to modern bioethical principles.

- 1. Identify key components of the Nazi eugenics curriculum in medical education
- 2. Examine how Nazi medical ethics redefined physicians' societal roles
- 3. Explain the role of physicians in Nazi Party atrocities

Nunca Vamos A Rendirnos: How José Celso Barbosa's Legacy Continues to Inspire Generations of Latinos in Medicine

Guadalupe Rodriguez

Guadalupe Jose Rodriguez is a first-year medical student at The University of Texas Medical Branch John Sealy School of Medicine. He graduated summa cum laude with a B.S. in Cell and Molecular Biology and a minor in Psychology from The University of St. Thomas in 2023. He is a first-generation student and the son of Mexican-Honduran immigrants.

Dr. José Celso Barbosa (1857-1921) was a trailblazing figure for the Latino community, who overcame profound racial obstacles to become one of the most influential leaders in Puerto Rican history. His path to becoming a physician, civil rights activist, and politician was riddled with tremendous challenges, yet his perseverance and legacy remain an enduring source of inspiration for Latino health professionals today. From a young age, Dr. Barbosa displayed outstanding scholarly aptitude, becoming the first Afro-Latino student at the illustrious Jesuit seminary in Puerto Rico. Originally intending to study law, he enrolled at Fort Edward Institute in New York. However, his path took an unforeseen turn when he contracted pneumonia. It was during this time that he met Dr. Wendell, a key mentor who inspired him to pursue a career in medicine instead. For Dr. Barbosa, pursuing medicine became a calling, though one that was filled with obstacles. After applying to Columbia University's College of Physicians and Surgeons, he was denied because of his race. Undeterred, he applied to the University of Michigan Medical School, where he was admitted. There, Dr. Barbosa not only became the first Puerto Rican to earn a medical degree in the United States, but he also graduated as the valedictorian of his class, marking a historic achievement against the backdrop of adversity. Returning to Puerto Rico, Dr. Barbosa became a frontiersperson in healthcare. He presented an early model of employer-supported health insurance, where employers would help cover employees' medical expenses and he also provided free healthcare to underserved communities. In politics, he championed Puerto Rico's autonomy from Spain and annexation by the U.S. His activism led to appointments to the Executive Cabinet by four U.S. presidents, as well as a seat in the Puerto Rican Senate, where he helped shape the island's future. Dr. José Celso Barbosa's legacy epitomizes the impact one person can have on a community. He broke new ground in medicine, all while advocating for political and social change. His dedication to justice and contributions to healthcare continue to inspire Latino health professionals and activists today. Dr. Barbosa's life reminds us that medicine is more than a tradeit is a calling requiring resilience, compassion, and an obligation to justice.

- 1. Discuss José Celso Barbosa's upbringing and the challenges he faced.
- 2. Evaluate the impact of Barbosa's medical achievements on Latino and Afro-Latino professionals.
- 3. Examine the efforts made by Dr. Barbosa to bring change in healthcare.

Gatekeepers of Choice: Psychiatric Authority and Abortion Access in Pre-Roe America

Brendan Ross

Brendan Ross, MDCM, is a second-year psychiatry resident at Mount Sinai Hospital. Originally from St. Louis, he holds a B.A. from Yale in History and East Asian Studies and an MDCM from McGill. With a background in global health and medical humanities, his research and clinical experience includes a Fulbright Fellowship in Taiwan on public health, clinical trials at Dana-Farber, and Indigenous health initiatives in Taiwan. He has presented at multiple AOS meetings on topics in the history of medicine.

Abortion has been a contested issue in the United States since before the nation's founding. Prior to Roe v. Wade, which codified abortion rights into law in 1973, access to hospital-sanctioned abortions was a challenge for many women, and the legal grounds for abortion was frequently contested territory navigated by doctors, patients, and policymakers. Perhaps surprisingly to some in our current era, in the decades before Roe, psychiatrists played a central role in many of these decisions. Many pregnant women consulted with psychiatrists to gain access to hospitalsanctioned abortion care. Psychiatrists would certify that an abortion was a necessary procedure to protect the mental well-being of the pregnant patient and to prevent the risk of suicide. By the 1950s, at Mount Sinai Hospital, approximately 85 percent of abortions "at least bent the law, if they did not fracture it," according to one obstetrician, Dr. Guttmacher, who later served as the head of Planned Parenthood. In 1972, the year before the landmark Roe decision, maternal mental health was the most common justification for a hospital-sanctioned abortion in the U.S. While the Roe decision put a temporary end to these moral quandaries for psychiatrists, the topic is now relevant again, as we enter a new post-Roe era. This presentation seeks to delve into the heart of the discussions among psychiatrists in the 1950s and '60s and to explore how psychiatrists at that time understood their role as unexpected arbiters of abortion access. It will focus on primary source materials—correspondence, lectures, notes—held at the Oskar Diethelm Library at Weill Cornell Medical School in New York City, a premier repository for the history of psychiatry. In particular, the records of the van Ameringen Foundation, a mental health advocacy group, and the collection of neurologist and psychiatrist Zigmond Lebensohn, MD, will be examined, as Dr. Lebensohn wrote extensively on the legalization of abortion and served as chief of psychiatry at Sibley Memorial Hospital in Washington, D.C. from 1957-1976. The debates that animated psychiatrists in the 1950s and '60s around whether to participate in these decisions had a profound impact on the evolution of abortion care. These debates remain relevant today, as the field may once again be called to support pregnant women and providers.

- 1. Outline the role psychiatrists played in certifying abortion access before Roe
- 2. Examine how psychiatrists debated this position of gatekeeper within the profession
- 3. Evaluate the evolving legacy of psychiatrists in the abortion rights arena

From Soundwaves To Sultans: The Use Of Music Therapy In The Ottoman Empire

Maryam S Othman

Maryam Othman is a medical student and Co-President of the Osler Society at the Schulich School of Medicine and Dentistry of London, Ontario. During her undergraduate studies in Biochemistry and Biomedical Sciences, she conducted phage biology research using Soviet-era literature to refine bacterial transformation protocols. As a future healthcare provider, Maryam combines her passions for history and medicine by exploring the influence of Ottoman-era medicine on modern medicine.

The Military of the Ottoman Empire was the most prominent of its time, reigning from 1299 until its disassembly in 1922 following the establishment of the Republic of Türkiye. Well known for its military achievements, growth in infrastructure and public health reforms, lesser-known achievements of the Ottoman Empire are its unique contributions to the field of medicine, including the use of music therapy for the treatment of mental ailments. Music therapy, currently defined as the use of music to achieve healthcare outcomes, was often employed by Ottoman physicians to treat emotional and psychological disturbances such as anxiety, insomnia, and fear. This practice was based on the belief that simple bodily processes, such as breathing, walking, and talking, were associated with a "rhythm." Disruptions to these rhythms therefore resulted in disturbances to mental well-being. To remedy symptoms of mental stress, Ottoman physicians recruited musicians or therapists, who played the oud, violin, and ceng, to visit patients several times a week. Treatment sessions typically commenced with high-pitched tones, to capture the patient's attention, before transitioning to softer melodies designed to improve mood. Patients reported feeling "happiness and peace" following these sessions. This therapeutic approach went on to be used across several medical institutions of the Turkish Empire. Although the Military of the Ottoman Empire dissolved more than a century ago, music therapy has endured the test of time and is now used to treat medical conditions such as Alzheimer's disease, PTSD, dementia, and more in healthcare facilities across North America. Drawing on journal articles from New Perspectives on Turkey, Cairo Papers in the Social Sciences, Turkish Historical Review and other secondary sources, the use of music therapy to address mental ailments in the Ottoman Empire is well documented. However, this historical connection is seldom represented in Western reviews of music therapy. This gap in the literature warrants further exploration.

- 1. Explore the history and mechanics of music therapy in the Ottoman Empire.
- 2. Demonstrate gaps in Western literature that do not acknowledge this connection.
- 3. Propose the integration of music therapy into undergraduate medical education.

"Blowing Smoke Up Your Rectum": The Rise-and-Fall of Tobacco Smoke Enemas for Resuscitation in European Medicine

Hannah Skarnikat

Hannah Skarnikat is a 3rd-year medical student at the Schulich School of Medicine and Dentistry University in London, Canada, and an alumna of Brock University with an Honours Bachelor of Science in Medical Sciences. Her interest in Emergency Medicine led her to explore historical practices used for resuscitation, including the tobacco smoke enema, which is the focus of her presentation today.

Upon the discovery of the New World in the 15th century, Europeans learned of the medicinal uses of tobacco for the treatment of skin diseases, cancer, asthma, intestinal diseases and more. During the 16th and 17th centuries, European physicians tested the limits of tobacco by introducing liquid, and later smoke, enemas. Tobacco smoke enemas for resuscitation of drowned persons were suggested in 1742 by French Physician JJ Bruhier in Dissertation sur l'incertitude des signes de la mort and in 1745 by English physician Richard Mead in Mechanical Account of Poisons. The first account of the technique's success was published by Bruhier in 1746 and recounts how a French man revived his wife who had drowned by using a pipe to blow tobacco smoke into her rectum. Following these publications, physicians adopted this practice, and in the late 1760s, it became the cornerstone of newly established societies designed to prevent death from drowning in Amsterdam, Venice, Paris, and London. Under the guidance of physicians, resuscitation kits containing the equipment for citizens to perform tobacco smoke enemas were distributed and used. The technique came under scrutiny upon evidence from physicians Daniel Legare in 1805 and Benjamin Brodie in 1811 who showed the practice to be useless and tobacco to be cardiotoxic. Tobacco smoke enemas for resuscitation were however still utilized until the 1860s. Using the above-mentioned texts, along with documents from European societies against drowning and other relevant sources, this presentation interrogates the rise-and-fall of tobacco smoke enemas for resuscitation. It will examine the manner in which efficacy of this technique was initially established and disseminated, and the factors contributing to the delay in abandoning this practice after evidence of harm was produced. This example of a technique that seems bizarre in the context of modern medicine will then be used to reframe the way current evidence and opinion are integrated in the development and discontinuation of medical and public health practices.

- 1. Describe the use of tobacco smoke enemas for resuscitation in Europe
- 2. Outline how evidence was integrated into practice in 18th century European medicine.
- 3. Evaluate the implications of this practice on understanding of modern evidence-based medicine.

Linus Pauling: Two Nobels and the Common Cold

Marvin Stone

Dr. Stone is a past president of the American Osler Society and recipient of its Lifetime Achievement Award

LINUS PAULING: TWO NOBELS and the COMMON COLD Pauling was born in Portland Oregon in 1901. During the decade from 1920 to 1930, he studied physical chemistry, quantum physics, theoretical chemistry, structures of complex crystals and quantum mechanics. He received a PhD from Caltech in 1925 and became full Professor in 1931. He became the youngest person elected to the National Academy of Sciences in 1933. His influential book, The Nature of the Chemical Bond, explained how atoms are held together in molecules and described how to calculate the energy of bonds, their length, and other details crucial to understanding how molecules behave. He received the Nobel Prize in Chemistry in 1954. Pauling did important work on protein and nucleic acid structure although his theories of antibody formation and the DNA triple helix were incorrect. However, in 1949, he and his colleagues showed that sickle cell hemoglobin had an abnormal electrophoretic mobility which defined sickle cell anemia as the first "molecular disease." This was four years before the Watson-Crick DNA double helix was described. Pauling became a political activist in 1946, was labeled a Communist sympathizer, and was denied a United States passport. He had major impact in publicizing the dangers of radioactive fallout and received the Nobel Peace Prize in 1962, the year before the first nuclear test ban treaty was signed. In 1970, Pauling launched a crusade urging the public to take massive doses of Vitamin C which he alleged had major health benefits including prevention of the common cold and some forms of cancer. In 1984, Pauling sent me his book, Cancer and Vitamin C, recommending high doses of Vitamin C for AIDS patients in response to an editorial I had written in Oncology Times. Pauling died of prostate cancer in 1994. Pauling is the only person to receive two unshared Nobel Prizes.

- 1. List the branches of chemistry which Pauling studied at Caltech.
- 2. Explain the meaning of sickle cell anemia as a "molecular disease."
- 3. Discuss the reasons for Pauling receiving the Nobel Peace Prize.

The Many Lives of Thomas Gainsborough's Blue Boy

Herbert Swick

Herbert Swick is a former President of the AOS and is Clinical Professor Emeritus of Medicine at the University of Washington. He has long been interested in the nexus of medicine and the humanities. Valerie Hedquist is Professor of Art History and Art Criticism at the University of Montana, Missoula. She specializes in Dutch Renaissance art..

One of the most iconic works in the Huntington Art Galleries is Blue Boy, painted in 1770 by the British artist Thomas Gainsborough. For more than 250 years, Blue Boy has had many lives, from cultural icon to caricature, from a model of masculinity to an archetype of homosexuality. Blue Boy has often been thought to be an aristocrat's portrait, but it is not. In fact, it was staged, almost like a performance, when an unknown sitter dressed up in an old-fashioned costume in Van Dyck style, climbed onto a pedestal, and struck an aristocratic pose. Gainsborough wanted to show his skill to attract more commissions for portraits. The painting remained in private ownership in England until 1921, when it was sold to American millionaire Henry Huntington and moved to the United States. Blue Boy was used in schools for many years to improve students' observational skills and create a love of beauty. He inspired Cole Porter's The Blue Boy Blues. He promoted a real estate development in California called "The Blue Boy of Restricted Residential Properties." He featured in several early Hollywood productions, including two 1928 films starring Laurel and Hardy, in one of which he was mistaken for a racehorse. He has been parodied in political cartoons. For many years, Blue Boy was considered to be a model of masculinity, gentlemanly beauty, and the "very incarnation of youthful manhood." This began to change during the late 19th century, when both boys and girls dressed up as the character. In the early 20th century, when both Shirley Temple and Marlene Dietrich appeared as Blue Boy, masculine traits were transformed to feminine ones. By mid-century, Blue Boy had become an archetype of male homosexuality, featured in homophile magazines such as Blue Boy. Blue Boy continues to influence cultural beliefs and depictions from grandeur to parody, from gender identity to aesthetics. To cite one example: to mark the centenary of Huntington's purchase of Blue Boy, the Huntington Galleries commissioned a new painting by Kehinde Wiley. It is called Portrait of a Young Gentleman, the same name Gainsborough used in his 1770 portrait. Kehinde Wiley has depicted a number of important figures, including the presidential portraits of Barack and Michelle Obama.

- 1. Explain three reasons for Blue Boy's continuing fame.
- 2. Discuss two ways in which Blue Boy has helped define cultural beliefs.
- 3. Explain how Blue Boy influenced gender identity in the 20th Century.

The Forgotten Life of Anna Morandi Manzolini: The Mother of Anatomy

Victoria Teoh

Victoria Teoh is a first-year medical student at the University of Texas Medical Branch in the Hector Garcia Osler Society. She received a Bachelor of Business Administration and minors in Medicine & Society, and Biology at the University of Houston.

In the 18th century, female participation in the medical sciences faced significant societal and institutional barriers. Women were excluded from medical education and the scientific discourse that shaped the development of anatomy and medicine. Despite these obstacles, Anna Morandi Manzolini, a talented sculptor from Bologna, Italy, made groundbreaking contributions to the field of anatomy, blending art and medicine in revolutionary ways. As a talented wax sculptor, Morandi's work was artistically and anatomically flawless. Rather than performing broad dissections of the cadavers, she focused on extracting individual organs for further dissection and study. Each layer of dissection was analyzed and then replicated in wax. This innovative approach allowed for a new element of detail in her models that was unparalleled at the time - thus garnering her the name: Mother of Anatomy. Morandi's skill in bringing the human body back to life through wax sculptures was admired across Europe. Notably, Pope Benedict XIV and Emperor Joseph Habsburg II marveled at her work. She was known for her focus on the sensory experience and the male reproductive system. In the 18th century, most reproductive research was focused on the female system, scarcely mentioning males, so Morandi's work was groundbreaking. Her models challenged previously held understandings. While studying the eyes, she discovered that the oblique eye muscles actually attach to the maxillary bone and the lacrimal sac - a theory that contradicted prevailing anatomical opinions. Despite her many contributions, Morandi's work was often overshadowed by the dominant gender biases of her time. While her sculptures were praised for their artistry and scientific value, the male-dominated scientific field credited her husband with her achievements. The name Anna Morandi slowly was erased from history books. Despite history trying to diminish her efforts, Morandi's impact is clear. Her innovative approach to dissection, combined with her flawless artistry, has elevated anatomical study and laid the foundation for the usage of three-dimensional models in modern medical settings.

- 1. Examine the life of Anna Morandi Manzolini.
- 2. Explore 18th-century barriers to women's medical education and their historical erasure.
- 3. Discuss the impact Morandi had on usage of 3-D figures in anatomy.

Sir William Osler's Bibliophilic Interests in Bookworms of the Insect and Human Varieties.

David Wolf

David J. Wolf, M.D. is a retired clinical hematologist/medical oncologist and antiquarian medical book collector who volunteers at the Weill Cornell, New York-Presbyterian Hospital Medical Center Archives. As a Fellow of the New York Academy of Medicine, he sits on The History of Medicine Executive Committee. He is a member of the Grolier Club and sits on the AOS Board of Governors.

Sir William Osler wrote an article entitled ILLUSTRATIONS OF A BOOK-WORM published in the Bodleian Quarterly in February, 1917 in which he vividly describes removing a live, wiggling, headbobbing larva of the beetle Anobium Hirtum from a wormed book that he had acquired from a bookseller in Southern France. Osler was so astonished to find this living larva, that he enlisted the talents of Horace Knight, an artist at the British museum, to design an exquisitely colored realistic illustration of the damaged book, the larva, beetle, and pupa case. Mr. Knight's beautiful sketches were so superior to any previously published illustrations that Mr. Madan, chief editor of the Bodleian Quarterly Record, kindly consented to have the plate published. In the article, Osler, the bibliophile, expounds upon bookworm bibliography and the history of insect bookworm illustrations. This presentation examines Osler as a self-diagnosed bibliomaniac, bibliophile, and antiquarian book collector. Osler is perhaps the only physician to have published articles about bookworms of both the insect and human varieties. The history of bookworm illustration starting with Aristotle, bookworm bibliography (ie. books about bookworms), the life cycle of insects that desecrate books, different varieties of bookworms, and common types of bookworm damage will be discussed. Osler's whimsical and perhaps autobiographical comments concerning bookworms of the human variety (ie. human bibliophiles who derive great nourishment and pleasure by devouring books) will also be presented.

- 1. Describe William Osler's interest in Bookworms of the insect and human varieties.
- 2. Appreciate the history of insect bookworm illustration and bibliography.
- 3. List types of insect pests and the various ways they damage books.

How the Public Autopsy of a Slave Joice Heth Launched P.T. Barnum's Career as the Greatest Showman on Earth

James Wright

Jim Wright received his MD, PhD (Experimental Pathology), and MA (Medical History) from The Ohio State University and was the recipient of the AAHM William Osler Medal. After completing residency and post-doctoral research training at Washington University (St. Louis), he moved to Dalhousie University where he practiced as a pediatric pathologist and established an active islet xenotransplantation research laboratory. In 2005, he moved to the University of Calgary as Head of Pathology & Laboratory Medicine; he is now Professor Emeritus.

Phineas Taylor (PT) Barnum's career as the Greatest Showman on Earth began in 1835, when the 25-year-old Barnum "leased" and then publicly exhibited a frail African-American slave Joice Heth, who was reportedly the 161-year-old former nursemaid of George Washington, throughout New England; the contract was ostensibly a lease from a southerner, as slave ownership had recently become illegal in northern states. Barnum exhibited Heth six days a week for up to 12 hours a day, reportedly earning ~\$1,500/week. Under this grueling schedule, Heth became ill and died while under contract. Barnum arranged for and then sold tickets for her autopsy, which was performed by David L. Rogers, an accomplished New York City surgeon, in front of an audience of 1,500 paying customers. Roger's autopsy determined that Heth was likely no more than 80 years old, and the penny newspapers, a new form of public media, called this a "humbug" and then published dozens of intentionally fabricated "fake news" stories about Barnum, Rogers, and Heth. Barnum and his business partner generated valuable publicity by telling different penny newspapers different stories. This whole spectacle launched Barnum's career as an entertainer. Barnum soon established The American Museum, a combination zoo, natural history museum, aquarium, freak show, wax museum, and theatre, in New York City. In 1865, he successfully entered politics, vocally opposing slavery. In 1881, Barnum and a partner formed the first three ring circus, Barnum & Bailey's Greatest Show on Earth. Rogers, five years before performing Heth's autopsy, performed a public dissection of Charles Gibbs, an infamous Caribbean pirate who was tried, convicted, and hung in New York City. While I utilized a scholarly secondary source on Heth to provide the general storyline, I also reviewed many primary historical sources including penny newspaper articles from 1835-1836. In stark contrast, Roger's life was previously a mystery; so, I pieced together and dissected his career. In the talk, I will describe the bizarre, and highly polarized, nature of American politics and culture in the 1830s that made all of this seem normal. I will compare and contrast "public dissection" and "public autopsy," and put these into an historical context. Finally, I will address the macabre concept of autopsy as a form of entertainment.

- 1. Explain how a public autopsy launched PT Barnum's showmanship career. "
- 2. Describe the 19th-century career of New York surgeon David L. Rogers.
- 3. Compare and contrast historical meanings of "public dissection" and "public autopsy."

Beethoven's Deafness Management and the Development of Hearing Aids During the Industrial Revolution Period

Haechan Yang

Haechan Yang is a medical student at Western University, Canada. He has previously completed his BMSc in medical biophysics and has an interest in music.

Ludwig van Beethoven, a renowned composer, faced profound hearing impairment that began at age 26, eventually leading to complete deafness by 44. This disability contributed to his withdrawal from public performances and posed significant challenges to his musical career. Despite his musical genius, Beethoven struggled with feelings of isolation and frustration, documenting how his condition profoundly affected his life. Medical understanding of hearing loss during Beethoven's time was limited. Physicians prescribed treatments such as herbal remedies, tonics, and the socalled "Danube baths," coupled with strict diets—none of which alleviated his suffering. Additionally, Beethoven's encounters with his doctors were fraught with conflict and disappointment. He described these interactions as cold and unhelpful, reflecting the absence of empathy and patient-centered care that characterizes modern medicine. During the Industrial Revolution, technological advancements provided new possibilities. Beethoven met a German engineer named Johann Maelzel, who designed hearing aids known as ear trumpets specifically for him. Unlike conventional hearing aids of the time, Maelzel's devices featured customized lengths and bell diameters to capture the various ranges of musical notes essential to his compositions. A head strap was also added, enabling Beethoven to play instruments while using the ear trumpets. In contrast to his strained relationships with physicians, Beethoven's collaboration with Maelzel allowed him to sustain his creative output despite his profound disability, underscoring the importance of tailored solutions in addressing complex patient needs. This presentation examines Beethoven's struggle with deafness and his relationship with Maelzel through primary sources, including Beethoven's letters and Tagebuch (diaries), as well as digital archives from Beethoven's House Museum. The analysis contrasts these historical interactions with the principles of modern patient-centered care, highlighting the impact of empathy and innovation on patient outcomes. Furthermore, additional context on societal attitudes toward disability and the evolution of hearing aid technology during the Industrial Revolution is discussed, emphasizing the significance of Beethoven's ear trumpet as one of the first musical-specific hearing aids.

- 1. Discuss the historical context of Beethoven's hearing impairment
- 2. Examine the role of patient-centered care in historical and modern contexts
- 3. Outline the advancement of hearing aid technology

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William B. Spaulding*	1985-1986	Sandra W. Moss	2012-2013
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Robert E. Rakel	1993-1994	H. Michael Jones	2020-2021
Kenneth M. Ludmerer	1994-1995	Robert G. Mennel	2021-2022

Charles F. Wooley*	1995-1996	Christopher J. Boes	2022-2023
Billy F. Andrews*	1996-1997	Rolando Del Maestro	2023-2024
Joan Richardson	2024-2025		

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1975	Alfred R. Henderson*	Martin M. Cummings*
	Secretary-Treasurer	
1976 - 1985	Charles C. Roland*	
1986 - 1989	Jack D. Key*	
1990 - 2000	Lawrence D. Longo*	
2001 - 2009	Charles S. Bryan	
	Treasurer	Secretary
2009 - 2012	R. Dennis Bastron	Paul S. Mueller
2012 - 2014	R. Dennis Bastron	
2012 - 2017		Christopher J. Boes
2014 - 2019	C. Joan Richardson	

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J. Gordon Frierson

Andrew T. Nadell

Douglas J. Lanska

David B. Burkholder

Maria G. Frank

2017 - 2020

2020 - 2021

2020 - 2023

2021-present

2023-present

The John P. McGovern Lectureship

1986	Albert Rupert Jonsen	2006	Joseph Jack Fins
1987	Edward Janavel Huth	2007	Abraham Verghese
1988	Joanne Trautmann Banks	2008	Charles E. Rosenberg
1989	John Nicholas Walton	2009	Patrick A. McKee
1990	E. A. Vastyan	2010	Nuala P. Kenny
1991	Daniel Michael Fox	2011	Rosemary A. Stevens
1992	William C. Beck	2012	C. David Naylor
1993	Anne Hudson Jones	2013	Bert Hansen
1994	David Hamilton	2014	Sir Donald Irvine
1995	Sherwin B. Nuland	2015	Rolando Del Maestro
1996	David J. Rothman	2016	Mark G. Dimunation
1997	Roger James Bulger	2017	Carlos del Rio
1998	Paul Potter	2018	K. Patrick Ober
1999	John David Stobo	2019	Marie Wilson
2000	Gert Henry Brieger	2020	No Lecture
2001	Kenneth M. Ludmerer	2021	Jonathan D. Haidt
2002	James K. Cassedy	2022	Jeremy Norman
2003	Sir Richard Doll	2023	Shawna D. Nesbitt
2004	William F. Bynum	2024	Michael Emmett
2005	Karen Hein	2025	Annmarie Adams

Recipients of the Lifetime Achievement Award

- 2005 Earl F. Nation
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 2008 Richard L. Golden
 2009 W. Bruce Fye
 2010 Charles S. Bryan
 2011 Michael Bliss
 2012 Jeremiah A. Barondess
 2013 John C. Carson
 2014 T. Jock Murray
- 2015 Marvin J. Stone
- 2016 Kenneth M. Ludmerer
- 2017 Richard J. Kahn
- 2018 Pamela J. Miller
- 2019 Joseph W. Lella
- 2020 Francis A. Neelon
- 2021 Claus A. Pierach
- 2022 Herbert M. Swick
- 2023 Joseph B. VanderVeer, Jr.
- 2024 Mike Jones

Notes



Artist rendering of Lawrence D. Longo painted by Dr. Wesley Kime. Permission to use image granted by the Longo Family

Lawrence D. Longo (1926-2016) was Distinguished Professor of Physiology and Pharmacology in the School of Medicine at Loma Linda University. During residency in obstetrics and gynecology, Longo became fascinated by Osler after reading Cushing's *The Life* and began to learn more about the history of medicine from fellow classmate Garth Huston, Sr. (future AOS president) and bookdealer Jake Zeitlin. Built over a lifetime, Longo's collection of 2,700 rare books, 3,000 pamphlets and journal articles, and a dozen manuscripts trace the changing knowledge of women's health and healthcare from the late 15th to the 20th century. The collection, now at the Huntington Library, was the source of illustrations for his *Wombs with a View* (2016). He was president of the American Osler Society (2002-2003) received the Lifetime Achievement Award in 2007



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

