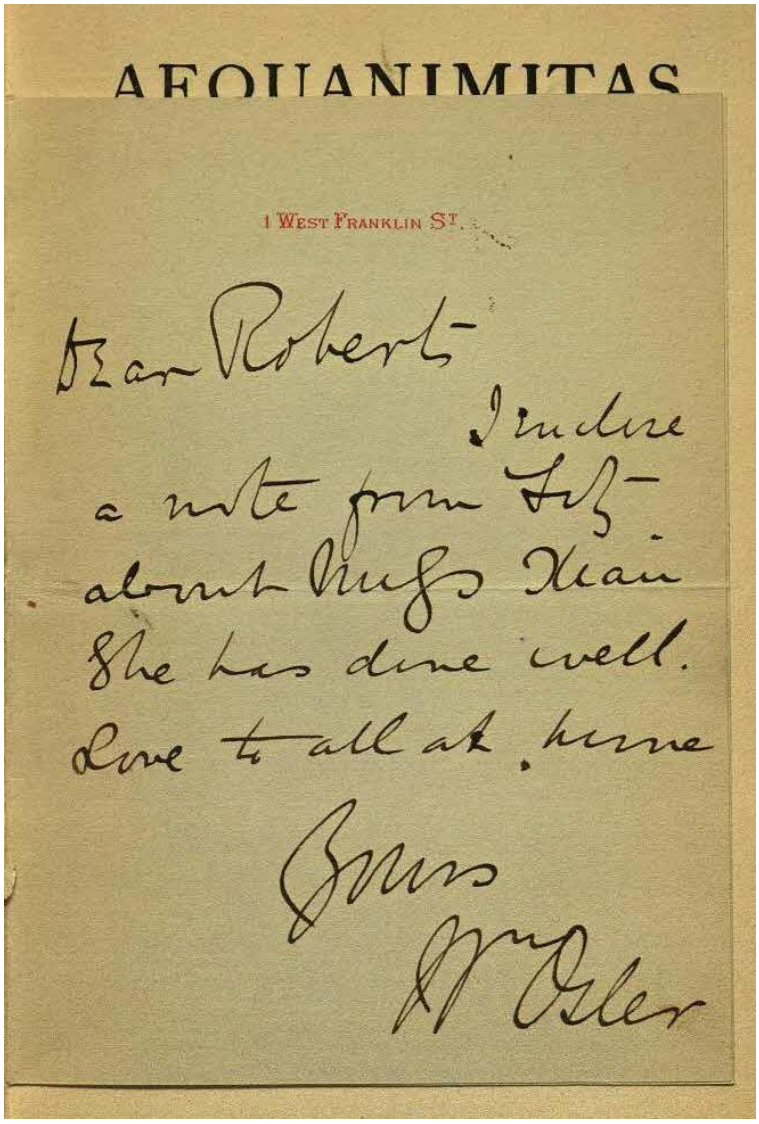
46th Annual Meeting

of the

American Osler Society

William Osler

Thomas Sadler Roberts



Saturday, April 30th - Tuesday, May 3rd, 2016
Marriott City Center Hotel
Minneapolis, Minnesota

The letter on the front cover was pasted into a copy of William Osler's *Aequanimitas: With Other Addresses to Medical Students, Nurses and Practitioners of Medicine (1905).* According to the inscription on the flyleaf, *Aequanimitas* was presented to Dr. Thomas Sadler Roberts of Minneapolis by the author. Dr. Thomas Sadler Roberts received his medical degree from the University of Pennsylvania in 1885. He was professor of pediatrics from 1901-1906, and Clinical Professor from 1906-1913 at the University of Minnesota. Dr. Sadler later became, Professor of Ornithology and director of the Museum of Natural History from 1915-1946.

Osler visited Minneapolis on October 4, 1892, on the occasion of the opening of the new building of the College of Medicine and Surgery at the University of Minnesota, the first new building on campus dedicated to the medical sciences. Osler's remarks, "Teacher and Student" are reprinted in this text. In 1913, the College of Pharmacy moved into the space, and in 1942, the building was renamed in honor of its Dean, Frederick Wulling.

College of Medicine and Surgery Building now Wulling Hall

The photographs on the cover are courtesy of the Wangensteen Historical Library of Biology and Medicine at the University of Minnesota.

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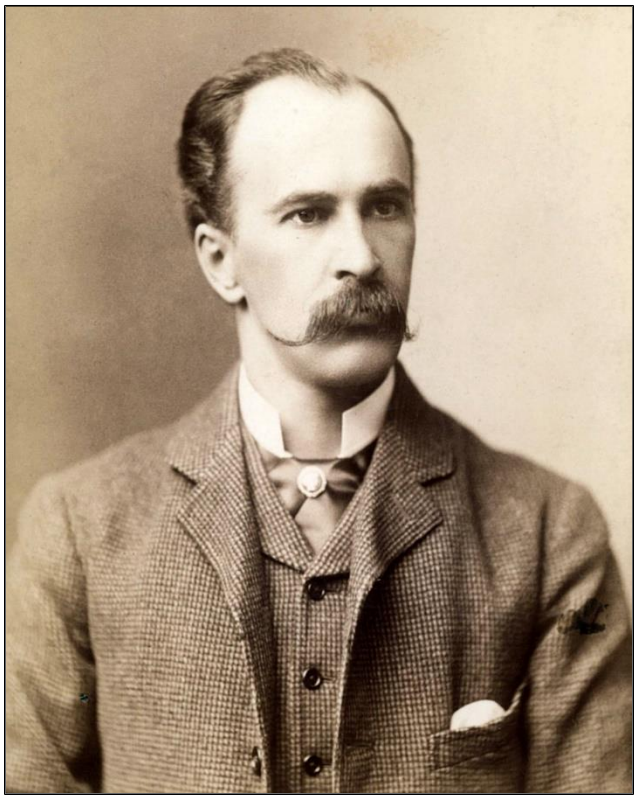

Photo courtesy of Osler Library of the History of Medicine, McGill University

Course Objectives

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

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

Intended Audience

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

CME Accreditation and Designation

This activity has been planned and implemented in accordance with the 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 15 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Disclosure Information

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

William Osler, at the bedside of a patient, while professor of medicine at Johns Hopkins 1888–1904.

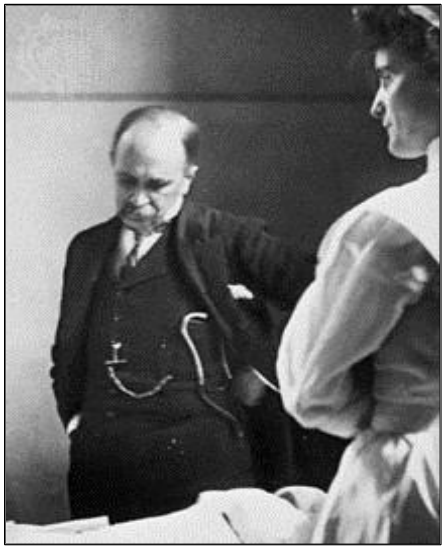

Photo courtesy of Osler Library of the History of Medicine, McGill University

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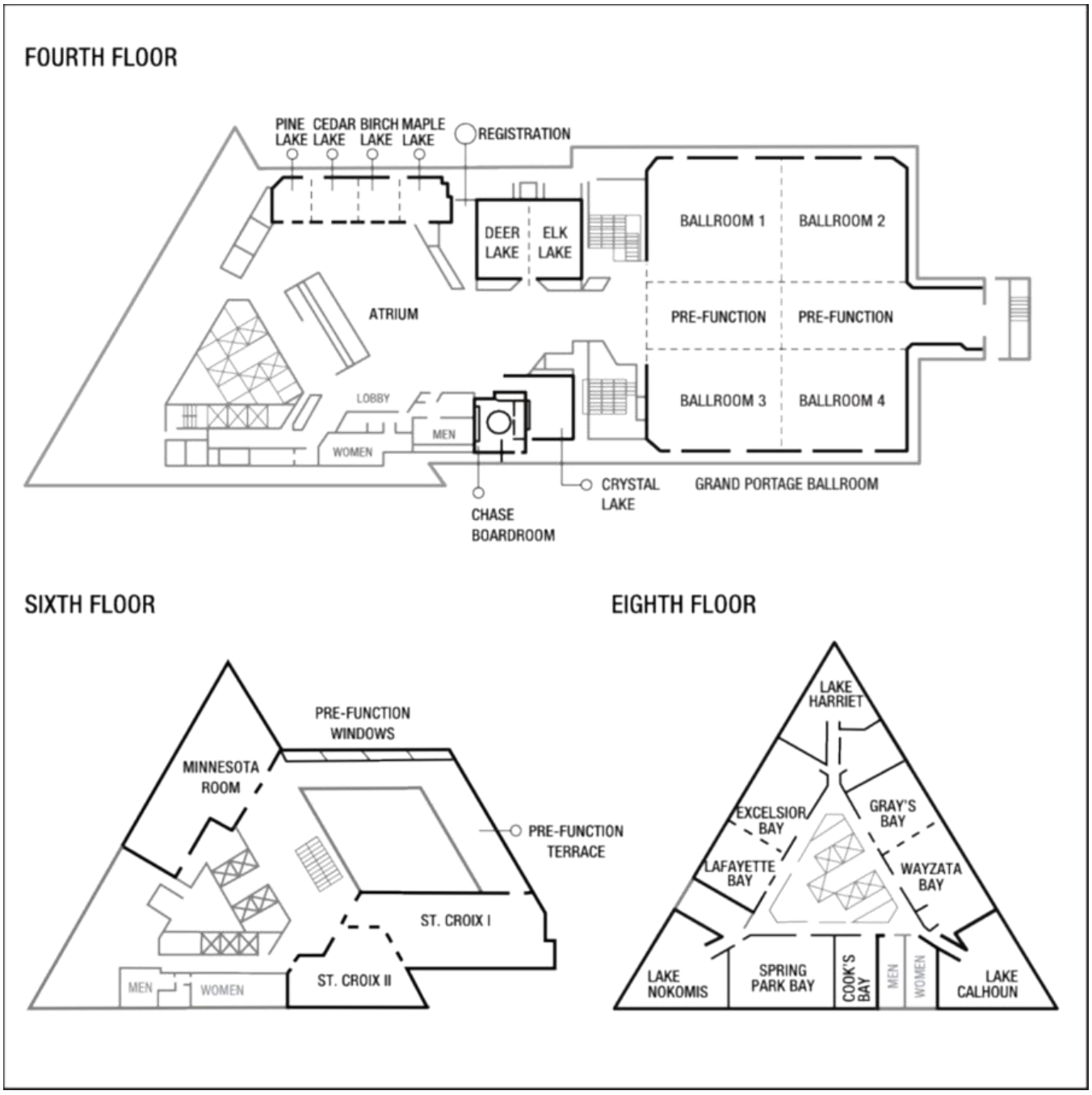
Hotel Maps


FOURTH FLOOR
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ST. CROIX I
ST. CROIX II
MEN
WOMEN
EIGHTH FLOOR
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EXCELSIOR BAY
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LAFAYETTE BAY
WAYZATA BAY
LAKE NOKOMIS
SPRING PARK BAY
COOK'S BAY
MEN
WOMEN
LAKE CALHOUN

Program Schedule

Saturday, April 30, 2016

2:00 – 6:00 pm	Registration | 5th Floor, Lobby
3:00 – 5:00 pm	The Frank Neelon Literary Gathering | 4th Floor, Crystal Lake Room Moderators: Joseph Lella & Clyde Partin
5:00 – 6:30 pm	Past Presidents' Dinner Meeting | 8th Floor, Lake Nokomis Room
7:00 – 9:00 pm	Board of Governors Meeting | 4th Floor, Birch/Maple Lake Rooms

Sunday, May 1, 2016

7:00 am – Noon	Registration | 5th Floor, Lobby
7:00 – 8:00 am	Continental Breakfast | 4th Floor, Pre-Function Area
8:00 am – 5:00 pm	Art Exhibit | 4th Floor, Ballroom 3 & 4
7:50 am	Welcome & Announcements | 4th Floor, Ballroom 3 & 4 Paul Mueller, AOS President
8:00 – 9:30 am	AOS/AAHM Panel: Making the Case for History in Medical Education (page 50) Moderator: Jeremy Greene Speakers: Jacalyn Duffin, John Harley Warner, David Jones, and Kenneth Ludmerer
9:30 – 10:00 am	BREAK
10:00 – 11:00 am	AOS/AAHM Panel: The Origins and Evolution of Informed Consent: A Half-Century of Deliberation (page 51) Moderator: Sarah Tracy Speakers: Susan Lederer, Laura Stark
11:00 am	THE JOHN P. MCGOVERN AWARD LECTURESHIP Science as an Open Book: Early Printing and the Scientific Revolution Mark G. Dimunation
12:00 pm	LUNCHEON | 4th Floor, Ballroom 3 & 4 Showing of "The Real Moonlight Graham: A Life Well Lived" film
1:00 – 5:00 pm	Registration | 4th Floor, Outside Ballroom 3

Program Schedule

Sunday, May 1, 2016 (continued)

Potpourri

Paul Mueller, Moderator | 4th Floor, Ballroom 3 & 4

1:00 pm	Michael A. Flannery (page 18) Pharmacy During the American Civil War: Medicines in Combat on Land and Sea
1:20 pm	Harold Sanchez (page 39) Medical Self-Regulation, the Joint Commission, and the Vanishing Hospital Autopsy
1:40 pm	WILLIAM B. BEAN STUDENT RESEARCH AWARD LECTURE Judith Vick (page 46) Women in Antebellum American Bedside Medicine: A Study of Cases
2:00 pm	Jay Van Gerpen (page 45) The Ear Does Not Hear What the Mind Does Not Know
2:20 pm	Henry S. Schutta (page 42) Richard Bright's Accounts of Inflammatory Diseases of the Brain in the Light of Early 19th Century Concepts of Inflammation
2:40 pm	Nadeem Toodayan (page 43) The Art of Eponymy: Pure Water in a 'Dry Age'
3:00 pm	BREAK

Miscellanea et Minnesota

Michael Malloy, Moderator | 4th Floor, Ballroom 3 & 4

3:20 pm	WILLIAM B. BEAN STUDENT RESEARCH AWARD LECTURE Na'amah Razon (page 37) Health & Security: Examining Medical Service to Negev/Naqab Bedouin 1948-1966
3:40 pm	Richard M. Caplan (page 14) Dr. Armauer Hansen's Visit to Minnesota in 1888: Is Leprosy Hereditary or Contagious?
4:00 pm	Steven J. Peitzman (page 35) Leading the Larger Medical Life: Frances Van Gasken, MD of Philadelphia
4:20 pm	Christopher J. Boes (page 12) Schuster Brewing Company, Rochester, Minnesota: Medicinal Tonic, Temperance, Tragedy, and Top Brass
4:40 pm	ADJOURN

Program Schedule

Sunday, May 1, 2016 (continued)

6:00 – 7:00 pm	RECEPTION | 4th Floor, Atrium
7:00 pm	BANQUET | 4th Floor, Ballroom 1 PRESIDENTIAL ADDRESS Paul S. Mueller

Monday, May 2, 2016

7:00 am – 5:00 pm	Registration | 4th Floor, Outside Ballroom 3
7:00 – 8:00 am	Continental Breakfast | 4th Floor, Pre-Function Area
8:00 am – 5:00 pm	Art Exhibit | 4th Floor, Ballroom 3 & 4

Personalities

Joseph VanderVeer, Moderator | 4th Floor, Ballroom 3 & 4

8:00 am	Eric L. Matteson (page 29) Max Hirsch Balneologist and Rheumatologist
8:20 am	Robert R. Nesbit, Jr. (page 32) Virgil Preston Sydenstricker, M.D.
8:40 am	George Sarka (page 40) Jean-Martin Charcot: Contributions in Rheumatology
9:00 am	Rimma Osipov (page 33) "Brotherhood" in Medicine? Refugee Physicians in the United States 1938-1945
9:20 am	BREAK & WELCOME NEW ATTENDEES

Public Health and Ethics

Herbert Swick, Moderator | 4th Floor, Ballroom 3 & 4

10:20 am	Stephen B. Greenberg (page 20) "…take the parliamentary lancet out of the national arm:" Conscientious Objectors and the Anti – Vaccination Movement
10:40 am	Henry Travers (page 44) The Sioux Falls South Dakota Typhoid Epidemic of 1885: Lessons in Politics and Public Health

Program Schedule

Monday, May 2, 2016 (continued)

11:00 am	Angie Hamouie (page 22) Healthcare as a Human Right: Using Oslerian Principles to Guide Interpretations of This Ideal
11:20 am	E. Samuel Roberto (page 38) Old Wisdom is New Wisdom: What Kind of Ethics Would Osler Teach in 21st Century Medical Training?
11:40 am	John M. Harris, Jr. (page 23) Did the Authors of the AMA's 1847 Code of Medical Ethics Intend to Create a Social Contract?
12:00 pm	LUNCHEON | 6th Floor, Minnesota Room Welcome by Brooks Jackson, M.D., MBA Dean of the Medical School at the University of Minnesota

Osler: Art and Poetry

Pamela Miller, Moderator | 4th Floor, Ballroom 3 & 4

1:00 pm	Joseph W. Lella (page 27) Osler's Taste in His Favourite Book of Poetry: *The Fireside Encyclopaedia*
1:20 pm	Susan Kelen (page 25) Sir William Osler's Favourite Poem
1:40 pm	J. Gordon Frierson (page 19) Oscar Wilde's Father: A Noted and Knighted Surgeon
2:00 pm	Jacalyn M. Duffin (page 16) Mrs. Robinson's Revenge: Pete Seeger and the Saskatchewan Medicare Song
2:20 pm	Robert M. Beazley (page 11) Anatomical Waxes of the Specola
2:40 pm	Richard J. Kahn (page 24) An Address of Thanks from the Faculty to the Right Honorable Mr. Influenzy for His Kind Visit to this Country: April 20, 1803
3:00 pm	BREAK

Program Schedule

Monday, May 2, 2016 (continued)

Miscellanea Oslerana

Christopher Boes, Moderator | 4th Floor, Ballroom 3 & 4

3:20 pm	C. Ronald MacKenzie (page 28) Osler and Fracastorius with Reference to the Charaka Club
3:40 pm	J. Mario Molina (page 30) Osler on Hemophilia
4:00 pm	Michael E. Moran (page 31) Osler's Attendance at International Medical Congresses - from Reporter to President
4:20 pm	Clyde Partin, Jr. (page 34) Alligators, Maude Abbott, and the Holmes Heart
4:40 pm	L. Lewis Wall (page 47) Man is Not the Only Medicine-Taker: The Use of Medicinal Plants by Wild Chimpanzees and Its Implications for the Origins of Human Herbalism
5:00 pm	ADJOURN
6:00 – 8 pm	RECEPTION | WANGENSTEEN HISTORICAL LIBRARY

Tuesday, May 3, 2016

7:00 – 8:30 am	Continental Breakfast | 4th Floor, Pre-Function Area
7:30 – 8:20 am	Annual Business Meeting | 4th Floor, Ballroom 3 & 4

Osler: Friends and Family

Joan Richardson, Moderator | 4th Floor, Ballroom 3 & 4

8:20 am	Charles S. Bryan (Page 13) Henry Barton Jacobs, Osler's Intimate Friend
8:40 am	Claus A. Pierach (page 36) William Osler and Friedrich von Müller - A Transatlantic Friendship
9:00 am	John W.K. Ward (page 48) From Oxford to the Bronx - John Brett Langstaff (1888-1985) High Society, Low Society and Charity
9:20 am	Susan D. Lamb (page 26) The "Canadian Personality" and the Possibility of Its Influence on Johns Hopkins

Program Schedule

Tuesday, May 3, 2016 (continued)

9:40 am BREAK

Innovations and Discoveries

Laurel Drevlow, Moderator | 4th Floor, Ballroom 3 & 4

10:00 am William N. Evans (page 17)
Paths to Safe Intra-Cardiac Surgery: All Roads Led to Minnesota

10:20 am David K.C. Cooper (page 15)
The Brigham Hospital's Contributions to the Development of Kidney Transplantation

10:40 am David Hamilton (page 21)
Charles A. Lindbergh, Aviator and Scientist

11:00 am Stephen I. Schabel (page 41)
"The Man Sitting" or the Beginning of Actinography at Johns Hopkins

11:20 am James R. Wright, Jr. (page 49)
The Origin and Mysterious Disappearance of the Canadian Medical War Museum

11:40 am ADJOURN

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

William Osler quizzing a student at Johns Hopkins Hospital, 1902 or 1903

Anatomical Waxes of the Specola

Robert M Beazley

Dr. Beazley is Emeritus Professor of Surgery and Endocrinology at Boston University and the Faculty advisor to the BU School of Medicine History Society.

Renaissance artists Leonardo, Michelangelo, Raphael, and Titian were interested in the human form particularly in the musculoskeletal system. Early collaborations with anatomists resulted in 3 dimensional study aids of wood, papier mache, and in the 18th and 19th Century, "anatomical waxes".

In 1740, Pope Benedict XIV commissioned Ercole Lelli, an engraver and wax modeler, to develop an anatomical museum in Bologna. Many of the early models were made by the painter Giovanni Manzolini and his artist wife, Anna employing dissections done by the surgeon Boari. In Florence the successor to the Medici's long reign, Grand Duke of Lorraine, started a museum largely based on the Medici's science collection. In 1770, a School of Anatomy opened. (La Specola")

Felix Fontana came from Bologna to Florence to be the Director shortly after which Giuseppe Ferrini, a wax specialist, arrived at the School. Some of his early work illustrated the normal and pathological conditions of the female genital system. "The anatomical model reached its peak of excellence around 1800 with models of La Specola in Florence both scientifically and artistically they have never been surpassed"

Twelve hundred specimens were sent from Florence to Vienna to the Army Medical School (the Josephinum). Lesser numbers went to Budapest, Leiden, Cagliari, Sardinia, London, Montpellier and in 1855 some 350 delivered to Tulane University in New Orleans. Many of the models are available for viewing today in these sites. It is difficult to estimate the educational impact of these teaching aids but it had to have been quite significant.

Learning objectives:

1. To inform the listener of the collaboration between the anatomist and the artist
2. To illustrate the exquisite nature anatomical waxes as teaching aids
3. To demonstrate the advanced level of anatomical understanding of the 18th Century

Schuster Brewing Company, Rochester, Minnesota: Medicinal Tonic, Temperance, Tragedy, and Top Brass

Christopher J. Boes

Chris Boes is an Associate Professor of Neurology and History of Medicine at the Mayo Clinic in Rochester, MN. He is secretary of the AOS, medical director of the W. Bruce Fye Center for the History of Medicine at the Mayo Clinic, chair of the American Academy of Neurology History of Neurology Section, and an Associate Dean in the Mayo School of Graduate Medical Education.

Henry Schuster, Sr. was born in Germany in 1835, and moved to Rochester, Minnesota in 1862. He became the sole owner of the Union Brewery in 1870. In 1872, Schuster formed a personal liberty club at the brewery in an unsuccessful attempt to avoid local Sunday consumption laws. He served as a trustee of the German library in 1873, and was a city alderman for three years before his death in 1885 at age 49. His sons Henry Jr. and Fred took over the brewery, and renamed it the Schuster Brewing Co. The brewery closed in 1922. The Schuster brothers had started a real estate company in 1897, and focused on this business after the brewery's demise.

Malt tonic was made by several breweries beginning in the 1890s, in an attempt to enter the lucrative patent medicine market. Malt tonic is underappreciated historically as a patent medicine, being mentioned only briefly in James Harvey Young's *The Toadstool Millionaires*, and not at all in his book *The Medical Messiahs*. Schuster's Malt and Hop Tonic was an alcoholic (4% by weight) beverage created in 1896 and sold in drug stores. It did not arise in response to the temperance movement or Prohibition. The *Rochester Post* reported in 1897 that the tonic was used at St. Mary's Hospital. A bottle of Schuster's Malt and Hop Tonic in the St. Mary's Hospital Archives suggests that the *Post's* report may have been accurate. The label, which showed a nurse pouring the product, claimed that it was used in nearly all the hospitals of the Northwest, and was highly recommended by the medical fraternity. The label also stated that it was a remedy for insomnia, prolonged lactation, scrofula, phthisis, melancholia, and joint disease. The tonic was a nationally-distributed product, unlike their beer, and was the company's money-maker.

In the years leading up to Prohibition, the company tried to diversify by distributing wine from California and whiskey from Kentucky. They also produced 1 and 2 percent alcohol "temperance beverages" around 1910-1912. Their tonic's alcohol content did not allow it to help the company weather Prohibition once it began in early 1920. Schuster's tried making near beer ("cereal beverages") for two years after Prohibition began, but they were unsuccessful. Fred Schuster blamed the women of the country who could brew beer with 4-10% alcohol in their kitchens. Fred and Henry Schuster's profitable realty business likely made it easier for them to give up brewing during Prohibition. Henry Schuster, Jr. committed suicide in 1927, and Fred Schuster died of natural causes in 1945.

G. Slade Schuster, son of Fred Schuster, was the administrative leader of the Mayo Clinic from 1952-1970. He was described as the "prime minister" of the Mayo Clinic.

Learning objectives:

1. Describe the history of the Schuster Brewing Company
2. Discuss the medical historical importance of Schuster's Malt and Hop Tonic, define its importance to the Schuster Brewing Co., and explain why it did not help the company weather Prohibition
3. Outline the influence of Prohibition on the Schuster Brewing Company

Henry Barton Jacobs, Osler's Intimate Friend

Charles S. Bryan

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

Osler was a universal friend to physicians of his era, but, like most people, chose his intimate friends carefully. Prompting a search through 18 boxes in the Johns Hopkins University Medical Archives were three observations about Henry Barton Jacobs (1858–1939): (1) Jacobs was among the three original latchkeyers (the others were Harvey Cushing and Thomas B. Futcher); (2) Cushing, in reconstructing Osler's Oxford period, relied heavily on Osler's letters to Jacobs; and (3) the Oslers and Jacobses often vacationed together. What were the mutual interests and tangible results of this close friendship?

Jacobs, like Osler, stayed a bachelor until his early forties and then made a highly advantageous marriage to the widow of a former patient. Educated at Harvard College and Harvard Medical School, Jacobs came to Baltimore as personal physician to Robert Garrett (1847–1896), the sickly president of the Baltimore and Ohio Railroad. With Cushing and Futcher, Jacobs rented 3 West Franklin Street, next door to the Oslers. In 1902 he married Garrett's widow, Mary Frick Garrett, the undisputed doyen of Baltimore society, who came with a mansion at Mt. Vernon Place, a country estate near Baltimore, an apartment in New York's Plaza Hotel, a villa in Newport, and a world-class art collection. Jacobs retired from medicine in 1905, the year the Oslers left Baltimore, and thereafter the two couples vacationed on the continent and stayed at each other's homes (Oxford, Baltimore, and Newport). Jacobs was a cradle-to-grave friend of the Oslers' son, Revere, who just a few months before his death wrote Jacobs a poignant letter from the trenches of the Great War. Jacobs helped orchestrate the Tudor and Stuart Room at Hopkins in Revere's memory. Jacobs also arranged for the Vernon Plaque of Osler, and, after Grace Osler telegraphed him that Osler had died, made sure that a service took place at Old Saint Paul's Protestant Episcopal Church in Baltimore at the same hour of the funeral service in Oxford on January 1, 1920.

Osler considered Jacobs to be good company as evinced by their sightseeing expeditions, golfing, and other shared activities. Grace Revere Osler no doubt recognized in Mary Frick Jacobs a fellow patrician with whom she could share confidences; indeed, Grace's frequent letters to "Jacobus" read like a running gossip column on the Osler's inner circle. Jacobs invested heavily in two of Osler's primary interests: tuberculosis and book collecting. Jacobs attended the International Congresses on TB with Osler, collected nearly all books on TB published in English, and served as president of the Eudowood Sanitarium—on the grounds of which Mary Frick Jacobs built and equipped a Hospital for Tuberculosis Children. Jacobs recognized racial disparities in healthcare and urged better care for African Americans. As a book collector Jacobs amassed some 5000 volumes including nearly all editions of Laennec, just as Osler did of Sir Thomas Browne. The Jacobses, who were childless, bequeathed to healthcare institutions for the disadvantaged most of their estates with two notable exceptions: the Mary Frick Jacobs Wing of the Baltimore Museum of Art and the Henry Barton Jacobs Room of the Institute for the History of Medicine at Johns Hopkins. With their passing Baltimore lost two of its most useful and beloved citizens.

Learning objectives:

1. Explain at least 3 requisites for close friendship as met by the Oslers and Jacobses
2. Discuss Mary Frick Jacobs as a socially-responsible exemplar of America's Gilded Age
3. List 3 legacies of Dr. and Mrs. Jacobs (together and separately) pertaining to tuberculosis

Dr. Armauer Hansen's Visit to Minnesota in 1888: Is Leprosy Hereditary or Contagious?

Richard M. Caplan

Dr. Caplan is Professor Emeritus of Dermatology at the University of Iowa College of Medicine. He also served for 21 years as Associate Dean for CME, during which time he founded and taught in the Program for Biomedical Ethics and Medical Humanities.

Dr. G. Armauer Hansen (1841-1912), whose eponymonic name is slowly replacing the name "leprosy," once visited Minnesota to further his embattled assertion that the disease was a contagious infection caused by a bacterium that he was the first to observe. This presentation addresses the role of that visit to Minnesota in bolstering his career-long struggle to persuade the medical world that leprosy is neither a hereditary disease nor a punishment by God, but caused by a specific bacterium, ultimately named Tuberculosis leprae. I will also draw attention to the little-known episode of Hansen's serious breach of medical ethics as understood today.

In 1888 Hansen came to Minnesota to examine Norwegian émigré families—especially the children. In western Norway he often found families with children who were becoming ill with the disease. He suspected from reports reaching him that such was not the case in Minnesota. If that were corroborated, it could be a powerful argument to support his view that heredity was not the mechanism. His trip was sponsored by Dr. Edward Bockman of St. Paul, in whose home Hansen lived for six months while he contacted the families known to have sick adults. In no instance did he find an affected child. Even at that time in Norway the prevalence of the disease was decreasing. Hansen and others of the time, as most commenters today, attribute this change to better nutrition, greatly improved sanitation, less crowding and more successful isolation of affected persons. Hansen felt special pride at his role in Norway's laws obliging isolation of patients in order to reduce contagion. (A backlash of such enforced isolation into inhumane circumstances, as occurs in some parts of the world, has led patients who have possibly incriminating clinical findings to hide themselves, rather than come forward to receive appropriate drug treatment.) This effort plus much work by many others led to the formal recognition of Hansen and his views at the International Leprosy Congress in Berlin in 1897, thus putting to rest the old argument about etiology.

Osler, in his great 1892 textbook, first edition, spoke clearly in favor of Hansen's position, saying in the paragraph about etiology, "The Bacillus leprae, discovered by Hansen, of Bergen, in 1871, is universally recognized as the cause of the disease." His chapter on leprosy did not vary much or add truly valuable new information in the subsequent editions. Osler favored the Norwegian policy of enforced isolation for U.S. foci, such as California and Louisiana.

Part of Hansen's saga includes a little-known bit of personal history that foreshadowed vital developments in the modern world of medical ethics. In his valiant fight to prove the bacterial cause of the infection, he attempted to implant material from a leprous nodule sub-conjunctively in a woman who had the neuro-anesthetic type of the illness. The attempted transplant failed. But the female patient had not been informed of the purpose of the experiment, nor was her permission sought. Her indignation upon learning what had happened led to a lawsuit settled in court in 1880. The verdict against him was a foregone conclusion with his admission that he didn't tell her because he expected to be refused, but thought the greater good to be achieved was more important than her approval. He was punished by being removed from his role in clinical care and as director of the Bergen Leprosy Hospital. He continued for the rest of his life as a researcher and as Norway's Director of Health for Leprosy. The informed-consent rules adopted after WWII and after the Tuskegee debacle in the U.S. had clearly been anticipated by this episode.

Hansen lived long enough to enjoy recognition of his role in identifying leprosy's causative bacillus and thus elucidating the contagious nature of the illness. Because that bacillus has defied being cultured even to this day, Koch's postulates have never been fulfilled for Hansen's Disease. Therefore, drug testing has been very difficult and development of a vaccine in the usual manner has not been available. However, genetic information about the DNA of the bacillus is finally allowing progress in developing a vaccine.

Learning objectives:

1. Explain Hansen's motivation for his extended visit to Minnesota in 1888
2. List the major obstacles that Hansen had to overcome to persuade the medical and scientific world of the day that leprosy is a contagious infection due to a particular bacterium
3. Describe the pros and cons of enforced isolation of patients who have Hansen's disease

The Brigham Hospital's Contributions to the Development of Kidney Transplantation

David K.C. Cooper

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

In the 30 years after the end of WWII, the Peter Bent Brigham Hospital (Brigham) in Boston was a leading center in the development of kidney transplantation and dialysis, largely through the combined efforts of two young visionaries, George Thorn (appointed professor of medicine in 1942 aged 36) and Francis Moore (appointed professor of surgery in 1948 aged 34). In 1947, Thorn asked a surgical resident, Charles Hufnagel, to carry out a kidney transplant from a deceased donor in a patient with acute renal failure. To minimize the stress of the surgical procedure, the kidney was transplanted to the femoral vessels (similar to the technique used in the first ever kidney transplant by Yu Yu Voronoy in the Ukraine in 1933). Although there is doubt as to whether the kidney ever functioned, the patient's own kidneys recovered and she was able to leave the hospital. Thorn also set a young nephrologist, John Merrill, to establish a dialysis program (using a modified version of Willem Kolff's artificial kidney) for patients in acute renal failure.

Another young surgeon, David Hume, took over responsibility for the kidney transplantation program and performed nine transplants between 1951-3, of which none functioned longer than 6 months. Hume, a charismatic character, later became chairman of surgery at the Medical College of Virginia in Richmond where he established one of the busiest kidney transplant programs in the world.

At the Brigham, Hume's role was taken over by Joseph Murray who carried out the first kidney transplant between identical (monozygotic) twins (1954) and the first between fraternal (dizygotic) twins (1959), in this latter case using irradiation to immunosuppress the recipient. For this work, he received the Nobel Prize for Physiology or Medicine in 1990. However, the overall mortality of kidney transplantation between unrelated donors and recipients in that period was so high that some of the medical trainees (residents) refused to participate; one stating that he had officiated at enough "murders."

In 1961, Murray was joined by a British research fellow, Roy Calne, who established an experimental program in dogs to study pharmacologic (or chemical) immunosuppressive therapy, using azathioprine (provided by 1988 Nobel prizewinners, Hitchings and Elion). After Calne's return to the UK, where he would soon become one of the leading transplant surgeons in Europe, Murray introduced azathioprine into clinical practice. When combined with high-dose corticosteroids (introduced by Thomas Starzl in Denver), this immunosuppressive regimen resulted in approximately 50% one year survival of patients and grafts. Although the results were less than ideal, kidney transplantation became established as a form of therapy.

Several of these pioneers sadly died from unnatural causes. David Hume was killed when he piloted his plane into a mountain in 1973 (aged 56), John Merrill died in a yachting accident in 1984 (aged 67)**,** and Francis Moore committed suicide in 2001 (aged 88). However, George Thorn and Joe Murray died peacefully at the ages of 98 and 93, respectively.

Learning objectives:

1. To understand the development of kidney transplantation in the U.S.A.
2. To learn of the pioneers of kidney transplantation in the U.S.A.
3. To appreciate the initial steps taken to prevent acute rejection of kidney grafts

Mrs. Robinson's Revenge: Pete Seeger and the Saskatchewan Medicare Song

Jacalyn M. Duffin & Joseph Pater

Jacalyn Duffin, hematologist and historian, has occupied the Hannah Chair at Queen's University since 1988. A former president of both the American Association for the History of Medicine and the Canadian Society for the History of Medicine, she is the author of eight books and many articles, holds numerous awards, and fellowship in both the Royal Society of Canada and the Canadian Academy of Health Sciences. Her research focuses on disease, technology, religion, and health policy.

In 1962, Pete Seeger recorded "The Ballad of Doctor Dearjohn" about Canadian Medicare and the Saskatchewan doctors' strike of the same year. The song was never released, but a recording resides in the Smithsonian museum. How had this New Yorker, recently relieved of a jail sentence, learned of Medicare in the distant prairie province? And why was the song never released?

This paper traces the ballad's fortunes through the papers of composer Earl Robinson (U Washington). It is situated in the historiography of folk revival and the expatriate adventures of artistic Americans persecuted in the McCarthy era.

Cleverly trading on medical metaphor, the song parodied an Irish tune about cod liver oil. Seattle-born Earl Robinson and his artist wife, Helen, published it in September 1962 in *Broadside* magazine. Seeger often recorded *Broadside* songs, although few made it into his albums. Robinson had enjoyed success for his Ballad of "Joe Hill" (1936, later sung by Joan Baez), "Ballad for Americans "(1939, Paul Robeson), "The House I Live In" (1945, Frank Sinatra). He'd performed for Eleanor Roosevelt at the White House and in her Manhattan apartment, but his finances were precarious.

By 1962, Robinson was teaching high school in New York, but he kept in touch with Seattle's political left. His circle included theatre founders, Florence and Burton James, who, like him, had been before the House Un-American Activities Committee. Their "crimes" entailed labor sympathies, multi-racial troupes and preserving native culture. In 1952, the James' had migrated to Saskatchewan where the socialist government had invited them to create a seasonal theatre of arts. En route to Seattle in summer 1962, the Robinsons stopped to visit. Chronically ill with myelodysplastic disease, Helen composed the parody.

No evidence suggests suppression of the song; rather its Saskatchewan subject probably held little mass appeal. This paper offers insight into American views of early Canadian Medicare through the novel lens of music.

Learning objectives:
1. Examine the early history of Medicare in Canada and the 1962 Saskatchewan doctors' strike
2. Discuss the relationship of artists to the Medicare movement in Canada and USA
3. Consider popular music and other art forms as sources for the social history of medicine

Paths to Safe Intra-Cardiac Surgery: All Roads Led to Minnesota

William N. Evans

William Evans is professor of pediatrics at the University of Nevada School of Medicine, and he is the founder and director of the Children's Heart Center – Nevada. His interest is in the history of congenital cardiology and cardiac surgery.

As 1952 dawned, no one had successfully performed an intra-cardiac surgery in a bloodless field using complete-mechanical cardiopulmonary bypass. Yet, 1952 would prove to be a momentous year.

Long before the19th century, physicians had objectively abandoned the belief the soul dwelled in the heart. Yet a certain subjective sway persisted as surgeons pronounced even cardiac injuries, let alone cardiac malformations, inoperable until 1896. That year German-surgeon Ludwig Rehn executed the first successful repair of a cardiac stab wound. But congenital cardiac malformations would be the conditions that surgeons would first try to treat with intra-cardiac procedures aided by mechanical cardiopulmonary support.

As surgical treatment of congenital heart disease ushered in the field of cardiovascular surgery, the path to one of the 20th centuries most impressive innovations began in William Osler's library in December of 1898 with a memorable conversation between him and a young Maude Abbot. Abbott's passion led her to formalize the classification and study of congenital cardiac malformations that stimulated physicians on both sides of the Atlantic and eventually led to John Hubbard and Robert Gross's successful treatment of patent ductus arteriosus, and later conditions such as coarctation of the aorta and vascular rings. Abbott's relationship with Helen Taussig and Taussig's work with Alfred Blalock and Vivien Thomas led to the Balock-Taussig shunt. The previous surgeries are extra-cardiac, but the dream was to develop a method to repair intra-cardiac abnormalities in a bloodless field and the solution required inventing new equipment, a "heart-lung machine."

The path to intra-cardiac repairs led to the University of Minnesota's C. Walton Lillehei and to Rochester Minnesota Mayo Clinic's John Kirklin. John Kirklin and Walt Lillehei were colleagues and competitors in the new field of open-heart surgery. In these first days of cardiac surgery, Kirklin recalled later, "I am extremely grateful to Walt Lillehei and am very proud for the two of us that during that twelve to eighteen months when we were the only surgeons in the world performing open intracardiac operations with cardiopulmonary bypass.

Learning objectives:

1. Discuss differences between extra and intra-cardiac congenital malformations
2. Outline the historical path to effective surgical treatment of heart disease
3. Examine the early history of cardiopulmonary support for intra-cardiac surgery

Pharmacy During the American Civil War: Medicines in Combat on Land and Sea

Michael A. Flannery

Michael Flannery is Professor and Assistant Dean of Special and Historical Collections at the University of Alabama at Birmingham. He is the author with Katherine Oomens of Well Satisfied with My Position: The Civil War Journal of Spencer Bonsall (Southern Illinois University Press, 2007) and Civil War Pharmacy: A History of Drugs, Drug Supply and Provision, And Therapeutics for the Union and Confederacy (2004, now in a new, forthcoming 2nd edition).

Oliver Wendell Holmes (1809-1894) rather infamously expressed his frustration with the pharmaco-therapeutics of his generation in his address to the Massachusetts Medical Society in 1860: "I firmly believe that if the whole materia medica, as now used, could be sunk to the bottom of the sea, it would be all the better for mankind,—and all the worse for the fishes." But such therapeutic nihilism is not in evidence during the Civil War (1861-1865), the bloodiest and most disease-ridden conflict of American history. George B. Wood (1797-1879) and Franklin Bache (1792-1864), editors of the leading pharmaco-therapeutic compendium of the period noted in their 11th edition to *The Dispensatory of the United States of America* (USD), "Within the three or four years which have elapsed since the publication of the last edition, the improvements in Materia Medica and Pharmacy have kept pace with the general progress in other departments of science and art." Fearing that the new *USD* would swell beyond manageable length, Wood and Bache "found it necessary to increase its dimensions by about one hundred pages, in order to meet the exigencies of advancing knowledge." As Holmes was throwing medicines to the fishes, Wood and Bache were perhaps more hopefully dealing with "the exigencies of advancing knowledge." Furthermore, in reading the prescriptions, preparations, and therapeutic case studies of Civil War surgeons and assistant surgeons, one does not get a sense of Holmes's bleak cynicism. Results were sometimes disappointing, yet at other times genuinely encouraging. The massive *Medical and Surgical History of the War of the Rebellion* in which many of these reports are found is not a testament to discouragement and defeat, but a firm belief that careful examination of case studies and statistical analysis would yield meaningful results, and in some cases it did.

This slide presentation will discuss the camp diseases and wartime injuries on land and sea that were addressed by a complex, time-honored materia medica. It will demonstrate that, far from serving as the foundation for discouragement, the war served as a proving ground for a new era of pharmaceutical advance.

Learning objectives:

1. List and describe the challenges confronting the medical corps. in maintaining the health of its soldiers and sailors
2. Examine the effectiveness of meeting those challenges
3. Assess the long-term impacts of the medical profession's wartime experiences

Oscar Wilde's Father: A Noted and Knighted Surgeon

J. Gordon Frierson

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

William Wilde, son of a country physician, was born in 1815 and grew up in rural northwestern Ireland. As a youth he learned Gaelic and absorbed the local legends. His father apprenticed him to Abraham Colles (Colles' fracture) and he studied medicine under Robert Graves (Graves' disease) and William Stokes (Stokes-Adams attacks) in Dublin. With medical degree in hand Wilde accompanied an ill man on a trip to the Holy Land where he encountered widespread trachoma, influencing him to study eye disease. He wrote a popular two-volume work on the journey that catapulted him into Irish literary circles. Next came eye and ear surgery studies in Europe, part of it at the Viennese Allgemeines Krankenhaus, where he learned eye surgery, studied under Skoda and Rokitansky, and befriended Semmelweiss. This experience resulted in another book, and another hit.

Settling in Dublin, Wilde opened an eye and ear hospital. He introduced the ear speculum and other innovations to Ireland and wrote a text on ear surgery that became a standard. Students came from great distances and in time he was the most well-known eye and ear surgeon in Ireland. He was eventually appointed Surgeon Oculist to the Queen in Ireland. He was asked to serve as medical consultant to the 1841 census. He recorded causes of death for the first time and included a history of major diseases in Ireland. The work was ahead of its time and earned him a knighthood. He worked on each of the next censuses until 1871, his last. He assumed editorship of the *Dublin Journal of Medical Science* and transformed it into the *Dublin Quarterly Journal of Medical Science*. The journal still exists as the *Irish Journal of Medical Science.*

At age 36, already the father of three illegitimate children, he married Jane Francesca Elgee, an Irish Separatist poet who took the name of Speranza. They had three children, one named Oscar. Speranza soon curtailed her Separatist tendencies, hosted numerous night parties crowded with Bohemian types, and became famous for irreverent witticisms, traits that Oscar surely got from her.

Apart from medicine William was a leading authority on Irish archeology, publishing books and articles on the subject. His three volume illustrated catalogue of the museum of the Irish Royal Academy received wide acclaim. As time went on he took on an illegitimate son as a partner in his eye practice, a man whom he treated as a real son and included in his will. He was involved in a lengthy libel suit against his wife that drained him, after which he practiced less and less but continued archeology work. He died shortly after finishing the 1871 census report.

William Wilde was a many-faceted man, tireless worker, and significant contributor to medicine.

Learning objectives:

1. Explain William Wilde's role in the history of epidemiology
2. Examine William Wilde's role in the development of ear surgery
3. Evaluate Viennese medical education in the nineteenth century

"…take the parliamentary lancet out of the national arm:"*
Conscientious Objectors and the Anti – Vaccination Movement

Stephen B. Greenberg

Stephen B. Greenberg is Professor of Medicine, Herman Brown Teaching Professor and Distinguished Service Professor at Baylor College of Medicine. He is the Vice Chief of Staff for Academic and Educational Affairs at Ben Taub Hospital. He has been Chief of Medicine at Ben Taub General Hospital since 1990 and has been a member of the Vaccine Evaluation Unit of Baylor College of Medicine since 1976.

Although "conscientious objectors" are commonly associated with individuals choosing not to participate in military activities during wartime, the term was used in the late 19th century England when speaking of parents who refused to have their newborn infant vaccinated against smallpox. Throughout the 19th century, several laws were enacted by Parliament which helped create a medical profession and give it authority to supervise the nation's health. Smallpox vaccination was the first medical intervention to be enforced by British law (the Compulsory Vaccination Act of 1853). Delivery of the vaccine was by way of government employees, thus tying preventive medicine to the state. Over the next several decades, many groups arose to question the law's authority and benefit. Some were advocates of alternative medicine (botanists), of self-help (hygieanism), or of no government intervention in personal health care matters. A few politicians wanted to "take the parliamentary lancet out of the national law."

In addition, many groups argued that the vaccine was both dangerous and unnecessary. The anti – vaccination movement was supported by the lower and middle classes, by the trade unions, by religious dissenters, and by women's rights groups. They argued that the state had no right to compel parents to vaccinate their own children. In 1898, the British government tried to solve the vaccination issue by passing a law that allowed parents to apply to a magistrate for an exemption to claim "conscientious objection." In one year over 200,000 certificates were issued. By 1904-1905, ~50% of births were given certificates of exemption and there was a rise in reported cases of smallpox.

In the past 20 years, there has been recurrent support for the anti – vaccination movement, both in the UK and throughout the world. In recent years, the parents choosing not to vaccinate their children are highly educated, but distrustful of government, physicians, and the pharmaceutical industry. They employ the same arguments and plead for "conscientious objection" as in the 1800's. In the past 5 years, there have been major outbreaks of measles, mumps and whooping cough, as vaccination rates have declined in certain populations. These outbreaks point to the continued tension between a citizen's right to opt out of behaviors he/she believe would jeopardize the health of a family member and societies right to provide protection for the whole population. Although not compulsory, our current vaccination program – our "parliamentary lancet" – continues to be questioned and contested by a vocal minority of the population.

**Hansard's Parliamentary Debates*, July 1, 1857, 722.

Learning objectives:
1. Learn the history of the term "conscientious objector"
2. Know the origin of British Compulsory Vaccination Act
3. Understand the differences between the 19th century and 21st century anti – vaccination supporters

Charles A. Lindbergh, Aviator and Scientist

David Hamilton

Dr. Hamilton's medical historical works include The Healers – A History of Medicine in Scotland (1983), The Monkey Gland Affair (1986), Scottish Medicine - An Illustrated History (2012) and A History of Organ Transplantation (2013). My biography of Alexis Carrel will be published in 2016.

Soon after Charles Lindbergh's famous transatlantic flight in 1927, he became concerned about his sister-in-law's serious mitral valve disease, and made enquiries about the possibility of constructing a heart-lung by-pass pump. He was directed to Alexis Carrel at the Rockefeller Institute for Medical Research in New York and Carrel took him in as a volunteer from 1930. However, Carrel instead diverted Lindbergh's engineering skills to extend the laboratory's tissue culture work by constructing an organ culture pump. Success was announced, with considerable publicity, in 1935.

Later that year, Lindbergh moved to live in England to escape the attentions of the press and the unpleasantness surrounding the trial and conviction of the murderer of his son. In spite of this geographical separation, he continued with his involvement in Carrel's laboratory. The pump was less successful than was claimed, and Lindbergh had to add modifications, notably a filter to remove tissue emboli, and he also proposed to add an 'artificial kidney' to the circulation. He designed a high pressure chamber to increase the oxygenation within the pump and this was constructed for him in London and shipped to New York. He explored the physiological effects of hypothermia using another simple chamber, and designed a flask for continuous cell culture. This was used by Raymond Parker in Carrel's laboratory, and it anticipated the successful later strategy for growing viruses.

At this time, Carrel was nearing retirement and, as a celebrity scientist, he was increasingly detached from the laboratory work. Lindbergh's letters from England reveal close links with Carrel's staff and that they looked to him for leadership. The letters also show that Lindbergh was still hoping to return to his original project of using a heart-lung pump and he also perceptively suggested to Carrel that hypothermia might be used to allow human 'open heart' surgery. Carrel erred in failing to respond to these suggestions. Hypothermia was used soon after by the pioneer cardiac surgeons, prior to the emergence of the first by-pass machines.

Lindbergh showed talent and persistence in his laboratory work and was respected by the Rockefeller staff. His concern for accuracy explains part of his well-known aversion to journalists, and he was uncomfortable with Carrel's publicity-seeking. Lindbergh's distant exile in England has concealed the close, continuing links with Carrel's group. In this late 1930s period, Lindbergh's biographers have understandably emphasized his high-profile activities as an activist in the isolationist America First Committee. Lindbergh's last scientific paper was published, without fuss, in mid-1939.

Learning objectives:

1. List Lindbergh's contributions to medical science
2. Explain why these are poorly recognized
3. Contrast Lindbergh with Alexis Carrel

Healthcare as a Human Right: Using Oslerian Principles to Guide Interpretations of This Ideal

Angie Hamouie

Angie Hamouie is a medical student at the University of Texas Medical Branch at Galveston and Osler Student Scholar with the John P. McGovern Academy of Oslerian Medicine. Since completing her third year of medical school, she has chosen to pursue her master's in public health at Columbia University in the City of New York. Following her MPH, she will return to graduate from medical school in May 2017.

On December 10th, 1948, the United Nations General Assembly ratified the Universal Declaration of Human Rights. This document marked a pivotal moment in human history. Written by member states representing a broad range of cultures, languages, and legal systems, it was the first to outline a set of rights entitled to every human being, regardless of age, sex, religion, or country of origin. The document touches on the idea of health as a human right, stating that, "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including…[the right to] medical care and necessary social services."

Exactly 30 years later in 1978, the International Conference on Primary Health Care adopted the Declaration of Alma-Ata, which more urgently addresses the issue of health in global populations. It declares that, "health is a state of complete physical, mental and social wellbeing, not merely the absence of disease…[and] is a fundamental human right." It implores the global community to "cooperate in a spirit of partnership and service to ensure primary health care for all people." Yet for decades since its adoption, people around the world, including millions in the U.S., have failed to see the realization of this human right.

The idea of healthcare as a human right occurred relatively recently in history. Sir William Osler lived before the time of these two declarations, yet it is possible to use an understanding of Oslerian principles to inform the current discussion on this topic. It is with this guidance that the medical profession can address the question: Healthcare, is it a human right? And if so, to what extent are physicians obligated to create a world in which healthcare is provided for all?

Learning objectives:

1. List evidence supporting the philosophy of healthcare as a universal human right
2. Explain the historical, social, and ideological forces that continue to prevent the realization of universal healthcare in the U.S.
3. Discuss Oslerian principles as applied to healthcare and the attainment of human rights

Did the Authors of the AMA's 1847 Code of Medical Ethics Intend to Create a Social Contract?

John M. Harris, Jr.

John M. Harris Jr., MD is the former Executive Director of the Office of Continuing Medical Education at the University of Arizona. In his career he has worked as an internist in the US Army and in private practice, an executive in managed care, and a medical educator and researcher.

Medical ethics has been a long-term theme within the Osler society. Osler himself, a strongly moral individual, had little to say about ethical codes, but he taught the virtues of what is today called, "medical professionalism." In speaking to the Society in 1999, Dr. Swick described Osler's view of professionalism and noted that professionalism "…reflects a social contract with the communities served."

Today the concept of a "social contract" is being used to justify an updated code of medical ethics, the Charter on Professionalism. Ethicists have harkened back to the first American Medical Association Code of Medical Ethics in 1847 as the exemplar of a document describing medicine's social contract. In examining the Code, Robert Baker asserted, "Res ipsa loquitur—the table of contents outlines a tripartite social contract."

These discussions beg two questions that are worthy of further consideration by the Osler Society, did the authors of the 1847 Code intend to create a social contract, and, whatever their intentions, was one created? The answer to the first question is "no."

Seventy percent of the 1847 Code was a distillation of Thomas Percival's Medical Ethics (1803) and 20% of the Code's content was borrowed from Benjamin Rush's Lectures (1811). The rest was original. It is Rush's writing on the reciprocal duties of patients to physicians, and AMA Ethics Committee Chairman John Bell's interpretation of this content, that gives the Code its strong contractural flavor. Despite this wording, there are several lines of evidence refuting any intention by its authors to create a social contract.

The first line of evidence is that the use of the term "social contract" to describe a political relationship between an organization or a profession and the larger society was not familiar to the Code's authors. The explicit implementation of this concept could not have been a goal in 1847 because the concept was not developed until the 1980s. The second line of evidence is that the AMA's founders tended to see the larger society not as a contractural partner, but as an adversary. The third line of evidence is that the Code, beginning in 1855, was more often used as an internal loyalty oath for the AMA than as a set of ideals for the broader profession. In the 19th century, many physicians saw little use for the Code as a moral standard. A former AMA president described the Code in 1903 as a "…most unethical document."

Learning objectives:

1. Apply the concept of "social contract" to 19th-century political activities
2. Describe the most likely political intentions behind the 1847 Code of Medical Ethics
3. Recognize pitfalls of using social contract theory to justify an ethical code

An Address of Thanks from the Faculty to the Right Honorable Mr. Influenzy for his Kind Visit to this Country: April 20, 1803

Richard J. Kahn

Richard is a practicing geriatric geriatrician, a lifelong Oslerian, former AOS president, and Patty's husband. Patty is a medical librarian and Richie's wife, lo these 50 years.

Fifteen years ago I was given a colored etching, "An Address of Thanks from the Faculty to the Right Honorable Mr. Influenzy for his Kind Visit to this Country" by Temple West, published by S. W. Fores, London. It is a caricature of nine physicians thanking a cadaverous Mr. Influenzy for visiting Britain, satirizing the influenza epidemic raging in France and Britain in 1803. With the help of The Wellcome Library, the British Museum, and papers from 1955 to 2014, I've discovered the names, biographical material, and portraits of each of the nine physicians. Furthermore, the cadaveric Mr. Influenzy, with his red, white, and blue Phrygian cap, is a caricature of none other than Napoleon himself. The uneasy peace that existed between Britain and France in April 1803, when this etching was published, was shattered when Britain declared war on France the following month. The etching reflects not only the fact that Britain had to fight the disease influenza, but also be protected from the "Jacobin influenza" of contagious revolutionary ideas that were spreading to British shores.

At the same time, Edward Jenner was fighting to have his ideas about smallpox vaccination (introduced in 1796) accepted in Britain. Christopher Anstey's 1803 "Ode to Jenner," originally in Latin was translated to English in 1804 with instruction for vaccine inoculation. An eight-line stanza is not about influenza, but rather that other "pest of her (French) dominion here (Britain)." Jenner could be seen as a military hero leading the battle against smallpox and thus helping Britain maintain its strength to fight the French invasion, both biological and political.

Learning objectives:

1. How were caricatures used c 1803?
2. Who were "Mr., Influenzy," Temple West, and S.W. Fores, and Christopher Anstey?
3. What was Edward Jenner's relationship to this etching?

Sir William Osler's Favourite Poem

Susan Kelen

Susan is a Clinical Psychologist working in Ottawa, Canada. She has a general practice and she has a special interest in adolescents. Susan Kelen is the granddaughter of W.W. Francis.

One of Osler's daily habits was to read poems from his favourite book of poetry at the breakfast table. This led me to question, what was Sir William Osler's favourite poem? I found my answer in the letters and papers of the first Osler Librarian, W.W. Francis. He was an editor of *The Bibliotheca Osleriana* and he was the Osler Librarian between 1929 and 1959. And he was my grandfather. After my mother passed away, it was my responsibility to go through his papers and books, many of which my family donated to McGill University.

In amongst his papers, I found the answer to my question. I found it in an unpublished 1956 speech. My grandfather, W.W. Francis, wrote this speech for the 35th anniversary of the Osler Society. He was the guest of honour at the annual Osler Banquet. He was being celebrated for keeping Osler's memory and spirit alive with his stories about Olser and for encouraging the study of the history of medicine during his tenure as Osler librarian.

The poem my grandfather names as being Osler's favourite poem is, "Oh, why should the mortal be proud?" This poem is also known as "Mortality." It was written by William Knox (1789- 1825). The poem describes the circle of life and the inevitability of death, no matter your station is in life. (This poem was Abraham Lincoln's favourite poem but it is unclear whether Osler knew that.)
In my grandfather's speech, he describes how Osler changed the words in this poem to see if my grandfather, and Revere, Osler's son, were really paying attention at breakfast. (My grandfather was Osler's nephew. He lived with the Oslers when he studied at Johns Hopkins.) This poem illustrates both Osler's reflective side and Osler's sense of humour.

Other Poems that were favourites of Osler:
"*Nocturna Ingemiscentis Animae Meditatio"* translated as "Night Thoughts of an Anxious Soul." by Pope Leo X111 (1810-1903). This poem was published in the newspaper just after the 93 year old Pope had died. The theme of this poem is on maintaining humility, because even if one holds the Keys of St Peter, there will be a judgement day. I found this newspaper clipping between the pages of Osler's poetry book, *The Fireside Encyclopedia of Poetry*. Olser wrote in pen on the newsprint, "Keep this. W.O. July 13th, 1903."
"The Ancient Mariner" by William Coleridge (1772-1834). Osler requested that this poem be read to him in his final hours by my grandfather. My grandfather labelled it "Osler's valedictory" (H. Cushing. *Biography of Sir William Osler*, Oxford: 1925, v.2, p. 685).
"On the Morning of Christ's Nativity" by John Milton (1608-1674). Osler read this poem to his son, Revere, every Christmas and asked for it to be read to him on his final Christmas. (Cushing, ibid., p. 684)
"Farewell Life" by Thomas Hood (1799-1845). Osler thought that "this was a good poem for doctors and all should know it." (Cushing, ibid., p. 671) This comic poem describes the smell of death and the smell of recovery. The poem illustrates both Osler's facetious disrespect for his own ill health as well as his acceptance of his own imminent death. This was one of several poems on this theme that Osler liked to recite to the nursing staff.

Learning objectives:
1. Examine Osler's values and character as reflected in the poems he liked.
2. Explore Osler's views of religion and death.
3. Introduction to W.W. Francis, the first Osler Librarian (1929-1959.)

The "Canadian Personality" and the Possibility of Its Influence on Johns Hopkins

Susan D. Lamb

This year Dr. Lamb took up her appointment as Jason A. Hannah Chair in History of Medicine at the University of Ottawa, where she pursues her scholarly research on the history of university medicine in North America. Her 2014 book on Adolf Meyer reignited discussion among psychiatrists and medical historians about the legacy of the influential figure. Professor Lamb received her Ph.D. from the Institute of the History of Medicine at Johns Hopkins in 2010.

This paper examines contributions and experiences of Canadians at Johns Hopkins during the planning and formative years of the institution (1889-1919). Johns Hopkins was (and is) acknowledged as a key link in the North American medical enterprise and its influence on Canadian institutions and their practices throughout the twentieth century is patent. This research explores whether influences moved in both directions: did professional and/or cultural affinities specific to the Canadian context play a significant role in shaping the new medical mecca? In 1919, William Osler remarked to his countryman and fellow Hopkins professor, Thomas Futcher, on how graciously his American colleagues and students had accepted "the Canadian personality" during those early days in Baltimore. Indeed, the school's first two Chiefs of Medicine were Canadian (William Osler and Lewellys Barker), as were the first four Superintendents of the Training School for Nurses. A sizeable group of young Canadians, moreover, enrolled in the medical and nursing schools in this period, many of whom had long and productive careers as practitioners, researchers, educators, and policy-makers in medicine. After World War I, the Canadian William MacCallum was appointed to fill the rather enormous shoes of William Welch as Chief of Pathology. Innovative and idiosyncratic teaching methods came to constitute the Hopkins ethos, which was widely adopted by other North American medical schools in the twentieth century. As a result of the autonomy granted to the early faculty, this distinctive model was certainly shaped by the personalities and sensibilities of these individuals who acted simultaneously as medical caregivers, teachers, and administrators. Using a variety of archival collections associated with Canadians who taught or trained (often both) at Hopkins before World War I, as well as published primary and secondary literature, this paper explores evidence for evaluating the extent to which a "Canadian personality" existed and operated at Johns Hopkins in this period.

Learning objectives:

1. Evaluate critically historical narratives of medicine's development
2. Explain why scientific discoveries, institutional contexts, and cultural values must be examined synthetically in order to develop a critical interpretation of historical events
3. Discuss the ways in which a so-called Canadian personality can be said to have influenced the model of medical research and teaching that characterized the Johns Hopkins ideal

Osler's Taste in His Favourite Book of Poetry: *The Fireside Encyclopaedia*

Joseph W. Lella

Joseph Lella is Professor Emeritus of Sociology, and Professor of History of Medicine, Western University. He has published on: change in chronic care, medical education, and, matters Oslerian. He 'becomes' Sir William Osler live onstage and on video in his monologue, Willie: A Dream and is a Curator of the Osler Library at McGill University.

Sir William Osler once said that Walt Whitman's poetry was "not for my pampered palate…" Reading this, I wondered how many poets there were who 'pampered his palate,' how familiar Osler was with them, what he had liked about their work and indeed how much poetry he had read in general. Also I wondered about his taste in poetry overall and what answers to all these musings might that tell us about the man. In the Spring of 2015 however Susan Kelen published a paper in the *Osler Library Newsletter* that indicated one path toward answers.

The article described her family's donation of items to the Library, items that once belonged to her grandfather, WW Francis (first and long-time Osler Librarian). Among them was a volume of poetry that WO called his "favourite book of poetry." Kelen quoted what Osler penned and signed on a back page of the Fireside Book, 'This is our breakfast table book … We used it constantly at Baltimore where it was my custom at breakfast, often at lunch, sometimes after dinner, I read from it to Billie Francis [WWF lived with the Oslers while studying at Hopkins] and Revere (Osler's young son)." *Kelen* also wrote*: "My grandfather has indicated WO's favourite poems in the "Index of Authors. …"*

Indeed! Looking at scans of the index sent by the always-helpful Osler Library staff I noted some 222 poems marked as favorites among the 1165 poems by 397 poets in this 1014 page volume. A treasure trove! I also found that there were a number of poets who had more than one poem marked and that some had more that marked. Among these 59 had a cross mark indicating a 'special favourite.' From knowing those whom Osler had quoted in some of his biographical writing a number could be quickly identified as "romantics. Percy Byshe Shelley especially attracted attention. He had a long line alongside 17 poems. John Keats and William Wordworth had 10 each marked.

Was Osler, a romantic? The few poets noted above and others among the favourites could justifiably be termed poets of the heart, men of deeply emotional expression, or 'sensibility." They varied in their concern with 'sense' or objectivity and logical analysis, but were men whose poems often included *cris de Coeur*. But about what and to what end?

Last year in Baltimore I discussed Osler's biographical essays noting that these focused significantly on the sensibility of his subjects and reflected his own. This talk shall continue exploring Osler's humanistic interests on this "sense and sensibility" continuum but within poetry. Walter Pater, an influential 19th Century literary critic contrasted classicism with romanticism in ways that echo "sense and sensibility." He wrote""… they are tendencies really at work at all times in art…generating… two principles, two traditions in art and literature."

Because the Fireside Encyclopaedia includes so many poets and poems it shall be a primarily quantitative analysis, leaving a more in-depth exploration of a few "very favourite" poems to Susan Kelen's presentation.

Osler once said that "a clear head and a loving heart" were "all that one could desire in a teacher." He quoted Latham's advice about learning on the wards: "it is by your own eyes, and your ears and your own minds and *I {Osler] may add) your own heart* that you must observe and learn and profit." This paper looks at what Osler may have explored among his favourite poems—for his own 'sensible' loving heart and perhaps too for his mind, and "sense."

Learning objectives:

1. Explain the sense and sensibility continuum as related to Osler's "clear head and loving heart"
2. How might poets and their poetry contribute to each end of these continua within the reader giving examples?
3. Discuss whether and how their contributions should or should not be offered in medical education

Osler and Fracastorius with Reference to the Charaka Club

C. Ronald MacKenzie

Dr. C. Ronald MacKenzie MD, FACP, FRCPS(C) is an Attending Physician and the C Ronald MacKenzie Chair in Ethics and Medicine at the Hospital for Special Surgery and Professor of Clinical Medicine and Medical Ethics at Weill Medical College of Cornell University. Originally from Canada, he received his Bachelor of Science (Physiology) at the University of Western Ontario, his medical degree from the University of Calgary and subsequently trained in Winnipeg and New York, specifically at the New York Hospital (Cornell) and the Hospital for Special Surgery. He was subsequently appointed as consulting physician (Rheumatology) at Memorial Sloan Kettering Hospital and has maintained an active practice in general medicine and rheumatology at these institutions for over thirty years. Dr. MacKenzie was formerly Chair of the Ethics and Conflict of Interest Committee of the American College of Rheumatology. He has recently published book, The Perioperative Care of the Orthopedic Patient, is a reflection of his interest and extensive experience in perioperative care. He is a member of the Board of a number of non-profit institutions including the Newport Festivals Foundation and as a musician is a long standing member of the Westchester Symphonic Winds an amateur concert band located in Westchester County where he resides. He is also a member of the Charaka Club.

The Charaka Club was founded (1898) by five distinguished New York physicians with a shared interest in the literary, artistic, and historical aspects of medicine. First known as the Medico-Historical Club, Charaka was adopted as its moniker after a paper presented by a founding club member concerning Charaka, author of the oldest extant work on Indian Medicine. Given Osler's interests in medical history, the humanities, and great books, he was an ideal candidate for membership. First on an honorary basis (1902), full membership followed two year later. Osler attended five meetings of the Charaka Club (1902-09), a history previously reviewed for the AOS by John Truman, MD. Fracastorius, the focus of this allocution, was Osler's second presentation (1904) and was published twice, first in the *Proceedings of the Charaka Club* and later in his compilation of biographies *An Alabama Student* (1909). So who was Fracastorius? What were his contributions to medicine? How is he remembered today? References to the Charaka Club will be made throughout.

Giromano Fracastoro (c 1476-1553) was an Italian physician, poet, and scholar (mathematics, cosmography, natural philosophy) and just the sort of historical figure that would capture Osler's interest. Born in Verona, educated at Padua where he was appointed professor at the University at age 19, he practiced medicine there for the next 50 years. His enduring contributions to medicine were made in two publications. In his essay *De Contagione et Contagiosis Morbis* (1546) he is the first to propose that epidemic diseases are transferable, passed along by tiny particles or "spores". Introducing the word fomites (*fomes*) as the means of communicability, Fracastoro also provides the first description for typhus in this work. His second medical composition, the epic poem *Syphilis sive morbus gallicus,* introduces and names for posterity the well-known spirochetal disease.

Fracastoro is remembered today not only through Osler's brief accounting, but by other landmarks as well. There is the sculpture (1559) in *Piazza dei Signori of Verona* where Fracastoro still stands balancing a gold ball depicting the world preventing it from falling on persons who walk underneath it. In addition there is his portrait by Titian the famed Italian painter. Possibly painted in exchange for syphilis treatment, it remains in the permanent collection of the National Gallery. Finally there is the naming of Fracastorius, a crater on the moon, almost certainly exceeding even Osler's aspirations for the acknowledgement of this gentleman and his contributions.

Osler returned for three more gatherings of the Club, the most celebrated of which was their tribute banquet, a joyous sendoff honoring their departing member on his assumption of the Regis Chair. Walls were decorated, speeches and a medallion were given, and a poem read by Weir Mitchell, old friend of Osler and Charaka Club member. This convivial tradition with dinner in black tie, followed by a presentation, and concluding with erudite discussion has survived to the present, one hundred and seventeen years after the Club's 1898 inaugural meeting.

Learning objectives:

1. Examine the history an old and enduring New York medical society, the Charaka Club
2. Discuss the history of Girolamo Fracastoro, a notable figure in the history of medicine
3. Explain the genesis of Osler's interest in this historical character and in the Charaka Club

Max Hirsch Balneologist and Rheumatologist

Eric L. Matteson

Eric L. Matteson is Professor of Medicine and Consultant, Division of Rheumatology in the Department of Internal Medicine at Mayo Clinic and has a joint appointment in the Division of Epidemiology in the Department of Health Sciences Research. Dr. Matteson's clinical and research interests are in the fields of vasculitis and inflammatory arthritis. His research agenda includes investigation into the epidemiology of these diseases.

The founding fathers of rheumatology include prominent figures such as Jan van Breemen, Robert Fortescue Fox, as well as persons better known in the United States, such as Philip Hench. The beginnings of rheumatology can be traced very directly to the science and culture of the spa, with water therapies playing an important role, particularly in Central Europe. This was especially important in Germany, where the spas had a central role in the management of rheumatic diseases, which, until the 1950s, there was very little therapy for. It is not surprising then that many of the important personages in early rheumatology came out of this tradition.

Heretofore poorly known is the work of Max Hirsch, a founder of modern German Rehabilitation Medicine and Rheumatology. Dr. Hirsch was a major figure in the creation of the Germany Society for Rheumatology and, internationally, the International League Against Rheumatism in the late 1920s.

As is so often the case, Dr. Hirsch's personal story is also the story of his time. His contributions are only recently uncovered, lost because of his Jewish heritage. The threads that Max Hirsch wove together with Jan van Bremen with so much effort were brutally ripped during the 1930s. A closer look at the works of Hirsch reveals an impressive objectivity, accuracy, and care and enthusiasm, as he campaigned for access to treatment for patients with rheumatic diseases and championed the science of rheumatology. His patriotism was a strong attribute that he pursued with great personal engagement and had its roots in his childhood as a member of a national minority in the majority Polish region he grew up in. A person of great modesty, he never placed his own contributions in the forefront and, in his texts, his fidelity, devotion, and loyalty to his teachers, supervisors, and colleagues are evident in his writings and tributes for his colleagues and predecessors.

Hirsch helped to lay a solid foundation for balneology and rheumatology by making important contributions through originating journals and publishing scientific works and commentaries. With his diverse connections nationally and internationally, he was able to strengthen the cohesion of interested experts and contribute to the recognition and inclusion of German scientists as equal partners in the international scientific community in the aftermath of World War I. Particularly for this achievement, he deserves to be mentioned for working in exemplary fashion to launch the new discipline of rheumatology in Germany and internationally in the years between 1927 and 1933.

Learning objectives:

1. Understand the historical context of the development of balneology and rheumatology
2. Describe the contributions of Max Hirsch to the science of rheumatology and formation of Rheumatology societies in Germany and internationally and their impact on the development of the discipline
3. Understand the lasting contributions of an individual seemingly forgotten in history whose achievements have a lasting legacy through today

Osler on Hemophilia

J. Mario Molina

Dr. Molina is the CEO of a multi-state healthcare company. He is a board member of the Aquarium of the Pacific, Johns Hopkins Medicine and the Huntington Library. In 2015, he was named to Modern Healthcare's list of the 100 Most Influential in Healthcare.

Osler interest in bleeding disorders dates to 1885 when wrote the section on hemophilia for Pepper's "System of Medicine." Only a few of Osler's clinical notes remain, and, until now, there were none on hemophilia. I obtained notes, in Osler's hand, of a case of a 25 year old man with hemophilia at the Radcliffe Infirmary in 1911. The patient complained of pain and swelling in his knee after minor trauma and the joint was opened. Afterward, the patient bled for two weeks. He was treated with horse serum on the 6th, 10th and 12th days after surgery and stopped bleeding a week later. The names of the surgeons are not recorded by Osler who probably was called to consult on the case.

We can trace Osler's thoughts on hemophilia from the chapters in his textbook. In the first edition, (1892) Osler defines hemophilia as a "hereditary fault…characterized by a tendency to uncontrolled bleeding." Surgery should be avoided unless the condition is life threatening. By the 3rd ed. (1898) Osler notes the "coagulation time is much retarded." In 1893, A.E. Wright reported the clotting time in hemophilia was prolonged.

Osler gives no effective remedy for the bleeding. In the 8th ed. (1912) Osler reports that direct transfusion "has a remarkable effect" and comments on the method introduced by Weil of injecting serum with good results. Weil noted that injections of serum were helpful and over a course of 20 years was able to prevent hemorrhages by monthly injections of horse serum. In the case above, the patient received three injections of horse serum over the course of 6 days, probably on Osler's advice.

In the 9th ed., (1920) he defines hemophilia as a "deficiency of thromboplastic substance…rendering the individual susceptible to severe and recurring hemorrhages." Hemophilia is "hereditary, confined to the male sex but transmitted by the female alone," and due to a relative inability to "produce a proper thrombin." He advises replacement of the missing substance by injection of serum, transfusion, or injection citrated human blood. With "obstinate bleeding…transfusion should be done."

Since serum does not contain the missing clotting factor VIII, injection of serum would not be expected to help. Payne and Steen (1929) showed that horse serum was of little value, but that citrated human blood or plasma was very effective in reducing clotting time. They postulated that chronic injection of horse serum may have induced a modest state of hypercoagulability.
Osler's knowledge of the heredity, pathophysiology and treatment of hemophilia is notable given what a small part of his textbook was devoted to the topic. It shows that he adopted the latest laboratory methods. He must have read widely and researched carefully for his textbook before indexes of the medical literature were available to be so familiar with the then current literature on a rare disease.

Learning objectives:

1. Explain how treatment evolved with better understanding of the pathophysiology
2. When, and by whom, was clotting time in hemophilia first quantified in vitro?
3. Describe how Osler's knowledge of a rare disease illustrates his wide range of reading and research

Osler's Attendance at International Medical Congresses- from Reporter to President

Michael E. Moran

Dr. Moran is the Curator for the American Urological Association's William P. Didusch Center for Urologic History. He has written extensively on history with a textbook, Urolithiasis: A Comprehensive History appearing last year from Springer. He has been moving about the country in search of an ideal urologic practice.

No Oslerian needs be reminded of Sir William Osler's devotion to medical meetings and their attendance. In 1913, at the dawn of a new age of war, Osler's life was in its characteristic heyday with the hectic schedules that prompting his leaving Johns Hopkins still very much a part of his life. But he was pursuing his own agenda in these years, delivering his famous Silliman lecture at Yale, returning to McGill for speeches, trying to reclaim the grave of Avicenna, all at the same time organizing the XVIIth International Medical Congress which was meeting for the second time in London.

The 'Baby Professor' had attended the first such Congress to meet in London between August 2-9, 1881 and had written about this amazing meeting to the physicians of Canada. Sir James Paget was the President of the Congress which was hosted and organized by Sir William MacCormack. Osler was dazzled by this meeting, as were others in attendance such as the writers of the British Medical Journal. The meeting was held at St. James' Hall, Piccadilly under the patronage of Queen Victoria and attended by the Prince of Wales (future King Edward VII). Lord Lister and Louis Pastuer had talks as did Sir Jonathan Hutchinson, Sir Samuel Wilks, Sir William Bowman, Sir William Gull, Richard Owen, Thomas Huxley, Rudolf Virchow, Moritz Kaposi, Robert Koch, Jean Martin Charcot, Richard von Volkmann, John Shaw Billings, Austin Flint and Palmer Howard. Young William Osler was most impressed by Mr. Hutchinson's Exhibition of Living Patients- which included the demonstration in live patients, rare medical conditions. *"For working purposes the Congress is divided into fifteen sections, the meetings of which took place in the rooms of the various learned societies at Burlington House and of London University, and one or two other contiguous institutions. One of the most instructive parts of the congress was the Museum, held in the Geological Society's rooms. This consisted of illustrations of disease in the living subject, as well as a large assortment of rare and interesting prepared specimens…Mr. Jonathan Hutchinson had a number of cases each morning, and his demonstrations on leprosy, rheumatic arthritis and inherited syphilis attracted large audiences. Rare forms of skin diseases were exhibited by many of the leading dermatologists. The museum specimens contained about 700 examples of interesting and rare illustrations of morbid anatomy…The walls of the rooms in which the specimens were collected were covered with coloured drawings. Among the most remarkable of these was a set of watercolours by Sir Chas. Bell, illustrating gunshot wounds seen by him at Waterloo."* Osler absorbed it all, including the opulent reception at Holly Lodge on the evening of August 8 hosted by Baroness Burdett-Coutts as well as fireworks at Crystal Palace with fire portraits of Paget, Charcot and Langenback.

Osler would become the President of the Medical Section and guiding force behind the History of Medicine pieces to the next International Congress to meet again in London in 1913, on the eve of the First World War. It was for this event that Osler started the History of Medicine section for the Royal Society and pushed for his friend, Henry Solomon Wellcome to complete and open his collection as a showcase for the congress. Wellcome purchased the site at Wigmore Street and opened the "Wellcome Historical Medical Exhibition" with a gala event on June 24, 1913. He funded other exhibits for the Congress including a now-famous booklet on *The History of Innocultaion by Vaccination*. Osler was the presence behind all of these sections during his hectic year of meetings.

Learning objectives:

1. Osler's Attendance at International Medical Congresses- from Reporter to President
2. Describe Sir William Osler's role at the XVIIth International Medical Meeting
3. Discuss how William Osler contributed to the Wellcome Museum's Opening
4. Explain the major historical speeches that were given at the Wellcome Museum's Opening

Virgil Preston Sydenstricker, M.D.

Robert R. Nesbit, Jr.

Dr. Nesbit is Professor Emeritus of Surgery at the Medical College of Georgia at Augusta University. He was Chief of Vascular Surgery when he retired in April 2000. Although he is no longer involved in patient care, Dr. Nesbit is Director of Medical Student Education for the Department of Surgery at the Medical College. He has been a member of the American Osler Society since 2003.

Virgil P. Sydenstricker (1889-1964) was Chair of the Department of Medicine of the Medical College of Georgia for 35 years. Born in Missouri, he was educated at Washington and Lee University and received his M.D. degree from Johns Hopkins University School of Medicine in 1915. He did his first two years of postgraduate training at the John Hopkins Hospital and then served with the Army Medical Corps in France. On discharge he became a resident at University Hospital in Augusta, Georgia and in 1920 he was appointed Instructor in Medicine at the University of Georgia Medical Department (which later became the Medical College of Georgia). Two years later he became Professor and Chair of the Department of Medicine. Throughout his career he was highly productive in research and publication, particularly in the areas of vitamin deficiencies and sickle cell anemia.

During WW II Dr. Sydenstricker was asked to go to England to investigate the nutritional effects on the British people of wartime food rationing. His letters home and manuscripts of lectures given about British rationing and nutrition – some of which information was later published – are preserved in the Historical Collections and Archives of the Greenblatt Library of the Medical College of Georgia. In 1944 Sydenstricker was called to active duty with the U.S, Army as a Colonel. He served with the U.N. Relief and Rehabilitation Organization and was in charge of the medical and nutritional care of 60,000 prisoners released from German concentration camps (especially Belsen). He later also worked in the Netherlands with released prisoners and conducted nutritional studies on Dutch civilians.

Sydenstricker's scrapbook of personal and official pictures related to this late war experience is preserved in the Greenblatt collection.

This talk will deal primarily deal with Dr. Sydenstricker's wartime nutritional studies in England.

Learning objectives:

1. Discuss the early career of Dr. Virgil P. Sydenstricker and how it prepared him for his WW II responsibilities
2. Describe how food rationing worked in England during WW II
3. Explain how WW II food rationing affected the health of the British people

"Brotherhood" in Medicine? Refugee Physicians in the United States 1938-1945

Rimma Osipov

Rimma Osipov is currently completing an MD/PhD program in the Medical Humanities at the University of Texas, Medical Branch in Galveston, TX where she is a student scholar with the McGovern Academy of Oslerian Medicine. She has previously presented at AOS as well as at multiple national conferences in the History of medicine and the medical humanities. Her dissertation, which she defended in August of 2015, looks at the roles of International Medical Graduates in the US healthcare system through historical research and qualitative analysis. Next year she will begin her residency in Internal Medicine.

The consummate International physician, William Osler famously inveighed against protectionist professional barriers set up between states and nations. He argued for "denationalization of the profession" and the "ready reception of good men from the old countries." In his view, the profession of medicine was a "sort of guild or brotherhood any member of which can take up his calling in any part of the world and find brethren whose language and method… are identical to his own." In the United States, Osler's exhortations to internationalism were sorely tested beginning in the late 1930s, when approximately 5000 refugee-physicians, many of them Jewish, sought asylum from growing Nazi power in Germany and Austria. Feeding off post-Great depression fears of professional competition, and inter-war anti-immigrant sentiments, many local, national, and state medical societies were quick to erect citizenship requirements and other barriers to their new European colleagues, claiming that they were poorly trained and dangerous. These physicians eventually garnered a few vocal supporters, however, who advocated for their legitimacy and echoed Osler's ideals of international brotherhood among physicians. This presentation focuses on the work of two different physicians involved with this movement. The first is David Lynn Edsall, retired Harvard president, chair of the Boston Committee for the Resettlement of Foreign Physicians and spokesperson for the movement. The second is Meyer Bodansky, a Texas pathologist who fought for his colleagues in his home state. Along with reassuring the public and the medical profession about the competence of these physicians, both of these advocates made larger moral claims to solidarity and social responsibility among physicians, and challenged what Osler in a prior decade had called "a cursed spirit of intolerance," in powerful entities within the medical establishment such as the AMA. The work of the Boston committee ultimately laid the groundwork for acceptance of future groups of refugee physicians, from Cuba in the 1960s, and Vietnam in the 1970s. This history also begs broader questions, however, of what we owe to displaced professional colleagues and refugees in general in an era when these questions have once again come to the forefront.

Learning objectives:

1. Understand the history of refugee physicians in the United States before and during World War II
2. Discuss the moral and ethical questions embodied by refugee physicians
3. Apply this history and prior Oslerian perspectives to contemporary physician-migrants

Alligators, Maude Abbott, and the Holmes Heart

Clyde Partin, Jr.

Struggling poet, aging athlete, medical essayist, and historian of medicine might describe my non-clinical activities. After six years as a flight surgeon in the USAF, I am now in my 24th year of teaching and practicing internal medicine at Emory University. For the last three years, I have been director of the Special Diagnostic Services Clinic, an enterprise devoted to evaluating patients with illnesses and symptoms of unknown origin.

The richly metaphorical literature of the heart has no story more compelling than that of the Holmes heart, first described in 1824 by Dr. Andrew Fernando Holmes, Dean of the Faculty of Medicine at McGill University. In a meeting before the Edinburgh Medico-Chirurgical, Holmes reported on and later published the autopsy findings of a twenty-one-year-old patient, who was of: "delicate habit had been affected from infancy with a palpitation of the heart, attended by a peculiar blueness of the cheeks and lips." The illness that "terminated his existence commenced on the 13th of January." Records describing his clinical course and his ultimate demise in the early morning of February 9th, suggest cyanotic heart disease and biventricular heart failure. Autopsy revealed that the "right ventricle was much less than natural," thus to use the term biventricular heart failure seems anatomically dissonant in association with the univentricular (Holmes) heart. Holmes's article revealed a remarkable understanding of cardiopulmonary pathophysiology.

The term "Holmes heart" came into use when Dr. Maude Abbott chanced upon an unlabeled cardiac specimen in 1899 while as assistant curator she was reorganizing the McGill Medical Museum. Curious, she wrote to William Osler who told her of the heart's provenance and directed her to Holmes's 1824 article. Abbott added her own observations to Holmes's article and re-published it in 1901 in the *Montreal Medical Journal*. Her experience with the Homes heart was likely a main catalyst to her long and distinguished career studying congenital heart disease. This presentation will trace the development of thinking on the pathology of the univentricular heart, touch on cardiac evolution, and remember the key physicians involved in the saga of the Holmes heart. Of particular interest is the relationship of the Holmes's heart to the *Crocodilian* heart, often described erroneously as univentricular. In 1833, the Italian Bartolomeo Panizza published a comprehensive treatise on the crocodilian cardiovascular system, which is anatomically biventricular but can be functionally univentricular. His delineation of what would come to be eponymously identified as the foramen of Panizza, connecting the right and left aortas, attests to the complexity of anatomical and physiological cardiac evolution. Nearly two centuries after its introduction, the Holmes's heart is still beating.

Learning objectives:

1. List and define the roles of the people (Holmes, Abbott, Osler, Panizza) involved in the legend of the Holmes heart
2. Explore the convergent evolution of the heart, especially in regard to the ventricles and the pathophysiology of the univentricle
3. Define the foramen of Panizza and understand its functional role in *Crocodilian* cardiac physiology and the "univentricular" heart

Leading the Larger Medical Life: Frances Van Gasken, MD of Philadelphia

Steven J. Peitzman

Steven J. Peitzman is professor of medicine at Drexel University College of Medicine, where he practices and teaches nephrology and history, and works with students at a night clinic. His historical interests include past ideas about kidney disease, women in medicine, and medicine in Philadelphia. He joined AOS in 2002.

One encounters proposed examples of "professionalism" that range from hand-washing to profound acts of altruism and sacrifice. We in the AOS associate the concept of "professionalism" with the values and conduct of William Osler, though the term was likely not used in his age. I offer the life's work of Frances Vas Gasken, a name no doubt unfamiliar to Oslerians, as another example of the admirably conducted life with medicine at its core.

She was born in Smyna, Delware in 1860 and died in Philadelphia in 1939. Van Gasken graduated from the Woman's Medical College of Pennsylvania in 1890 and long remained loyal to the school and its alumnae. She became one of the earliest female interns at Philadelphia General Hospital, alas just after Osler departed. While beginning practice, she served for several years as resident physician at the College Settlement of Philadelphia, the city's Hull House, in the crowded immigrant and African-American district. There she realized that decent housing and sanitation probably would mean more to the well-being of her patients than the drugs she dispensed. She prompted the founding of the Octavia Hill Association to provide clean and affordable housing. A lecture she gave in 1895 led to important housing legislation in Pennsylvania. She also worked as an assistant inspector for Philadelphia's board of health. In 1896 she began her long tenure as a faculty member at her alma mater, with a special interest in physical diagnosis, and joined the staff of the Woman's Hospital of Philadelphia. She became Professor of Clinical Medicine in 1917. Eager to further the effectiveness of WMCP, in 1902, with funding from its Alumnae Association, she visited the major teaching hospitals in England and "walked the wards" with notable British physicians – this made possible through letters of introduction from American counterparts, including Osler. Though many prominent women physicians of the nineteenth and early twentieth century eschewed politics and suffrage, Dr. Van Gasken wore a "votes for women" button when teaching her classes. But she went beyond buttons: she was physician to the radical suffragist and often-arrested Alice Paul, and protested her treatment to President Woodrow Wilson.

Why should we care about this career? First, it displays how the highest service in medicine may demand going beyond medicine. Historically, Van Gasken's life also reveals some ways in which a woman doctor combined medicine with other then characteristic forms of women's public work, ie "municipal housekeeping." Finally, additional worthy "role models," from the past or present, should always be welcome and made known to students.

Learning objectives:

1. List how Frances Van Gasken's life reveals linkages between medicine and new public roles for women in the Progressive Era
2. List several limitations imposed by gender on the woman physician of the period 1890 – 1930
3. Discuss the need for the medical student or physician to work outside of medicine to further health – is this a valid expectation?

William Osler and Friedrich von Müller - A Transatlantic Friendship

Claus A. Pierach

Claus Pierach is Professor of Medicine, now working in the Program in the History of Medicine at the University of Minnesota, Minneapolis. He knows porphyria, was a full-time clinician until recently, and still enjoys teaching.

In the early part of the last century high quality education in clinical medicine came to be recognized for its importance to the proper practice of medicine. Two giants in this field evolved as superb bedside teachers, William Osler (1849-1919) on the North American continent and Friedrich von Müller (1858-1941) in Europe. Both influenced the course of medicine with important textbooks that went through many editions. Both men were broadly educated in science and in the humanities and served in a variety of medical institutions where they became beloved teachers and superb clinicians. Müller also had a highly productive laboratory at the university in Munich, attracting numerous researchers, among them J. Waldenström, C.J. Watson, S. Thannhauser and H. Fischer (who later received a Nobel Prize). Müller is recognized for outlining the difference between nephritis and the nephrotic syndrome. Both Osler and Müller are also eponymously remembered.

Their capacity for friendship became legendary, meeting at a variety of medical congresses and sharing similar educational ideas about full-time physicians as teachers in medical schools. Müller was asked to give his opinion at a royal commission in London where he spoke about his opposition to the "whole-time scheme". It is conceivable that Osler, of similar opinion, was behind this invitation. While in Oxford the Müllers stayed at Osler's home.

One of Müller's daughters volunteered during World War I, as Osler's son served in the army. Both Osler and Müller visited the front lines. In the midst of the war (1915) Osler wrote to Müller about the wounded German soldiers whom he treated: "They are the nicest fellows." The depth of their friendship was evidenced by the letter from Müller that Osler's son carried with him during the war, in case he would be captured by the Germans. When Müller wrote an obituary for Osler in 1920 he grieved that Osler would have been the one who could have restored the good connections between German and Anglo-American medicine. Their friendship was highlighted in a 1955 editorial in the New England Journal of Medicine accompanying a short article on Müller.

The friendship between Osler and Müller demonstrates the capacity of medical minds to transcend borders even in the midst of war. In that sense both were Médecins Sans Frontières.

Learning objectives:

1. Identify the similarities and the differences between two great physicians
2. Question the role of full-time physicians in teaching medicine
3. Realize the importance of bedside teaching

WILLIAM B. BEAN STUDENT RESEARCH AWARD LECTURE

Health and Security: Examining Medical Service to Negev/Naqab Bedouin 1948-1966

Na'amah Razon

Na'amah Razon received her PhD from the Medical Anthropology program at the University of California, San Francisco and Berkeley. She is now completing her medical studies at UCSF. Her research examines citizenship and health care reform in Israel.

In 1948, 11,000 Bedouins, a minority group classified within the broader classification of Palestinian, found themselves residing within the boundaries of the newly established state of Israel. These Bedouins, who historically lived in the Negev/Naqab region (the southern part of what became Israel), were granted Israeli citizenship in the early 1950s. Nonetheless, they remained interned within southern military rule until 1966. This talk focuses on the health care services allocated to the Bedouin during military rule. I draw on archival material from Israel Defense Forces, the Ministry of Health, and the Tuviyahu Archive of the Negev to examine how discourses of rights and obligations, citizen and enemy come to be negotiated during this period and how these conflicting relationships translated into what and how medical care was allocated. Tensions during this period set the stage for the current tenuous relationship between Bedouin citizens and the Israeli state. Examining the dynamics of the tensions, provide a lens to understand the contemporary landscape of healthcare in southern Israel.

Learning objectives:

1. Understand the distribution and impact of the southern Military Rule on Bedouin community between 1948-1966
2. Gain insight into the challenge government officials faced in allocating medical care to Bedouin citizens within the Military Rule
3. Understand the long term links between medicine and military established during this time period

Old Wisdom is New Wisdom: What Kind of Ethics Would Osler Teach in 21st Century Medical Training?

E. Samuel Roberto

Dr. Roberto is a young and active member of this society, having spent over 140 hours researching and writing about Osler last year during his fourth year of medical school. Prior to entering medical school, he studied Philosophy and Humanities abroad at the prestigious Oxford University in Oxford, England. He is currently a resident in Internal Medicine at Wright State University in Dayton, Ohio, and, inspired greatly by our dear friend Osler, he is earnestly pursuing a life in academic medicine.

Despite advances in medical education, over sixty percent of medical students continue to report a degree of erosion in their ethical principles and ideals by the end of medical school. To date, medical ethics education has focused disproportionately on outward behavior as the basis of professionalism (i.e. The Physician Charter). Moral apathy, duty-fulfillment, and behavior-based training have eclipsed the importance of character– this is increasingly recognized in the literature. There is concern by medical faculty whether or not students are learning to fake outwardly ethical behaviors, while missing the core of professional conduct.

Medical professionalism education continues to be an important cornerstone of training. Medicine faces tough moral questions, as a new millennium of technology and changing practice opens a Pandora's box of changes. In light of this it is increasingly essential that medical educators fortify the training of coming generations in '*The Guild'* in regards to the professionalism and character of its members. Spoken or unspoken, ethics both reflect and inform our professional direction as physicians. In facing the challenging educational landscape, we will do well to look for wisdom from one of the greatest forerunners of modern medicine.

Osler educated students towards a compassionate, wise, and patient-centered practice of medicine. He emphasized the virtue of humility, of "a reverence for truth and high ideals". Osler's descriptions of virtue agree with modern bioethicists' definition of virtue ethics, such as altruism, fidelity, courage, compassion, effacement of self-interest, honesty, justice, and humility. All are central to the inherently moral understanding of a Physician's true 'Professionalism'. Virtue ethics is self-symmetrically balanced, emphasizing the behavioral outworking of inner virtues while simultaneously prioritizing inner moral development. Furthermore, current research confirms what Osler understood all along from bedside teaching– that experiential training is superior to a didactic-only, lecture-based delivery of knowledge. Yet despite this knowledge, few medical schools have a structured, integrated medical ethics component integrated into the clerkship years.

The formation of medical professionalism can be uniquely strengthened by virtue ethics' priority upon character, fostering a true and inner professionalism. Osler recognized that while humility and the virtues may appear "old-fashioned", they are necessary and protective of the physician's character. The culture of medicine will shift as the language, didactics, and training of its practitioners change. In conclusion, professionalism and ethical training in the 21st century can be uniquely strengthened, if we rediscover the wisdom in Osler's teaching, and way of life. Old wisdom may indeed be our new and necessary wisdom.

Learning objectives:

1. Recognize the current situation of professionalism and ethics in medical training
2. Identify possible solutions informed from Osler's way of life and teaching acumen
3. Outline methods of application to medical education of professionalism today

Medical Self-Regulation, the Joint Commission, and the Vanishing Hospital Autopsy

Harold Sanchez

Harry Sanchez is Associate Chief of Pathology at the Hospital of Central Connecticut, Assistant Clinical Professor of Laboratory Medicine at the Yale School of Medicine, and Associate Clinical Professor of Pathology at the Frank Netter School of Medicine. He is the current vice-president of the Beaumont Medical Club.

In the early 1950s, an average of half of all patients who died in US hospitals came to autopsy, and a hospital's autopsy rate was seen as a reflection of its commitment to quality care. Autopsy rates waned gradually through the fifties and sixties for a variety of reasons, but the Joint Commission (JC) hospital accreditation standards ensured that at least 20% of hospital deaths received an autopsy. Then in 1971 as part of sweeping changes to its standards, the JC rescinded its numerical benchmark and instead decided to allow each hospital to establish its own autopsy policy; i.e. it went from upholding a minimum standard to adopting the honor system.

Archival and published records suggest that the JCAH felt confident that their new policy would not dramatically affect the autopsy rate and that any loss in the quantity of autopsies would be offset by the improved quality of those undertaken. The last forty years have shown this confidence to be completely unfounded.

This presentation will look at the political, financial, and professional factors that influenced the 1971 JC decision. This historical vignette is offered as an illustration of the potential shortcomings of self-regulation without outside oversight, no matter how well intentioned.

Learning objectives:

1. Gain an enhanced appreciation for the power of a historical perspective of medicine in explaining current medical practice and shaping future medical policy
2. Become familiar with the data that demonstrates the untapped potential of the autopsy as a quality control measure and with the non-data driven factors that limit its use
3. Identify some of the potential pitfalls of self-regulation as a means of quality control and appreciate the importance and rarity of impartial external review

Jean-Martin Charcot: Contributions in Rheumatology

George Sarka

George Sarka is an Associate Clinical Professor of Medicine at UCLA; Multispecialist at the California State University, Northridge; President of the California Neurological Society, Past Governor of the ACP, Past President of the LA Neurological Society and a Diplomate in 11 subspecialties. He received his MDCM from McGill University in 1980, MPH/DrPH from UCLA in 2003/2013.

Professor Jean-Martin Charcot is considered by many historians to be the father of modern neurology, not unlike that of Sir William Osler who is considered the father of internal medicine. Yet many are unaware that Charcot was also a pioneer in arthritis/rheumatology and its overlap with neurology as supported in the following quotation by Charcot:

"We should think of arthritis as a tree whose main branches are gout, rheumatism, certain migraines, skin rashes, etc. On the other hand, the neurological tree has for its branches neurasthenia, hysteria, epilepsy, all the types of mental conditions, progressive paralysis, gait ataxia, etc. The two trees live side by side; they communicate through their roots and they interrelate so closely that one may wonder if the two are not the same tree. If you understand this concept, you will appreciate what occurs in most neurological conditions; without this understanding, you will be lost." – Charcot, LM, Dec. 6, 1887, p.74.

Charcot began his medical studies in rheumatology by defending and publishing his MD thesis in 1853 on the differences between gout and progressive chronic rheumatism (rheumatoid arthritis). He analyzed the mechanisms of deformities of such joints and illustrated these deformities with his own drawings. He also performed autopsies in 6 cases describing both the synovial inflammation and cartilage ulcerations associated with this affliction and calling it—"*chronic articular rheumatism*". He was the first to describe a case of rheumatoid pericarditis. In 1863, he studied the relationship between gout and the kidney and even investigated the possible connection to lead. He also noted the high uric acid of gout and the effectiveness of colchicine in the treatment of gout.

In 1867, Charcot began his "Clinical Lectures on Senile and Chronic Diseases" at the Salpêtrière Hospital in Paris, many of which focused on rheumatic diseases including the following: gout; nodular rheumatism; acute, chronic and partial chronic articular rheumatism; Heberden's nodosities; rheumatic fever as well as their systemic involvement and treatment. These lectures were published in 1881.

In 1868, he began to study neuropathic joints and in 1881 discussed the condition at the 7th International Medical Congress in London as ataxia with arthropathy ("locomotor ataxia") being associated with tabetic arthropathies, known today as Charcot joints. In 1890, Charcot described "hysterical zones" overlapping perfectly with fibromyalgia tender points.

Although Charcot is mainly known for his neurological contributions in medicine, his early career started with an interest in rheumatic diseases. It was his keen insight and observations, talent in drawing, great visual memory and his exceptional basic and clinical research skills that enabled him to make significant contributions to rheumatology and neurology.

Learning objectives:

1. Augment the participant's knowledge of the early rheumatologic interests of Charcot
2. Examine and discuss the numerous contributions of Charcot in the field of Rheumatology
3. Explain Charcot's tree analogy for arthritis and neurology.

"The Man Sitting" or the Beginning of Actinography at Johns Hopkins

Stephen I. Schabel

Dr. Schabel is a 1968 graduate of Washington University in St. Louis and a 1972 graduate of the University of Chicago Pritzker School of Medicine. After completing residency in Diagnostic Radiology at the University of Rochester he joined the faculty of the Medical University of South Carolina in 1976 where he is currently Professor of Radiology. He has a longstanding interest in medical history and has served as president of the Waring Library Society and lectures on medical history to the medical students annually. He was elected as a senior member to the Halsted Society in 2014.

Actinography (from the Greek – actino– ray + graphy – picture) is a synonym for radiology or Roentgenology and Dr. Henry Hurd , Hospital Superintendent, preferred it , so radiology was actinography at Johns Hopkins Hospital until his retirement 1911. The discovery of x-rays by Roentgen in November 1895 and the rapid acceptance of the new technology by physicians in Europe and North America was remarkable. Harvey Williams Cushing M.D. while still an intern at the Massachusetts General Hospital became an early advocate, even purchasing his own x-ray apparatus in 1896. When he came to Johns Hopkins to begin surgical training with Halsted he brought his x-ray unit and was the hospitals radiologist until 1899. After that the first year surgical trainee had the responsibilities as Actinographer.

Frederick Henry Baetjer (M.D. 1901 Johns Hopkins) after a year as intern in Medicine under Osler began surgical training with Halsted . One of Halsted's most important lasting legacies was founding of surgical (medical) specialties and subspecialties. In 1902 Baetjer was appointed by Halsted as Assistant Surgeon and Chief of Actinography – the chief of the new specialty of radiology. After European training with Albers Schonberg in Hamburg, Baetjer returned to Baltimore where he spent the rest of his professional life. He was an early and respected leader of radiology in the US and a beloved teacher of students at all levels and teaching many of America's first generation of radiologists.

Unaware of the dangers of x-ray exposure, Baetjer like many early radiologists suffered progressive damage mostly to his hands. Of the "Martyrs " he was the most remarkable, eventually losing all of his fingers except the left thumb, and his right eye to radiation damage, and undergoing over 100 operations. Like many early radiation workers Baetjer and his wife suffered from decreased fertility.

Learning objectives:

1. Evaluate the chronology of the development of radiology from discovery until clinical use in diagnosis
2. List common manifestations of radiation injury in early radiation workers
3. Discuss radiology as a 19th century surgical subspecialty

Richard Bright's Accounts of Inflammatory Diseases of the Brain in the Light of Early 19th Century Concepts of Inflammation

Henry S. Schutta

Dr. Schutta is the Detling Professor of neurology (emeritus) at the University of Wisconsin, Madison and Clinical professor of neurology at Loyola University School of Medicine, Chicago.

Richard Bright maintained that the principal causes of diseases of the brain may be ascribed to inflammation, interrupted function and irritation and he divided his cases of brain disease accordingly. Bright recognized that these factors frequently co-existed in various proportions but he considered this arrangement to be a practical way to determine the dominant pathological condition in each case which he believed would aid in devising the most appropriate treatment. The cases included in this section are of a diverse nature. Bright admitted that in some instances the symptomatology and autopsy was not consistent with inflammation.

The rationale for Bright's selection of cases for this section is puzzling unless theories of inflammation that were current in the early decades of the 19th century are taken into account. The medical doctrines prevalent in Bright's time were *"made up of a heterogeneous compound of humoral, chemical, mechanical and mathematical notions"*. The dominant theory that was prevalent at Bright's time and which *rested almost exclusively upon mechanical principles* originated with *Boerhaave"*. The modifications that followed adhered to his notion that inflammation was predicated on an alteration of blood flow in the capillaries.

Bright's section on inflammatory brain diseases contains cases that would not currently be considered to be caused by inflammation, which does not detract from the reality that many of his observations contributed to the foundations of scientific medicine developed later in that century.

Learning objectives:

1. Understand the notions of inflammation prevalent in the early years of the 19th century and the reason for Bright's inclusion non-inflammatory cases in the section on Inflammation in his Reports of Medical cases
2. Assess the Fathers of Nephrology role in the early phases of the birth of Neurology
3. Explain how Boerhaave's mechanical principles influenced Bright's theory of brain disease

The Art of Eponymy: Pure Water in a 'Dry Age'

Nadeem Toodayan

Nadeem Toodayan is a resident medical officer from Brisbane, Australia, with a strong interest in medical history and Sir William Osler. He traces these interests to an early fascination with eponymous medical terms in medical school, and has written and presented widely on these subjects.

The practice of applying personal names to medical entities is a historical art form. Rooted in the time honoured reward traditions of institutionalized science, the eponymous system of medical nomenclature became ever more popular in the late 19th and early 20th centuries, when Anglo-Saxon, French, and other continental practitioners adopted and advanced it as a respectable form of recognition in medical circles. The development, maintenance, and evolution of eponymous medical terminologies over the past century makes for an interesting historical study, and may provide more pertinent perspectives when considering the ongoing applicability of such terms in modern medicine today.

In the western world at least, early vestiges of modern eponymy can be traced back to the writings of the Linnaean botanists and nosologists who first developed the more sophisticated taxonomies and classifications that allowed for eponymous terminologies to appear. Selected eponyms however, predate even these advances, and it is interesting to note that one of the oldest medical eponyms in history – *Syphilis,* introduced by Fracastoro in the year 1530 – is also one of the most enduring. Aside from such isolated cases, the wider adoption of eponymy in medicine appears to have been a more protracted and precarious matter, although the honouring practices of physicians at the turn of the century highlights something of a golden age for their origins and usage.

William Osler (1849-1919), a shining star of late 19th century international medicine, embraced and embellished the eponymous system of medical nomenclature with full approval. We know this from reading his medical works and advice to his students. Osler's *Principles and Practice of Medicine* is thronged with eponymous signs, syndromes, and treatments, some of which were entirely novel in name and introduced by the author himself. It is not surprising then, that contemporary and future generations of practitioners would go on to emulate (and even exaggerate) the eponymous practices of their revered master – there are no less than fifteen historical and currently used 'Osler eponyms' in medicine; all but one honour Osler's contributions to modern medicine. Osler's Francophilia, charitable disposition, love of history, medical brotherhood, and humanism, present likely reasons for his almost natural adoption of the eponymous system of medical nomenclature.
The '*dry age*' which Osler predicted in 1897 – *'when the great men of the past are held in light esteem'* – is a current reality in many schools and hospitals of modern medicine. The art of eponymy, which served to enhance and elevate one of the greatest practitioners of the modern era, may well prove a potent antidote to this aridity, and, with the careful refinement and preservation of classical medical eponyms like those that honour Osler himself, may aid in the arrival of a 21st century renaissance in Oslerian medicine.

Learning objectives:
1. List early references to the practice of eponymy in medicine
2. Discuss the role of eponymy in William Osler's own work and ongoing legacy, with some reference to the practices of his contemporaries and successors
3. Identify the potential for well-established and classical medical eponyms to kindle and re- ignite Oslerian ideals in modern medical practice

The Sioux Falls South Dakota Typhoid Epidemic of 1885: Lessons in Politics and Public Health

Henry Travers

Dr. Travers is the historian for the South Dakota State Medical Association and has served in leadership positions in the College of American Pathologists and the World Association of Societies of Pathology and Laboratory Medicine.

In the winter of 1884-5 an epidemic of 133 cases of typhoid fever erupted in Sioux Falls, South Dakota, then a community of 5,000 people. The outbreak involved particularly the city's hotels and followed a freeze-thaw weather cycle that also characterized a similar outbreak in Plymouth, Pennsylvania that same year. Most physicians believed that runoff from the thawing snow added to a "washing out" of the basins of the Big Sioux River in the city, falsely reassuring themselves and their patients that the initial cases of *winter cholera* or typhoid would be isolated. Physicians' misconceptions about typhoid – a disease held by some to be a variant of typhus – were at the center of this misinformation.

The city, just two months prior to the epidemic, had opened a water works contracted for by the City Council in April 1884. Distributed through cast iron mains, the water, according to the South Dakota Water Company, came from a spring-fed well north of the city. The contract with the city specified neither the origin of the water nor any definition of its purity. A month after the epidemic began; Dr. Samuel Augustine Brown's observations of his patients led him to warn the public that the source of the contagion was the city's water supply.

Dr. Brown's warning, reported in the *Sioux Falls Daily Press*, was contested by the newspaper itself (the reporter took a poll of other Sioux Falls physicians and could not find one who would support Brown's claim), the South Dakota Water Company, the city's thirteen other physicians and the City Council. Unlike most of his colleagues, Dr. Brown accepted the germ-theory of disease and recognized the discovery in 1880 of the causative organism of typhoid. What he did not know at first – and endured criticism in print and in public forums because of it – was exactly how the organism got into the water supply.

It took the death, at age 32, of City Council member Charles Scarff Bowen from typhoid for a reluctant Council to hold a public hearing at which Brown presented evidence that the South Dakota Water Company, contrary to its previous representations, drew its water from the Big Sioux River at a location downstream from where city sewers emptied into it. At that same meeting, the South Dakota Water Company superintendent requested the Council to close access to their water, a request that was not made public by the *Sioux Falls Daily Press* until 2 days later.

With the spigots (called "hydrants" at the time) turned off, the epidemic faded in the early days of March 1885. The Council, in righteous indignation, claimed ignorance of the city's water source and resulting litigation was eventually decided by the US Supreme Court. The city's physicians, nursing their professional wounds as scientific medicine began to extinguish their long-held ideas about communicable disease, held their own "court" for Dr. Brown in 1886.

Samuel Brown's care for his patients, his community, and ultimately his colleagues and his profession exposed a hornet's nest of misinformation, professional conflict and perhaps even fraud. The history of this epidemic underscores issues of public health at the intersection of medicine and politics persisting to our present day, where science may be subverted for personal gain through a cooperative, if ignorant, media. Fractious physicians, caring more for their reputations than their patients, betrayed, along with elected officials and corporate representatives, a broad public trust.

Learning objectives:

1. Describe the predominant theories of the spread of typhoid fever prevalent in 1885
2. Describe the 1885 interplay of quackery, public views of stagnant medical progress, journalistic bias, vested economic interest(s) and the politics of public policy on public health decisions
3. Explain why typhoid and typhus fevers continued to be confused after 1880

The Ear Does Not Hear What the Mind Does Not Know

Jay A. Van Gerpen & Craig T. Pastuck

Dr. J.A. Van Gerpen is a neurologist who was educated at Vanderbilt, University of Virginia, Mayo Clinic and Oxford. A Fellow of the American Academy of Neurology and the Royal Society of Medicine, he is a subspecialist in movement disorders.

In his magisterial "The Principles and Practice of Medicine", Sir William Osler describes "Hysteria" within Section VIII, "Diseases of the Nervous System", and defines, following Möbius, as, "A state in which ideas control the body and produce morbid changes in its functions". Osler divided Hysteria into "convulsive" and "non-convulsive" types. Today, these are categorized as "somatoform disorders", and often do manifest with neurological symptoms and signs. As in Osler's day, they are perceived to be secondary to psychological disturbances, and as such are distinguished from "organic" diseases.

Mirroring Osler's division of Hysteria into two groups, neurological somatoform disorders present as non-epileptic seizures or otherwise, with the second group represented by various movement and gait disorders. The latter are designated "functional movement disorders" (FMDs) and often entail voice disturbances of various sorts. A diagnosis of a FMD is based on the presence or absence of various phenomena and is, therefore, not one of exclusion. For example, the celebrated English neurologist, Sir William Gowers, asserted in his "Manual of Diseases of the Nervous System" that, a "limping, genuflecting gait" is never due to organic illness, and this observation remains unrefuted.

In his description of "visceral manifestations" of hysteria, Osler includes various "laryngeal manifestations" the most common being "aphonia". In a recent study, Baizabal-Carvello and Jankovic confirm that this is accurate. However, current understanding of functional dysphonias indicates that, another group of sounds are highly indicative of organic disease: namely, "the hysterical cries" that "mimic the sounds produced by animals, such as barking, mewing, or grunting", which Osler catalogued as typical of Hysteria. These are now classified as simple vocal tics and are common in Tourette's syndrome.

At the outset of his text, Osler quotes Hippocrates: "Experience is fallacious and judgement difficult." Further, in his discussion of Hysteria, he writes, "Difficulty in diagnosis may be very great". This is undoubtedly true; however, the recognition of signature phenomena renders it less so. Thankfully, many fine clinicians have heeded another Osler aphorism; namely, to "Observe, record, tabulate, communicate. Use your five senses. Learn to see, learn to hear, learn to feel, learn to smell, and know that by practice alone you can become an expert."

Learning objectives:

1. Compare the "Hysteria" of Osler's time with "Somatoform Disorders" of our own. How have these concepts changed? How have they not?
2. Explain how certain phenomena aid in the diagnosis of functional versus organic movement disorders
3. Evaluate Osler's observation that, "Medicine is a science of uncertainty and an art of probability"

WILLIAM B. BEAN STUDENT RESEARCH AWARD LECTURE

Women in Antebellum American Bedside Medicine: A Study of Cases

Judith Vick

Judith Vick is a medical student at the Johns Hopkins University School of Medicine. Prior to med school, she worked for Barnard's Writing and Speaking Programs, the Massachusetts General Hospital Center for Women's Mental Health, and at Dana-Farber Cancer Institute in collaboration with Ariadne Labs, a joint center for health systems innovation at Brigham and Women's Hospital and the Harvard School of Public Health. Recently, she has been working as a student-in-residence at Hopkins, conducting history of medicine research on the history of gender in American medicine and also working as a research assistant with Dr. Jennifer Wolff in the Department of Health Policy and Management at the Bloomberg School of Public Health and with Dr. Jeremy Greene at the Institute for the History of Medicine.

In the twenty-first century, we often use genetic explanations to explain what makes a woman a woman and a man a man. Two X's – female; X and a Y – male. In the nineteenth century, this explanatory framework did not exist, but others certainly did. This project explores the question: How did nineteenth-century American medical practitioners understand sex differences, as evidenced by case histories published in American journals? In narratives of patients with anatomical ambiguities such as abnormal external genitalia, many nineteenth-century physicians claimed the ovary as the feature that defined a woman, akin to the XX chromosome today. Many writers connected "feminine" qualities, such as sexual appetite; feminine countenance; and the "catamenial effort," as derived from the ovaries. However, other authors did not consider the ovary definitive, and relied more heavily on social evidence to determine a patient's "true sex."

Historian Alice Dreger has analyzed the creation of a science of sex difference in Europe (naming the late 19th century the "age of the gonads") and Elizabeth Reis has examined the treatment of hermaphrodites in the United States. My work builds on this scholarship, exploring how individual American practitioners negotiated sex difference at the bedside and how they represented those encounters in case narratives. As Steve Stowe has demonstrated, cases are a rich source for examining the deployment of medical knowledge – and antebellum American journals are replete with such narratives. Reading such cases closely, I explore how doctors struggled with extraordinary patients who did not look as textbooks predicted; gain some insight into the nature of the patient-practitioner relationship; and glean some understanding of the patients' perspectives. By better understanding nineteenth-century categories of womanhood, patienthood, and physicianhood, I hope to sharpen our understanding of what it means to be a woman, a patient, and a physician today.

Learning objectives:

1. Characterize the social contexts within which 19th century medical knowledge about sex difference was created at the bedside
2. Recognize that the defining features of femininity, as defined by medical practitioners, have changed over time
3. Identify features of nineteenth-century case narratives that illustrate how physicians "wrote themselves" into their records of patient encounters

Man is Not the Only Medicine-Taker: The Use of Medicinal Plants by Wild Chimpanzees and Its Implications for the Origins of Human Herbalism

L. Lewis Wall

L. Lewis Wall is the Selina Okin Kim Conner Professor in Arts and Sciences for Medical Anthropology at Washington University in St. Louis. He is Professor of Anthropology in the College of Arts and Sciences and is also Professor of Obstetrics and Gynecology in the School of Medicine. His interests include the ethics of medical innovation (particularly surgical innovation), women's reproductive health problems in sub-Saharan Africa (especially obstructed labor and obstetric fistula), challenges in menstrual hygiene management for adolescent girls in developing countries, and the problem of how to cultivate compassion in modern healthcare systems.

Sir William Osler used to remark that the distinguishing feature of humankind was that we were inveterate medicine-takers: "…man has an inborn craving for medicine," he wrote. "Heroic dosing for several generations has given his tissues a thirst for drugs. As I once before remarked, the desire to take medicine is one feature which distinguishes man, the animal, from his fellow creatures. It is really one of the most serious difficulties with which we have to contend. Even in minor ailments, which would yield to dieting or to simple home remedies, the doctor's visit is not thought to be complete without the prescription." In Osler's view, perhaps stated partly tongue-in-cheek, the desire to take medicine was a characteristic that set mankind apart from the rest of the animal kingdom. This view was derived from contemplation of patients in the clinic and thoughtful reflection in the privacy of his study, not by ethological observations in the wild. At various other times and places, "the characteristic" which sets humans apart from other animals has been said to be the use of tools or the use of language. We now know that chimpanzees make frequent use of tools and transmit such knowledge through local cultural patterns. We also know that chimpanzees have hitherto unexpected capacities to communicate and to use language. It has also become apparent over the last 25 years that chimpanzees ingest medicinal plants for non-nutritive, therapeutic purposes, especially in response to parasitic infections—a clear example of "medicine taking." The presentation will review the ethological data on chimpanzee behavior from which these observations are taken and will offer some speculations concerning the origins of herbalism among humans. The data, taken together, demonstrate that rather than being a unique exemplar of medicine-taking, the behavior of *Homo sapiens* has deep evolutionary roots which we share with our closest biological relatives, even though our own "medicine-taking" behavior is more florid, more highly developed, more contentious, and more effective.

Learning objectives:

1. Describe patterns of the use of medicinal plants by chimpanzees
2. Explain how these behavioral patterns differ from normal food foraging by chimpanzees and why they can be considered "medicine taking
3. Examine the implications for these behaviors for the evolutionary origins of herbal medicine among our earliest hominid ancestors

From Oxford to the Bronx – John Brett Langstaff (1888-1985)
High Society, Low Society and Charity

John W. K. Ward

John Ward is a retired family doctor with a lifelong zest for medical history. A fellow of both the RCPEdin and the RCGP he is a past president of both the British Society for the History of Medicine and the Osler Club of London. He has lectured widely in Britain, France and North America on medical history, family medicine and Johnsonian Subjects. He was chairman of the LAC for AOS Oxford 2014.

John Brett Langstaff is best known to Oslerians as the author of "Youthful Recollections", the essay he contributed to the JAMA WO Commemorative Issue of December 22nd 1969. To other doctors his biography "Dr. Bard of Hyde Park", published in in 1942 may be more significant. However his own long life is worthy of study. The son of a doctor, who had known WO when they were students in Toronto; he studied theology at Harvard before coming to Magdalen College, Oxford to do a B.Litt. Here he made a wide circle of influential friends as well as becoming a regular guest of the Oslers. Through them he stayed at Ewelme in the Master's lodgings while completing his dissertation on the history of the English translations of the Latin mass, later published with WO's assistance. His respect for the Oslers' friendship, hospitality, mentoring and academic rigour was enormous. Osler would address him as "St. Augustine".

Ordained in 1917, Langstaff enlisted in the Artists' Rifles in 1918. His career in the army was curtailed by influenza. Transferred to an Oxford base hospital he was discharged from service on Osler's recommendation. After the war he became involved in the Magdalen Mission to the East End of London, a slum area. This Anglican group ran boys' clubs and children's holiday schemes. As head missioner in Somers Town, London he later founded "David Copperfield's Library" for poor children in 13 Johnson St. where Dickens had lived as a boy. His remarkable networking ability with London's high society enabled him to bring in donors such as Kenneth Graham, James Barrie, John Galsworthy, Robert Baden-Powell and Edward, Prince of Wales. In 1921 a cast of artistic giants acted in his fundraising production of Bulwar Lytton's "Not so bad as we seem."

Returning to the USA he became rector of St. Andrew's Church, Walden NY where he installed memorial chandeliers to WO and established a "Children's Cathedral" before becoming incumbent of St. Edmund's Church in the Bronx. His care for the underprivileged and his prolific writing continued.

This presentation aims to enlarge on the above features of Langstaff's life and illustrate his admiration for and practice of Oslerian values.

Learning objectives:
1. Outline the career of John Brett Langstaff
2. Discuss the contribution of WO to Langstaff's professional life
3. Evaluate Langstaff's work with underprivileged children

The Origin and Mysterious Disappearance of the Canadian Medical War Museum

James R. Wright, Jr.

Jim Wright received his MD, PhD (Pathology), and MA (Medical History) degrees from The Ohio State University and was the recipient of the AAHM William Osler Medal in 1984. After completing a residency in anatomical pathology at Washington University in St. Louis, he moved to Dalhousie University in Halifax, Nova Scotia where he worked as a pediatric pathologists, established an active research laboratory doing experimental pancreatic islet transplantation, and was Professor of Pathology, Surgery, and Biomedical Engineering. In 2005, he moved to the University of Calgary as Head of the Department of Pathology & Laboratory Medicine, and having completed two terms as Head, is now on sabbatical.

Co-Authors: Samuel Alberti (Royal College of Surgeons of England), Richard Fraser (Pathologist, McGill University), and Christopher Lyons (Osler Museum, McGill University).

During the American Civil War, the Army Medical Museum in Washington, D.C. started collecting and created a repository for pathological teaching specimens illustrating types of war injuries and infectious diseases common amongst troops. By 1900, medical war museums had become "state of the art" wartime medical practice. World War I began in 1914, and all of the major combatant factions needed to plan for their museums. In November 1914, the British Medical History Committee formed and was charged with developing these plans for the Commonwealth; William Osler was a driving force in moving this forward. In May 1915, the Royal College of Surgeons (RCS) of London agreed to be the repository and also serve as the clearinghouse for specimens derived from dead Commonwealth soldiers with the plan that these would eventually be repatriated to the soldiers' countries of origin to populate their own Medical War Museums. On October 11, 1917, the British displayed the composite collection at RCS. On March 1, 1918, the first consignment of specimens derived from Canadian soldiers reached Canada. Maude Abbott at McGill received them and prepared them for their first public display at the Canadian Medical Association meeting in Hamilton, Ontario. The meeting, May 27-June1, 1918 had displays of fixed "wet" and desiccated bone specimens. During the summer of 1918, Abbott corresponded with Sir Arthur Keith at RCS outlining why she believed that she should be sent to France to collect and prepare specimens from dead soldiers; this request was denied. In the late fall, the Canadian Department of National Defense (DND) appointed Abbott as "acting curator" of the Museum and it was formally agreed that the preparation, mounting, and cataloging of specimens would be done at McGill. Abbott, in this role, reported to Canadian Surgeon-General J.T. Fotheringham. A consultant board was formed which developed plans to publish a multi-volume *Canadian War Museum, Medical Section, Scientific and Descriptive Catalogue* describing each specimen and to establish a museum in Ottawa for the permanent public display of the collection, similar to the display of British specimens at the RCS. By 1919, the Ottawa telephone directory had a listing for Major George A. Campbell, Curator National Medical Museum, at 12 Emmett Street, a DND address. The consultant board met several times and its plan for the Catalogue was accepted by Privy Council, and $10,000 was approved to fund it on June 15, 1921. A complete draft catalogue was forwarded to Fotheringham, who was to be its Editor-in-Chief. The physical museum building never materialized and the catalogue was never published. On October 12-15, 1920, the American College of Surgeons met in Montreal and the collection, which now included wax models and other artwork, was exhibited with great fanfare and considerable positive feedback. After this, there is no convincing evidence of the collection being exhibited again and the specimens seemingly disappeared circa 1922. Where did the collection go? The RCS and McGill confirm that there are currently no Canadian Medical War Museum specimens at either location. Records at RCS, McGill, Library Archives of Canada, DND, and many other sources have been examined over the past year and we have successfully tracked the collection forward for another 25+ years and we still have more clues to follow. We will update the audience on our quest to determine what happened to the Canadian Medical War Museum collection. We will also show the only extant photographs of the collection taken in 1920 at the ACS exhibit.

Learning objectives:

1. Explain the concept of a Medical War Museum
2. Discuss the origin of the Canadian Medical War Museum
3. Discuss the timeline of events leading to the disappearance of the specimens and other exhibits comprising the Canadian Medical War Museum

Medical History in Medical Education: New (and Old) Solutions to an Old Problem

Panel Discussion for the American Association for the History of Medicine and the American Osler Society

Moderator: Jeremy Greene, Johns Hopkins University
Speakers: Jacalyn Duffin, Queens University
John Harley Warner, Yale University
David Jones, Harvard University
Kenneth Ludmerer, Washington University in St. Louis

Many members of both the American Association for the History of Medicine and the American Osler Society teach medical students and trainees, and they share a strong interest in the role of history in medical education.

This joint session will consider the evolving history of justifications and methods for bringing history into medical education, present recent collaborative efforts by historians to articulate the utility of history in medicine (such as the Clio Project), and invite discussion regarding how to advance these goals. History can complement the aim to instill professionalism and other competencies, as they have been promoted by organizations like the Association of American Medical Colleges and the Royal College of Physicians and Surgeons of Canada.

The main objective of this session is to stimulate enduring discussion and ongoing strategizing among members of both groups about how to promote this agenda within our own schools, hospitals, medical systems, and nations.

The Origins and Evolution of Informed Consent: A Half-Century of Deliberation

Panel Discussion for the American Association for the History of Medicine and the American Osler Society

Moderator: Sarah Tracy, University of Oklahoma
Speakers: Susan Lederer, University of Wisconsin
Laura Stark, Vanderbilt University

Many members of both the American Association for the History of Medicine and the American Osler Society teach students about the ethics of clinical research. Some conduct research that involves human subjects. Most are aware of the canonical status of Henry K. Beecher's 1966 New England Journal of Medicine article "Ethics and Clinical Research" in this field.

This joint session offers two fresh perspectives on Beecher's seminal article. Susan Lederer considers the 28 cases left out of Beecher's NEJM 1966 essay, which originally contained 50 rather than 22 cases. Lederer discusses what was lost through these editorial cuts and why they were made. Laura Stark examines the initial, often critical, responses to "Ethics and Clinical Research," and the process through which Beecher's essay became a part of the canon of clinical research ethics. She also explores the ways in which regulatory policies over the decades to come pushed beyond and even against Beecher's original agenda

The main objective of this session is to revisit Beecher's important NEJM article on the occasion of its 50th anniversary to consider both its origins and evolution as a canonical publication in clinical research ethics.

The John P. McGovern Lectureship

1986	Albert Rupert Jonsen
1987	Edward Janavel Huth
1988	Joanne Trautmann Banks
1989	John Nicholas Walton
1990	E. A. Vastyan
1991	Daniel Michael Fox
1992	William C. Beck
1993	Anne Hudson Jones
1994	David Hamilton
1995	Sherwin B. Nuland
1996	David J. Rothman
1997	Roger James Bulger
1998	Paul Potter
1999	John David Stobo
2000	Gert Henry Brieger
2001	Kenneth M. Ludmerer
2002	James K. Cassedy
2003	Sir Richard Doll
2004	William F. Bynum
2005	Karen Hein
2006	Joseph Jack Fins
2007	Abraham Verghese
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2011	Rosemary A. Stevens
2012	C. David Naylor
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2014	Sir Donald Irvine
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GARFIELD J. TOURNEY
(1927-1999)

R. CARMICHAEL TILGHAM
(1904-1999)

STANLEY W. JACKSON
(1920-2000)

SAUL JARCHO
(1906-2000)

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

ROBERT E. BEAMISH
(1916-2001)

ARNOLD G. ROGERS
(1925-2001)

FREDERICK W. BARNES
(1909-2001)

DONALD G. BATES
(1933-2001)

WALTER D. HANKINS
(1910-2001)

ROY SELBY
(1930-2002)

E. CARWILE LEROY
(1933-2002)

ROBERT M. KARK
(1911-2002)

CARLETON B. CHAPMAN
(1915-2002)

DAVID M. MUMFORD
(1927-2003)

ALEX SAKULA
(1917-2003)

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

CLARK T. SAWIN
(1934-2004)

A. BENEDICT SCHNEIDER
(1914-2004)

WILLIAM D. SEYBOLD
(1915-2004)

STEWART G. WOLFE
(1914-2005)

GERALD R. PATERSON
(1919-2005)

W. WATSON BUCHANAN
(1930-2006)

CHESTER R. BURNS
(1937-2006)

ROBERT AUSTRIAN
(1916-2007)

CHARLES F. WOOLEY
(1930-2008)

M. GEORGE JACOBY
(1920-2008)

ROBERT U. MASSEY
(1923-2008)

THEODORE B. SCHWARTZ
(1918-2008)

MARK E. SILVERMAN
(1939-2008)

ARTHUR GRYFE
(1935-2009)

LEON Z. SAUNDERS
(1920-2009)

HOWARD B. BURCHELL
(1908-2009)

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

D. GERAINT JAMES
(1922-2010)

ROBERT C. KIMBROUGH, III
(1941-2010)

CHARLES P. W. WARREN
(1940-2011)

J. WILLIS HURST
(1920-2011)

PHILIP W. LEON
(1944-2012)

OM P. SHARMA
(1936-2012)

WILLIAM S. HAUBRICH
(1923-2012)

EDMUND PELLEGRINO
(1920-2013)

WILLIAM H. FEINDEL
(1918-2014)

ROBERT P. TURK
(1931-2014)

KENNETH G. SWAN
(1934-2014)

ROBERT P. HUDSON
(1926-2014)

PAUL G. DYMENT
(1935-2014)

STANLEY M. ARONSON
(1922-2015)

JOHN H. CULE
(1920-2015)

JACK D. KEY
(1934-2015)

EUGENE H. CONNER
(1921-2016)

LAWRENCE D. LONGO
(1926-2016)

CYNTHIA D. PITCOCK
(1933-2016)

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