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Osler Library of the History of Medicine, McGill University, Montréal (Québec) Canada

How to Transform Black and White Incunabula into Luxury Items / Comment transformer les incunables en noir et blanc en objets de luxe

Exhibition at the Osler Library of the History of Medecine (October 21st, 2025 to March 13th, 2026)

THE CURRENT EXHIBITION on illuminated and decorated incunabula held at the Osler Library was put together thanks to the remarkable support of the Osler Library and a research grant from SSHRC (Social Sciences and Humanities Research Council of Canada).

Head Librarian, Dr. Mary Hague-Yearl, was contacted at the end of July of 2022.She enthusiastically welcomed my research project as well as the idea of an exhibit in 2025 on early printed books from the second half of the 15th century. The latter are otherwise called incunabulum (in the singular) or incunabula (in the plural) since Johann Gutenberg's printing of his 42-line Bible in 1454 in Mainz until the year 1500. In the history of the book, this transition from manuscript to printed book triggered an intense period of innovation in typography, book layout and decoration, to name but a few.

Out of the approximately 150 incunabula Osler Library holds, about 30 or so have been hand-finished in one way or another. Their ornamentation is worthy of scrutiny as it opens a window on their enterprising printers, the rich and varied artistic styles of the 15th century illuminators, pen-flourishers and woodcut designers, mainly from Italy and Germany. As for the coats of arms painted on several books, their identification tells us about their owners who could still buy both manuscripts and printed books. The fact that several books are printed in one country, and often decorated and bound in another, reflects the new and lively early book market of this period.

To turn early printed books into luxury items, there is a possibility of four main types of hand-finishing. These are rubrication, illuminations, pen flourishing and coloured engraved woodcuts.

Figure 1. Pliny, Historia naturalis, Venice, 1472

The minimal hand-finishing consists in rubrication, a word that comes from the Latin *ruber*, red. Rubrication means that a rubricator did one or all of the following tasks: supplying small initials in red ink (or also blue and sometimes green) to emphasize text divisions, inserting paragraph marks, touching capitals, underlining rubrics and running titles and, sometimes, even

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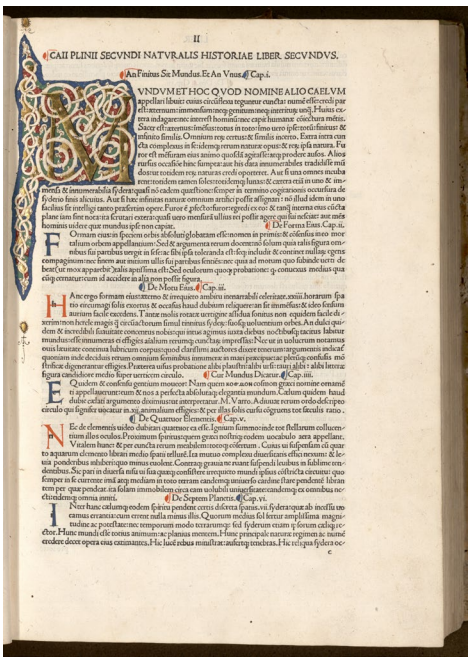

Figure 2. Pliny, Historia naturalis, Venice, 1497

proper names, and finally, inserting guide letters in the blank spaces left by the printer at the beginning of chapters. These guide letters were intended for the illuminator, so no time be wasted reading the text that followed or worse, painting the wrong letter!

The second level of hand-finishing of a printed book is adding illuminations. This encompasses painting large initials, vignettes, borders, and coats of arms. If budget allows, the book may be privately illuminated by an artist with or without the help of an assistant. The result is a printed book as unique artistically as a manuscript. Otherwise, the buyer might resort to serial decoration, a practice derived from manuscript decoration, whereby the artist or the workshop used a model book and perhaps templates to reproduce designs from one copy to another. This allowed a mix and match of components with the workshop busily reproducing the Master's style.

The third kind of hand-finishing that is more cost-efficient consists in introducing pen-flourished initials and borders which are less expensive to produce because they use only coloured inks instead of gold or silver leaf. That said, pen-flourishers could be very creative using different styles from German, Dutch, or Italian traditions, such as the Meynaert filigreed letters or flourished cadel ones.

The fourth level of hand-finishing comes with the introduction of engraved woodcuts as too many books were being printed for the illuminators and even the pen-flourishers to meet demand. Hence, engraved initials and woodcuts came out. These engravings could be left in black and white or subsequently hand-coloured.

It is in this context that some printers set up their own decoration shops to hand colour engravings. If one did not favour this turnkey solution, the buyer could buy the book in leaves from the printer or the bookseller and have it privately hand-coloured.

In the books displayed in this exhibit, all four levels of hand-finishing, i.e. rubrication, illuminations, pen-flourishing and hand-coloured engravings may be combined. And what may surprise some is that illuminated and decorated incunabula were not meant only for Bibles and religious books, but also medical and science books which received the same refined artistic attention.

> **"...illuminated and decorated incunabula were not meant only for Bibles and religious books, but also medical and science books which received the same refined artistic attention.**

Research for the current exhibition provided an opportunity for many discoveries to be made about the hand-finishing of the incunabula at the Osler

Figure 3. Pliny, Historia naturalis, Parma, 1481

Library and over ten books are presented for the first time. The greater part of the books on display were those of William Osler, but there are also bequests from the geologist Frank Dawson Adams and Dr. Casey A. Wood. As for the precious items kindly lent by McGill Rare Books and Special Collections (RBSC), one is a donation from Sir Charles Sebright.

Here are some of the highlights of the exhibition. First, there is the Pliny cluster with three editions of this classic and influential compilation on natural history.

The 1472 edition of Pliny's *Historia naturalis* printed by Nicolaus Jenson in Venice is precious on many counts. To begin with for its beautifully illuminated opening page with a border and a historiated initial showing the author presenting his book to the emperor (fig. 1). This book is also famous for its Roman characters, linked to humanist culture and considered much easier to read than the Gothic characters. Moreover, these Roman characters designed in 1472 by Nicolaus Jenson for this Pliny edition are the ancestors of the Times New

Roman font, still widely used nowadays. It also is a prized piece for its prestigious provenance as its last private owner was William Morris who created his Golden type for his Kelmscott Press from Jenson's Roman characters. This book was taken out from the RBSC's vault for this special occasion.

The second Pliny is a copy of the 1497 edition, printed in Venice by Bernardinus Benalius, also held by the RBSC library. It is adorned with two spectacular illuminated initials done in the *bianchi girari* style, characteristic of humanist books. It consists of white vine-stems intricately twisting around a gold epigraphic letter set on a coloured background and enhanced with gold. These are by the hand of Giovanni Vendramin, active between 1466 and 1508, in Padua and Venice, who illuminated manuscripts as well as incunabula after training in Padua (fig. 2).

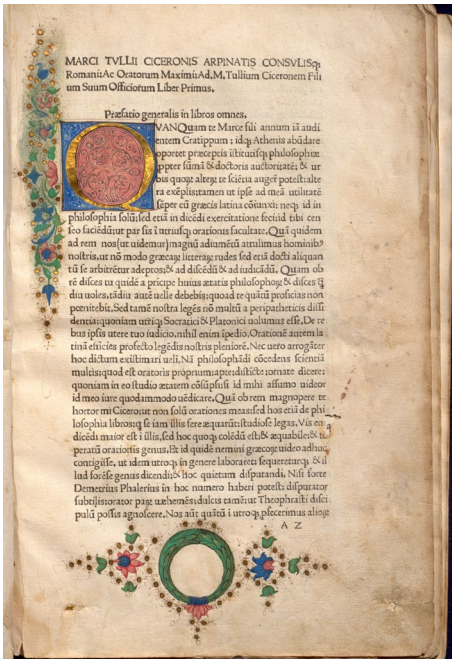

Figure 4. Cicero, Opera, Venice, 1480

The 1481 edition of Pliny's *Historia naturalis*, printed in Parma by Andreas Portilia, comprises over 30 exquisite large gold epigraphic initials at the beginning of each chapter. Each one is decorated in the *all'antica* style, i.e, with classicizing motifs, such as mythological characters, Roman centurion breastplates, and antique

Figure 5. Gazius, Corona florida, Venice, 1491

vases with flowers. The result is a printed book which is as unique artistically as an illuminated manuscript (fig. 3). The work has been attributed to the Pico Master (active from 1460 to 1505), a Venetian illuminator trained in Ferrara who is also called the Master of the Pico Pliny. His style is recognizable thanks to his colour palette, where green and burgundy dominate, the shape of the acanthus leaves as well as the borders with spiralling filigree in gold ink studded with gold dots. The borders have medallions circled in gold that are filled with animal figures including deer, a mallard duck and a long-tailed monkey. The coat of arms of the initial owners was scratched out by a new owner.

A 1480 edition of Cicero printed in Venice by Filippo di Petro was illuminated by either one of the brothers Gherardo and Monte di Giovanni del Fora or their workshop (fig. 4). These brothers, considered among the leading illuminators in Florence, were active there in the late 15th century. Their patrons included prominent families such as the Strozzi, the Medici, and King Matthias Corvinus of Hungary.

The copy of the *Corona Florida medicinae* was written by Antonio Gazius, a living humanist author (rather than a medieval one), who was a doctor also interested in science and astrology. This book, printed in Venice by Johannes & Gregorius de Gregoriis in 1491, is most elegant and instructive on the ways of serial decoration as it demonstrates how gradual standardization of a deluxe decor still left room for individual touches (fig. 5). Five almost identically decorated copies of this book, presumably from a Paduan workshop, have been recorded so far. One is held by the University Library of Padua while others are for sale by European auction houses. They share the same colourful oval-shaped wreath of flowers, an initial letter with a variant of the *bianchi girari* style and a laurel wreath in the bas-de-page that could be filled with the owner's coat of arms. The one painted on the Osler copy appears close to that of the Caponsacchi family from Florence or the Veralli family from Rome.

In the case of the prolific Nuremberg printer Anton Koberger, who printed

Figure 6. Hartmann Schedel, Liber chronicarum, Nuremberg, 1493 (German version)

in 1493 Hartmann Schedel's *Liber chronicarum* with over 1800 illustrations by Michael Wohlgemut and Wilhelm Pleydenwurff, his decoration shop went as far as devising a colour code, which enabled serial decorating on a larger scale. In the exhibit, there is a single leaf

Figure 7. Hartmann Schedel, Liber chronicarum, Nuremberg, 1493 (Latin)

from the German version of the *Liber chronicarum* which also appeared in 1493 and is now held in the RBSC library. The salmon-pink background on the engraving of the emperor was repeated for all emperor images throughout the book (fig. 6). A green background would have signalled the genealogy of Christ.

As for the bound copy of the original *Liber chronicarum* that is displayed, it was privately hand-coloured by an artist in a truly unique way. It was coloured in Italy and every one of its 1800 engravings was enhanced in gold ink. The woodcut of the city of Nuremberg, where it was printed, has been proudly spread out on a double page and is the largest illustration of the book (fig. 7).

At first sight, Johannes de Sacrobosco's *Sphaera mundi*, a famous medieval treatise on astronomy, printed in Venice in 1490, may not seem as impressive as other books. However, it is a testimony of the first efforts to print in three colours. In this copy of the 1490 edition, many woodcuts are printed in black, red and ochre, which implied the folios going under the press three times to print each colour (fig. 8). On fol. f2r, two diagrams of *Theorica eclipsis lunaris* and *Theorica eclipsis solaris* show some spilling over of the ochre colour while the red fits perfectly in the shape of the moon. Technically speaking, this copy is at the crossroads of different ways of colouring woodcuts. Next to illustrations printed in three colours, some were left in black and white while others were hand-painted (fig. 8) in matte gold when the geometrical forms were too complex to be coloured mechanically.

And as it is never too late to do well, an *editio princeps* of Celsus' (1st century after

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J.C.) *De medicina liber* was printed in Florence in 1478 and illuminated around 1910 in England. Indeed, the Gothic Revival period at the end of the 19th and beginning of the 20th centuries brought medieval illumination back into fashion. As William Willougby Francis reported in *Showman's Patter*, 1950-1957, William Osler, then teaching at Oxford, generously lent one of the two copies he owned to a young woman studying the lost art of book decoration at that university and, with his blessing, she illuminated an initial for each of the eight chapters of the book. To illustrate the final chapter on bones and fractures, she succeeded in merging several artistic and literary influences with her own talent. The initial « S » with a skull laughing out loud is inspired by the medieval *Memento Mori* tradition and the macabre favoured by an Edgar Allan Poe. The femur around which a snake coils serves as Aesculapius' staff, the God of medicine. The bones of two

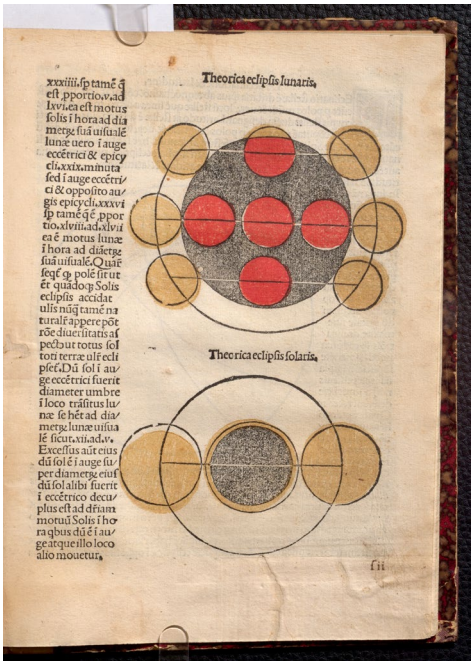

Figure 8. Johannes Sacrobosco, Sphaera mundi, Venice, 1490

arms serving as borders along two sides of the initial are striking and the white vine stems (or *bianchi girari*) which adorn the background are reminiscent of this Italian style, typical of 15th century humanist books (fig. 9).

There are many other things, other than decoration, to admire in these books. One is typography and the immense creativity at work here. Between the old-fashioned harder-to-read medieval Gothic characters and new legible Roman ones, several other fonts appeared during this period of trial and error. Some have mysterious sounding names such as Gothica-antiqua.

Another interesting feature is the gradual evolution of the layout of the books. Initially, printed books looked like medieval manuscripts and have been nicknamed "printed manuscripts" for their two columns to a page, Gothic characters and a considerable number of Latin abbreviations. A good example of this trend is the 1472 Duns Scot incunabulum, a complex theological book meant for learned clerics. Although this book may appear to be lazily reproducing the display of a manuscript, its printers faced a great technical challenge as they had to create mobile lead characters to reproduce not only free-standing abbreviations, such as the ampersand (&), but had to figure out how to address other kinds of abbreviations some with tildes, others with straight bars that spread over two or more characters. In manuscripts, this had been easy to achieve with the stroke of a pen, but not with the printing press.

In another instance, a medical didactic treatise was written in verse by the erudite Roman Quintus Serenus Sammonicus and printed in Rome by Eucharius Silber ca. 1487. In his *Carmen medicinale*, a treatise about remedies one could use at home to treat boils as well as ocular problems, the literary techniques of rhymes and alliteration were used for mnemonic purposes. This is why the word *carmen* (song or poem) appears in the title. Writing medical knowledge in verse is part of a longstanding tradition in medical writings.[1]

[1] Many thanks to Dr. Svetlana Kochkina for pointing out that Osler Library owns at least 4 other examples of such texts written in verse, a mnemonic technique used since the Schola Medica Salernitana from the IXth-Xh centuries onwards, and found, for e.g., in the XIIIth c. manuscript Versus Egidij de vrina with verses by Gilles de Corbeil on the properties of urine and diagnosis based on its examination (e-mail, December 1st of 2025).

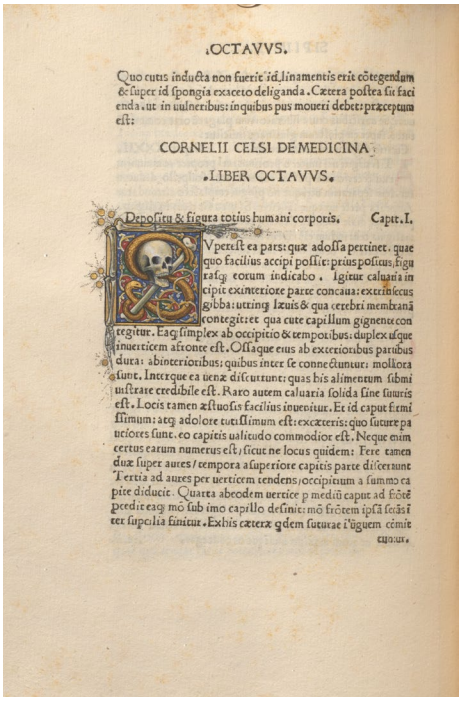

Figure 9. Celsus, De medicina liber, Florence, 1478

There are also many other hidden gems not exhibited such as the correspondence between curators from Osler and their counterparts from the British Library or booksellers from London or Italy. One can still feel the excitement around discussions on the exact date of a first edition or the number of missing leaves. But that is another story!

As curator of this exhibit, I was privileged to work with Dr. Svetlana Kochkina, the institutional curator, whose role was crucial in organizing it efficiently and mounting the artefacts and posters with a sense of beauty and harmony, Dr. Helena Kogen, the scientific collaborator, for her knowledge on the Middle Ages and, in particular, coats of arms, Greg Houston, our reliable photographer, and the Osler Staff for its courteous assistance. Special thanks to Ann Marie Holland, Curator at the RBSC Library of McGill, for lending books and supporting this project.

Prof. Brenda Dunn-Lardeau,
Études littéraires,
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Hope, Hype, and Cattle Bacteria: The 1950s Cancer Cure that Fooled North America – and Why Placebos Fool Us Still

Elizabeth Weissberg

This essay was made possible through the generous support of the Dr. Dimitrije Pivnicki Award in Neuro and Psychiatric History and made extensive use of the Krebiozen Collection

In 1949, ten years before Ruth Altshuler[1] discovered a lump in her breast, Dr. Stevan Durovic was in Argentina, reportedly bleeding horses to death to extract a miracle drug he had created. The drug, he said, was a powerful treatment for cancer. He called it Krebiozen.

Durovic's claims about Krebiozen were full of compelling – if vague – medical terminology. He said he injected the horses with sterilized *Actinomyces bovis*, a bacterium that causes granulomatous tumors in cattle, but when inactivated merely stimulates a horse's immune system. He then distilled their blood to make the drug. The process hit a note of practical sense – even today, snake antivenom is created by exposing horses to snake venom and then collecting their immune response. If horses could generate protection against poison, why not against cancer?

Everyone wanted the drug. The environmentalist Rachel Carson, of Silent Spring fame, took it while undergoing treatment for cancer. Michigan Senator Arthur Vandenberg, an architect of the United Nations, took it to ease his end-of-life pain. As Krebiozen grew in popularity, so did a chorus of skeptics calling it a fraud. But it would take more than a decade before the FDA fully intervened, before Durovic and his associates were indicted on forty-nine counts, and before Durovic himself fled the United States for Switzerland.

However, sitting in her hospital room the night before her biopsy in 1959, Ruth, age 39, knew none of this. Her older brother and younger sister were by her side. They were unhappy, concerned for Ruth, whose biopsy, the doctor warned them, would become a mastectomy if the sample showed cancer. Sensing their worry, Ruth filled a role she often did, and cheered them up – telling them the myth of the Amazonian women who removed one breast to become better archers. She made it clear to them: if the Amazonian women could manage, so could she.

Ruth would eventually become one of the thousands of patients deceived by Krebiozen. However, it would be years before the drug was exposed, the trials held, and the headlines written. Why would it take so long?

When a patient is treated with an empty pill – a tablet made of inactive ingredients like sugar or corn starch – we do not expect their symptoms to improve. Yet, often, they do. This is the placebo effect: a phenomenon in which a person's symptoms improve, despite receiving a treatment that is, in fact, inert. Saline injections, fake supplements, faux surgeries – all can, under the right conditions, prompt the body to respond as if it's been healed.

At times, the placebo effect is spoken of dismissively: an odd quirk of the human brain, a nuisance to be controlled for in study design. Exactly how it works remains largely a mystery. Some researchers attribute it to the power of expectation: the brain, so easily swayed by hope. Others describe it as a form of classical conditioning – the medical equivalent of Pavlov's dog salivating at the bell. Still others suggest its source lies in something more human: the quiet magic of one person tending to another, and the release of feel-good hormones in response. Regardless of the exact mechanism, the consequences of the placebo effect can be life-changing – for the better and for the devastatingly worse.

This is, in part, because the placebo effect is often much stronger than is commonly discussed. In studies of common antidepressants, response rates to medication often hover around 50 percent – but, placebo response rates can reach 30-40 percent, which means as much as 80 percent of the observed benefit of antidepressants may be attributable to placebo alone[2]. In decades of studies of sham surgeries — arthroscopic knee procedures, for instance — patients have reported long-term improvement indistinguishable from those who underwent

[1] To comply with Quebec privacy laws on archival medical records, her name has been changed.

[2] Jones, Brett D, et al. Magnitude of the Placebo Response Across Treatment Modalities Used for Treatment-Resistant Depression in Adults: A Systematic Review and Meta-analysis. *JAMA Netw Open*. 2021;4(9):e2125531. doi:10.1001/jamanetworkopen.2021.25531

Rief, Winfried, et al. "Meta-Analysis of the Placebo Response in Antidepressant Trials." Journal of Affective Disorders, vol. 118, no. 1–3, 2009, pp. 1–8. https://doi.org/10.1016/j.jad.2009.01.029

Sonawalla, Shamsah B, and Jerrold F Rosenbaum. "Placebo response in depression." *Dialogues in clinical neuroscience* vol. 4,1 (2002): 105-13. doi:10.31887/DCNS.2002.4.1/ssonawalla

Pardo-Cabello, Alfredo Jose et al. "Placebo: a brief updated review." *Naunyn-Schmiedeberg's archives of pharmacology* vol. 395,11 (2022): 1343-1356. doi:10.1007/s00210-022-02280-w

real operations[3]. In cases of fibromyalgia, up to 45 percent of reported pain relief has been linked to placebo[4]. And in studies of Parkinson's disease, placebo response rates of 16 to 21 percent have been documented, with patients suffering more severe symptoms showing greater susceptibility to the effect[5].

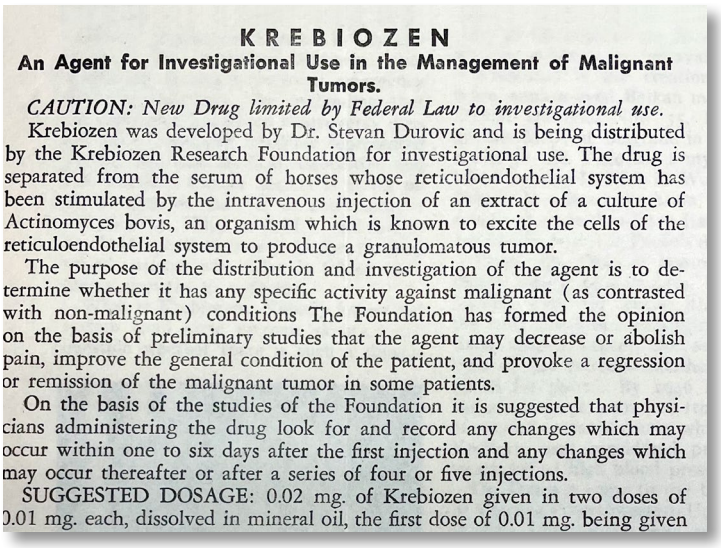
The strength of the placebo effect is part of what makes us so vulnerable to thinking that a certain medicine, therapy, or ritual has more potential to cure disease than it does. Because the placebo effect is real – strikingly so. But it cannot replace something truly curative.

Ruth woke from the biopsy to find herself one-breasted. The doctors told her she was otherwise fine – cancer free. "Certainly I can live with one breast as do so many others," Ruth recalled telling herself in an essay she submitted to *Maclean's* magazine in 1960. In the piece, she described a sense of "philosophical acceptance" despite the expectation of those around her to take the news much harder. After all – she was alive.

At home, 17 days after Ruth's surgery, her husband, Lou, seemed downcast. They were recently married, and people spoke of them as soul mates. "Cheer up,"[6] she told him, smiling. "I've yet many years to live." Lou didn't answer. "Your case is very serious," he blurted out. "The doctor removed all he could, but the cancerous lesions have gone right to your spine." Ruth felt, suddenly, that she was living on borrowed time. There was so much more she wanted to do.

Ruth returned to the hospital, because she wanted to know the details of her case. The doctors told her she had at least two years, five to ten if medical advances arrived in time. It was a period in Canadian history when many doctors thought it better to not distress terminal patients with the truth. Even as they spoke with her face-to-face in the hospital, they continued to hide the severity of her case. They had told Lou that Ruth had, at the very most, only nine months left to live.

Krebiozen might never have gained traction at all were it not for Durovic connecting with Dr. Conway Ivy during a visit to the U.S. in 1949. Ivy was, at that time, a towering figure in American medicine: a vice president at the University of Illinois at Chicago, an author



KREBIOZEN

An Agent for Investigational Use in the Management of Malignant Tumors.

CAUTION: New Drug limited by Federal Law to investigational use.

Krebiozen was developed by Dr. Stevan Durovic and is being distributed by the Krebiozen Research Foundation for investigational use. The drug is separated from the serum of horses whose reticuloendothelial system has been stimulated by the intravenous injection of an extract of a culture of Actinomyces bovis, an organism which is known to excite the cells of the reticuloendothelial system to produce a granulomatous tumor.

The purpose of the distribution and investigation of the agent is to determine whether it has any specific activity against malignant (as contrasted with non-malignant) conditions The Foundation has formed the opinion on the basis of preliminary studies that the agent may decrease or abolish pain, improve the general condition of the patient, and provoke a regression or remission of the malignant tumor in some patients.

On the basis of the studies of the Foundation it is suggested that physicians administering the drug look for and record any changes which may occur within one to six days after the first injection and any changes which may occur thereafter or after a series of four or five injections.

SUGGESTED DOSAGE: 0.02 mg. of Krebiozen given in two doses of 0.01 mg. each, dissolved in mineral oil, the first dose of 0.01 mg. being given

Leaflet detailing investigational use guidelines for Krebiozen

of more than 1000 research papers, and he had been an American Medical Association representative at the Nuremberg trials. Time magazine had once called him "the conscience of U.S. science".

Intrigued by Durovic's claims, Ivy and his team tested Krebiozen on 22 patients with terminal cancer. Most died. A handful reported improved symptoms, and after 17 months, two were declared cancer-free. The apparent recovery of two people from terminal cancer was astounding – deeply promising – but statistically explainable by chance or misdiagnosis. When the American Medical Association then collected over 100 patient reports to look into the drug's apparent success, Krebiozen showed no effect.

Still, the word was out. News of the drug's effects during Ivy's study had leaked – and were soon confirmed by Ivy to the press. Research patients publicly swore they felt better, and the public believed them. Yet as more scientists conducted small-scale research into Krebiozen, improvements to patient health remained consistent with expected statistical variance and the placebo effect. As a result, no major research institution was willing to pursue broader testing. The evidence failed to justify the time or expense, and compounding their reluctance was a refusal from Durovic to disclose the exact details of how the drug was made. Without extensive testing, FDA approval, or institutional backing, Krebiozen was not going to be produced or prescribed at scale.

What certain segments of the public saw in this context, increasingly, was conspiracy. To them, Durovic's secrecy wasn't evasive, it was integrity – a way to protect the novel drug from profiteering and ensure it was developed with care. In this narrative, the medical establishment wasn't exercising rigor, it was burying a cure to punish Durovic.

Ivy stood by Durovic. So did hundreds of patients. By the end of the decade, protesters were picketing the American Cancer Society, the Citizens Emergency Committee for Krebiozen was mailing out 25,000 newsletters a month, and a glowing book-length defense, *A Matter of Life or Death* had landed in bookstores.

[3] Jonas, Wayne B et al. "To what extent are surgery and invasive procedures effective beyond a placebo response? A systematic review with meta-analysis of randomised, sham controlled trials." *BMJ open* vol. 5,12 e009655. 11 Dec. 2015, doi:10.1136/bmjopen-2015-009655

Moseley, J Bruce et al. "A controlled trial of arthroscopic surgery for osteoarthritis of the knee." *The New England journal of medicine* vol. 347,2 (2002): 81-8. doi:10.1056/NEJMoa013259

[4] Häuser, Winfried et al. "Systematic review: Placebo response in drug trials of fibromyalgia syndrome and painful peripheral diabetic neuropathy-magnitude and patient-related predictors." *Pain* vol. 152,8 (2011): 1709-1717. doi:10.1016/j.pain.2011.01.050

[5] Goetz, Christopher G et al. "Placebo response in Parkinson's disease: comparisons among 11 trials covering medical and surgical interventions." *Movement disorders : official journal of the Movement Disorder Society* vol. 23,5 (2008): 690-9. doi:10.1002/mds.21894

Shin, Chae Won et al. "Predictors of the placebo response in clinical trials on Parkinson's disease: A meta-analysis." *Parkinsonism & related disorders* vol. 29 (2016): 83-9. doi:10.1016/j.parkreldis.2016.05.019

[6] *Manuscript submitted to Maclean's*, 1960. Private collection.

Thirteen months after her surgery, Ruth was experiencing so many distinctive kinds of pain she named them. *Eena* was the one that "...occurred late in the afternoon in the area of the ribs where the breast was removed. Sharp plunging pains from the ribs leapt down the sides of the body. I had the feeling of being torn apart."[7] Initially, if Ruth lay down and rested, Eena would vanish. Eventually, Eena never disappeared. It became painful for Ruth to hold a knife and fork – she ate with her fingers, breaking into a heavy sweat. Ruth wrote that it was around that time she "... began to have unhappy feelings about the beginning of the end."

The previous autumn, a friend had given her *A Matter of Life or Death*, and Ruth had asked her doctor whether Krebiozen might help her. Ruth's doctor had looked into it, told her it seemed to do no harm, but that he wanted to continue with her regimen of deep x-ray and hormones as long as it seemed to be working. In May, with Eena as a permanent fixture, Ruth no longer felt this to be the case. She had Lou write to her doctors to request treatment with Krebiozen, and they assented.

"The story I recall was that because she was an intelligent person – someone who wasn't going to accept defeat easily – she was searching for [a remedy] on her own," Ruth's nephew, Howard Shubert, told me during a conversation last summer, as we discussed the records he had donated to McGill chronicling Ruth's experience with Krebiozen. Persistence was an instinct that had worked for Ruth her whole life: after putting herself through college, she had moved to Paris as an au pair. While there, she had taken classes at the Sorbonne in pursuit of her lifelong goal of bilingualism. When Lou's father fell ill and Lou was compelled to run the family's clothing business in a small town outside of Montreal, Ruth, whom her family referred to as "citified," had created the groups she wanted within a few years – founded an oil painting group and reading group, and created a children's radio show. She was similarly non-passive in her efforts with cancer.

Her doctors, with Lou advocating on her behalf, supported Ruth's efforts. Ruth admired her prescribing doctor, summing up his ethos as: "If a patient is in pain and a new drug on the market can relieve him, let him use it." She added: "It is a delight being under his care!"

Ruth took her first dose of Krebiozen on May 17th, 1960. "The following morning," she writes. "Eena had left." At the start of June, for the first time in three months, she walked down her stairs and to the street. "What a luxurious feeling to walk down the street! And to feel the air and the sun on my arms and legs. And to smell the tender green grass and spring flowers!" She enjoyed her ability to resume taking things for granted: seeing films at a local theater; being able to bend over and trim her toenails.

One wants to think that doctors or other care providers – traditional healers, alternative medicine practitioners, psychologists, homeopaths – who do harm are malicious. That would make the world feel more orderly. However, sometimes they are as unwitting as their patients: it can be hard to recognize a placebo or a scam when a sugar pill can work so much better than no pill at all. The truth was, Ruth was feeling better. Ruth's doctors were seeing this. Her prescribing doctor, Ruth writes, "was becoming as enthusiastic over my progress as Lou and I were."

Many other doctors in North America felt the same way. Dr. William F.P. Phillips, a general practitioner who in 1960 had prescribed Krebiozen to 300 patients – the record at the time – was convinced that Krebiozen helped his patients, even if he knew, from a research standpoint, that he couldn't be completely sure. He felt his patients lived longer and felt better than others with similar diagnoses. Krebiozen, meanwhile, was constantly in the headlines, and when two reporters from the New York Post sat down with him and reviewed his case files, they found nothing that couldn't be explained by the placebo effect. But still, one might ask, if a placebo was helping people like Ruth, what was the harm?

After three months on Krebiozen, Ruth returned to Montreal for an x-ray. She had new growths on the pelvic and lumbar regions of her spine. The cancer had progressed. But she was impressed with her lack of pain – especially because the x-ray had revealed a second collapsed vertebrae. It was during this visit they told her they had initially only expected her to live nine months – but here she was, at month 16. She credited Krebiozen.

Common sense might dictate that if an unproven treatment interferes with conventional care, has numerous side effects, is time-consuming, or expensive – that it should be approached with great caution. But if a treatment is safe, low cost, and might deliver the benefits of the placebo effect, why not use it? What's the harm in trying a new herbal tea, a trendy brand of alkaline water, a biofeedback gadget, or a color therapy wrist band? Especially if it makes a seriously ill person feel better? The difficulty is that in actual life, it's not always so straightforward.

Going through the archives, one gets a sense of how much of Ruth's remaining time and money she devoted to obtaining the Krebiozen. In the way of many health treatments – placebo and non – Krebiozen came with unanticipated costs. Each weekly ampule required a $9.50 "donation" to the Krebiozen Research Foundation in Chicago – roughly $100 in 2025 dollars. (It was a donation because, not having been properly tested, Krebiozen couldn't legally be sold as medicine). Ruth was surprised to find her shipments subjected to a 20% import tax, and an additional 11% sales tax when sent across the border. Resultantly, she lost precious time writing letters to customs officials to request the ampules be sent tariff free – since as the ampules couldn't be sold, they legally had no value. She received a firm, if polite, rejection from them ("While the Department is sympathetic to your representations..."[8]). That prompted another round of correspondence, this time to the Krebiozen Research foundation,

[7] Ibid.

[8] *Rejection letter*, 1960. Private collection.

to ask for a certificate to confirm the ampules had no commercial value and were manufactured solely for medical research.

Beyond this, there was the time she spent writing progress updates to her doctors; because Krebiozen was officially being researched, a required step in every ampule order was updating the Krebiozen Research Foundation on how a patient was doing. This took the time of Ruth's doctors as well. In a family memoir written by Ruth's youngest sister, Pauline, which devotes eleven paragraphs to Ruth's life, Ruth's struggles in her pursuit of Krebiozen make the cut, Pauline remarking on "the great difficulty and cost" Ruth went through to acquire it.

Ruth spent additional time and energy doing advocacy for Krebiozen. She became passionate about it – the way we often see people become for any kind of cure they feel isn't being given proper recognition. Ruth spoke with others about her experience, and in turn a network of people reached out to her. One letter in the archives asks if she could persuade her doctor to contact a physician in Vermont who might be swayed to use it, and requests she keeps sending updates on her condition to help sway skeptical doctors in Burlington ("We are still having an awful struggle to get doctors here to us[e] "K"). In the essay she submitted to Maclean's, she described the way Krebiozen helped with her pain at length – and when the essay was rejected ("we would be doing a disservice to our readers to advocate its general use as a cure for cancer"), she spent her energy on a letter requesting a reconsideration because she was only advocating for its use for pain relief.

There is no record of a reconsideration. And by the time Krebiozen had lost its effect on Ruth, she had also lost the time and health needed to pursue other paths to extend her life.

Ruth kept a log of her symptoms and medications, and her handwriting grew faint and asymmetrical in December of 1960. Her last entry was on February 3rd, following notes of escalating pain, vomiting, and increasingly potent painkillers. As the disease progressed, she was often hospitalized in Montreal – 100 kilometers from Lou. He wrote letters to her – about what he read, about memory, childhood – anything to make them feel close, with tender signoffs: All my love. all of me, for that matter. Ruth lived until June, dying at the age of 41.

As with most early deaths, those who survived Ruth were deeply impacted. "My mom took it really hard," said Howard Shubert, Pauline's son. "It affected her in a very deep way." Pauline became a fundraiser and volunteer for cancer research for several years. As for why Pauline kept the documentation of Ruth's experience with Krebiozen, Shubert said: "I think she couldn't let go of anything. She understood what had happened. That there had been a deception."

Pauline also wrote about Lou's grief in the family memoir: "When [Ruth] passed away after two and a half years of suffering, he was devastated. He had considered himself so lucky to have found Ruth, his soul-mate...and was completely heartbroken that he had lost her." Men commit suicide at significantly higher rates in the first year after a spouse's death. Lou took his life seven months after Ruth's passing.

In 1964, Durovic, Ivy, and several associates were indicted with 49 counts, including making false statements, mail fraud, and conspiracy. By then the FDA had investigated the drug, their spectrophotometry team finding nothing in it besides mineral oil and creatine. However, the defense mounted a vigorous case, calling a series of persuasive witnesses who testified to dramatic improvements while taking the drug. The trial was also tainted by jury tampering: a Krebiozen activist had obtained juror addresses and mailed them pro-Krebiozen literature. The defendants were acquitted, and although Durovic was soon thereafter indicted on tax fraud, he fled to Switzerland, where he lived the rest of his life, dying in his eighties. With Durovic gone, mainstream research institutions refusing to re-evaluate Krebiozen, and mounting evidence that Krebiozen worked no better than standard alternatives, the drug slowly disappeared from public attention.

Ruth's case was terminal regardless, but fake medicine casts a different tone over a death, especially for the living. "When I read through it, it's heartbreaking," Shubert said of reading his mother's files on Krebiozen and the family memoir. "Because you can see the hope with each time, and the disappointment, the false hope that maybe it's making a difference."

We can't ask Ruth whether the trade-offs she made were worth it. But her story is one version of what the placebo effect can look like in real life: money and time for the swift, meaningful relief Krebiozen initially offered. A temporary sense of hope, for the closing off of other options. Her family's eventual distress, for the sense of purpose she gained in fighting for Krebiozen.

Each placebo story is different. Ruth's is only one – and a reminder that the placebo effect is not simple. That when we try treatments whose value we don't know, we risk more than just our health. We risk our time, our remaining choices, and the feelings of those around us. It's useful to remember: Ruth's story is over, but medicine is a long way from finding answers, which means our story is not.

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"Robots don't really feel emotions"
The Wild Robot, Peter Brown, 2016

"How tender are the Springs of the Machine of Man!"
The Friends, A Sentimental History, William Guthrie, 1754

The "Secret Springs" of Emotion in Eighteenth-Century Medicine and Literature

Alex Wetmore

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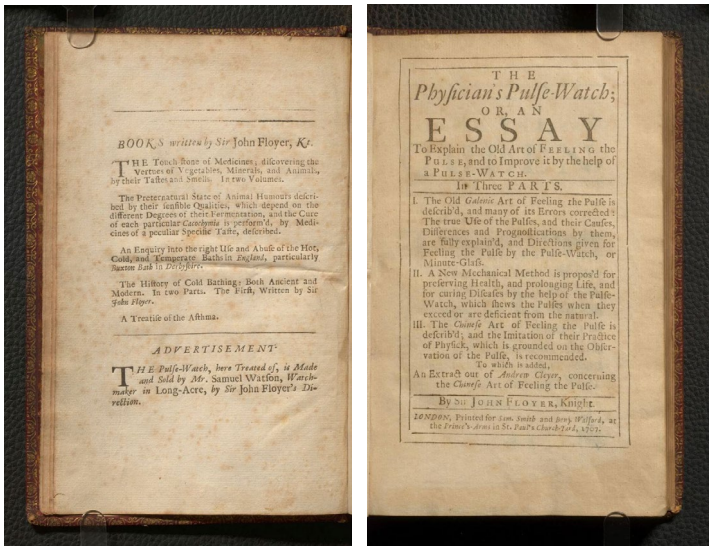
As a literary scholar by trade, I might be viewed as a bit of an interloper to a library devoted to the history of medicine. However, the histories of literature and medicine have many points of convergence, as attested by William Osler's own collecting practices.[1] One of those convergence points is the "sentimental turn" in eighteenth-century Britain and the wider transatlantic world. In the middle decades of the 1700s, a group of writers and thinkers, many of whom had studied medicine or drew inspiration from new ideas in medical science,[2] began to rebel against the perceived excessive rationalism of their fellow Enlightenment intellectuals and explore, by contrast, the influence that emotion and sympathy might hold over human nature.

Despite a recent revival of scholarly interest, some of the eccentricities of the sentimental movement's once-fashionable lexicon of heightened sensibilities, mingled tears, thrilled nerves, modest blushes and throbbing hearts have yet to be fully accounted for. One of these under-examined eccentricities that I find particularly curious is a remarkable tendency to embrace – rather than discourage, as one might expect – comparisons between emotionally-sensitive selves and machines. To give just a few illustrative examples of the many I've come across, in sentimental fiction it is not uncommon to find remarks like that of the narrator in William Guthrie's *The Friends, A Sentimental History* (1754), who impulsively exclaims "how tender are the springs of the Machine of Man!", or to come across descriptions of sentimental protagonists as akin to "machines…containing poetry" as found in Henry Mackenzie's best-selling *The Man of Feeling* (1771).[3] Early Black British author Ignatius Sancho, in his tear-filled *Letters* compares his "mercurial" sensibility to the



BOOKS written by Sir John Floyer, Kt.

THE Touch-Stone of Medicines, discovering the Vertues of Vegetables, Minerals, and Animals, by their Tastes and Smells. In two Volumes.

The Preternatural State of Animal Humours described by their sensible Qualities, which depend on the different Degrees of their Fermentation, and the Cure of each particular Cacochymia is perform'd, by Medicines of a peculiar Specific Taste, described.

An Enquiry into the right Use and Abuse of the Hot, Cold, and Temperate Baths in England, particularly Buxton Bath in Derbyshire.

The History of Cold Bathing: Both Ancient and Modern. In two Parts. The First, Written by Sir John Floyer.

A Treatise of the Asthma.

ADVERTISEMENT.

THE Pulse-Watch, here Treated of, is Made and Sold by Mr. Samuel Watson, Watchmaker in Long-Acre, by Sir John Floyer's Direction.

THE
Physician's Pulse-Watch;
OR, AN
ESSAY
To Explain the Old Art of FEELING the PULSE, and to Improve it by the help of a PULSE-WATCH.
In Three PARTS.

I. The Old *Galenic* Art of Feeling the Pulse is describ'd, and many of its Errors corrected: The true Use of the Pulses, and their Causes, Differences and Prognostications by them, are fully explain'd, and Directions given for Feeling the Pulse by the Pulse-Watch, or Minute-Glass.
II. A New Mechanical Method is propos'd for preserving Health, and prolonging Life, and for curing Diseases by the help of the Pulse-Watch, which shews the Pulses when they exceed or are deficient from the natural.
III. The *Chinese* Art of Feeling the Pulse is describ'd; and the Imitation of their Practice of Physick, which is grounded on the Observation of the Pulse, is recommended.
To which is added,
An Extract out of *Andrew Cleyer*, concerning the *Chinese* Art of Feeling the Pulse.

By Sir JOHN FLOYER, Knight.

LONDON, Printed for *Sam. Smith* and *Benj. Walford*, at the Prince's Arms in St. Paul's Church-yard, 1707.

Floyer, The Physician's Pulse Watch (1707)

environmental responsiveness of a new scientific instrument, the barometer, noting of the affectionate bond he shares with his wife that "I am her barometer—if a sigh escapes me, it is answered by a tear in her eye".[4] And in the widely-quoted sermons of Sancho's famous correspondent, Laurence Sterne, he likens the human instinct for benevolence and sympathy to "a secret spring in a well-contrived machine" (*The Sermons of Mr Yorick*).[5] Passages like these are echoed in the works of key moral-sentimental philosophers of the Scottish Enlightenment like David Hume, who describes the "finer emotions of the mind" as "of a very tender and delicate nature," where "the least exterior hindrance to such small springs" generally "confounds the operation of the whole machine".[6]

This odd yet apparently pervasive and genre-spanning tendency to align the categories of the "sentimental" and the "mechanical"

[1] The third part of the *Bibliographica Osleriana*, after all, is titled "Bibliographica Literaria" and gathers together a wide array of "literary works produced by medical men" (xxxi).

[2] Some of the links between medicine and a "cult of sensibility" have been previously explored by John Mullan in *Sentiment and Sociability: The Language of Feeling in the Eighteenth Century* (Oxford University Press, 1990), G.J. Barker Benfield in *The Culture of Sensibility: Sex and Society in Eighteenth-Century Britain* (University of Chicago Press, 1992) and G.S. Rousseau in "Nerves, Spirits, and Fibres: Towards Defining the Origins of Sensibility" from *Studies in the Eighteenth Century III*, edited by R.F. Brissenden and J.C. Eade (University of Toronto Press, 1976).

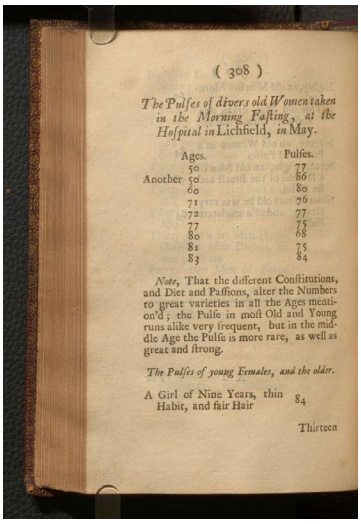
[3] William Guthrie, *The Friends. A Sentimental History: Describing Love as a Virtue, as Well as a Passion* (Printed for T. Waller, 1754), 208; Henry Mackenzie, *The Man of Feeling*, 1771, (Broadview Press, 2005), 101.

[4] Ignatius Sancho, *Letters of the late Ignatius Sancho, an African. In two volumes. To which are prefixed, memoirs of his life*, (London, 1782), vol. 1, 157.

[5] Laurence Sterne, *The sermons of Mr. Yorick*. Vol. 1-7 (printed for G. Faulkner, P. Wilson, H. Bradley, and W. Smith, Jun. Booksellers, 1760), vol. 5, 117-118.

[6] Hume, David. *Four dissertations. I. The natural history of religion. II. Of the passions. III. Of tragedy. IV. Of the standard of taste*, (A. Millar, 1757), 220-221.

– artificial machines and human feelings – not only complicates dominant narratives of this period as an "Age of Reason," but it also runs counter to a prevailing assumption in our own time that the capacity to experience emotion is something that distinguishes humans from their technological artefacts, however muddy these boundaries might get in other respects. As the android Roz explains matter-of-factly in Peter Brown's popular children's novel quoted above, "robots," as everyone knows, "don't feel emotions." The monograph project I am currently developing, tentatively titled *Tears for Gears*, is focused on trying to recover and account for this striking and counterintuitive feature of eighteenth-century sentimentalism, and the Osler's archives have proven instrumental in this aim by helping to reveal how medical developments contributed to machines and feelings becoming so richly and complexly intertwined in the 1700s.


(308)

The Pulſes of divers old Women taken in the Morning Faſting, at the Hoſpital in Lichfield, in May.

Ages.	Pulſes.
50	77
Another 50	86
60	80
71	76
72	77
77	78
80	68
81	75
83	84

Note, That the different Conſtitutions, and Diet and Paſſions, alter the Numbers to great varieties in all the Ages mentioned; the Pulſe in moſt Old and Young runs alike very frequent, but in the middle Age the Pulſe is more rare, as well as great and ſtrong.

The Pulſes of young Females, and the older.

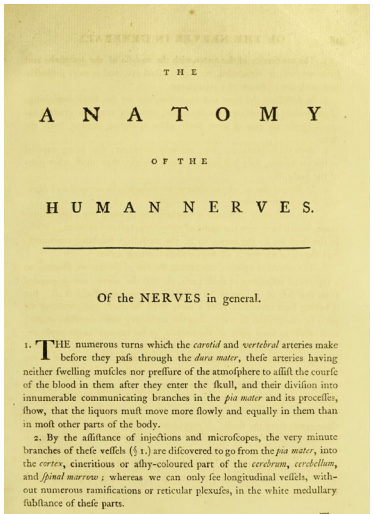
A Girl of Nine Years, thin Habit, and fair Hair 84

Thirteen

Floyer, The Physician's Pulse Watch (1707)

One area of focus during my time at the Library was on examining early efforts to map and understand the nervous system, and the role of nerves in mediating "the passions" (as emotions were often termed). In this, I was able to review works by key figures like Thomas Willis, Alexander Monro (Primus), David Kinneir, Alexander Crichton, Thomas Trotter and Robert Whytt.[7] But I also came across unexpected treasures like Richard Browne's 1729 treatise *Medicina Musica: Or, A Mechanical Essay on the Effects of Singing, Musick, and Dancing, on Human Bodies*.[8] In many of these works it is possible to trace connections between mechanistic medical descriptions of the body's nerves and emerging ideas around emotions like joy, sadness, and compassion that will inform the literature of sensibility. For instance, in Monro's essay "Of the Nerves in General," he supports an understanding of the nervous body as a "hydraulic machine," which has "liquors moving in it as long as it has life". Further, in his recently recovered work, *The Professor's Daughter* (a kind of conduct book for young women addressed to his own child), Monro reiterates this view, adding that the "passions" should be understood as arising from these same nerves, which are subject to "the Laws of Machinery".[9] Alexander Crichton (1798) offers a parallel view, linking human emotion to the "involuntary actions of the body" arising from our "vessels" and "nerves," actions that he argues should be considered the "secret springs" of our "conduct", echoing the clockwork "spring" talk that permeates literary and medical discussions of affective experience. In some cases, these medical texts even pathologize literary tastes, praising the healthful impact of sentimental novels like Richardson's Pamela (as Monro does in *The Professor's Daughter*),[10] or bemoaning the debilitating effects of overly emotional fiction and poetry on the nerves of impressionable women and young readers (as with Trotter).[11]

A second related set of texts I was able to review came from the field of "balneology," some of which offer early (and occasionally dubious) endorsements of the practice of cold bathing, a practice enjoying a remarkable renaissance at the moment. These included works by Richard "Sea Water" Russell, Robert Wittie, Diedrick Linden, William Saunders, and Sir John Floyer (more on the latter to come).[12] Their endorsements are often grounded in the same growing consensus around the "hydraulic" machinery of the nerves and fibres of the body, and its close connection to emotional and physical wellbeing. Many of these advocates for the therapeutic benefits of sea water and cold bathing also promote the use of a new piece of technology that would enjoy a surge in popularity in the mid-1700s, the bathing machine – an "amphibious" carriage first introduced, as Strange notes, in the spa town of Margate


THE

ANATOMY

OF THE

HUMAN NERVES.

Of the NERVES in general.

1. THE numerous turns which the *carotid* and *vertebral* arteries make before they paſs through the *dura mater*, theſe arteries having neither ſwelling muſcles nor preſſure of the atmoſphere to aſſiſt the courſe of the blood in them after they enter the ſkull, and their diviſion into innumerable communicating branches in the *pia mater* and its proceſſes, ſhow, that the liquors muſt move more ſlowly and equally in them than in moſt other parts of the body.

2. By the aſſiſtance of injections and microſcopes, the very minute branches of theſe veſſels (§ 1.) are diſcovered to go from the *pia mater*, into the *cortex*, cineritious or aſhy-coloured part of the *cerebrum*, *cerebellum*, and *ſpinal marrow*; whereas we can only ſee longitudinal veſſels, without numerous ramifications or reticular plexuſes, in the white medullary ſubſtance of theſe parts.

3. The

Monro, The Works of Alexander Monro (1781)

[7] Thomas Willis. *Two Discourses Concerning the Soul of Brutes*, (Dring, Harper, and Leigh, 1683); Alexander Monro, et al., *The Works of Alexander Monro*, (Elliot and Robinson, 1781); David Kinneir, *A New Essay on the Nerves, and the Doctrine of the Animal Spirits Rationally Considered*. 2nd edition (Innys, Manby and Leake, 1739); Alexander Crichton, *An Inquiry into the Nature and Origin of Mental Derangement*, (Cadell and Davies, 1798); Thomas Trotter, *A View of the Nervous Temperament*, The 3d edition, (Longman, et al., 1812); Robert Whytt, *Observations on the Nature, Causes, and Cure of Those Disorders Which Have Been Commonly Called Nervous, Hypochondriac, or Hysteric*, second edition, (Becket, and Hondt, 1765).

[8] Richard Browne, *Medicina Musica: Or, A Mechanical Essay on the Effects of Singing, Musick, and Dancing, on Human Bodies*, (Cooke, 1729).

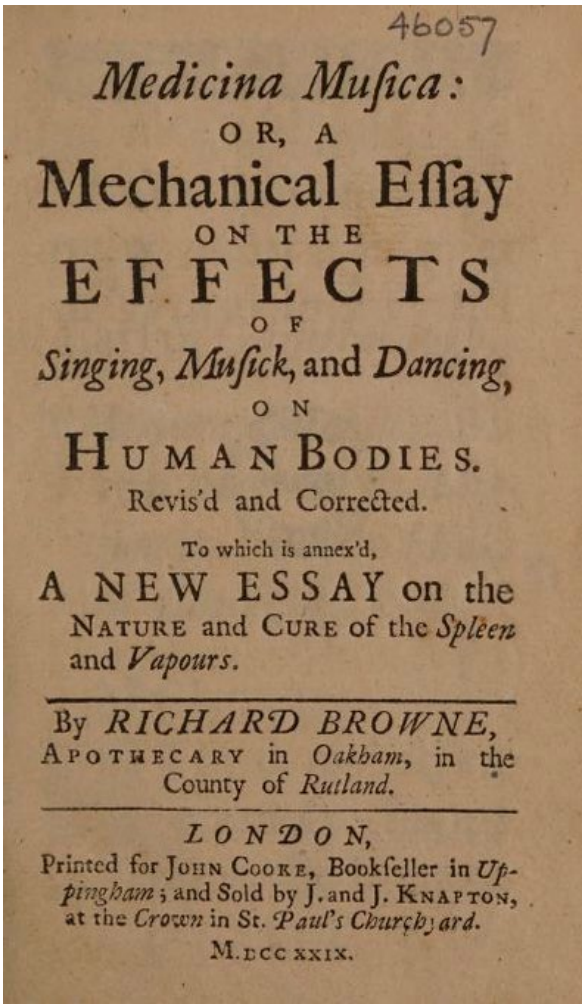
[9] Alexander Monro and P. A. G. Monro, *The Professor's Daughter: An Essay on Female Conduct Contained in Letters from a Father to His Daughter*, 1739, (Royal College of Physicians of Edinburgh, 1996).

[10] In these letters Alexander Monro notes that, while many novels "tend greatly to turn the head and corrupt the heart," there are exceptions, and he praises Richardson's sentimental novel *Pamela*, in particular, which "might serve as a model" (16) for young ladies.

[11] Trotter bemoans the corrupting effects of "novel reading" on the nerves, memorably attacking novels of excessive sensibility as "love-sick trash" with the potential to stoke "a literary passion" in the "female mind" that can prove "fatal" (89).

[12] Richard Russell, *The Oeconomy of Nature in Acute and Chronical Diseases of the Glands*, (John Rivington, James Rivington, James Fletcher, 1755); Robert Wittie, *Scarbrough Spaw; or, A Description of the Nature and Vertues of the Spaw at Scarbrough*, (Tyus and Lambert, 1660); Diedrick Wessel Linden, *A Treatise on the Origin, Nature, and Virtues of Chalybeat Waters*. Second edition, (Browne, 1755); Saunders, William. *A Treatise on the Chemical History and Medical Powers of Some of the Most Celebrated Mineral Waters*, (Phillips, 1800); John Floyer, *The Ancient Psychrolousia Revived: Or, an Essay to Prove Cold Bathing Both Safe and Useful, (Smith and Walford, 1702); John Floyer, Psychrolousia; or, the History of Cold-Bathing, Both Ancient and Modern, in Two Parts*, 5th edition, (W. and J. Innys, 1722).

and incorporated into the curative regimes of visitors to newly popular coastal health resorts.[13] Diedrick Linden, for instance, advocates for the use of a "bathing machine" to "moisten such nerves, as are too dry and contracted."[14] Russell influentially advocates "going into the sea in a bathing chariot" in his *The Oeconomy of Nature* (1755), as it promotes a healthy contraction of "fibrillae" that is "continued throughout the machine."[15] These works thus link technological innovation to the same mechanistic discourse of nerves that would inform much sentimental literature. Bathing machines even feature prominently in some notable sentimental narratives, like *The Expedition of Humphry Clinker* (1771), written by doctor-turned-novelist Tobias Smollett.[16]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Medicina Muſica:

OR, A

Mechanical Eſſay

ON THE

EFFECTS

OF

Singing, Muſick, and *Dancing,*

ON

HUMAN BODIES.

Reviſ'd and Corrected.

To which is annex'd,

A NEW ESSAY on the

NATURE and CURE of the *Spleen* and *Vapours.*

By *RICHARD BROWNE,*

APOTHECARY in *Oakham,* in the County of *Rutland.*

LONDON,

Printed for JOHN COOKE, Bookſeller in *Uppingham*; and Sold by J. and J. KNAPTON, at the *Crown* in St. *Paul's Churchyard.*

M.DCC XXIX.

Browne, Medicina Musica (1729)

But the figure whose body of work weaves all these threads (feelings, machines, medicine, literature) most intriguingly together, I believe, is Sir John Floyer (1649-1734). Prominent physician to Samuel Johnson, popular medical writer, and early advocate for cold bathing, Floyer's most long-lasting impact on medicine comes from a book titled *The Physician's Pulse-Watch* (1707), which I was very excited to be able to examine at the Osler.[17] This text occupies a place of modest prominence in medical history as well as in the history of technology, as it documents the first use of a stopwatch, invented by Floyer to measure the pulse rates of his patients, a practice now synonymous with a doctor's visit.[18] Floyer saw the possible medical applications for newly portable and accurate timepieces enabled by the recent development of the balance spring in clockmaking by Andreas Huyssens and Robert Hooke, and commissioned the first watch with a second hand and a stop button from the watchmaker Samuel Watson. He then used this device to study variations in human and animal pulse rates and published his findings. As Mondschein notes, in this book and its sequel, Floyer "took interest in pulses to the point of obsession."[19] *The Physician's Pulse-Watch* includes often richly metaphorical descriptive language to categorize pulses into different types (e.g. "vermicular" or worm-like, "formicant" or ant-like, as well as "convulsive," "languid," etc.) that will migrate into sentimentalism's language of the heart in the years to come. In addition, he connects these variations to the influence of different "passions" on the body, including "the passions of anger" in which the pulse is "vehement"; of "joy" where the pulse is "great, rare, and slow"; and "sadness" where the pulse becomes "small, slow, languid and rare."[20] Floyer concludes with hope that "by the help of the Pulse-Watch" future physicians will be able to "preserve our health, and prolong our lives" in part by better understanding and regulating the relationship between our pulse and our emotions. For instance, while "Love and all Heroic passions" like "Chearfulness and Hope" can "prolong Life," he proposes, the "Violent Passions" like fear and anger can unnaturally shorten it by dysregulating the heart's natural rhythms.[21]

Moreover, in these descriptions Floyer intriguingly blurs the lines between the new measurement device he innovatively designed (and promoted for sale to his readers) and the human subjects whose heart rates the device measured, describing his patients as akin to pulse watches themselves – machines that can only maintain their proper rhythm through regular attention, adjustment and maintenance. The role of the physician, in Floyer's scheme, becomes to help patients wind up or wind down these physiological rhythms whenever "our Mechanism is out of order", through changes to diet, exercise or other therapeutic practices (like cold bathing). Regulating disorders in the "Mechanism" of our body is no small matter, as Floyer suggests that promoting a healthy pulse rate might offer a whole new foundation for medicine: "Upon that we may build all the Practice of Physick," he ambitiously claims.[22] This mechanistic language is echoed in his other writing, as well, like his *Advice*

[13] F.G. Strange, *The History of the Royal Sea Bathing Hospital, Margate*, 1791-1991 (Meresborough Books, 1991).

[14] Linden, *Treatise*, 65.

[15] Russell, *Oeconomy*, 214, 217.

[16] Tobias Smollett, *The Expedition of Humphry Clinker*, 1771, (Oxford University Press, 1998).

[17] John Floyer, *The Physician's Pulse-Watch; or, an Essay to Explain the Old Art of Feeling the Pulse*, (Smith and Walford, 1707).

[18] Ken Mondschein, *On Time: A History of Western Timekeeping*, (Johns Hopkins University Press 2020).

[19] Mondschein, *On Time*, 99.

[20] Floyer, *Pulse-Watch*, 90-91.

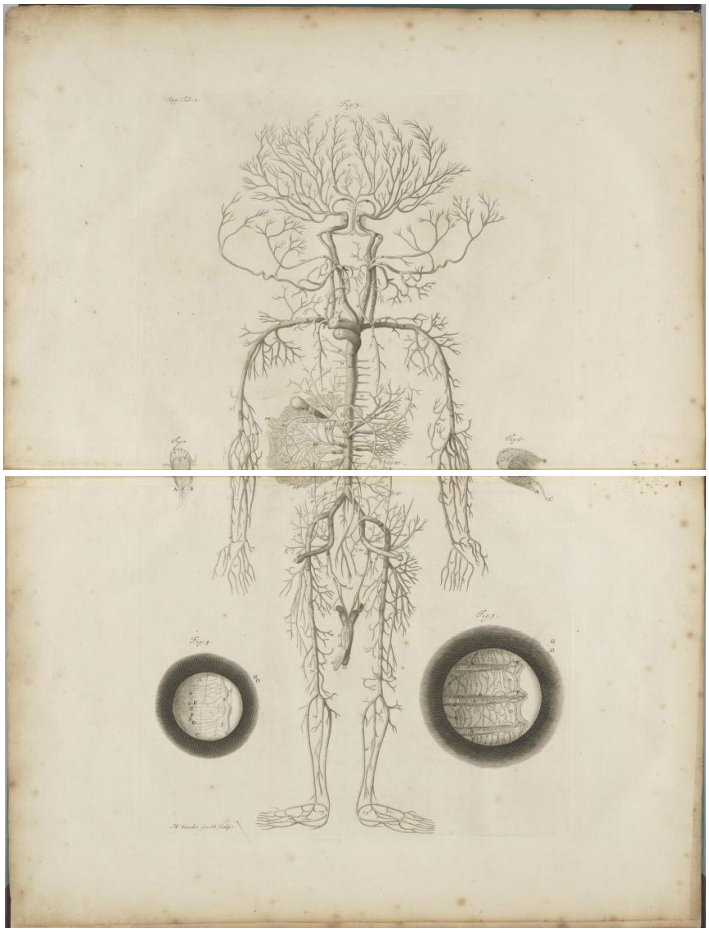
[21] Floyer, *Pulse-Watch*, 172.

[22] Floyer, *Pulse-Watch*, 4.

to a Young Physician, where he refers to his patients as "curious machines," to corpses as "dead engines," and draws an extended analogy between the shared inner complexity of humans and clocks, noting of our bodies that "the inward mechanism as much excels the exterior, as the inward wheels and springs of a clock its exterior plate and index".[23] In the years to follow, Floyer's pulse watch experiments helped to inspire renewed interest in the ancient study of the pulse, as attested in the Osler's archives by later works by Rucco (*Introduction to the Science of the Pulse*) and Fouquet (*Essai Sur Le Pouls*), among others.[24] Moreover, this medicalized language of the heart – a taxonomy of "trembling," "vibrating," "convulsive," "weak," or "vehement" pulses, associated with particular emotional states[25] – would become a helpful resource for sentimental writers to come, in their subsequent efforts to represent in ever greater descriptive detail the subtle variations of affective experience.[26]

A question that remains is how to reconcile the ostensible "humanizing" impulses of much sentimental writing (for instance, by encouraging readerly sympathy and kinship with enslaved Africans, or giving greater weight and value to the perspectives of women), with its indebtedness (here and elsewhere) to modes of thought that seem, by contrast, to dehumanize sensitive selves as resembling automatic feeling machines. As these archival documents have helped reveal for me, for those "sentimental" writers and thinkers who drew on the field of medicine to inform their innovatively rich and robust representations of affective experience, it would have been perfectly intuitive to see human feelings and artificial machines as deeply and inextricably entangled. Feelings of joy, sadness, fear or compassion were increasingly thought to arise from the body's nerves, vessels and fibres, an interconnected system of strands and tendrils that functioned, it was widely theorized, like an "hydraulic machine" and subject to the same "laws of machinery."[27] But just like a spring-powered clock or watch, this delicately-calibrated body was also prone to deviating from its natural and proper rhythms over time, without periodic maintenance and intervention. New medical devices like the pulse watch and the bathing machine were thus invented and popularized due to a perceived need to continuously regulate these frustratingly unstable rhythms, and, in doing so, help combat the negative emotions – like the "violent Passions" of fear or anger – associated with melancholy and other nervous disorders.

While it may be more common now to align machines with cold, calculating reason (arguably a holdover from the Enlightenment strains of rationalism that the sentimental movement defined itself against), it was quite understandable for many writers and readers of the middle and later decades of the 1700s to imagine their powerful emotions, by contrast, as palpable evidence of an affinity with the new artefacts of an emerging "technological modernity."[28] The Osler Library, and other medical-historical archives, are integral resources in the ongoing effort to recover this once widespread view. Recovery work like this feels increasingly vital in our current moment, in which there is a significant need for more effective critical and historical frameworks through which to understand and address contemporary challenges related to technology (AI and climate change, among them), but also in which scholars from the medical sciences to the humanities are actively re-assessing traditional assumptions about the nature and influence of emotions on our lives.



Cowper, The Anatomy of Humane Bodies (1698)

[23] John Floyer, *"Advice to a Young Physician" and Other Essays*, (William Sessions, 2007), 32, 79.

[24] Henri Fouquet, *Essai Sur Le Pouls*, (M. Seguin, 1818); Julius Rucco, *Introduction to the Science of the Pulse: As Applied to the Practice of Medicine*, (C. Smith and Co., 1827).

[25] Floyer, *Pulse-Watch*, 50-51.

[26] Detailed observations about heart beats and throbbing pulses permeate sentimental fiction, featuring prominently for instance in a whole chapter titled "The Pulse" in Sterne's enormously influential *A Sentimental Journey* (1768), in which Parson Yorick reads the pulse of a Parisian shopkeeper, "counting the throbs of it, one by one…as if I had been watching the critical ebb or flow of her fever" (51). Similarly, in a particularly emotionally-charged scene in *The Man of Feeling*, the narrator notes that "the blood ran quicker to" the hero Harley's "cheek" and "his pulse beat one, no more" then "regained the temperament of humanity" (50). In *The Man of Feeling*'s mournful conclusion, when the narrator speaks Harley's name one last time, he tearfully reflects "I felt a pulse in every vein at the sound" (97).

[27] Monro, "Of the Nerves," 327.

[28] Joseph Drury, *Novel Machines: Technology and Narrative Form in Enlightenment Britain* (Oxford University Press, 2017), 5.

Reflections from the past, **hopes** for the future: the Head Librarian's annual summary

Mary Hague-Yearl

AS I WRITE THIS YEAR'S ANNUAL APPEAL, we are winding down following an eventful autumn. Thanks to the generosity of Dr. J. Mario Molina and the many others who have contributed to the Molina Family Head Librarian endowment, we were allowed to hire Dr. Svetlana Kochkina (then-Acting Head, Osler) as a Liaison Librarian. Thanks to the continuity provided by Svetlana's appointment, it was possible to have a full schedule of autumn events arranged before I returned from my sabbatical on 1 September 2025.

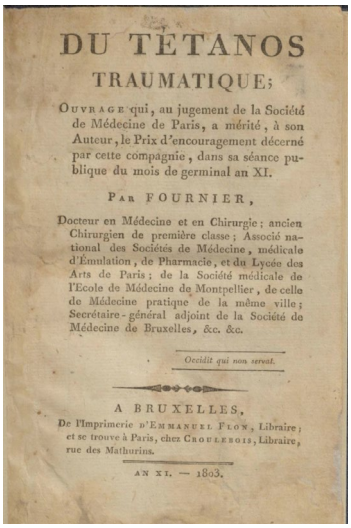
The events and activities hosted at the Osler Library since my return include:

- A tour for visitors from the Italian Embassy
- A hybrid relaunch of Jefferson Lewis's book, *Something Hidden*: **https://youtu.be/j5O6_4xNopo**
- Visits by Sarah Brand's Marianopolis class on Early Modern Knowledge
- A guided tour for a Toronto Book Club, centred around Eric Andrew-Gee's *The Mind Mappers*
- Homecoming tours
- A tour for visiting nursing students from Gifu University
- The opening of Brenda Dunn-Lardeau's exhibit (on display until 13 March 2026), "How to turn black and white incunabula into luxury items"
- The Medical Student Research Symposium: **https://youtu.be/WGuq-YpT5Dg**
- A book talk featuring Marie Wilson in conversation about *North of Nowhere*: **https://youtu.be/73gjArVKfBk**

Marianopolis students had an introduction to rare books as part of their Early Modern Knowledge class. Photo credit: Sarah Brand

This list of events organized by the Osler Library team followed activities that took place earlier in the year, such as the vernissage for the opening of *ouch ouch ouch* by 2024 Michèle Larose – Osler Library artist-in-residence Ev Ricky and a book launch for Eric Andrew-Gee's *The Mind Mappers*. That we are able to pursue such an energetic programme is entirely thanks to your support.

In the midst of the book talks and exhibits and tours, we rejoiced to learn that four manuscript copies of 'In Flanders Fields' that we preserve at the Osler were to be inscribed onto CCUNESCO's Memory of the World Register. As we spoke with the press about this honour, we stressed that we were able to highlight those letters, their connection to Montreal and McGill, because of the generosity of donors who had given them to us to preserve as national treasures.



DU TÉTANOS
TRAUMATIQUE;

Ouvrage qui, au jugement de la Société de Médecine de Paris, a mérité, à son Auteur, le Prix d'encouragement décerné par cette compagnie, dans sa séance publique du mois de germinal an XI.

Par FOURNIER,

Docteur en Médecine et en Chirurgie; ancien Chirurgien de première classe; Associé national des Sociétés de Médecine, médicale d'Émulation, de Pharmacie, et du Lycée des Arts de Paris; de la Société médicale de l'Ecole de Médecine de Montpellier, de celle de Médecine pratique de la même ville; Secrétaire-général adjoint de la Société de Médecine de Bruxelles, &c. &c.

Occidit qui non servat.

A BRUXELLES,
De l'Imprimerie d'Emmanuel Flon, Libraire; et se trouve à Paris, chez Croullebois, Libraire, rue des Mathurins.

an xi. — 1803.

Thanks to funds donated by the Friends of the Osler Library, we were able to purchase a copy of François Fournier de Pescay's Du tetanos traumatique (1803).

Similarly, the majority of our new acquisitions are made possible by donations to the Friends of the Osler Library. Such purchases this year include:

- François Fournier-Pescay, *Du tetanos traumatique* (Brussels, 1803). Fournier de Pescay was born in Saint-Domingue, worked as a doctor and surgeon, first with the revolutionary forces and later in Napoleon's Imperial Guard. He is described as the first physician of colour to practice medicine and surgery in Europe. This book is important as an early work on tetanus.
- Antoine-Constant Saucerotte. *Nouveaux conseils aux femmes sur l'age prétendu critique, ou conduite à tenir lors de la cessation des règles*. 3rd ed. (Paris, 1829). Saucerotte is best known for his work making scientific concepts accessible to popular audiences. Few copies exist of this early work on menopause.
- *Pour l'amitié*, friendship album of Christian Gottlieb Rüdiger, 1785-1806. Rüdiger served as a surgeon in the Swiss counter-revolutionary forces and this book contains entries by his medical colleagues.
- *Tōsō shinzetsu zu. 痘瘡唇舌図* ["Smallpox, Lips, & Tongue Analysis, Illustrated"], 1788. This accordion manuscript starts with a text based on the writings of Man'gong Dai 戴曼公 (1596-1672), a prominent Chinese doctor who fled to Japan early in the Qing dynasty. He is known for teaching Chinese methods of vaccination during an outbreak of smallpox in Nagasaki.

We are coming to the final six months of our appeal for contributions to the Head Librarian endowment and are humbled by the generosity that has allowed us to come so close to our goal

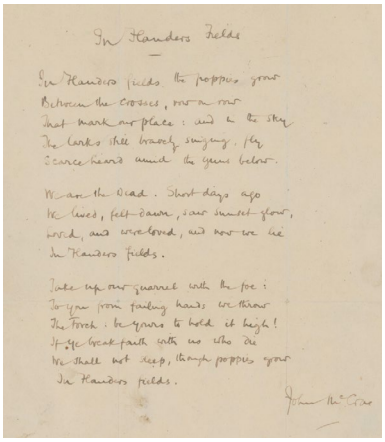
($3.7 million out of $4 million) in a period of a bit over one year. The last stretch is often the most difficult, so we appreciate your continued support for the endowment. We will be immensely grateful for that progress early in the new year when we look to hire a Liaison Librarian-Archivist. Dr. Svetlana Kochkina, who moved into the post after doing such a spectacular job as Acting Head Librarian during my sabbatical, will be leaving McGill in the spring to become the University Librarian at the University of Prince Edward Island. The nomination is well-deserved and Svetlana will be excellent in that position; we wish her all the best and know how fortunate are our colleagues in Charlottetown.

As we build up to celebrations of our 100th anniversary in 2029, we are eager to pursue a number of initiatives to ensure a vibrant continuation of Osler's legacy. Many of the items on our list lack glamour and they are not as public as our outreach achievements, but they are vital nonetheless and reflect some of the ways that we apply donations from our Friends.

The title page of Christian Gottlieb Rüdiger's Liber amicorum reflects his medical interests.

Every year, we use the proceeds from the Beverly Millar and Diana Catherine Muirhead Fund to restore a small number of key works. Conservation is a priority and we typically match the endowment disbursement with our funds to pursue further work to restore and preserve our collections. Our Friends will know that the works of the Osler Library have undergone quite a trauma in the past decade. When we moved all of the books out of McIntyre following the 2018 roof fire, we discovered that the conditions in their guest location in the McLennan Library were dangerously dry. After Osler staff kept careful climate readings, the situation was corrected but we are now seeing the impact of two years of dryness on covers that have become brittle. Thus, in the coming years we aim to use our funds to hire a conservator, initially on a one-year contract. We have two specific goals that will guide the work of the conservator: 1) to provide special care for our nineteenth-century collections that were transferred from the Medical Library after decades of hard use, and 2) to guide us in creating a long-term preservation plan that includes emergency response provisions.

Another priority is to renew our furnishings. Most of our tables date to the opening of the McIntyre Medical Sciences Building in the mid-1960s. Our furnishings were designed to match the building, so we are looking for replacements that will continue to enhance the ambiance of the library, but which are easier to manoeuvre for our busy schedule of events and class visits.


In Flanders Fields

In Flanders fields the poppies grow
Between the crosses, row on row
That mark our place; and in the sky
The larks still bravely singing, fly
Scarce heard amid the guns below.

We are the Dead. Short days ago
We lived, felt dawn, saw sunset glow,
Loved, and were loved, and now we lie
In Flanders fields.

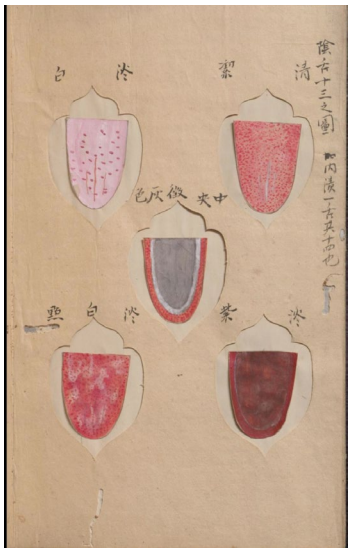
Take up our quarrel with the foe:
To you from failing hands we throw
The torch: be yours to hold it high!
If ye break faith with us who die
We shall not sleep, though poppies grow
In Flanders fields.

John McCrae

This manuscript copy of 'In Flanders Fields,' written and sent by John McCrae to Carleton Noyes, is one of four copies of the poem at the Osler Library that were recently inscribed into the Memory of the World register of CCUNESCO.

In 2029, when celebrating our 100th anniversary, we want to be able to showcase our rich holdings in a series of exhibits and hope to enhance our gallery space. Now that we have added glass doors that provide additional security to our exhibition gallery, we hope to purchase new cases that will increase the number of works we can display at a given time. Moreover, with the recent donation of such prize artifacts as two glass stethoscopes donated by Dr. Milton Roxanas, we are keen to install cases in which we can display such objects.

In summary, the Osler Library is more than a repository for works on the history of medicine. We are a research hub that has a broad reach locally and internationally. Throughout the year, we host researchers from around the world and reach wide audiences via in-person and live-streamed scholarly lectures and student research symposia. We host book launches and public lectures to highlight the outcomes of Osler Library-based research. Our exhibition schedule highlights works by our annually-selected artist-in-residence and features exhibits curated by local academics. Our intellectual outreach includes work with community groups and classes, which range from single session explorations of our collections embedded in local university and CEGEP classes, to a library-based McGill medical school seminar offered annually by the Head Librarian.



A tongue diagnosis chart from Tōsō shinzetsu zu, based on Man'gong Dai's writings.

For our vibrancy, we thank our many supporters: past, present, future. To all Friends of the Osler Library, thank you.

Osler Library's *In Flanders Fields* manuscripts honoured by the Canadian Commission for UNESCO

Svetlana Kochkina

"IN FLANDERS FIELDS" by John McCrae is one of the most famous and moving pieces of poetry about the horrors of trench warfare in the First World War, known to all Canadians and people around the globe, and often read and performed during the remembrance ceremonies on November 11. It expresses in a few simple, collected, yet poignant and utterly memorable words a chilling despair and horror of senseless bloodshed that its author faced during the Battle of Ypres. It is also the origin of an enduring symbol of remembrance, recognised and understood worldwide, which we still wear on our lapels in November, the month of Armistice, the red poppy.

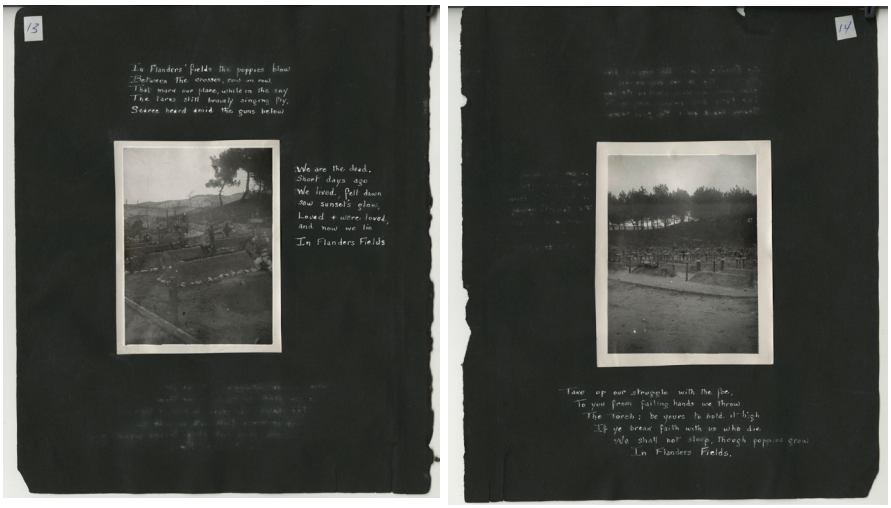
The Osler Library is home to four handwritten copies of McCrae's immortal poem. Of these four manuscripts, one is in McCrae's hand with a textual variant, two are predating its publication in *Punch* magazine on 8 December 1915, most likely copied from his manuscript circulated among his colleagues and friends, and one was probably created contemporaneously with publication. On October 22, 2025, they were added to the Canadian Commission for UNESCO (CCUNESCO)'s Canada Memory of the World Register, part of UNESCO's Memory of the World Programme that recognises the most significant documents of our heritage.

Lieutenant-Colonel John McCrae was a career soldier and physician, and in civil life, he practised medicine at Montreal General and the Royal Victoria Hospitals and taught at McGill University. He joined an army fighting artillery at the outbreak of the First World War, where he experienced some of the first chemical weapons attacks during the Second Battle of Ypres in Belgium. In 1915, McCrae began his service in what would become one of the most notable Canadian medical contributions to the war effort, the No. 3 Canadian General Hospital. The hospital was fully fielded and staffed by McGill University to care for the wounded and sick Allied soldiers fighting in France and Belgium, with the majority of its staff drawn from the University. Initially planned to have 520 beds, it covered 26 acres and had 1,560 beds by 1918. Between 1915 and 1918, the hospital admitted 143,762 sick and wounded patients and performed 11,395 operations with a death rate of 1 in 135. By the end of WWI, the McGill hospital was known as one of the best medical units within the armies in France.

Clare Gass's World War I photograph album, page 7.

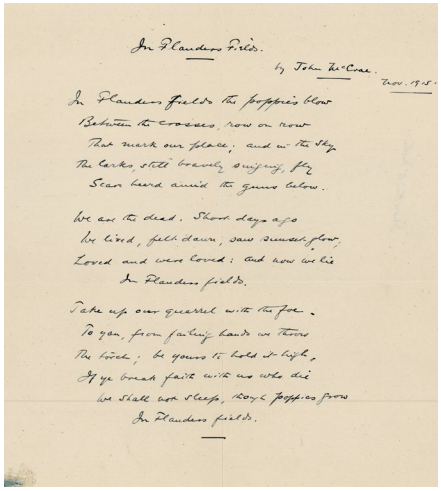
The Osler Library houses archives of several Montreal and McGill doctors and nurses who served at the No. 3 Hospital with McCrae or were part of the Canadian Army Medical Corps in France. Remarkably, three fonds, Andrew Macphail's, Clare Gass's, and Edward William Archibald's, contain contemporary handwritten copies of McCrae's poem.

The first manuscript, written in McCrae's hand, was left to the Osler Library among the literary archives of fellow physician and McGillian John Andrew Macphail, an officer in the 6th Field Ambulance with the Canadian Army Medical Corps during WWI. It is found in the letter sent from John McCrae while on active duty to a friend, Carleton Noyes, in Cambridge, MA, with an envelope postmarked 31 May 1916. Enclosed with the letter is an autographed copy of McCrae's poem, "In Flanders



Clare Gass's World War I photograph album, pages 13 and 14.

Fields." In this letter, McCrae modestly notes that the poem had achieved some notoriety. Remarkably, this copy contains a textual variant of the poem. Its first line ends with the word "grow," a change from the published version in which the line finishes with "blow," a possible sign that McCray was returning to work on his poem after its publication and during its already fast-spreading fame.



In Flanders Fields.

by John McCrae.

Nov. 1915.

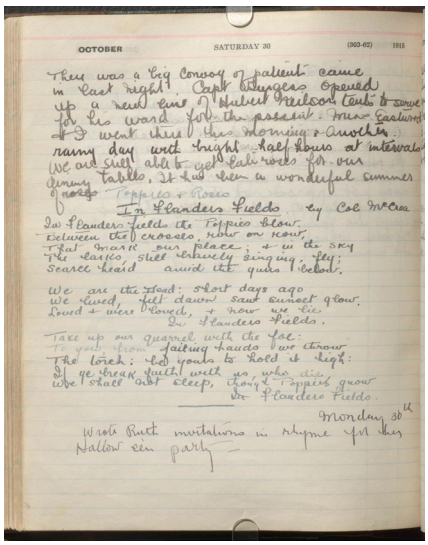
In Flanders fields the poppies blow
Between the crosses, row on row
That mark our place; and in the sky
The larks, still bravely singing, fly
Scarce heard amid the guns below.

We are the dead. Short days ago
We lived, felt dawn, saw sunset glow,
Loved and were loved, and now we lie
In Flanders fields.

Take up our quarrel with the foe:
To you from failing hands we throw
The torch; be yours to hold it high.
If ye break faith with us who die
We shall not sleep, though poppies grow
In Flanders fields.

Copy of "In Flanders Fields" enclosed in a letter written by E.W. Archibald to his wife in November 1915.

The earliest copy predating the poem's publication is found in Clare Gass's diary. Gass (1887-1968) left for Europe in May 1915 as a Lieutenant nursing sister with the No. 3 Canadian General Hospital. Her diary and photo album chronicle her experiences as a nurse with the Canadian Army Medical Corps. The diary features an early appearance of "In Flanders Field," copied out by Gass in the entry for 30 October, nearly six weeks before its first publication in *Punch* on 8 December 1915. Her photograph album, beginning in April 1915, includes depictions of soldiers and nursing sisters, hospital interiors, fields of poppies, and Gass herself with armfuls of delicate red flowers. Leaves 13 and 14 at the end of the section with photos from summer 1915 contain "In Flanders Fields," copied in her hand next to two photographs of the fields of endless crosses marking soldiers' graves. The positioning of the photos and the text suggests that they were added to the album simultaneously, and most probably contemporarily with its publication.



OCTOBER SATURDAY 30 1915

In Flanders Fields by Col McCrae

In Flanders fields the Poppies blow
Between the crosses row on row,
That mark our place; & in the sky
The larks, still bravely singing, fly;
Scarce heard amid the guns below.

We are the Dead: short days ago
We lived, felt dawn, saw sunset glow,
Loved & were loved, & now we lie
In Flanders Fields.

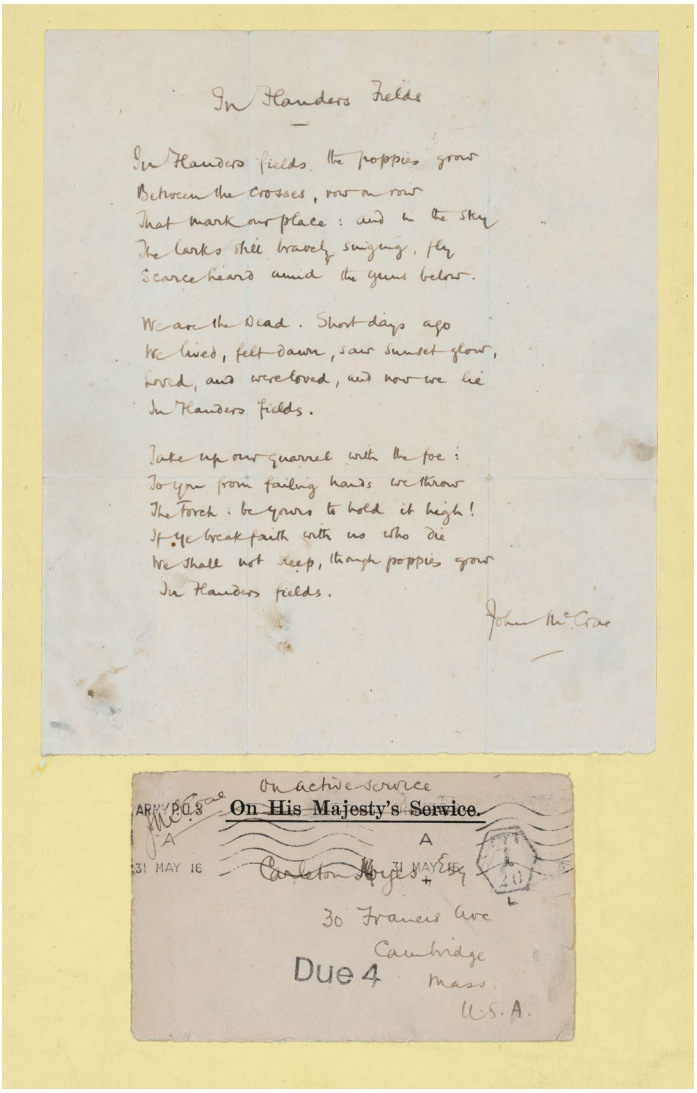
Take up our quarrel with the foe:
To you from failing hands we throw
The torch: be yours to hold it high:
If ye break faith with us who die
We shall not sleep, though Poppies grow
In Flanders Fields.

Monday 30th

Clare Gass's War diary, 1915-1916, Copy of "In Flanders Fields" written in the entry for October 30, 1915.

Another manuscript copy, again written before the poem's publication, is found in the archives of Edward William Archibald. Archibald (1872-1945) was a Major in the Canadian Army Medical Corps during WWI, and it was during his service at the No. 3 Canadian General Hospital that he developed new techniques in the treatment of war wounds, especially to the lungs. Archibald was McCrae's friend and correspondent, and his archives at the Osler Library hold several letters between John and Janet McCrae, E.W. Archibald and Mrs. Archibald, written between 1913 and 1918. The letter written in November 1915 by Archibald to his wife contains "In Flanders Fields" in Archibald's hand. This manuscript copy, similar to the one found in Gass' diary, was copied and sent to his correspondent before the poem's publication in *Punch* and is a testimony to its pre-print circulation.

The manuscript copies of "In Flanders Fields" in the archives of the Osler Library are tangible evidence of the poem's creation and early circulation among McCrae's friends and colleagues, but also an enduring testimony to the power of friendship, the human urge for creativity, and the fascination of beautifully wrought words that were not and could not be destroyed in the all-consuming flames of a brutal war.



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In Flanders fields.

John McCrae

On active service
On His Majesty's Service.
ARMY P.O.S.
31 MAY 16
Carleton Noyes
30 Francis Ave
Cambridge
Mass.
U.S.A.
Due 4

Autographed copy of "In Flanders Fields" that was enclosed in a letter sent by John McCrae while on active duty to Carleton Noyes, in an envelope postmarked 31 May 1916.

Reflective Pieces

Rukun Dou
McGill MD, CM, Class of 2029
Mentors: **Dr. Mark Bernstein** and **Dr. Richard Leblanc**

My first introduction to the legacy of Dr. Wilder Penfield in the field of neurology and neurosurgery occurred during a psychology class in my first year of CEGEP. At that time, knowing that I wanted to pursue a career in medicine, I was deeply fascinated by the contributions made by an individual driven by passion and intellectual curiosity. Afterwards, I found myself dedicating hours to reading about the homunculus, the Montreal Procedure, the history of the Montreal Neurological Institute, and the contributions of other renowned figures, like Brenda Milner. Undoubtedly, this exposure to the scientific study of the brain played a role in shaping my early interest in neurosurgery.

The Pam and Rolando Del Maestro Family William Osler Medical Student Essay Contest presented itself as an excellent opportunity to delve deeper into the works of Dr. Penfield and his team at the MNI, while concurrently allowing me to revisit ethics and philosophy, subjects I enjoyed during my previous education. After some reflections, I rapidly set my focus toward Penfield's contributions to the ethics of awake craniotomies. The study of this topic broadened my vision of medicine as a scientific discipline, as it clearly highlighted the importance of interprofessional dialogue in medicine, a principle Penfield himself highlighted on numerous occasions. Throughout the project, I had the immense privilege of working with two accomplished neurosurgeons, namely Dr. Mark Bernstein and Dr. Richard Leblanc. Our long discussions provided me with valuable insights into the ethics of surgery, special forms of awake craniotomy, the context of brain mapping in the early 20th century, and specific areas of Penfield's work. Meanwhile, I found pleasure in filling my summertime with reading of biography accounts, screening of digital archival documents, visits to McGill libraries, and consultations at the MUHC Permanent Archives Centre.

Partaking in this essay contest allowed me to have experiences I wouldn't have encountered otherwise. There is always a sense of awe and connection when holding the letters that persuaded Penfield to establish in Montreal, the documents that led to the foundation of the MNI, or the annual report of the Royal Victoria Hospital recounting events from nearly a century ago. These objects belong to a vast catalogue of documents within McGill libraries that contain a surprising amount of information on a topic that I initially considered obscure. Careful review of this catalogue deepened my research because, sometimes, I found new evidence that opened a tangent worthy of further investigation. Such was the case when, as I reviewed Penfield's unpublished writings, I discovered a line suggesting that he recognized the importance of collaboration in care delivery very early in his career. This enabled me to establish links with other moments in his career where he pushed forward multidisciplinary collaboration.

In parallel to my research, I had the chance to talk to Eric Andrew-Gee, author of *The Mind Mappers: Friendship, Betrayal and the Obsessive Quest to Chart the Brain*, a newly published book about the partnership between Wilder Penfield and William Cone, founders of the MNI. As he described the process of writing a book, I learned how much further one can go in researching the history of medicine, particularly by obtaining permission to examine protected documents and by interviewing witnesses.

Overall, this project was of high educational value for me, as I learned to work with not only scientific databases, but also with historical archives. For example, I came to recognize the necessity of an additional step to contextualize the evidence within its scientific and social setting when considering documents from another era. Some medical practices that appear rudimentary or obvious today may not have been so a century ago. Understanding their evolution and raison d'être allows us to better appreciate modern care. I will continue to value historical documents throughout my medical training, as this project taught me that a deep understanding of medicine's past is a powerful driving force to advancing its future.

Samia Cherkaoui
McGill MD, CM, Class of 2028

When I began researching *The Music of Illness: How Ravel, Schumann, and Scriabin Composed the Brain's Silence*, I only had fragments: a fascination with the connection between neurology and art, and a few scattered notes on how disease might alter creativity. What I discovered through McGill's library system and the Osler Library was not only information but a way of thinking. Research became an act of listening, and every source, whether medical or musical, carried a human voice.

I spent long hours in the Osler Library of the History of Medicine, where the quiet itself feels scholarly. Reading Osler's addresses alongside Penfield's clinical writings helped me frame my essay around the idea that illness should not be seen only as pathology but as transformation. That conviction shaped the entire project.

Through McGill's digital collections, I learned to navigate databases I had never used before: Oxford Academic, Cambridge University Press, SpringerLink, and Frontiers in Neurology. The search for Ravel's medical case led me to Théophile Alajouanine's *Aphasia and Artistic Realisation* and Bruce Miller's work on frontotemporal degeneration. I also found Ayhan Kanat's article on Ravel's failed craniotomy, which connected neurosurgery, decline, and musical form. Reading these papers taught me how to move beyond intuition into evidence and how to let data refine empathy.

For Schumann, I turned to primary sources. I used McGill's access to the Internet Archive to read *The Letters of Robert Schumann* and cross-referenced them with Peter Ostwald's *Schumann: The Inner Voices of a Musical Genius*. That process, which involved comparing editions, verifying translations, and contextualizing his correspondence, made me realize that the precision of research mirrors the precision of diagnosis. Every footnote, like every symptom, carries meaning.

Scriabin's section drew me into interdisciplinary territory. I located articles by Triarhou and Picard through Frontiers in Psychology and Frontiers in Neurology, both discussing ecstatic epilepsy and the insula's role in perception. Their blend of neuroscience and aesthetics changed the way I understood illness. It was not only a state of dysfunction but also a form of altered consciousness.

I also worked with archival letters from the Serge Koussevitzky Collection at the Library of Congress. Reading Ravel's correspondence in his own handwriting was profoundly moving. Seeing the uneven ink and careful phrasing gave me a sense of his struggle that no secondary source could provide. It reminded me that behind every case study lies a living mind, still reaching for coherence.

Over time, I became fluent in the library's language: Boolean searches, citation managers, and cross-database navigation. What began as a personal fascination evolved into disciplined research. Each source shaped my argument and, more importantly, taught me how to think.

This project changed how I understand medicine. The Oslerian approach, which emphasizes seeing the human being rather than the disease, guided every paragraph. The library became my clinic and each archive a patient with its own story. Through this process, I learned that scholarship and care share the same foundation: attention.

The Osler Library and McGill's digital resources did more than support my essay. They deepened my respect for the dialogue between science and art and showed me that to research is, in essence, to listen—to the evidence, to the past, and to the quiet places where knowledge begins.

Although I wrote this piece without an official mentor for the Osler Essay, I would be remiss not to acknowledge the quiet but meaningful role Dr. Svetlana Kochkina played in my early steps into historical research. Her guidance helped me find direction at a moment when everything still felt vast and uncharted, and I am deeply grateful for that.

Djalica Diallo
McGill MD, CM, Class of 2026

This essay originates from a historical investigation into how medicine produced evidence for psychological conditions that had no visible biological markers. My analysis centers on one defining episode in medical publishing: Jean-Martin Charcot's *Iconographie Photographique de la Salpêtrière* (1876–1880)—a three-volume photographic atlas documenting *la grande hystérie*, preserved at the Osler Library as the only known copy in Canada.

At La Salpêtrière, hysteria posed a fundamental clinical dilemma. Unlike neurological diseases studied elsewhere in medicine, it had no lesion, pathogen, or measurable physiological defect that could serve as proof of its existence. To validate it medically, the clinic relied on photography, which was presented as an objective method of observation. Yet, examining the plates firsthand revealed something more complex: seizures, postures, and emotional expressions were not simply recorded—they were selected from prolonged clinical episodes, staged in clinical space, and stabilized into visual categories that could circulate as diagnostic references. Among Charcot's most famous subjects was Augustine (Louise Gleizes), whose dramatic *arc-en-cercle* posture and *attitudes passionnelles* were described by Bourneville as possessing exceptional regularity and photographic expressivity, making her one of the disorder's most reproducible clinical prototypes.

The *Iconographie* thus became more than an archive of hysterical episodes. It constructed:

- A bounded symptom pool, drawn from many possibilities but narrowed to what the camera could capture reliably;
- A standardized clinical vocabulary of gestures and crises; and
- A teachable visual doctrine, adopted by physicians and trainees across Europe to recognize and diagnose hysteria elsewhere.

Access to this primary source was the catalyst for a shift in my methodological approach. To fully interpret the *Iconographie*, I needed to move beyond historical description and engage with broader epistemological frameworks. I applied the concepts of **Michel Foucault** and **Ian Hacking** to deconstruct how the clinical gaze and the "looping effect" actively produced the symptoms being photographed. This theoretical integration was essential to my growth as a researcher; it transformed my analysis from a narrative of medical error into a complex study of power, suggestion, and the co-construction of disease. Anchoring my research in the *Iconographie* allowed me to drastically increase the scope and significance of the subject. I realized that the mechanisms of objectification I studied in the 19th-century atlas were not obsolete; they had simply mutated. By viewing these images through **Georges Canguilhem**'s distinction between the 'statistical average' and the 'vital norm,' I was able to extend this critique to modern psychiatric diagnostics. This insight enabled me to expand the essay's argument into the 20th century, drawing parallels between Charcot's visual grammar and the checklist methodology of the *DSM-III*.

Finally, drawing on the phenomenological psychiatry of **Ludwig Binswanger** allowed me to deepen the essay's conclusion. The research transitioned from a critique of the past to an ethical proposal for the future. Binswanger's concept of *Daseinsanalyse* provided the necessary framework to propose a solution: replacing the "gaze" that objectifies symptoms with a phenomenological approach that seeks to understand the patient's unique "world-design."

Ultimately, this research has done more than inform my historical knowledge; it has reshaped my ethical orientation as a future physician. It clarified that the history of psychiatry is defined by the tension between the 'medical object' constructed by the clinic and the 'suffering subject' who inhabits it.

Shanya Maheu
McGill MD, CM, Class of 2026
Mentor: **Dr. Andrea Tone**

As a fourth-year medical student, I have come to better understand what I am looking for in my future medical career. Yet, this clarity only emerged after a lengthy period of exploration during which every specialty seemed fascinating. More specifically, I long hesitated between pursing gastroenterology and psychiatry. While these careers may appear distinct, I have come to appreciate their interconnectedness. The gut-brain axis offers a tangible link between them; it explains how emotional and physiological aspects intertwine to form different lived experiences. This perspective led me to explore ulcer disease through the lens of psychosomatic medicine, a direction further inspired by the mentorship of Dr. Andrea Tone.

Researching "Stomach, Stress, and Sex: Gendered Constructions of Ulcer Disease in the Mid-Twentieth Century" has been an intellectually formative experience during my medical education. Having completed a minor in social studies of medicine at McGill before beginning my medical school journey, it felt meaningful to return to those roots and revisit the initial historical and social dimensions of medicine that drew me to this career.

Researching this topic, I explored a variety of library resources: JSTOR, PubMed, McGill Library's Sofia tool, Osler Library of the History of Medicine internet archives, McGill's Health Sciences Library, Medical Heritage Library and digitized newspaper archives such as *The Ladies' Home Journal*. Although these resources did not always yield context-appropriate findings, they were part of my journey in uncovering the gendered constructions of ulcer disease in the post-WWII world. Having access to extensive primary and archival sources allowed me to approach the topic from multiple angles – historical, scientific, cultural, and gendered. For example, after exploring relevant literature on this project and after completing a MeSH search in PubMed, I was able to access the retained articles through McGill Library's Sofia Tool. Additionally, through interlibrary loans, I was able to view *The Practitioner*'s archives, a British medical journal first published in 1898, which included a variety of articles studying peptic ulcer as well as psychosomatic interpretations of the disease. These articles became critical in situating my project within the broader mid-twentieth century discourses.

Studying these sources revealed how medical knowledge is historically and culturally contingent. Through the analysis of primary medical texts, 1950s advertisements, and selected secondary sources, I strengthened my skills in archival analysis, historical framing, and critical synthesis. Moreover, engaging with different materials from nearly a decade ago made it essential to learn to tease out meaning from often fragmented sources and to piece them together into a coherent historical narrative. Ultimately, through this project, it became evident that diagnoses not only involve scientific discoveries but also prevailing cultural assumptions. In this sense, I set out to write a paper that underlines how medicine's understanding of the body (and in this case, the stomach) is intertwined with social anxieties and gendered ideals of their era – a task that would have been impossible without access to medical literature.

Treasures on display: the *Golden Ink* exhibit in Abu Dhabi

Anaïs Salamon and **Mary Hague-Yearl**

On the last day of September 2025, two Osler Library manuscripts arrived in Abu Dhabi along with fifteen other items from McGill Libraries. For over a year, a small group of colleagues from McGill Libraries and the Abu Dhabi Department of Culture and Tourism (DCT) had been meeting online to prepare for two events scheduled for early October 2025: 1) the installation and opening of the *Golden Ink* exhibition at the House of Knowledge gallery in the Presidential Palace, Qasr Al Watan; 2) the meeting of the Fourth Abu Dhabi International Conference on Manuscripts at the Abu Dhabi Cultural Centre.

Background

The McGill-DCT Abu Dhabi collaborative group started meeting in May 2024. Reflecting the importance of this international effort, the meetings involved high-level individuals: they were organized and led by McGill's Trenholme Dean of Libraries, Guylaine Beaudry. Joining from McGill Libraries were Associate Dean for Teaching and Learning, Katherine Hanz; Head Librarian of the Islamic Studies Library, Anaïs Salamon; Head Librarian of the Osler Library of the History of Medicine, Mary Hague-Yearl and Svetlana Kochkina (Acting); Head of Rare Books and Special Collections, Christopher Burns and Jennifer Garland (Interim); and Michael Colson from the Friends of the McGill Libraries. From the DCT, we worked with Fatema Al Tamimi, Director of the Library Management Department at DCT Abu Dhabi; Doaa Nounou, Senior Islamic Manuscripts Specialist and Curator at DCT Abu Dhabi; and Nawal Al Marzooqi from the Presidential Court, Abu Dhabi. Although we met regularly as a team, the co-curators who remained in close communication between meetings were Anaïs Salamon from McGill and Doaa Nounou from the DCT.

The working group discussed a range of ideas in the first meeting, but there was immediate consensus that we wanted to mount a travelling exhibition featuring manuscripts from both institutions. We also agreed that we would publish a bi- or tri-lingual catalogue raisonné for each instance of the exhibit. DCT decided to host an academic conference to coincide with the Abu Dhabi exhibit opening, for which McGill provided organizational support. When the exhibit finally opened, it was stunning. In addition to items from the DCT's own collections and from McGill Libraries, the team secured loans of material from the Louvre Abu Dhabi, the Zayed National Museum, and the private library of Abu Dhabi Crown Prince Sheikh Khaled bin Mohammed bin Zayed.

The final list of items lent by McGill reflects the breadth of our holdings.

Islamic Studies Library

- ISL Reference PK1977 L84 1958, / Taṣadduq Ḥusain, Lughāt-i Kishorī, 1958 lithograph of 19th-century book.

Osler Library of the History of Medicine

- Osler B.O. 7785/75, Manṣūr ibn Muḥammad ibn Aḥmad ibn Yūsuf Faqīh Ilyās, Tashrīḥ-i badan, 17thcentury CE.
- Osler B.O. 7508, Abū Ja'far Aḥmad ibn Muḥammad Ghāfiqī, Kitāb fī al-adwiya al-mufrada, 1256 CE.

Rare Books and Special Collections (including rare items from the Islamic Studies Library)

- RBSC Arabic Calligraphy 008, Example of Kāra-Lāmah, ca. 1700 CE.
- RBSC Arabic Calligraphy 195, Qur'ān, bifolium, Kufic parchment in Arabic, 8th century CE.
- RBSC Arabic Calligraphy 161, Qur'ān Calligraphic Album, 19th century CE.
- RBSC Arabic Calligraphy 156, Sayyid Muḥammad Nūrī (calligrapher), Genealogical Table, 18th century CE.
- RBSC folio BWL W58, Farrukh-nāmah-i Jamālī, 1201 CE.
- RBD 417 (pen case), Lacquer pen box (qalamdan) painted by Muhammad ibn Rida, 1840 CE.
- RBSC Pen Tray 002, Brass pen tray with two reed pens, ca. 1740 CE.
- RBSC Arabic Calligraphy 206, Quranic tablet, 20th century CE.
- RBSC Islamic Lithographs DS46 I82 1839, Kitāb al-aqālīm, 1960s lithograph of 1839 book.
- RBSC Malay MS 1, Commentary on Ḥadīth collection, 18th century CE.
- RBSC MS RBD Persian 0021, Futūḥ al-Ḥaramayn, 1676 CE.
- RBSC RBD Arabic 0037, Prayer Calligram, ca. 1800 CE.
- RBSC RBD Arabic 0001, Kalīlah wa-Dimnah, 1645 CE.
- RBSC MS RBD Persian 0001, Dīvān-i Ḥāfiẓ, 1538 CE.
- Originally, RBD 415 (nibbing block) had been selected, but since it is made of ivory – one of the more heavily controlled materials worldwide – it would have required a CITES (Convention on International Trade in Endangered Species or Wild Fauna and Flora) export permit, which would have taken months to process. Hence, it had to be removed at the last minute.

Collaboration and reinforcement

The magnitude of the shipment of rare materials from McGill to Abu Dhabi justified sending two couriers (the authors of this piece, Anaïs Salamon and Mary

Packed crates in the Colgate room, ready to move.

Hague-Yearl) to share the responsibility of accompanying the crates. The sealed and locked crates were transported by truck to Toronto, then loaded on a direct flight from Toronto to Abu Dhabi. All movement of the crates was finely choreographed and coordinated with fine arts movers in Canada and Abu Dhabi. We knew at all times where the crates were and had a team chat with real-time photos we took when we could, and to which we uploaded photos shared by the fine arts team when they were in zones of the airports to which we did not have access. As we watched our plane being loaded in Toronto and awaited confirmation that the crates were secure and that we could board our flight, we were able to match our contacts' photos with what we could see happening on the ground. For two librarians, it was a novel experience.

When we arrived in Abu Dhabi, we spent a few hours at the customs building before finally accompanying the crates to their destination at the Qasr Al Watan Library within the Presidential Palace. They were locked in a climate-controlled room where they were to remain sealed until they had been allowed to acclimate for at least twenty-four hours. We began our transition from courier mode back into our more usual roles as professional librarians.

After documenting the arrival of McGill's material contributions to the exhibit and meeting our colleagues, we had a brief tour of the gallery. It was wonderful to meet in person colleagues with whom we had spoken by video conference for over a year. It was the end of the workday by the time we checked in at our hotel to rest and prepare for the following days, each of which was long, but invigorating.

Our first order of business the next day was to answer a few security questions about the McGill shipment. Having photo documentation of each item we had brought proved useful when questions arose about metal that had been seen in the x-ray of one the crates. The shape on the x-ray matched up with a series of images we had of an eighteenth-century pen tray. Once that puzzle was solved, we were present as officials unsealed the crates and we worked with the registrar and conservator to confirm that we had all items as agreed and that each item had an accompanying condition report.


A conservation technician inspecting minor adjustments made to the support for B.O. 7508.

The days that followed consisted of working alongside the conservator as she added her comments to our condition reports, consulting with the conservation technicians as they fine-tuned supports for each of our items, and accompanying the registrar and conservator to the gallery


The conservator checks the light levels after installing B.O. 7508.

as the exhibit gradually took shape. We were present at every stage when McGill Libraries materials were manipulated. We witnessed the light readings, the calibration of dataloggers. Each day, more cases within the gallery were filled until finally – and on schedule – the exhibit was ready.

Final steps: exhibition opening and manuscripts conference

On October 6th, a Press night was held allowing journalists to get a tour of the exhibition and meet with the co-curators. Several articles like those published in *Art & Gulf Magazine, Arab News*, or *Khaleej Times* promoted the exhibition and highlighted the one-of-a-kind collaboration between the DCT and McGill Libraries. On October 7th, delegations from the DCT and McGill University were invited to the VIP opening of the exhibition. The McGill Delegation was composed of the President of McGill University, Deep Saini; Vice-President of University Advancement, Marc Weinstein; Vice-President Global Engagement, Anja Geitmann; Trenholme Dean of Libraries, Guylaine Beaudry; Mary Hague-Yearl; Anaïs Salamon; and numerous Friends of the McGill Libraries, who joined from Canada, the United States, and Europe. The co-curators and trained guides offered private tours to the members of both delegations, walking them through the four sections of the exhibition.

The first section of the exhibition, Calligraphy: A Journey through Arabic Script, explores the emergence of calligraphy as the highest visual expression of Islamic art and a central form of visual devotion, resulting in a dual purpose of the scripts: aesthetic and functional. This section also considers the physical tools at the heart of the manuscript tradition: the reed pen (qalam), handmade inks, burnished papers, and layout guides that enabled proportional precision.

The second section, Embellishing the Written Word, turns to the history of Islamic illumination and ornamentation. As Islam expanded from the 7th century onward, it engaged with a diversity

of artistic traditions refining and reinterpreting them through a sacred lens. While illumination began with the Qur'an, its techniques and principles extended to literature, philosophy, science, and poetry. After surveying regional styles, the section addresses the physical process of manuscript creation as a sacred art rooted in divine love, theological inquiry, and visual harmony.

The third section, Treasure Troves in Manuscripts, focuses on the scholarly tradition between the 8th and 14th centuries. Islamic societies became centers of scholarship where Arabic served as the common language for intellectual exchange. Manuscripts, the pillars of this tradition, were interactive and living objects that were read, copied, annotated, debated, and endowed. Knowledge was considered both a moral responsibility and a collective trust. This section also discusses systems of scholarly certification (ijazah) ensuring

Two 13th-century McGill manuscripts on natural history are companions in the exhibit: (l) Farrukh-nāmah-i Jamālī from the Blacker Wood Library and the herbal of Al-Ghafiqi (B.O. 7508) from the Osler Library.

the integrity of transmitted knowledge and charitable endowments (waqf) offering further insight into the spiritual and communal role of manuscripts.

The last section, Lithography: A Glimpse into the Future of Manuscripts Tradition, looks at the emergence of lithographic printing in the 18th century. While this technique remained marginal in Europe, it met an overwhelming success in the Islamic world because it was envisioned as a natural extension to the multi-secular manuscripts' tradition. This section

Anaïs Salamon gives McGill President Deep Saini a guided tour at the opening of *Golden Ink*.

shows the profound and lasting impact of lithography on the Islamic book culture, and how its contributions increased literacy, supported the emergence of indigenous scholarship and literature, and facilitated the dissemination of foundational Islamic texts.

Over the next couple of days, the **Fourth Abu Dhabi International Manuscripts Conference on Visual Arts in Arabic and Islamic Manuscripts: Artistic Heritage and Contemporary Influence** kept us all very busy. Selected among 632 candidates, the 24 worldwide scholars who participated in the Conference came from fourteen countries within five continents and represented the breadth of the field of Islamic codicology and manuscripts studies.

On the first day, McGill President Saini opened the Conference along with H.E. Mohamed Khalifa Al Mubarak, Chairman of the Department of Culture and Tourism. On that same day, an undergraduate student at the McGill Institute of Islamic Studies, Lauren Conelly, was announced as one of the two winners of the Digital Revival of Islamic Manuscripts Competition. Lauren reinterpreted digitally one of our Islamic manuscripts, turning it into a digital art piece. On the second day, the Keynote address was given by Dr. Cecily Hilsdale, professor in Art History and Communications Studies at McGill. Her talk focused on one of our manuscripts on display at the Presidential Palace: Kalīlah wa-Dimnah, 1645 CE (RBSC RBD Arabic 0001). On the same day, the second panel focusing on Artistic Excellence in Medical, Scientific and Literary Manuscripts, was chaired by Dr. Mary Hague-Yearl. Among the three speakers, one examined "The Visual Legacy of Greek Medicine: from Dioscorides to Al-Ghafiqi" relying on the Osler Library's copy of the Herbal of Al-Ghafiqi on display at the Presidential Palace (Osler B.O. 7508, Kitāb fī al-adwiya al-mufrada, 1256 CE). Another presenter, Jaleh Ebrahimi, a current PhD candidate at McGill Institute of Islamic Studies, discussed "The Wonders of Imagination: Visualizing the Unseen in Islamic Manuscripts".

Anaïs Salamon and Guylaine Beaudry pose beside a sign advertising *Golden Ink*.

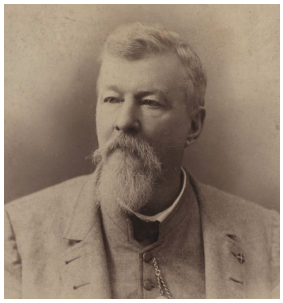
Looking ahead

The Abu Dhabi exhibition and conference were only the first part of the collaboration between DCT and McGill Libraries. Although *Golden Ink* is still on display at the Presidential Palace, the planning of the Montreal exhibition is under way, and the publication of the Conference Proceedings is in progress. We look forward to providing future updates on what has been a truly fruitful and educational collaboration.

William Osler's Thoughts on the Death of Joseph Jones, 1896

James Alsop

The Joseph Jones papers at Tulane University include the original letter of condolence sent by Dr. William Osler to Jones' widow in 1896.[1] She was Susan Raynor (née Polk) Jones, daughter of Leonidas Polk of Louisiana, former lieutenant-general in the army of the Southern Confederacy.



Dr. Joseph Jones

Joseph Jones (1833-96) was the very well regarded, prolific medical author, Confederate army surgeon, Professor of Chemistry and Clinical Medicine at the University of Louisiana, and diligent President of the post-war Louisiana State Board of Health. At the time of his death, Jones had the distinction of being Surgeon-General of the United Confederate Veterans.[2]

Osler composed his letter at his residence, 1 West Franklin St., Baltimore, on March 23, 1896. The envelope is postmarked the same day. Here is the letter in full.

> Dear Mrs. Jones,
>
> I was very sorry indeed to learn of your husbands [sic] death. I had not the pleasure of his personal acquaintance but I have during the past eight or ten years learned to value most highly his writings, as a store house of valuable facts in medicine. They form a lasting monument to his industry and ability. I am glad to learn that you have a son in the profession.[3] I hope if he ever comes north that he will call and see me. The other evening at our Historical Club I spent half an hour in talking of Dr. Jones [sic] life and work and showed his Collected Memoirs and works.[4] The doctors were, I think, much interested.
>
> With kind regards
>
> Yours faithfully
>
> Wm Osler
>
> [p.s.] I shall be glad to know about the Library

Jones had died just before midnight on February 17, 1896, according to the detailed, highly praiseworthy obituary notice in the *New Orleans Times and News.* A native of Georgia, a student at the College of Columbia and Princeton, holder of pre-war professorships at the State University of Athens and the Medical College of Georgia at Augusta, the first secretary of the Southern Historical Society when it was founded in 1869, Jones was in his 64th year at the time of his passing.[5]

References

[1] Joseph Jones Collection, Howard-Tilton Memorial Library, Tulane University, Coll. 172, Box 18, Folder 2.

[2] Jones reflected upon his work as Surgeon-General in documentation in Jones Collection, Box 18, Folder 1.

[3] This was Dr. Hamilton P. Jones of New Orleans.

[4] Joseph Jones, *Medical and Surgical Memoirs: Containing Investigations on the Geographical Distribution, Causes, Nature, Relations and Treatment of Various Diseases, 1855-1890* (New Orleans: Clark and Hofeline, 1876).

[5] *The New Orleans Times and News*, February 18, 1896, clipping in Jones Collection, Box 18, Folder 1.

Enjoying Osler Week Activities 2025

Rolando Del Maestro, MD, PhD
Honorary President, McGill Osler Society

Osler Week activities continued their growth and development, starting a little bit earlier this year with the arrival of a special glass stethoscope brought by Dr. Milton Roxanas and Dr. Vivian Lane from Australia. Carefully enveloped in protective coverings and guided through airports in Australia, the United States and Canada, this beautiful glass stethoscope was unwrapped and joined another glass stethoscope previously presented to the Osler Library by Dr. Roxanas during Osler Week in 2023. This was indeed a beautiful beginning to Osler Week. Many prominent North American Oslerians arrived in Montreal over the next few days. Osler Week culminated with the 101st Anniversary of the Osler Banquet on the evening of Wednesday, November 5th.

A very special guest, Dr. Vivian Lane, who accompanied her husband, Dr. Milton Roxanas, with Dr Mario Molina, Dr Tino Bernadett and many others, enjoyed the special exhibit tour entitled: *Medicine and Charity at the Musée des Hospitalières* on Tuesday, November 4th.

The McGill Medical Student Osler Research Symposium on Tuesday afternoon included presentations from seven medical students for the Pam and Rolando Del Maestro Family Osler Medical Student Essay Awards, two Molina Award winners, and a special presentation by Dr. Roxanas entitled: "*Glass Stethoscopes*". Dr. Roxanas outlined the use of hand-crafted glass stethoscopes and the other early stethoscopes that he also presented to the Osler Library.



Dr. Milton Roxanas opening the glass stethoscope. Demonstrating how to use it and in the company of a fellow glass stethoscope.

The Selection Committee, which was tasked with both scoring the individual essays before presentation and the quality of presentations, had a difficult job differentiating the third prize winner, and therefore two third prizes were awarded, with the winners announced at the Osler Banquet the following evening.

Pam and Rolando Del Maestro Family Osler Medical Student Essay Awards Essay Winners and presenters. Left to right: Samia Cherkaoui, Shanya Maheu, Dr. Milton Roxanas, Djalica Diallo, Rukun Dou and Dr. Vivian Lane.

The winners were: 1st place: **Rukun Dou**: *"No Patient Alone: Mapping Dr. Penfield's Enduring Legacy on the Ethics of Awake Craniotomy."*

2nd place: **Samia Cherkaoui**: *"The Music of Illness: How Ravel, Schumann, and Scriabin Composed the Brain's Silence."*

3rd place: **Djalica Diallo:** «*Généalogie d'un regard psychiatrique.*»

3rd place: **Shanya Maheu**: *"Stomach, Stress, and Sex."*

The two Molina Family Foundation Osler Library Medical Student Research Awards presentations were:

Samy Amghar: *"Wicked Wounds and Wretched War: Reframing Antimicrobial Resistance through World War I Writings by Canadian Medical Personnel"* and **Ilyas Oultache**: *"Greek to Arabic Translation of Medical Knowledge on Mental Illness During the Abbasid Period, and the Layla and Majnun Paradigm"*

All these presentations were streamed for the enjoyment of worldwide online participants and are available on YouTube.

https://www.youtube.com/watch?v=WGuq-YpT5Dg.

The Board of Curators met in the afternoon of Wednesday, November 5th with Dr. Vivian Lane as a special guest. This was followed by the viewing of a special Osler Library exhibition curated by Professor Brenda Dunn-Lardeau from Université du Québec à Montréal entitled *How to Transform Black and White Incunabula into Luxury Items.* Members of the Board of Curators of the Osler Library marvelled at how books of medicine, science, and theological commentaries in the second half of the 15th century were transformed into works of art and beauty.

The 48th Osler Lecture, entitled *"The Indian Who Refuses To Vanish: Race, Genomics, And Indigenous Thriving"*, was delivered by Professor Kim TallBear, in which she examines how archaic notions of race underscore contemporary genomic ideas.

Following the Osler Lecture, the 101st Osler Banquet hosted by the McGill Osler Society at the Faculty Club took place. Liam Wilson and Sabrina Ramdane, the two co-presidents of the McGill Osler Society, hosted a memorable event which included over 130 students

Molina Award winners. Left to right: Samy Amghar, Dr. Mario Molina and Ilyas Oultache.

Kayla Benson, Dr. Tino Bernadett, Dr. Svetlana Kochkina and Pam Del Maestro enjoying the exhibition *How to transform black and white incunabula into luxury items* at the Osler Library.

Pam and Rolando Del Maestro talking about the history and uses of the "Loving Cup."

and special guests. Dean Guylaine Beaudry, Trenholme Dean of McGill Libraries and Dr. Mary Hague-Yearl, Molina Family Head Librarian, outlined the essential role that the Osler Library plays in the lives of medical students and researchers from around the world, and the essential role played by Dr. Molina in helping to complete the Molina Family Head Librarian of the Osler Library of the History of Medicine Endowment. Dr. Milton Roxanas and Dr. Vivian Lane announced the Essay Award winners, and Dr. Mario Molina outlined the importance of the Osler Library in the lives of medical students. Pam and Rolando Del Maestro discussed the importance of the "Loving Cup" and the "Cigar Box" in the history of the Osler Banquet, adding to everyone's enjoyment. The 101st Osler Banquet was another important achievement of the McGill Osler Society and the Osler Library of the History of Medicine.

Special thanks to all the individuals who made the Osler Banquet another great adventure, especially Liam Wilson and Sabrina Ramdane, the co-presidents of the Osler Society, Dr. Mary Hague-Yearl and Dr. Svetlana Kochkina, the Osler Library librarians, and the McGill University Libraries. Financial support for the Osler Banquet was provided by the McGill University Libraries, along with RBC and Shash Wealth Management of RBC Dominion Securities.

McGill Medical Student Osler Society with Friends at the 101st Osler Banquet.

The library gratefully acknowledges the support it has received from the Friends who responded to our last Annual Appeal for funds for the 2024 - 2025 academic year. 140 people contributed $160,959 to the Annual Appeal. We heartily thank all our Friends who sustain the Osler Library. Below is a list of those who have given us permission to print their names. If you donated during FY2025 (1 May 2024-30 April 2025) and your name does not appear, that is because we haven't received written permission to do so, which is required under Quebec's privacy laws. If you would like to see your name listed in future issues, please let us know by writing to osler.library@mcgill.ca.

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Two 13th-century McGill manuscripts on natural history are companions in the exhibit: (l) Farrukh-nāmah-i Jamālī from the Blacker Wood Library and the herbal of Al-Ghafiqi (B.O. 7508) from the Osler Library.

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