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**President**  
**James R. Wright, Jr.**  
**56<sup>th</sup> AOS President**  
**Installed at the 2025 Annual**

# The Oslerian

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*James R. Wright, Jr., President*



## *A Message from the President*

### **Two Score Years Ago versus Now**

This is my fourth and final message to the membership. Many previous presidents have written about medical history at their home institution, especially when the home institution has a long and rich Oslerian tradition. I have never worked at such a place; none of the medical schools where I have worked is particularly old; the oldest was founded in 1868 and the newest 99 years later. My four institutions, in chronological order, are The Ohio State University (OSU), Washington University in St. Louis (WUStL), Dalhousie University (DAL), and the University of Calgary (UofC). Today I'm going to focus on the two American institutions where I trained, and briefly describe the establishment of both medical schools, what medical history resources were available 4+ decades ago when I was there, and what exists now; I will briefly highlight the AOS members I knew while I was at each location. I have quickly reviewed previous issues of *The Oslerian* and found little information on either institution, so I believe you will find this message to be novel. I had originally written this as my November 2025 presidential message and planned to provide similar blurbs about my two Canadian "work life" institutions in the final message, but telling the Osler House story in my November message seemed more important.

#### **The Ohio State University**

OSU College of Medicine resulted from a series of mergers of proprietary medical schools. It traces its roots back to the founding of Willoughby Medical University of Lake Erie in Willoughby, OH in 1834. Willoughby Medical University relocated to Columbus, OH in 1846

and became Starling Medical College, which in 1907 merged with Ohio Medical University to become Starling-Ohio Medical College. Prior to the Flexner Report, Starling-Ohio Medical College's successful business model had been to minimize admissions standards (i.e., successful applicants needed a high school diploma and \$50 tuition) and maximize enrollment. In 1913, Ohio lawmakers raised the bar for entry into medical school and enrollment dropped precipitously; Starling-Ohio immediately became insolvent, and its leadership offered to turn over the school and everything it owned to OSU for free. In 1914, it became the OSU College of Medicine. OSU soon developed plans to close the school's downtown buildings and relocate the school to the University campus. OSU, not knowing in advance of this windfall, had opened a College of Homeopathic Medicine in 1914; the homeopathic hospital operated out of a small house on campus. In 1917, a new homeopathic hospital was built, and, in 1922, the OSU Board of Governors decided it did not want two medical colleges and closed its homeopathy school. The new homeopathic hospital was renamed Starling-Loving University Hospital in 1923. In 1924, an addition was built, and the hospital was expanded to almost 300 beds (Figure 1).<sup>1</sup> Six gargoyles (a cow's head, monkey, pelican, rabbit, dog, and a horse's head) are perched around the edge of its roof. The initial plan had been to place statues of world-famous historical physicians on the roof, but this proved too costly and



**Figure 1.** Starling-Loving Hospital, date unknown. Credit: Medical Heritage Center,

## President's Message (Continued from page 1)

so animals that were important contributors to medical research and/or antisera production were selected instead<sup>2</sup> – though I wonder about the pelican!

After a new University Hospital was built in the 1950s, the old building was repurposed as Starling-Loving Hall (SLH). When I was a MD-PhD student in experimental pathology (1980-1984), the University Hospital morgue was situated in the basement of SLH, where I worked as part-time diener/autopsy assistant and did tissue culture research. I have fond memories of SLH, which is now the oldest building on the medical campus.

When I was a medical student, resources useful to medical historians were spread around campus -- primarily between the John A. Prior Health Sciences Library (Prior HSL), conveniently located next to SLH, and the William Oxley Thompson Memorial Library, often called the Main Library. I recall that old pathology textbooks were held in the nosebleed section of the Main Library's ten story "stacks." Eight years after I left Columbus (1992), OSU librarian Barbara A. Van Brimmer (1947-2003) proposed the idea of a Medical Heritage Center (MHC) with members of the Columbus Medical Association (CMA, then called the Academy of Medicine of Columbus and Franklin County) History Committee. There was enthusiastic support to develop a center to focus on preserving the medical history of central Ohio. As part of a 1995 renovation of Prior HSL, it was agreed that the entire 5<sup>th</sup> floor would become the MHC (**Figure 2**). The CMA provided funding to develop areas for rare books, preparation and preservation space, offices, a reading room, and an archival storage space. OSU Hospitals provided funding for a large meeting room. Van Brimmer was appointed curator and the MHC opened in May 1997. Books useful to the medical historian were consolidated. According to the Center's finding aid document: "The Medical Heritage Center recognizes and celebrates historical health and medical personalities and events; collects, displays and archives artifacts; provides an avenue of historical medical research; and supports medical history education. The Center also serves as the repository of data, artifacts, and historical information relating to health and medical education and the medical profession in central Ohio."

MHC currently hold 25,000+ books, 5,000+ artifacts, and 3,000+ linear feet of archival materials; its holdings pertaining to Columbus medical history, Columbus medical schools, nuclear medicine, homeopathy, surgery, and nursing are its greatest strengths. Their highly acclaimed nuclear medicine collection (<https://jnm.snmjournals.org/content/jnumed/47/5/16N.full.pdf>) can mostly be attributed to William G. Myers, MD, PhD, (1908-1988). As an undergraduate student, I was introduced to Myers by a common friend towards the end of his long career and fondly recall conversations in his office. At the time, I would not have imagined that he and I would share three unlikely life experiences: four degrees from OSU (bachelors, masters, PhD, and MD), named endowments supporting MHC, and, as native Ohioans, having spent parts of our lives living in Alberta, Canada. Recently, the William G. Myers, MD, PhD Endowment Fund supported shelving renovations for rare books at MHC.

From the perspective of a historian of pathology, the

MHC's small collection of dental/oral pathology books authored between 1840 and 1925 is appealing. This collection is derived from the Dr. John Harris Dental School in Bainbridge, OH; it opened in the 1827 and was reportedly the first dental school in America. The Ohio Dental Association purchased the building in 1938, and it is currently run as a museum. When I die, the MHC historical holdings in pathology will become substantial.

There were two AOS members at OSU when I was a medical student: James V. Warren (1915-1990), former head of internal medicine, and Charles Wooley (1929-2008); both were cardiologists and pioneers in cardiac catheterization. The MHC holds their personal papers. Gloria Warren, Jim's wife, was a dear friend of my mother, as both were proud Southerners.

The MHC has a smaller holding of papers for Oslerian Chauncey D. Leake (1896-1978), who after serving as Executive Vice President and Dean of the University of Texas Medical Branch from 1942-1955, was professor of pharmacology at OSU from 1956 until his retirement in 1962. He then pursued an impressive post-retirement career in medical history and ethics at University of California, San Francisco. Leake was a charter member of AOS and gave one of the two lectures at the inaugural meeting in Denver in 1971. Leake's talk was entitled "Physicians as Poets." The other speaker was William Bean.

I am particularly grateful to faculty members who taught formal medical history courses or provided me independent studies training while earning a M.A. in medical history; these were: John Burnham (American medicine, psychiatry), Robert Buerki (pharmacy), James Bartholomew (Japanese medicine, early Chinese medicine), George Gaughan (anatomy), Donald B. Cooper (Latin American public health), and Emanuel D. Rudolph (biology). Professor Rudolph, the Chair of Botany, was particularly memorable as a bibliophile; he regularly invited students to see his home library and had even expanded its footprint by adding a cinderblock extension to his beautiful old Tudor-style home that filled every square foot of his large backyard; his personal library of over 53,000 scientific and technical books (mostly related to botany) was donated to OSU libraries, primarily the Thompson Library, after his death; his 700 botanical prints, some over 500 years old, were donated to OSU's Chadwick Arboretum & Learning Gardens (<https://chadwickarboretum.osu.edu/our-gardens/art-and-other-features/botanical-prints-collection>). The Botanical Society of America offers an Emanuel D. Rudolph Award for the best historical presentation at their annual meeting. Dr. and Mrs. Rudolph also established an endowment at OSU to encourage students to pursue book collecting. I have often since wondered how a real estate agent marketed the Rudolph's one-of-a-kind home after their passing.

### Washington University in St. Louis

WUSTL was established in 1853. In 1891, the university acquired St. Louis Medical College and established a Medical Department. In 1899, a second proprietary school, Missouri Medical College, joined the Medical Department; both had been established as competitors in the 1840s and were the two oldest medical schools west of the Mississippi River. After a scathing assessment in the Flexner Report, the University, working with Abraham Flexner and a wealthy board member Robert S. Brookings (1850-1932), immediately began aggressively addressing identified deficiencies in the Medical Department. Barnes and Children's Hospitals both opened in 1914, and, by the time WUSTL School of Medicine was founded in 1918, it was well on the way to becoming the research-intensive world-class medical school that generated numerous Nobel Laureates in Physiology & Medicine (<https://washu.edu/about-washu/history-and-traditions/nobel-prize>).



**Figure 2.** Entrance to OSU Medical Heritage Center's rare book collection. Credit: Medical Heritage Center, Health Sciences Library, The Ohio State University.

## President's Message (Continued from page 2)

[winners/#:~:text=Nobel%20Prize%20Winners,their%20award%2Dwinning%20work%20on%20campus](#) ).

During my time as a pathology resident in St Louis (1984-1988), I recall the medical school having an extensive collection of old medical books at a remote location, the Library Annex Building on S. Taylor Ave (Figure 3). I found it convenient as it was near a parking tower that was provided free to house staff. At OSU, I had been left to my own devices when doing medical history research and, so, I was flabbergasted to have ready access to a highly knowledgeable, onsite PhD archivist, Paul G. Anderson, who worked there from 1982 until 2008. I wished that I had had more time to spend on medical history research, but that was not why I was in St. Louis, and so I mostly squandered this opportunity. Now that I have more time for historical research, I have repeatedly benefited from the expertise of current Becker Library archivists, especially Philip Skroska and Stephen Logsdon.

One year after my relocation to Halifax, a new medical library building was completed and later named after former ophthalmology chair, Bernard Becker, who not only effectively advocated for the library, but also donated his extensive collection of rare books on ophthalmology and the visual sciences (Figure 4).

The Becker Library Rare Book Collection now includes over 23,000 volumes, both books and journals, related to the history of medicine, with strengths in ophthalmology, neurology, anatomy, otolaryngology, dentistry, and obstetrics. The Becker Library has nine distinct Rare Book Collections. The Max A. Goldstein Rare Book Collection in Speech and Hearing was donated in October 1977. Goldstein was the founder of the Central Institute for the Deaf and had amassed more than 900 titles about the anatomy, physiology, and pathology of the ear, nose and throat, deafness, speech and hearing, as well as physiognomy, phrenology, and chiromancy. <https://beckerehibits.wustl.edu/legacy-exhibits/rare/collections/goldstein.html>

Several rare book collections were acquired from the St. Louis Metropolitan Medical Society (SLMMS) when it closed its rare book library. These include the James Moores Ball Collection, the Society's collection of early American medical monographs, and the Robert E. Schlueter - Paracelsus Collection.

The Becker Archives is the historical repository for WUSTL School of Medicine and its affiliated hospitals, Barnes-Jewish and St. Louis Children's. The Becker Archives provides online access to its collections via its Becker Archives Database (a



**Figure 3.** Exterior view of the Washington University School of Medicine Library Annex building, 615 S. Taylor Avenue, in 1975. Credit: [Bernard Becker Medical Library, Washington University School of Medicine. https://beckerarchives.wustl.edu/VC140-i140002](https://beckerarchives.wustl.edu/VC140-i140002)



**Figure 4.** Exterior of the Bernard Becker Medical Library, circa 2000 (Credit: Bernard Becker Medical Library, Washington University School of Medicine)

catalog of finding aids, indexes, and guides to manuscripts and visual collections) and its Digital Commons@Becker (a digital repository of university and hospital documents as well as an ongoing series of over 100 interviews with faculty, staff, and alumni).

When I first arrived, the 150-year-old SLMMS had an incredible rare book library and an interesting, highly eclectic 3,000 sq ft medical history museum with extensive exhibits related to medical quackery and the expansion of American medicine west of the Mississippi River. Unfortunately, the museum had just lost its American Association of Museums' accreditation. The accreditors' report described the museum as "a huge potpourri collection," noting that it was disorganized, overcrowded, and "episodic" (i.e., lacking any real attempt to provide coordinated storytelling with timelines); furthermore, its holdings had never been cataloged. The museum had simply not kept up with changing times in the world of museology and seeking re-accreditation would be costly. The SLMMS soon closed its museum and donated its ~12,000 historical artifacts to the Saint Louis Science Center. The SLMMS appointed a Medical Museum Advisory Committee to oversee the transfer of artifacts and, most importantly, to help plan for their future display at the Science Center. WUSTL internist/medical historian Ken Ludmerer and I served on this short-lived committee. While the Committee had thought it would be planning a series of chronologically organized permanent medical historical exhibits that would be of interest to both doctors and the general public, the Science Center was primarily interested in child-friendly interactive exhibits promoting the wonders of medical science. Most of the SLMMS artifacts went into long-term storage; periodically, subsets are displayed. Currently, the Science Center has a beautiful exhibit running through 2026 that displays many quackery artifacts.

While writing this Presidential Message, I realized that there were very few living eyewitnesses to the museum's closure 41 years ago and that the SLMMS Medical Historical Museum - National Museum of Quackery could soon be totally forgotten. To prevent this, I approached the Science Center's Manager of Collection & Special Projects/Exhibits and together we dove into their archival resources. A balanced, non-judgemental history of the museum and its closure will be published in *Missouri Medicine: the Journal of the Missouri State Medical Association* this Spring.<sup>3</sup> Ken kindly reviewed the manuscript before submission and agreed that our narrative matches his recollections.

Ken Ludmerer was the only AOS member at WUSTL during my four years in St. Louis. Last year, I had an opportunity to ask him why there had been so little local interest in AOS, and he told me that he believed that the school's single-minded focus on basic, applied biomedical, and clinical research had dampened the school's interest into medical history and humanities. It is perhaps telling that of the four medical institutions I have worked or studied at over the past 45+ years, it is the only one that has not had its history published in book form.<sup>1,4-7</sup> However, there is a recently published history of the two hospitals where I trained; they officially merged eight years after I moved to Canada.<sup>8</sup> In closing, I would like to note that Ken is the only AOS member who has served as Society President (1994-5), provided a McGovern Lecture (2001), and received our Lifetime Achievement Award (2016).

### Final Thoughts:

I would like to close with an observation. Before writing this message, I had never really thought about the importance of city/county medical societies, their medical history committees, their libraries, and their collections of historical artifacts; clearly, these were all critical for building current day academic resources

in both Columbus and St. Louis.

Had it not been for the urgency to tell the precious story of Osler House in Dundas, Ontario last Fall, this would have been my November presidential message, and, today (i.e., February newsletter), you would have just finished reading about medical history and humanities at Dalhousie University<sup>6</sup> and the University of Calgary.<sup>7</sup> For anyone interested, I can tell you their stories over a beer. THANK YOU for the honor of having served as the 55<sup>th</sup> AOS President!!!

#### References:

1. No Author. *The Ohio State University College of Medicine, Vol. 1 1834-1934*. Blanchester, OH: Brown Publishing, 1934.
2. Rogers K. Starling-Loving Hall gargoyles. *House Call: A Publication of the Medical Heritage Center at The Ohio State University*. 2013.
3. Wright JR Jr., Hampton K. St. Louis Metropolitan Medical Society's Medical Historical Museum – National Museum of Quackery (1964-1984). *Missouri Med.* – in press.
4. Hudson P., ed. *The Ohio State University College of Medicine, Vol. 2 1934-1958*. Columbus, OH: The Ohio State University, 1961.
5. Paulson GW. *The Ohio State University College of Medicine, Vol. 3 1998*. Columbus, OH: The Ohio State University, 1998.
6. Murray TJ. *Notable Goals, Dedicated Doctors: The Story of Dalhousie Medical School*. Halifax, NS: Nimbus Publishing, 2017.
7. Lampard R, Hogan DB, Stahnisch FW, Wright JR Jr. *Creating the Future of Health: The History of the Cumming School of Medicine at the University of Calgary Faculty of Medicine, 1967-2012*. Calgary, AB: University of Calgary Press, 2021.
8. O'Connor C. *A Legacy of Caring: the history of Barnes-Jewish Hospital*. St Louis, MO: The Foundation for Barnes-Jewish Hospital, 2018.

## Join Us for the John P. McGovern Lecture At The Annual Meeting in Toronto



We are thrilled to announce that Dr. Anthony Fauci will deliver the John P. McGovern lecture entitled ***HIV/AIDS: Science, Policy, and a 45 Year Personal Journey***, followed by questions and answers at the Annual AOS Toronto Meeting on May 2, 2026 at 11:00AM.

Dr. Fauci, a renowned infectious disease specialist, public health expert, and former Director of the National Institute of Allergy and Infectious Diseases was at the fore-

front of the fight against AIDS when it emerged in the 1980s as a deadly, new disease claiming thousands of lives mostly of individuals belonging to the gay and other marginalized communities. His lecture will provide attendees with a comprehensive understanding of the AIDS epidemic's impact on society and healthcare by delving into the challenges faced by virologists, researchers, patients, healthcare providers, and policymakers. Dr. Fauci will unravel the complexities that eventually led to groundbreaking treatments emphasizing the importance that advocacy and education played in combating the stigma associated with AIDS.

Dr. Fauci stood at the front lines of a rapidly evolving public health crisis met by a slowly-responding medical community. Initially researching the immune system's response to the HIV virus, he emerged as a beacon of hope tirelessly advocating for increased research funding, new drug development, and clinical trials. His efforts were instrumental in the development of the many new drugs that transformed AIDS from a death sentence into a chronic disease. Emerging as a calm, compassionate, empathetic and trusted voice providing clear, evidence-based information at a time when misinformation was rampant, he succeeded in promoting collaboration between scientists and gay community advocacy groups by incorporating their concerns into research agendas. His dedicated engagement saved lives and laid the groundwork for public health responses to future epidemics.

Attending Dr. Fauci's lecture is an opportunity to reflect on the lessons learned from one of the most significant health crises of our time marked by uncertainty, fear, and discrimination. You will learn how collective action drove change; and how Dr. Fauci confronted widespread misinformation by emphasizing the importance of scientific inquiry, public trust, and compassionate care. This lecture will serve as a reminder that history is not merely a collection of dates and events, but also a living narrative that informs our present and shapes our future. Plan to join us for this landmark event. Don't miss this unique opportunity.

By David Wolf

## Toronto Meeting Update

The 2026 annual meeting will be held at DoubleTree by Hilton Downtown Hotel (108 Chestnut St) in Toronto, Ontario, Canada (n.b., non-Canadians, please check your passport now and renew if needed). Our meeting dates will be May 1-4. On Friday May 1, our registration desk will be open in the hotel lobby from 2-5 pm. The Frank Neelon Literary Gathering will be held from 3-5 pm with the Board of Governor's meeting that evening. Both will be held in the hotel's Vancouver Room.

On Saturday May 2 and Sunday May 3, the

meeting sessions will be held in the Mandarin Ballroom from 8-5:20 pm with breaks for coffee and lunch. On Saturday morning, hot breakfast will be served in a nearby dinning room before the first session. The John P. McGovern Lecture will be held immediately before lunch on Saturday; our speaker is Anthony Fauci (see separate announcement).

Our reception will be held on Saturday evening at the Royal Canadian Military Institute (RCMI, 426 University Avenue), which is a 6-minute walk from the hotel. The RCMI (<https://www.rcmi.org/>) is a membership-supported club, meeting venue, and military museum (**Figure 1**). The RCMI dress code is business casual attire. Our reception is being subsidized by Associated Medical Services Healthcare, an organization that funds the study of healthcare history in Canada as well as Hannah history of medicine professorships at Ontario medical schools (<https://www.ams-inc.on.ca/focus-areas/history/>).



Figure 1.

On Sunday morning, the annual business meeting will be held in the Mandarin Ballroom from 7-8 am. Hot breakfasts will be served in its foyer and can be consumed in the Ballroom during the business meeting. At lunchtime on Sunday, there will be a group discussion on mentorship; box lunches will be available in the meeting room. On Sunday evening, the pre-banquet reception will be held from 6-7 pm in the large and convoluted Mandarin Ballroom Foyer. During the reception, Saman Arfaie, a McGill neurology resident, Trainee AOS member, co-author of *Music, Medicine and Neurobiology of Creativity* (Cambridge University Press, Publication date: 26 March 2026), and pianist, will provide a piano recital at one corner of the Foyer. He will be playing the complet Impromptus, Op.90,(D.899) and the Complete 3 Klavier-

stücke, D.946 of Franz Peter Schubert. There will be seating available for those wishing to enjoy the recital. Simultaneously, elsewhere in the Foyer, those wishing to drink, talk, and mingle may do so. One hour later, the banquet followed by the presidential lecture will be held in the Mandarin Ballroom, which will have been reconfigured after the last session from a classroom

format into a dinning room format -- with audiovisual support still in place.

The Local Organizing Committee hopes you can stay on Monday, as we will be visiting the University of Toronto's Trinity College Archives

(**Figure 2**) from 9-10 am followed by a visit to the adjacent

Thomas Fisher Rare Book Library (**Figure 3**) from 10 am until noon. Both are about a 30-minute walk from the hotel or a short taxi ride. Special exhibits are being organized by Lindsay Grant (Trinity College Archivist), Natalya Rattan (Fisher Library Archivist), Alexandra Carter (Science & Medicine Librarian), Tys Klumpenhouwer (Head, University Archives), and Chris Rutty, one of Michael Bliss's former Ph.D. students and current adjunct professor in the University of Toronto's Dalla Lana School of Public Health. Chris, an active Toronto Medical Historical Club (TMHC) member, planned the stunning exhibit for the centennial celebration of Frederick Banting's and JJR Macleod's Nobel Prize:



Figure 2.



Figure 3.

(<http://www.torontomedicalhistoricalclub.ca/celebrating-the-100th-anniversary-of-the-nobel-prize-for-the-discovery-of-insulin/>). Continued on next page

COMMITTEE	CHAIR	MEMBERS
Bean Award	Mike Trotter	Kelsey Klass, Bill Patton
McGovern Award	Joan Richardson	Christopher Boes, Rolando del Maestro
Lifetime Achievement	Laurel Drevlow	Bruce Fye, Pam Miller, Herbert Swick
Nominating	Joan Richardson	Christopher Boes, Rolando del Maestro
Finance	Faustino (Tino) Bernadett	Mario Molina, Marvin Stone
History & Archives	Herbert Swick	Rolando del Maestro, Mary Hague-Yearl, Dennis Kratz, Rob Stone, Leonard Wang, Liam Wilson,
Membership	David Wolf	Meg Fairfax Fielding, Hanna Hronyecz, Julie Lemmon, Andrew (Drew) Nadell, Brendan Ross, Mindy Schwartz
Media & Technology	Henry (Pete) Travers	Gabby Frank, Daniel Goodenberger, Stephen Greenberg, Becky Jones, James P Klass, Rob Stone, Mike Stanley
Annual Program	John (Skip) Harris	Charley Bryan, Jackie Duffin, Ronald Mackenzie, David Wolf
Local Arrangements	Jim Wright	John Dirks, Jackie Duffin, Peter Kopplin, Susan Lamb, Vivian McAlister

## NOTICES

The AOS exhibit will include many of the Nobel Prize centennial displays, including Banting's Nobel Medal. There will be an exhibit related to Charles Best's heparin research and other topics. A selection of rare antiquarian books will be featured. The library also holds the materials Michael Bliss used when writing *Osler: A Life in Medicine*. At Trinity College, we will see displays about Trinity College School, Trinity College, Toronto School of Medicine where Osler began his studies, and Osler's earliest mentors, Dr. James Bovell and Rev. William Johnson.

For those with additional availability, there will be a guided Insulin Walking Tour on the University of Toronto campus (2-4 pm) led by Peter Kopplin. Peter will be joined by TMHC members John Dirks, Alison Li, and Chris Rutty who will expound further on various important sites and Torontonians in this fascinating story.

The 2025-2026 Local Organizing Committee (John Dirks, Peter Kopplin, Jackie Duffin, Susan Lamb, Vivian McAlister, and me, Jim Wright) looks forward to welcoming you to Toronto; meeting registration and hotel reservation information will be available on the AOS website soon.

### Optional Post-Meeting Tour:

For those with even more schedule flexibility, we are exploring the option of offering, on Tuesday May 5, a full-day post-meeting bus tour. Our Toronto meeting is being hosted by the 102-year-old Toronto Medical Historical Club under the direction of AOS members John Dirks and Peter Kopplin. The TMHC has always had close ties to William Osler, whose nephew Norman B. Gwyn even fashioned the Club's meeting gavel from the timbers of the old rectory in Bond Head where Osler was born. Eric Linell, Club Secretary and likely Canada's first fulltime neuropathologist, led the TMHC's efforts to purchase a small plot of land at the former site of Featherstone Lake Osler's church where the memorial cairn that celebrates William's birthplace was built using stones from the foundation of the old parsonage (**Figure 1**). The cairn is now maintained by the TMHC and the local municipal government. In the morning, we would visit Osler's birthplace in Bond Head, Ontario. Peter Kopplin will tell us about Bond Head and the cairn.



**Fig. 1.**



**Fig. 2.**

While consuming box lunches, we would then travel to London, Ontario to have a private tour of Banting House National Historic Site (<https://bantinghousenh.ca/>) in London, Ontario; (**Figure 2&3.**) this would be provided by Grant Maltman, the muse-

um director. TMHC members knowledgeable about the discovery of insulin would travel with us and participate. The TMHC has recently hosted several successful symposia celebrating the centenary of the discovery of insulin as well as Canada's first Nobel Prize: <https://www.torontomedicalhistoricalclub.ca/insulin-100-symposium/>.

For this post-meeting tour, those interested would need to sign up and pay an additional fee in advance, as we need exact numbers so that we can know what size bus we would need to rent to drive us around. The fee for this optional tour, including the lunch, is estimated to be \$150 US per person. This tour will only happen if there is sufficient interest. If you would like to participate, you need to contact Lydia or Jim Wright before February 28, 2026 to make reservations. Our options are either a 27 or 56 passenger coach.



**Fig. 3.** Seek personal inspiration by sitting on the bed where Banting had his "great idea" that precipitated the discovery of insulin in Toronto. Credit: Banting House Historic

## Help Bean Committee Update the Call for Bean Award Competition

The annual announcement for the Bean Award competition has previously been via paper and regular mail with a less-than-optimal response. In an effort to update the process and increase its reach, the Bean committee has begun the process of transitioning to electronic delivery via email. We are asking the AOS membership for help collecting and updating email addresses. If you know Deans of Student Affairs, Deans of Education, etc. at medical and osteopathic schools in the U.S. and Canada and have their email contact information, please send it to Lydia at [administrator@americanosler.org](mailto:administrator@americanosler.org). Many schools also have history of medicine societies, clubs, or organizations. If you have that email contact information, please send to Lydia. There may be multiple email addresses at any one school – we can't have too many! We will also use this list to send notices/press releases about students and the AOS such as the award winners and those selected to present at the annual meeting. We need all the names/email addresses we can get. We appreciate your help!

*Mike Trotter*

## YOUNG OSLERIAN VIEWS

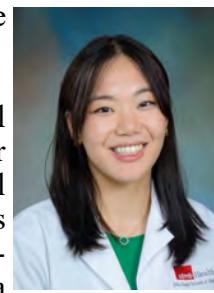
## Meet the AOS Social Media Team!

Varesh Gorabi is a 4<sup>th</sup> year medical student at University of Texas at Medical Branch (UTMB) John Sealy School of Medicine, and is applying for a psychiatry residency. Gorabi is an Osler Student Scholar and a member of the Gold Humanism Honors Society. She was the co-founder and later co-director of the Humanities in Medicine Lecture Series (HMLS) Committee, now an established yearly program at UTMB that seeks to encourage medical students to engage with the humanities in their profession and daily life. She is also a co-founder of a new literary and arts magazine at UTMB, Euphonia: Voices in Medicine, in which she hopes can act as a platform for the many voices and perspectives on health/illness in the Galveston community. In her free time Gorabi writes poetry and self-reflections, dances, photographs the minuscule (insects, lizards, flowers) and enjoys reading. She welcomes contributions to the AOS blog, and can be reached at [vagorabi@utmb.edu](mailto:vagorabi@utmb.edu).



We would love to connect with our Society's members and feature them on our social media. The questions we may ask include: how do you implement Sir Osler's teachings in your practice and daily life? What drew you to the AOS? What do you enjoy about being a part of this organization? In addition, one initiative we would like to implement is to ask you all, "What's on your shelf?". We want to know what some of your favorite books are and what they mean to you. If you yourself have written a new book, article, poem or have created artwork of any kind, we are looking for these to showcase as well. So please if you would like to be featured on one of our social media platforms or would like to write a piece for the blog, reach out! We would be happy to speak to you.

Madeline Pan is a medical student and an Osler Student Scholar from the University of Texas Medical Branch. Born and raised in the Dallas suburbs, she attended Southern Methodist University and graduated with a Bachelor of Science in Biological Sciences and a Bachelor of Science in Health & Society. Her interest in history and humanities in medicine began while researching and writing an abstract on Mary Putnam



Jacobi, which she later presented at the American Osler Society Annual Meeting in 2024. Since then, she has continued to explore this passion through giving presentations at her university's Osler Clubs and by writing poetry inspired by her meaningful experiences with patients. Projects Madeline will be working on include managing the AOS Instagram account, gathering reflections from AOS members about what drew them to the society and the medical humanities, and compiling artwork and literary pieces from students and physicians to share with the broader online community. She welcomes collaboration and can be reached at [mapan@utmb.edu](mailto:mapan@utmb.edu) for quotes, submissions, or further inquiries.

**Fatima Lawan's Introduction:****The Stethoscope and the Pen**

Home taught me how to notice. The reddish-brown sand under my feet. The air, thick with dust and incense. Women walking by, fabrics bright enough to make sunlight jealous. Kids chasing tires, shouting through the heat. Markets loud with bargaining, laughter, spice. It was never quiet, but it was full of life. Nigeria made me pay attention; to color, to rhythm, to the way people hold joy and struggle in the same breath.

I think that's where medicine started for me, even before I knew the word for it. Just noticing.

When I was younger, I told stories that weren't mine. Pirates, secret islands, made-up cities. Safe stories. But later, I started writing the real ones. The moments that scared me. The things I didn't understand. I learned that sometimes the truest stories come out as whispers. I think that's when poetry became something more. It stopped being about rhyme schemes and started being about truth.

Poetry taught me to look closer. To listen when nothing's being said. When I, a medical student that often feels the need to impress, give a presentation to a new attending, I feel Audre Lorde somewhere in my mind. Her insistence that even trembling voices deserve to speak. And when I'm with patients, I hear Christopher Okigbo in the quiet moments. His emphasis on the weight that history leaves on a person's body, how silence can say what words can't. Poetry makes me see. Medicine makes me respond.

Nobody in my family was a doctor. There weren't any white coats hanging in the closet or anatomy books lying around. But I always knew this career was for me. I've always been drawn to people – their stories, their silences, the spaces between what

## YOUNG OSLERIAN VIEWS

they say. The same instinct that makes me write is the one that makes me hope to heal.

Now that I am in clinical rotations, that noticing feels sharper than ever. Third year humbles you fast. You walk in hoping you're ready, all the while knowing you certainly are not. Then suddenly you're standing beside a patient who can barely breathe, or a family who just got news that will change everything. You very quickly realize medicine isn't about having all the answers. It's about being present. Paying attention. Staying human, even when it's hard.

Some mornings I walk into the hospital feeling like my foundation of knowledge will allow me to conquer the day; some I walk in just hoping to be enough. But every moment teaches me something. Because every day, I listen. To lungs, to hearts, to the stories behind them. Each sound, each word, feels like a line of poetry I'm still learning how to read. The tiny details matter; the way a patient pauses before answering, the tremor in a hand, the story sitting right behind their eyes. The way grief sits in a room even after everyone has stopped speaking. Writing prepared me for this. How to notice, how to hold space without filling it too quickly. The same muscles, just used differently.

I've come to understand that being a good doctor isn't so different from being a good writer. Both require humility. Both demand honesty. Both ask you to look at something and more importantly, someone, and say, "I see you." That's what I carry with me every day.

It's also why I jumped at the chance to work on this upcoming anthology. The project feels like home to me already. Like the bridge between medicine and art that I've already been quietly walking my whole life. It's about giving space to reflection, to story, to the ways we make meaning in this profession. It feels like a chance to bring that noticing full circle.

Medicine can be exhausting. So can writing. But both are full of grace when you let them be. Both remind me to keep showing up. To stay open to wonder, to people, and to fear. Poetry taught me how to see the world; medicine teaches me how to hold it. They're not separate stories. They're the same one, written in different languages.

Bravery, I've learned, isn't loud or dramatic. It's the quiet decision to stay kind. To listen longer than feels comfortable. To speak even when your voice shakes. Every patient, every poem, every late-night reflection is part of the same lesson: that paying attention is its own kind of care.

My name is Fatima Lawan. I'm an MS3 at Tufts University School of Medicine. And it's truly a pleasure to meet you!



## POETRY CORNER



### So Others May Live

By Madeline Pan

I was deployed to where the ocean and the land joined hands  
To better understand what the guards of the coast do.  
A medical student, I was, starting my embark in emergency medicine.

Unaccustomed to the roaring dark blue waters with fingers  
That constantly tugged at the loose hairs of the warm sandy beach.

The whirl of the current, the shift of the tide,  
The impending tsunami that one cannot avoid  
Present the diverse chaos of health perils  
That can befall civilians, who are trying to stay afloat.  
The Coast Guard responds to unexpected troubles from the sea.  
—Dog bites, sudden, sharp chest pain, multi-car accidents—  
Regardless of patient background or medical severity,  
The emergency medicine team springs into action  
To provide the care that is needed, no exception.

I admired their astute and calm nature  
That enables them to navigate any tidal irregularities.  
They used their goggles and binoculars  
To quickly spot the issue at hand.  
Their rescue boats at the ready to depart  
To stabilize the vitals that are frantically flailing.  
Marine air horn about to go off  
To activate a code and alert team members.

There I was with the Coast Guardsmen,  
Navigating the rocky waves in our wetsuits.  
I threw lifejackets and lifebuoys to keep citizens above water,  
I helped safely strap them to the surfboards  
As we scurried across the shore to the CT machine.  
We often have to bargain with Chronos  
To bestow our patients with the minutes to proceed.  
Our priority is managing the emergent needs  
so they can seek follow-up care inland;  
Whether it's an immediate surgery  
Or a visit with their primary care physician.

While the sun wakes up and rests each day,  
We relentlessly roam the border of the ocean  
For help may be called upon at any second.  
Protectors of the coastline are here when those need us most,  
For a life saved today is the reason we continue to swim.  
*Semper Paratus*



## YOUNG OSLERIAN VIEWS

### Still Continues

By Eunhye Jeon

She felt like she could not breathe. She used the word felt because her oxygen level was perfect according to her hospital care team. Her lungs also looked good every time they took a picture. The air brushed against the walls of her nostrils and mouth, but that was all. Her entire body was heaving, gasping for air. Every breath felt like the final one. With each exhale, she doubted if she could breathe the next one. She tried an anxiety medication, but nothing changed. Then she wondered if she was mimicking this breathing difficulty to seek attention. But regardless of how many times she questioned herself, she genuinely felt like she could not breathe. Nothing more, nothing less.

It had been about two weeks since my stepmom was admitted to the hospital, and she said sometimes the hospital felt like a courthouse. Unless her test results showed otherwise, there were only a few things that her care team could do. Those numbers and medical terms, which were mostly unfamiliar to her, seemed to hold more power than her testimony. The presumption of evidence was strong and absolute. She tightly gripped the bed rails and tried random breathing exercises I had found online. In terms of medical treatments, there was nothing more her care team could offer. Her numbers and scans did not indicate that breathing treatment was necessary, and the anxiety medication had not worked. With no evidence that anything else would help, their options were limited.

Paradoxically, the role of medicine becomes more visible in these moments. Although she could not receive medical treatment for her breathing, her care team contacted the chaplain to visit her weekly, which gradually helped her regain hope for healing. Like hers, the symptoms experienced by patients do not always indicate the need for medical treatment, or there may be no evidence-based options available. Oslerian medicine teaches us that we are called to treat a person, not just diseases or illnesses. In other words, diagnoses and treatments are to aid in caring for a person, with that caring being the ultimate purpose of medicine.

When a cure seems no longer possible, medicine still carries the ability to care and to heal in other ways. When a coughing patient is not a good candidate for antibiotics, we still care for them and provide comfort in other ways, even when it is not in the form of medication. Likewise, while her testimony may not have changed her care plan, it was her lived truth. Recognizing and empathizing with that truth allowed her

care team to stand with her. Thus, medicine continues even when treatment options reach their limits

*Eunhye Jeon is a first year medical student at the University of Texas Medical Branch in Galveston, Texas and submitted this essay for consideration of a Malloy Humanities Award.*

### To Comfort Always

By Natalie De La Cerdá

As the physician scrolls through the scans of another case, a terrifying white flower begins to bloom. A large, irregular mass appears on the screen. A pit forms in their stomach as they approach the patient's room. The physical manifestation of the tumor was evident, but it didn't account for the suffering that was yet to come. The human experience of illness and dying has greatly changed. Once, people used to pass away at home in peace, surrounded by family and friends. Today, they are immediately rushed to the nearest hospital, where they are overwhelmed by machines and alarms. Determined to avoid the same experience of discomfort, the physician promises to visit every day. They take every measure to provide comfort, but notice they are visibly restless. The physician realizes that medicine alone cannot alleviate their weary heart. The next day, they brought a small speaker. Gently, they help the patient from their bed and get them to dance. Their faces light up like the morning sun as they twirl around and around, spilling laughter into the room. On other days, the physician brings books and fills the air with poetry and magic, providing comfort for the soul and reminding them that life is more than illness. The days pass, some happy and bright, and others heavy. The child grows more fragile, and their skin loses its radiance. Occasionally, they are too tired to speak, but the twinkle of mischief in their eyes continues to sparkle. Once while coloring pages, the child hands over a drawing. On it is a tall figure with a white coat holding the hand of a smiling child. Beneath it were three words, "You and me". One evening, after the family leaves, they confess that they are scared. They admit to trying their best to appear strong in the face of the unknown. The physician listens intently, then offers gentle words of encouragement: It is human to be afraid, but do not let fear rule your heart. At last, the dreadful day arrives. The physician sits at their bedside, cradling their hand and whispering a silent goodbye. "It was a joy to dance with you," they say while smiling and holding back tears. The next morning, the bed lies empty and cold. In the

## Humanities

hallway, his grief-stricken parents approach. Their faces softened with gratitude as they whispered, “He loved you”. Later, during a quiet moment, the physician reflects on the meaning of life and death. They conclude that their role in medicine is not possible solely because of machinery and cures. It exists because of their patients who grant them the privilege of accompanying them through sorrow and hope. A quote from William Osler echoes in their mind: “The good physician treats the disease; the great physician treats the patient who has the disease.” And so, the physician continues forward, their mission being to heal when possible but above all, to comfort always.

*Natalie De La Cerdá is a first year medical student at the University of Texas Medical Branch in Galveston, Texas who submitted this essay for consideration of a Malloy Humanities Award.*

### Book Review: From Error to Ethics

by Daniel Sokol

Issues of medical ethics extend into ancient times. In recent decades, there has been a proliferation of publications about medical ethics, ranging from the scholarly and pedantic to the prescriptive. This slim volume takes a different and, in ways, a more practical approach. Its author, Daniel Sokol, is a barrister who has taught medical ethics in various settings for over twenty years. He is a member of the Osler Club of London and served a term as its president.

Five years ago, Sokol founded the Centre for Remedial Ethics, through which he has offered individualized, often one-on-one ethics training for hundreds of physicians, dentists, and occasionally medical students who have gotten into trouble with various regulatory bodies. Those troubles range from dishonesty and various types of sexual misconduct, to breaches of confidentiality to various types of criminal behavior, among others. From this work, Sokol has identified five essential lessons that form the basis of this ethics training. Those lessons are that physicians must make ethics education a priority, they must be acutely aware of the power they hold, always be scrupulously honest, seek help whenever needed, and “always uphold ...high moral standards...remembering that [the profession] is not ‘just a job.’”

Too often, Sokol finds, medical ethics is considered a “woolly subject” ...of little value in the real world of clinical practice.” One attendee of Sokol’s sessions, who had been convicted in criminal court of

using his elderly father’s travel card, commented that “I wish it’d been emphasized to me that, as clinicians, we’re held to a higher stand than members of the public.”

Well over half of the clinicians who attended the training had been accused of dishonesty that ranged from cheating on exams, to defrauding the National Health Service, to falsification of medical records, among other types of dishonest behavior. Sokol comments that “dishonesty is difficult to cure.” Most clinicians knew that they had done something dishonest but “faltered” at the next stage of moral reasoning. Dishonesty, at its heart, is an abuse of trust. The bioethicist Rosamund Rhodes has argued that the core duty of medical ethics is “to seek trust and be deserving of that trust.” (Rhodes: *The Trusted Doctor: Medical Ethics and Professionalism*. Oxford (2020))

In this reviewer’s opinion, Lesson 5 is one of the most important: Medicine is not ‘just a job.’ With changes in medical practice and work ethic, both physicians and medical administrative systems may promote the attitude that being a doctor is nothing more than a job. When Sokol asks the physicians on his course whether they think that being a physician is just a job, the universal response has been “no.” Representative answers have been “Being a doctor is part of who I am as a person,” or “Patients trust you not only with their bodies but with secrets which they will tell to no one else.” Sokol argues – rightly, I think – that medicine is a unique profession that carries with it “weighty moral obligations.”

The spirit of Sir William Osler suffuses this small volume, from the typically erudite Forward by Charles Bryan, to the author’s acknowledgement that Osler played a “significant role in my growth” not only as a medical ethicist but as a barrister. In an article he wrote for the British Medical Journal in 2007, Sokol noted that the essays of William Osler contain “virtually all the medical student needs ... [to learn] ethical, behavior.” (Sokol: *BMJ* 335:349, 2007). The last section of this book, about half its total length, comprises quotes from Osler’s addresses and papers, broken down into sections such as Observation and Clinical Practice, Humility and Perspective in Medicine, and Humility and Self Awareness.

For both trainees and clinicians in practice, this book, with its useful, practical style, can “demystify” what is sometimes seen as the arcane, esoteric subject of medical ethics.

Reviewed by:  
Herbert M. Swick

## OSLERIAN VIEWS



Left: Hog Series CCLXIV: Clear and Present Danger (2006), by Tarleton Blackwell. Oil on canvas, 40" X 32." Right: Hog Series LXXII. Wolf General III (1993), by Tarleton Blackwell. Oil on canvas, 48" X 38." Both from the collection of Charles S. and Donna H. Bryan.

### Journal of an Oslerian:

### Two Paintings by Tarleton Blackwell, Osler's Most Recent Portraitist

Many consider the portrait of Sir William Osler by Tarleton Blackwell, commissioned for the cover of *Sir William Osler: An Encyclopedia* (2020), to be the best portrait of Osler to date, including the portraits done from life by the famous artists John Singer Sargent, William Merritt Chase, and S. Seymour Thomas. *Deo volente*, I hope to write more about Tarleton Blackwell (b. 1956) for this column in the future. Suffice it to say here that Blackwell, a native of Manning, South Carolina, is recognized as one of the most outstanding African-American artists of his generation and is best known for his *Hog Series*. These paintings, of which there are nearly 300, reflect a rich iconography that often juxtaposes symbols of power, nationalism, and commercialism with images from the rural American South and the heritage of the Spanish master Diego Velazquez.

Donna and I met Blackwell in 1983 upon the recommendation of my brother John, who consid-

ered him the most talented pupil to come through the Art Department at the University of South Carolina during John's long tenure there. We are now the proud owners of five of Blackwell's paintings, are the subjects of two portraits in the University of South Carolina School of Medicine Library, and overall, account for fifteen purchases of his work.

Some of Blackwell's paintings are overtly political (Figure). I invite readers' reflections on the two shown here, which adorn our living room. *Clear and Present Danger* (2006) was done in the aftermath of the ultimately disastrous invasions of Iraq and Afghanistan. *Wolf General III* (1993) is eerily prescient of current global politics. The uniform is that of the Soviet-era Russian army, and adjacent to it are stars on a blue background, as occur on the American flag. In the background are trees, houses, and clouds as they would be drawn by schoolchildren. Your thoughts, please?

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*The AMERICAN OSLER SOCIETY exists to bring together members of the medical and allied professions, who by common inspiration are dedicated to memorialize and perpetuate the just and charitable life, the intellectual resourcefulness, and the ethical example of Sir William Osler, who lived from 1849 to 1919. The OSLERIAN is published quarterly.*

We're on the Web!  
✓ us out at: [www.americanosler.org](http://www.americanosler.org)

**Looking Forward to Toronto**

The 56th meeting of the American Osler Society (AOS) will be held in Toronto, Canada, from May 1-4, 2026. We enthusiastically await your arrival. Save the date now!

**Art Exhibit Plans for Toronto Meeting Cancelled**

There will NOT be an AOS Art Exhibit at the Toronto meeting this spring. This decision relates to a number of logistical issues, including possible problems with both US and Canadian customs.

**Requests for Manuscripts for Publication in the  
*Journal of the Young Oslerians*  
August Supplement to the Oslerian Newsletter**

As was accomplished last year in my capacity as Editor of the *Newsletter* I will be contacting medical students, residents, and fellows whose abstract was accepted for presentation at the American Osler Society (AOS) Annual Meeting in Toronto, Canada in May to determine if they would be interested in developing their abstract into a manuscript (2000-3000 words) for consideration for publication in a Supplemental Issue of the *Oslerian Newsletter*, entitled *Journal of the Young Oslerians*. This invitation is restricted to students, residents, and fellows. As last year, we are anticipating publishing up to 5 manuscripts for this second edition scheduled for production on-line with the August edition of the *Newsletter*. Publication of the manuscript would be dependent on review, approval, and prioritization by a Board of Editors to publish the top 5 manuscripts submitted. Deadline for submission would be July 1, 2025. I will be contacting those students and residents whose abstract has been accepted for the meeting by email in March to determine if they are interested in submitting a manuscript based on the abstract accepted for the Toronto meeting. Details for manuscript preparation will be sent to those who respond affirmatively indicating an interest in developing their abstracts into manuscripts.

**AOS Members — Please forward to the editor information worth sharing with one another as well as "Opinions and Letters". - MHM** ([mmalloy@utmb.edu](mailto:mmalloy@utmb.edu))