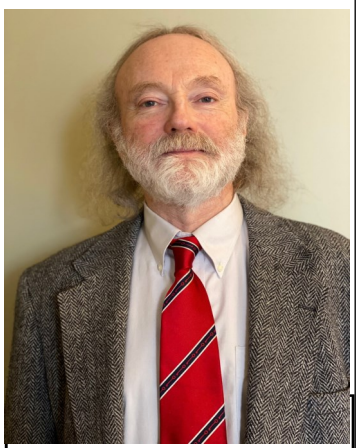
The Oslerian

November 2025 **Volume 26 - Issue 3**

A publication of
THE
AMERICAN OSLER
SOCIETY
James R. Wright, Jr., President



President
James R. Wright, Jr.
56th AOS President
Installed at the 2025 Annual

A Message from the President

Racism, Cancel Culture, and the Value of William Osler's Childhood Home

In the August *Oslerian*, one of my tasks was to provide a report from the Local Organizing Committee for our 2026 meeting in Toronto. In the report, I highlighted that Osler's childhood and adolescence were spent just west of Toronto. To my surprise, I became aware that Osler's childhood home in Dundas, Ontario was not only extant but was for sale. As I dove deeper, I found that the sale of the house had been precipitated by a 1,400-word paper "William Osler: saint in a 'White man's dominion'" that appeared in the Humanities: Medicine and Society section of the *Canadian Medical Association Journal* (*CMAJ*) on November 9, 2020; the paper's first author was a *CMAJ* editor. I submitted my own 1,400-word humanities paper to *CMAJ* in July 2025; it was editorially rejected eight days later. Here it is for your Oslerian interest:

In recent years, concerns have been raised about the propriety of continuing to celebrate the legacy of Sir William Osler. On December 2, 2019, the Medical Student Society of McGill University passed a motion supporting the removal of Osler eponyms on campus alleging that he held "white supremacist views." Thereafter, an opinion piece in the *Montreal Gazette*[1] and a front-page *Toronto Star* "exclusive,"[2] linked to a *CMAJ* Medicine & Society article[3] outed Osler as a racist; all cited the same few talking points. The *CMAJ* received numerous letters to the editor (https://www.cmaj.ca/content/192/45/E1414/tab-e-letters); most were highly supportive of Osler and many raised concerns of "presentism" (i.e., judging historical figures by present day norms and values).

Many McGill medical students admire Osler and belong to the 105-year-old Osler Society (https://healthenews.mcgill.ca/the-osler-society-celebrates-its-100th-year/). Earlier this year, the Osler Society at Western University's Schulich School of Medicine and Dentistry celebrated its centennial year under the banner "Dare We Dream" (https://verne.lib.uwo.ca/s/osler-exhibit/page/oslersociety), quoting Osler from a 1905 speech as an early champion of diversity, equity and inclusion: "Distinctions of race, nationality, colour, and creed are unknown within the portals of the temple of Aesculapius. Dare we dream that this harmony and cohesion so rapidly developing in medicine, obliterating the strongest lines of division, knowing no tie of loyalty, but loyalty to truth — dare we hope, I say, that in the wider range of human affairs a similar solidarity may ultimately be reached?"

To understand the continuing saga, some background is needed. William Osler was born in Bond Head, Canada West, in 1849 and raised in Dundas (now part of Hamilton, Ontario). In January 2006, Osler's still extant childhood home was purchased by Gary Fincham and Sara Burnet-Smith.[4] I interviewed Gary about the history of the house on July 8, 2025.

The house had been built in 1848 by William Miller, a Dundas lawyer (1837-1853) and Waterloo County's first judge. Osler's parents bought the house in 1857 and lived there until 1876. William lived there until going off to boarding school in 1864.

Gary and Sara spent three years carefully renovating the house and then opened an upscale B&B in early 2009 (Figure). As the couple learned more about "the father of modern medicine," they dubbed their B&B "Osler House."[4]

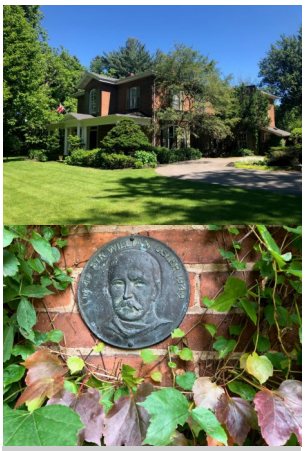
Over the next 13 years, they hosted over

https://doi.org/10.64496/onl262112

Please turn to next page

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

8,000 guests, including numerous doctors visiting the nearby Michael G. DeGroote School of Medicine at McMaster University. During the Covid pandemic, the couple decided to sell. Rather than listing with a real estate agent, Fincham approached medical school dean Paul O'Byrne, and a private sale ensued. On January 6, 2021, McMaster bought the property for $2,818,200, planning to use it "as a living museum, while lodging visiting faculty and researchers."[5] However, shortly after the closing, the University mysteriously became coy about its purchase, telling the *Hamilton Spectator* newspaper readership its future use was "indeterminant." The house was rented back to Gary and Sara "at a quite reasonable price," and they continued to operate their B&B until October 15, 2022. After the couple vacated, the University used it for storage, much to the bewilderment of most Hamiltonians.



Osler House and Plaque Credit: G. Fincham

The 175-year-old building was on the city's inventory of "buildings of interest" for designation under the Ontario Heritage Act. In late November 2022, citing a backlog of properties to be evaluated, the Hamilton Municipal Heritage Committee removed its "high priority emergency" directive, noting "we have other properties that are at higher risk…McMaster is a good owner, and the previous owners returned it to pristine conditions… all McMaster needs to do is maintain it."[6]

Eight days later, McMaster released a statement which received *Spectator* coverage on December 6: "McMaster University… will sell the former Dundas childhood home of Sir William Osler… because of concerns over what it called 'racist views' held by the 'father of modern medicine' more than 100 years ago… In a statement released Friday Dec. 2, McMaster announced it won't proceed with any plans with the building and will put it up for sale. 'The intent of the purchase… was to preserve local history, and provide the opportunity to recognize the contributions of a variety of medical pioneers to the history of health care in Hamilton and Canada,' the release stated… 'Not long after the purchase, public questions arose about statements made by Osler in the late 19th century, which included racist views…' 'Conversations were initiated and encouraged among many groups, including the faculty's equity, diversity, and inclusion and Indigenous reconciliation committee, and others…, about how to move forward.' According to the statement, those discussions influenced the decision…"[5]

The reporter interviewed the primary author of the *CMAJ* article precipitating the sale[3] and then wrote: "Nav Persaud, Canada Research Chair in Health Justice at the University of Toronto… said Osler's actions were known long before McMaster purchased his childhood home. 'Those working at universities have access to books and journals, and they know how to read… The responsibility for McMaster's reversal should not be put on an equity committee. It was a mistake to buy the house in the first place and those involved in the purchase should have been able to correct the problem without consulting anyone.'"[5]

With the sale announcement, Hamilton City Council focused on the historical importance of lawyer William Miller, re-elevating the property to "a high priority for designation, now that its circumstances have changed."[7]

On May 4, 2023, McMaster listed the six-bedroom, five-bathroom house offering 4,600 square feet of "lavish living space" situated on "a rare and private 1.28-acre lot overlooking Dundas" with Sotheby's for $3.25 million [Canadian]. In August, the asking price dropped to $2.99 million and eventually to $2.7 million. Last month [June 2025], the 177-year-old house located at 30 South Street West, sold at a bargain basement price of $2.4 million. McMaster had owned the house for 4 ½ years -- using it primarily as an expensive storage shed. The University, having also purchased some of the furnishings, had paid Gary and Sara ~$3 million in January 2021; the University, unable to pursue their original plan, eventually sold it for about a $600,000 loss. What had been an opportunity to highlight Hamilton's ties to a medical icon of international stature had turned sour. O'Byrne's predecessor as dean, John Kelton, had told *Spectator* readership in 2014 that: "Osler was the most important physician of the past 150 years. Osler cared about people and that allowed him to care for people," reflecting prevailing views. McMaster's medical leadership was not out of touch; they were guilty of nothing worse than being two months behind in reading the *CMAJ*.

Canadian historian Micheal Bliss published a comprehensive biography of Osler in 1999 and in its preface states that he had planned to do some "icon bashing" and that, after comprehensive research, the only "warts" he discovered were on Osler's hands (i.e., from performing autopsies on tuberculous bodies without gloves).[8] While not a saint,[8-11] only now, by cherry-picking a few offhand statements that medical historians had deemed uncharacteristic, do those with only a rudimentary knowledge of Osler's life label him a racist. The offending statements quoted in the article were known for some time[8] before their re-discovery.[1-3]

Current day labelling of highly accomplished old dead white men who have lived admirable lives but sometimes misspoke as "racists" is a new phenomenon which is ironically foreign to great civil rights activists of the past, who instead resisted such labelling. For instance, Martin Luther King's longtime lawyer, confidant, and speech writer Clarence B. Jones (b1931), who fought side by side with him in the civil rights trenches, refused to label Lyndon Baines Johnson, the president who practically single-handedly passed the US Civil Rights Act of 1964, but who regularly used highly offensive racial epithets whenever he spoke privately (and sometimes in public), a "racist." Instead, King and Jones held LBJ in high esteem because of what he accomplished. Decades later, a reporter, after highlighting LBJ's frequent use of racist language, pointedly asked Jones if LBJ was a racist; Jones replied that LBJ was simply a southern white man of his time.[12]

Can we not, like King and Jones, simply recognize that people of great stature can be complex and that not every statement they made needs to feel comfortable today? Osler's overall life is laudable. Tellingly, both Osler and King articulated dreams for a future when colour doesn't matter.[13]

****

****

I would like to think that the story of the Osler House sale gives pause to reflect on cancel culture in medical history and publishing standards. *CMAJ*'s publication of the paper by Persaud et al. initiated the chain of events I describe in my submission. As documented by the series of letters authored or co-authored by 21 different *CMAJ* readers, society can take the same information and come to different conclusions or no conclusion at all. No amount of rational discussion will dissuade those who firmly believe that labelling Osler a 'racist' is necessary and has societal value. But, before reading the 2020 paper, the issue would never have even occurred to the vast majority of *CMAJ* readers. In refusing to publish (or even peer-review) my paper, readers were denied the op-

Continued on page 3

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

portunity to learn of the downstream consequences and make their own judgement as to the value of the racist labeling.

I appealed the paper's rejection raising (a) standards of review for humanities topics in medical journals, (b) considerations of harm, and (c) editorial accountability, as follows:

a) Standards of review: The *CMAJ* readership was highly polarized and reacted strongly (https://www.cmaj.ca/content/192/45/E1414/tab-e-letters) to the Persaud et al. paper. Some raised egregious factual errors. If this were a paper on anything other than a humanities topic, identification of any significant factual error in a medical or scientific journal would require publication of an error correction or even the article's retraction. Either would need to be documented on PubMed.

One such error could have been picked up by any 1st-year undergraduate student in history. Persaud et al. write 'he [Osler] was an active member of the American Medical Association when – after a contentious debate – it rejected membership applications from qualified racialized physicians.' The documentation provided for this statement shows that this debate occurred in 1870. Osler, born in 1849, would have been at best, a 21-year-old medical student; he could not have been an AMA member in 1870. It is scandalous to blame a little known Canadian medical student for decisions made by senior doctors south of the border! Unfairly, this idea resurfaces again near the paper's conclusion; this time reinforcing the concept with utter speculation. Persaud et al. write: 'There is nothing in the records to indicate that Osler advocated at the American Medical Association for fair treatment of racialized physicians, and quiet acceptance of racism might have been a prerequisite for holding leadership positions.'

After blaming Osler for facilitating the AMA's rejection of qualified racialized physicians, the next sentence reads 'One of those physicians was Alexander Thomas Augusta (1825-1890), who was a contemporary of Osler's and, who like Osler, started his training in Toronto.' While this sentence helped the authors segway from Osler to Augusta [n.b., this allowed the authors broach their take-home message that it should be Augusta and other racialized physicians that society should be honoring – not Osler], it stretches the imagination to consider these two physicians contemporaries as Osler would have been a 4-year-old child living in Bond Head, Canada West when Augusta enrolled in medical school in Toronto, and Osler had not yet moved to Toronto when Augusta left to serve in the American Civil War. In the US, Augusta's racial and professional activism was mostly during the 1860s and 1870s, while Osler was either an adolescent or a student in Canada. Osler, who moved to the US in 1884, likely had never even heard of Augusta. The implied suggestion that Osler harmed or slighted Augusta in anyway is pure confabulation. Guilt by false association is a cancel culture favorite and needs to be vigorously fact-checked.

b) Considerations of harm. It may be that not publishing a corrigendum on humanities topics is because journal editors view papers as opinion pieces that can do no harm. My submission not only documents, but also quantifies, actual harm.

The Canadian public and medical profession should be appalled at the true cost of "William Osler: saint in a 'White man's dominion.'" The rejected paper documents the damage that an article written by authors intent on uncovering anti-Black racism can do without medical journalistic safeguards. How much time and money has been wasted? There is the known loss of ~$600,000 dollars, any time McMaster medical school spent planning Osler House's use 'as a living museum … lodging visiting faculty and researchers,' the hundreds of hours of faculty and administrator time over a three-year period trying to figure out what to do with the property they had purchased now that Osler had been cancelled, and the time expended by the *Spectator* trying to understand why McMaster would buy Osler's childhood home for almost $3 million and then use it as a storage shed.

c) Editorial accountability. Had Osler not been "an old dead white man," the *CMAJ* legal department would have clearly blocked the paper's publication as Osler could easily have sued for defamation. His case would have been infinitely stronger than others that have prominently settled in favor of plaintiffs in recent times. Imagine the who's who of character witnesses that would have lined up to support him and crush his accusers. I suspect that, in any settlement, *CMAJ* would also be held responsible to cover Osler's legal expenses.

After making the above case to the *CMAJ* editors, six days later I was notified by a deputy editor not involved in the original decision that my appeal had been denied. There is a first time for everything. While I have never previously appealed or publicly disclosed an editorial rejection, this one is different, as the story of Osler House should not be buried simply because the *CMAJ* decided so. Anti-Black racism must be strenuously opposed, but this should never be done by bending the truth. Unjust application of cancel culture does not help that cause and does have costs.

References:

1. Shaheen-Hussain S. Opinion: No pedestal for medical pioneer Sir William Osler. *Montreal Gazette*, Aug 10, 2020.
2. Oved MC. Star Exclusive: Sir William Osler's revered status in medicine shaken as racist views revealed. *Toronto Star*, Nov. 9, 2020.
3. Persaud N, Butts H, Berger P. William Osler: saint in a "White man's dominion." *CMAJ*, Nov 9, 2020;192(45):E1414-E1416.
4. Fincham G. Osler House. *The Osler Library Newsletter* Spring 2010. Number 113:14-15.
5. Campbell C. McMaster University planning to resell 30 South St. W. in Dundas. Institution says statements made by 'father of modern medicine' led to decision. *Hamilton Spectator*, Dec 6, 2022.
6. Campbell C. Dundas' Osler House added to city's heritage designation work plan. McMaster University still reviewing options for use of 175-year old property. *Hamilton Spectator*, Nov 24, 2022.
7. Campbell C. Dundas' 30 South St. W. heritage review elevated in priority after McMaster announcement. McMaster University hasn't set process for selling former Osler House Bed & Breakfast. *Hamilton Spectator*, Dec 9, 2022.
8. Bliss M. *William Osler: A Life in Medicine*. NYC: Oxford University Press, 1999.
9. Wright JR Jr. Sins of our fathers: Two of "The Four Doctors" and their roles in the development of techniques to permit covert autopsies. *Arch Pathol Lab Med*. 2009;133(12):1969-1974.
10. Wright JR Jr. "Osler Warned": Was William Osler a grave robber while at McGill or was he a victim (or perpetrator) of one final practical joke? *Clin Anat*. 2018;31(5):632-640.
11. Bryan CS, Wright JR Jr. Sir William Osler (1849–1919) and the paternity of William Willoughby Francis (1878–1959): Review of the evidence. *J Med Biogr*. 2019;27(4): 229–241.
12. "LBJ: Triumph and Tragedy, Part 2 The Great Society," CNN documentary aired Feb 20, 2022.
13. King ML. Martin Luther King - I have a dream speech - August 28, 1963. https://www.youtube.com/watch?v=smEqnnklfYs, accessed July 16, 2025.

Local Planning Committee Report for American Osler Society Meeting Toronto, Canada May 1-4, 2026

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 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.

The 2026 McGovern Lecturer will be Dr. Anthony S. Fauci (**Figure 1**), Distinguished University Professor in the School of Medicine and the McCourt School of Public Policy at Georgetown University. Dr. Fauci was formerly director of the National Institute of Allergy and Infectious Disease at the National Institutes of Health for 38 years. He has received many awards including the Presidential Medal of Freedom, the highest civilian award in the United States. It is also noteworthy that Dr. Fauci is an Honorary Member of the American Osler Society.

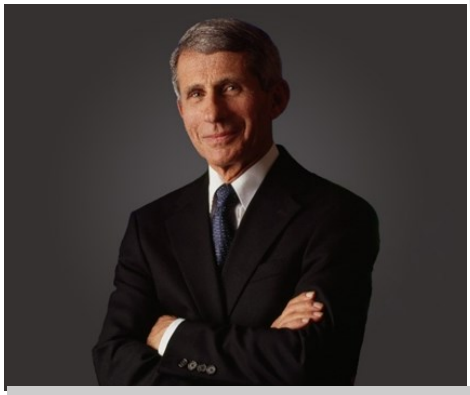


Figure 1. Dr. Anthony Fauci. (Credit Dr. Fauci.)

Dr. Fauci will be speaking on the history of the AIDS epidemic. As a central figure in this history, Dr. Fauci played a significant role through his research at the NIH, his contributions to public health policy, and his direct engagement with AIDS advocates in the gay community. Because of concerns for his travel safety, this will be a virtual, real-time presentation; at its conclusion, Dr. Fauci will take questions from the audience. This lecture is being generously supported by both the McGovern Foundation and the University of Texas Medical Branch's Osler Academy.

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 2**). The RCMI dress code is business casual attire. Our reception is supported 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/).

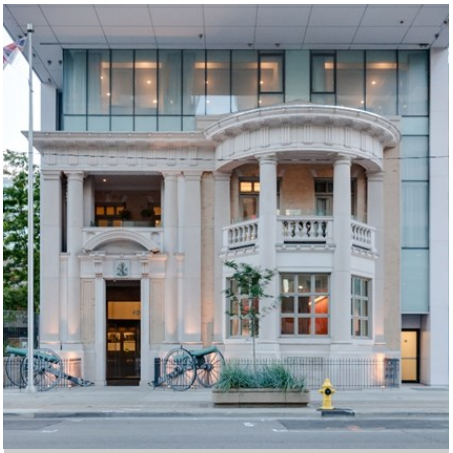


Figure 2. Royal Canadian Military Institute and Museum

On Sunday morning, the annual business meeting will be held 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, an optional group discussion and a planning session on mentorship is being organized; box lunches will be available in the meeting room. On Sunday evening, the pre-banquet reception will be held in the Mandarin Ballroom Foyer and 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.

On Monday morning, trainees and members who are unable to miss work can depart. It is easy to get to home from Toronto as more than 50 airlines operate direct flights to and from Pearson International Airport (YYZ). Some attendees may also be able to depart via the Billy Bishop Toronto City Airport (YTZ), just minutes from downtown Toronto.

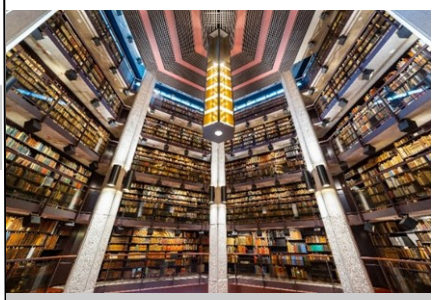


Figure 3. Thomas Fisher Rare Book Library, University of Toronto. (Credit: Paul Terefenko, photographer)

However, the Local Organizing Committee hopes you can stay, as we will be visiting the University of Toronto's world-renowned Thomas Fisher Rare Book Library (**Figure 3**) from 9-11:30 am. A special exhibit is being organized by 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 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:
(http://www.torontomedicalhistoricalclub.ca/celebrating-the100th-anniversary-of-the-nobel-prize-for-thediscovery-of-insulin/). Likely the AOS exhibit will include many of the Nobel Prize centennial displays, including Banting's Nobel Medal. A selection of rare antiquarian books will be featured. The library holds the materials Michael Bliss used when writing his Osler biography and materials related to Osler's earliest mentors, Dr. James Bovell and Rev. William Johnson. We also plan to have displays about Trinity College School, Trinity College, and Toronto School of Medicine where Osler began his studies. 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.

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 of important Osler sites outside of Toronto, including his birthplace in Bond Head, Ontario (Please see the Local Organizing Committee report for the August *Oslerian* for a summary of "important Osler sites"), as well as a tour of Banting House National Historic Site in London, Ontario (https://bantinghousenhs.ca/). For this post-meeting tour, those interested would need to sign up and pay an additional fee in advance (so that we can know what size bus we would need to rent to drive us around). This will only happen if there is sufficient interest to rent a bus; the full scope of where we might decide to go would be determined by those signing up for this Oslerian adventure.

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 in early 2026 and will also appear in the February *Oslerian* Newsletter.

I would like to finish by raising a note of caution. In recent years, the costs of holding our annual meetings have risen substantially and our meeting revenues have decreased to the point that the Society has been hemorrhaging money. Two years ago, President Rolando del Maestro established a subcommittee chaired by Mario Molina to determine why. The subcommittee determined that this correlated with the Society's recent attempts to enhance participation by trainees, obviously a good thing, but that attendance by full registration paying members had been steadily decreasing, obviously a bad thing. Trainees are heavily subsidized by the Society and their $100 registration fees have failed to cover the costs of even their meals. Therefore, we will be increasing trainee registration fees this year. Importantly, we also want to encourage Active and Fellow Members to submit abstracts (abstract submission is open through November 15) and attend the meeting. We are incorporating other subcommittee cost-saving suggestions such as utilizing professional meeting organizers to help decrease skyrocketing hotel venue and audiovisual costs as well as eschewing costly bus transportation between venues. By avoiding a Monday morning session and by repurposing our meeting room as our banquet hall, we have further decreased hotel venue rental costs. Any learnings from the 2026 meeting will be passed on to the Local Organizing Committee for the 2027 meeting. If you are able, please consider making a tax-deductible donation to the Society in support of the annual meeting. David Wolf and Pete Travers are in the process of streamlining our ability to process online donations to the Society.

James R. Wright, Jr.

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, Mike Malloy, 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

YOUNG OSLERIAN VIEWS

The Stethoscope and the Pen

By Fatima Lawn

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 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!

Fatima is medical student at Tufts who will be working as an associate editor on the AOS Poetry Anthology (which is preliminarily accepted by West Virginia University Press)

Reflection

By Timour Abduhalikov

I had originally become interested in Russian Literature in part due to my family history – my father being an ethnic Tatar (Muslim/Turkic ethnic group from central Russia) born and raised Kazakhstan. I

YOUNG OSLERIAN VIEWS

read Crime and Punishment for the first time in high school and was immediately captivated by its psychological depth and philosophical scope. This inspired me to then major in Russian Literature during my undergraduate studies. However, up until my fourth year in undergrad, I had always thought of Russian Literature as a passion project not relevant to my future in medicine. In that fourth year, a Russian professor and mentor of mine, Dr. Madelyn Stuart, having known I was pursuing medicine, introduced me to the concept of narrative medicine.

I came to realize that literature and medicine are not disparate, but complementary, and my dual interests were reframed. Upon matriculating to medical school, I was fortunate to join a school with a commitment to humanities in medical education. I spent a summer in residence at UVA's Center for Health Humanities and Ethics as a Hook Scholar, where I was able to further my interest in the intersection of literature and medicine. During this time, myself and a colleague developed a seminar for medical students to read and discuss broad works of literature both directly and indirectly related to medicine. We discussed wide ranging topics, from professional identity to moral dimensions of care. This experience gave me the academic confidence to pursue a larger independent project bridging literature and medicine more explicitly.

Across my undergraduate study, I gravitated towards the works of Fyodor Dostoevsky. He offered unparalleled insight into humanity, and by reading him I could simultaneously see into the minds of the characters and the author himself. His explorations of ambition, egoism, rationality, what makes a person human, and what happens when they abandon it remain relevant today. Having learned of his medical history of epilepsy, my developing interest in Neurology gave his works new resonance and I saw an opportunity to explore the depictions of his neurologic disorder across his works.
As with any artist in their works, Dostoevsky is deeply intentional in his depictions, providing an unabridged view into his thoughts on his condition, his experience of it, and how he felt his condition was represented in his life and viewed by others around him. This analysis also revealed the variety and depth of interpretation individuals suffering from disease may draw from their experiences. Though Dostoevsky was a single individual, he was able to create remarkably varied portrayals with characters in different social stations and relationships with their illness, faith, and identity. As such, the reader can draw different conclusions of the disease experiences based on the depiction they read, and obtain a multidimensional view of the disease experience.

Engaging with these texts helped me further realize the weight narratives carry in the clinical space. Stories are ubiquitous in medicine. A patient tells their history to the medical student, and it's then passed through layers of translation from resident to attending, and later recounted in conferences, multidisciplinary meetings, and beyond. In addition, a skilled medical student learns to extract relevant information to answer board questions and skilled physicians put this into practice daily. Listening, interpreting, and diagnosing require discernment and empathy of the story in order to arrive at correct and empathic treatments honoring the patient and their desires.

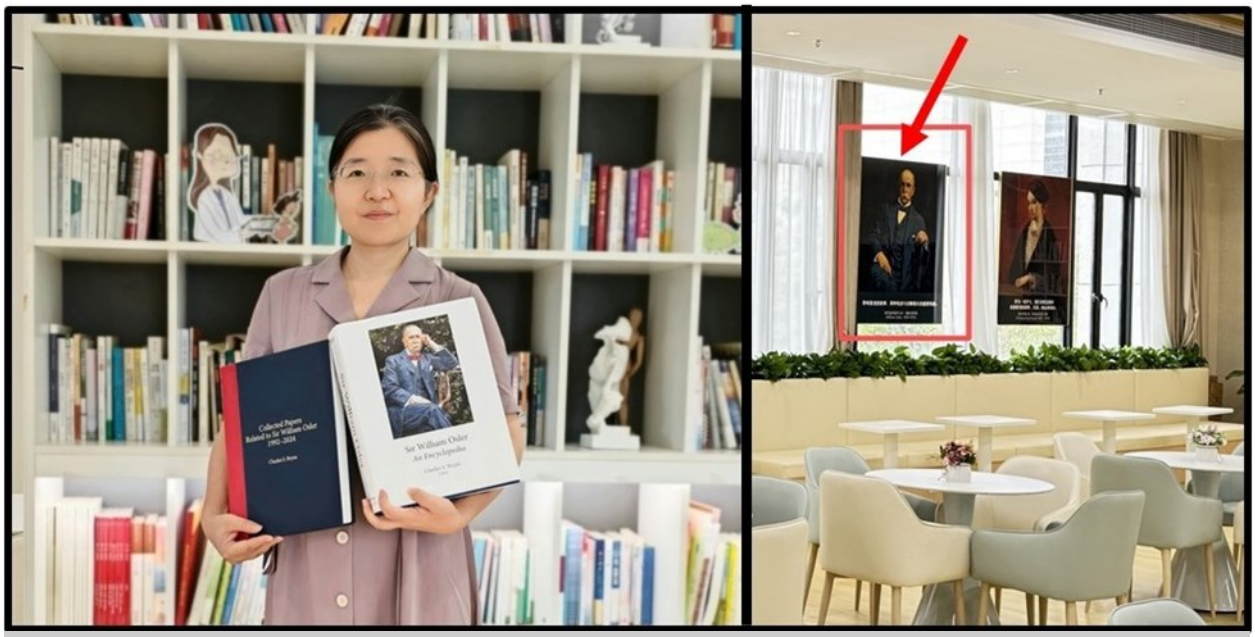
All across the field of medicine, we are constantly faced with stories that we must ingest, comprehend, and interpret for the betterment of our patients' care, and no two stories are ever the same. In the same way Dostoevsky's stories provided salient insight into his condition, a patient can provide the same insight in their stories. It is the duty of the physician to allow space for story-telling and devote effort and time for interpretation of those stories. When we learn about our patients' lives, we can see how their disease affects them. Whether its preventing them from doing a hobby or traveling across town to visit a family member or get to an appointment. We cannot see where there is room for improvement in a patient's quality of life if we do not listen to their story.

On the side of literature, this project and the experience of medicine has expanded my view of the depth writing can show of its authors thoughts, opinions, and experiences. It has made me appreciative of the weight each word carries. Each word is intentional, and the author picked that word over another for a reason. In a hundreds-of-paged novel and across many novels in a career, a reader can learn an immense amount of an author by reading their works and learning not only the story they put on paper, but the story that led to the piece of writing in front of them.

Ultimately, studying literature and practicing medicine require us to see beyond the surface, inhabiting another's perspective to recognize their experience, and in the case of medicine, help them to the place of health they desire. Stories don't only describe illness, they humanize it, and it reminds me constantly of the clinicians role in both healing and understanding.

Timour Abduhalikov is a 4th year medical student at the University of Virginia where he is a Hook Scholar, and is currently applying for residency in neurology. He is from Fairfax, Virginia and attended UVA for undergrad where he majored in Neuroscience and Russian Language and Literature. Expanding on his undergraduate studies, he has developed a deep interest in narrative medicine and medical humanities.

OSLERIAN VIEWS



Professor Xiaolin Yang (Christina Yang) with Sir William Osler: An Encyclopedia *and* Collected Papers Related to Sir William Osler, 1992–2024*, gifts from the author*; *Portrait of William Osler (arrow), adjacent to a portrait of Florence Nightingale, at the Youth Bio-Health Narrative Growth Center at Dr. Dr. Yang's university in Guangzhou, China. (Both photographs courtesy of Dr. Yang)*

Journal of an Oslerian: **Osler in China**

While updating my records of the secondary literature pertaining to Sir William Osler (1849–1919), I came across a paper by Wenhau Cao and Xiaolin Yang entitled "Re-exploration of Oslerian legacy of Osler's address 'Old Humanities and New Science."[1] Both authors are from China. Wenhau Cao teaches in the Department of Narrative Medicine at the Eighth School of Clinical Medicine, Southern Medical University (SMU), Guangzhou. Xiaolin Yang is Distinguished Research Professor of Narrative Medicine at Southern Medical University, Guangzhou.

I reached out to Professor Yang, the corresponding author, and we eventually connected. I sent her copies of the Osler encyclopedia and the compendium of my papers on Osler, which she eventually received (Figure). She sent me a "short Curriculum Vitae," which is truly amazing.

Professor Yang is the founder of Narrative Medicine Centers in China (additional centers in various medical universities have been established since the first center was established in 2018 at SMU) and director of the Research Center of Narrative Medicine at her university. Beginning in 2008, not long after Rita Charon (b. 1949) began her pioneering work in narrative medicine at Columbia University in New York City, Professor Yang has worked toward creating a theoretical and practical system of narrative medicine that blends Western approaches with traditional Chinese approaches. Since 2008 she has published eleven books and 106 journal articles and book chapters pertaining to narrative medicine and, more broadly, the humanities as these relate to medicine. She ranks among the top one percent of frequently cited scholars in China according to data kept by the China National Knowledge Infrastructure (CNKI). She founded the first Bio-Health Narrative Sharing Center in 2019 and has consulted at more than 50 "narrative centers" in class A hospitals throughout China. In 2023, enlightened by Osler's "open arms" activities after he launched a residency training program at Johns Hopkins, Professor Yang also established the first Narrative Centers for Youth Doctors' Growth (in the medical library) in China, where Osler's picture hangs on the wall (Figure). Stories related to Osler and other great physicians are frequently told to residents and young doctors. She has also consulted in Australia, the United Kingdom, and, yes, the United States. I am breathless!

I was thrilled to learn, through Professor Yang's work, of the existence of a William Osler Research Association of Chinese Medical Professionals, of which she is a premium member. The chairperson of this association is academician Lang Jinghe, a distinguished obstetrician, who led its members to translate into Chinese Michael Bliss's *William Osler: A Life in Medicine* (1999). The Chinese translation of Bliss's biography was published in 2023. Professor Yang told me that the association planned to translate more publications related to Osler and the Oslerian legacy and to produce a biography of Osler. This project was delayed by the COVID-19 pandemic. Dr. Yang tells me that, after my contact with her, the association plans to resume its Osler-related publication schedule.

OSLERIAN VIEWS

I was equally thrilled to note Professor Yang's major academic interests as listed on her Curriculum Vitae: "Medical Humanities, Narrative Medicine, and Oslerian legacy."

Dr. Yang has coauthored at least five additional articles pertaining to Osler and narrative medicine in the *Chinese Journal of Medical Ethics*, the *Journal of Chinese Medical Humanities,* and in *Medicine & Philosophy.* In the latter article, she and her coauthors utilize the story of how Osler comforted his grieving wife after the death of their first son, Paul Revere Osler, by leaving on her dressing table a letter dated "Heaven July 14 [1893]" and signed by "Your loving son, Paul Revere."[2] In this story, write the scholars from SMU in Guangzhou, "narrative competence can help the multi[ple] subjects involved in [a] clinical context form a sort of narrative-community relationship which embraces spiritual affinity and common aspiration[s]."[3]

From the inspiring work of Professor Yang and her colleagues, I offer three brief points.

First, her work in narrative medicine illustrates the robustness of support for research in the humanities in the People's Republic of China. She receives much of her support from the General Research Program of Humanities and Social Sciences of the Ministry of Education. I recently introduced myself to, and then befriended, a young Chinese scholar who was working in the University of South Carolina. Funded by the Chinese government, he is studying the writer William Gilmore Simms (1806–1870) with the aim of dedicating his career to the antebellum literature of the American South! Sadly, the U.S. National Foundation for the Humanities seems to have gone astray under the Trump Administration.

Second, her work reminds us that Osler remains an avatar of idealism and humanism in medicine. One can quibble over whether his legacy should be nullified because of a handful of transgressions seen by some as "racist" from a twenty-first-century perspective, and whether his clinical records, which were scanty, make him a forerunner of narrative medicine as understood today. However, as H. Brownell Wheeler pointed out in 1990, "It may be less important who Osler was than who we need him to be," since "Osler the myth may be more relevant than Osler the man."[4] As Scott Podolsky and I put it in 2019, "A 21st-century Osler might … be sufficiently enlightened to replace "the profession of medicine" with "the global community of healthcare workers" as a sizable share of humanity committed to the scientific method and to the proposition that in humanized science rests the fullest hope for preserving higher life forms on a fragile planet."[5]

Finally, it is encouraging to note that Professor Yang's forthcoming book concerns the role of wisdom in clinical practice. This flows logically from her paper dealing on Osler's last public address, "The Old Humanities and the New Science," in which he made the case for more collaboration between these branches of knowledge. My continued fascination with Osler's last lecture, bordering on obsession, concerns Osler's remark that "there must be a very different civilization or there will be no civilization at all." Osler gave that address in the wake of World War I, and his overarching concern was that increasingly destructive weapons posed an existential threat to humankind.[6] We now face the potential specter, for example, of nuclear weapons launched from satellites and guided by artificial intelligence.

Osler, having previously called nationalism "the great curse of humanity,"[7] famously concluded his last public address with the hope that in *philanthropia* (love of humankind) and *philotechnia* (love of science and technology), "the longings of humanity may find their solution, and Wisdom—philosophia—at last [may] be justified of her children." The catholicity of Osler's enduring appeal beyond geopolitical boundaries is further evidenced by two recent papers from Russia,[8,9] one of which highlight's Osler's "uniqueness as a doctor, teacher and philosopher."[9] The problem of postponing human extinction should become front-and-center in the public forum, and physicians should join forces with others to help lead the way.[10]

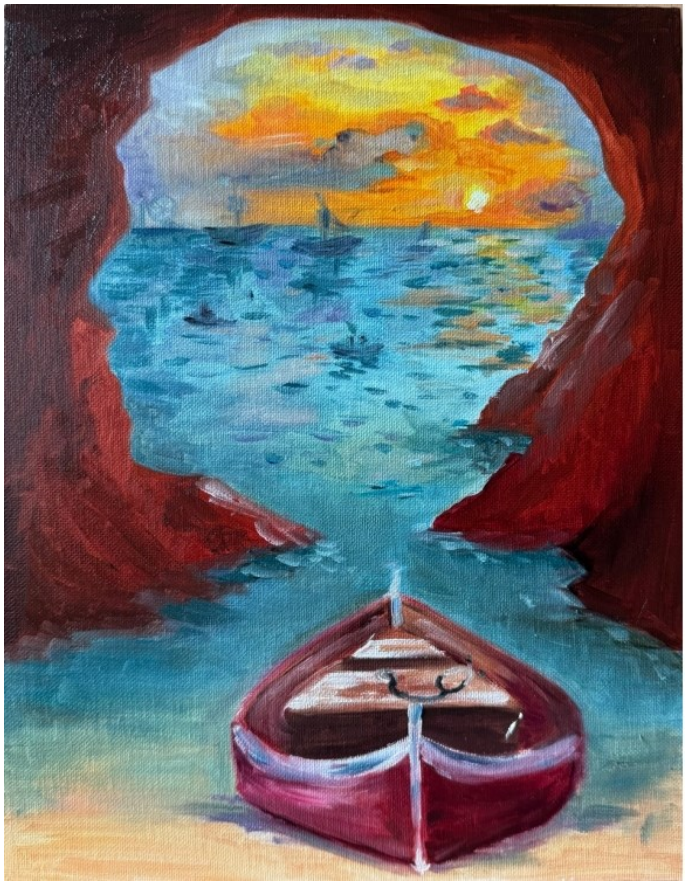
Charles S. Bryan
cboslerian@gmail.com

References

1. Cao W, Yang X. Re-exploration of Oslerian legacy of Osler's address "Old Humanities and New Science." *Asian Journal of Medical Humanities* 2024; 3(1): 20230009. DOI: 10.1515/ajmedh-2023-0009.
2. Golden RL. Paul Revere Osler: The other child. *Baylor University Medical Center Proceedings* 2015; 28(1): 21–24.
3. Zhang G-q, Zhu H-f, Yang, X-l. The life writing of William Osler and its narrative meanings. *Medicine & Philosophy* 2020; 41(23): 1–4, 64. DOI: 10.12014/j.issn.1002-0772.2020.23.01.
4. Wheeler, HB. Healing and heroism: the Shattuck Lecture. *New England Journal of Medicine* 1990; 322(21): 1540–1549.
5. Bryan CS, Podolsky SH. Sir William Osler (1949–1919)—The uses of history and the singular beneficence of medicine. *New England Journal of Medicine* 1919; 381(23): 2194–2196).
6. Bryan CS. The centenary of 'The Old Humanities and the New Science,' the last public address of Sir William Osler (1849–1919). *Journal of Medical Biography* 2019; 27(4): 197–204
7. Osler W. Chauvinism in medicine. In Osler W. *Aequanimitas, With other Addresses to Medical Students, Nurses and Practitioners of Medicine*. Third edition: P. Blakiston's Son & Co., Inc.; 1932: 261–289.
8. Dvoretskii LI. [Illness and death of Sir William Osler.] *Terapevticheskii arkhiv* 2024; 96(4): 436–441. DOI: 10.26442/00403660.2024.04.202694.
9. Guliaev SV, Moiseev SV. [Sir William Osler: facets of personality.] *Terapevticheskii arkhiv* 2024; 96(5): 551–554. DOI: 10.26442/00403660.2024.05.202708.
10. Bryan CS, Kellis DM, Sokol D. Osler's valediction: how might physicians contribute to the effort to postpone human extinction? *British Medical Journal* 2024; 384: q499.

Humanities

University of Texas Medical Branch Humanities Award Winning Art



As You Go Along

By Jessica Wang

Description: A small, heart-shaped rowboat on the shore containing a stethoscope faces a cliff opening shaped like a human head. The ocean beyond reveals several larger vessels near the horizon, where a cerebellar sunrise casts a warm glow through stormy clouds. A faint outline of Galveston's Pleasure Pier amusement park forms the "eye" of the illusion. Reflection: My inspiration for this painting came from several sources, including Claude Monet's painting "Sunrise", which immediately reminded me of the yachts and cruises that dot Galveston's marina in the early morning mist, Michelangelo's incorporation of anatomy into his frescoes, Sir William Osler's ideology in "A Way of Life", and my grandmother's dementia. My grandmother, in particular, whose silhouette forms the cliffs in the painting, is the heart of the work. Long before I ever knew the words "Alzheimer's Disease" or discovered my love of neurology, my grandma had a tendency to forget simple things, like foods she'd tried before and people she'd met. Though her condition worsened considerably in the past year, she never relinquished her effervescent smile and joy for life. It's this spirit that echoes from Osler's words: "Touch a button and hear, at every level of the ship, the iron doors shutting out the past – the dead yesterdays. Touch another and shut off, with a metal curtain, the future – the unborn tomorrows. Then you are safe – safe for today!" In that way, this painting is both a reflection of her journey, and mine, as a medical student. It is a reminder that even as we row toward the vast expanse of medical knowledge, the present moment is where empathy and clarity lives. Osler reminded us that good physicians are good humans first. The brain may be the horizon, but the heart is the vessel. The knowledge will always be there, waiting for you. As you go along, don't forget to take your heart with you.

Jessica Wang, who goes by Jessie, is a native Houstonian who grew up passionate about both medicine and the arts. As a first-year medical student, she is interested in exploring how creativity shapes empathy and healing in healthcare. This piece is dedicated to her grandmother, a powerful woman who inspired her medical journey and was the first person who allowed her imagination to run wild.

POETRY CORNER

Left Behind the Tide

By Sharon Vaz

The salty air leaned against my ribs
like the fury of a wave long passed
its drag pulling me backward into the deep,
graced with breath only while I am sitting upright,
as if lying down might invite the tide in

Patient presents to the clinic with orthopnea
that worsens while supine,
notably, he seems to be sleeping on
four propped up pillows for relief

The ceiling flickered - not with light,
but with a memory that lies shimmering below
of sticky Kentucky summers
when the lake swelled over the shore
where I first learned the weight of water,
and just how quickly it could steal your footing

Each swallow harbors the sharp tang of rust
rasping, I coughed,
the water within me had bloomed,

the sea foam bobbing and
rising to the surface, tinged with red

Patient has a productive cough
and the sink basin has remnants of
pink, frothy sputum

The zap of the metal on my back
spins me back to the first time I
pressed a conch shell to my ear,
and swore I could hear the current -
folding and unfolding upon itself,
now I am Odysseus tied to the mast
seduced by the lethal melodies
of the sirens flitting beneath

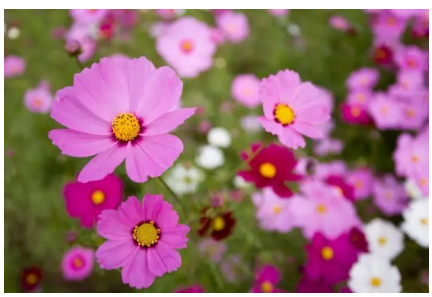
Patient's pulmonary exam reveals
diminished breath sounds
on auscultation as well as
dullness to percussion
over both lung bases

Thrashing, breaking the surface,
this is not drowning from the sea,
this is drowning from the inside out,
the flood is in my lungs,
and my own heart is the storm

Pulmonary edema secondary
to congestive heart failure,
a failing left ventricle,
pressure-backed, overflowing the alveoli —
RR 24, SpO2 88% and rising,
will reassess in two or three hours

The moon does not pity the tide it pulls,
nor the shells abandoned on the sand,
what is carried away drifts far beyond the horizon
and what remains waits quietly for the morning
still damp with the memory of seawater.

Sharon Vaz grew up in Tucson, Arizona, and is a graduate of UC Berkeley, where she majored in Molecular and Cell Biology. An avid writer, she won UC Berkeley's Lipson Essay Prize for her essay, "Yeats' 'Spiritus Mundi' and its Relevance to 2019" as an undergraduate. She is currently a second-year MD/PhD student at the University of Texas Medical Branch – John Sealy School of Medicine and is interested in exploring the intersections between medical humanities, clinical care, and basic science research.



Governance Subcommittee Report:

At the 2024 meeting in Kansas City, President Rolando del Maestro established a Governance Subcommittee comprised of Chris Boes, Skip Harris, Joan Richardson, Brendan Ross, and Jim Wright. Our task was to review, update, and otherwise revise governance documents as well as critique and then improve the function of our standing committees. We met via Zoom in July 2024, and we reviewed our bylaws line by line and then proposed modifications using track changes. The AOS Office was in the process of moving from Rochester, MN to Pasadena, CA. It was determined that this would not necessitate reincorporation in the State of California but would require annual paperwork.

At the 2025 meeting in Pasadena, the amendments that had been proposed by the Governance Subcommittee and some additional amendments were approved by the Board of Governors (BOG). It was not possible to bring these to the general meeting for discussion and possible approval as our bylaws require that any proposed amendments be circulated 30 days in advance of a vote. The 2025 -2026 Executive Committee, comprised of our five elected officers, has since taken the opportunity to suggest a few further amendments. These will be discussed by BOG at our November Zoom meeting and then all proposed amendments will be circulated to the membership well in advance of the 2026 meeting.

AOS has nine standing committees described in our bylaws that provide the backbone for our operations. These are: Annual Meeting Program Committee, Finance Committee, History & Archives Committee, John P. McGovern Lectureship Award Committee, Lifetime Achievement Award Committee, Media & Technology Committee, Membership Committee, Nominating Committee, and William Bennett Bean Student Research Award Committee. Recently, it had been noted that the current practices of some of these committees were inconsistent from year to year and were sometimes inconsistent with either our bylaws or best practices. For most committees, since chairs and membership turnover annually, there was insufficient continuity to assure that outgoing committee chairs passed their learnings to incoming chairs. Although a governance document entitled "Job Descriptions for Officers, Members of the Board of Governors, and Committee Chairs" exists, it was outdated. Rather than constantly updating such an overarching document, it seemed prudent to develop individual terms of reference (TOR) for each standing committee. Placing more details in TORs and less in bylaws will also decrease the need to amend our bylaws. All nine standing committee chairs, in consultation with prior chairs and their committees, a have now generated draft TORs that are currently being reviewed and approved sequentially by the Governance Subcommittee and then BOG. We hope this process will be complete in May 2026.

James R. Wright, Jr.

AMERICAN OSLER SOCIETY

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

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!

Call for Abstracts for Annual Meeting in Toronto, Canada, May 1-4, 2026

Abstracts are to be submitted via an online application process. The online site will become available at https://www.americanosler.org/ from **Oct 1 to Nov 15, 2025**. Abstract submission is restricted to currently enrolled medical students, residents, fellows, active and retired physicians and members of the AOS**. The abstract title should be followed by the author(s) name(s), affiliations, and biographical sketch (limited to 80 words).** The biographical sketch is a description the moderator can use when introducing you. We will print exactly what you write here in the program. You should write in the third person, e.g., if you were William Osler, you could say, "Dr. William Osler is Professor of Medicine at the newly opened Johns Hopkins School of Medicine. He is the author of The Principles and Practice of Medicine, recently published by D. Appleton and Company. Dr. Osler has held previous academic appointments at Penn and McGill in Montreal."

The abstract should be no longer than 370 words. The text of the abstract should provide sufficient information for the Program Committee to determine its merits and possible interest to the membership. The problem should be defined and the conclusions should be stated. Phrases such as "will be presented" should be avoided or kept to a minimum. **Only one abstract per person will be accepted**.

Three learning objectives should be given after the abstract **(limited to 12 words each)**. Each learning objective should begin with an active verb indicating what attendees should be able to do after the presentation (for example, "list," "explain," "discuss," "examine," "evaluate," "define," "contrast," or "outline"; avoid noncommittal verbs such as "know," "learn," and "appreciate"). The learning objectives are required for Continuing Medical Education credit.

Each presenter will have a 20-minute time slot, which will be strictly enforced. Presenters should rehearse and time their papers to 15 minutes, in order to permit brief discussions and to be fair to the other speakers. Although 20 minutes might seem quite short for a paper in the humanities, our experience with this format has been overwhelmingly favorable.

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