

# The Oslerian

## A Message from the President Osler's Braindusting

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In *"The Student Life"* Sir William Osler said there were three things to maintain a physician's education - a notebook, a library and a quinquennial braindusting. He knew that the brain dusting, a period of study and experience away from the dailiness of practice, was the hardest to manage, not the least because old senior "Dr. Hayseed" would ridicule the idea as preposterous and injurious to a young doctor's practice. But Osler argued it was necessary for "renovation, rehabilitation, rejuvenation, reintegration, resuscitation, etc", and it would be wise to start saving over three years for a six week trip, or better still, over five years for a six month period of study.

He admired the rural doctor, John Y. Bassett, who took a year of brain dusting in Paris, described in *"An Alabama Student"*. Osler felt the country doctor was a heroic figure, seeking to be the best doctor he could be for his patients. It takes great sacrifice for the doctor and his family, but Osler is clear that it is an important step, one that must be repeated periodically during a life in medicine.

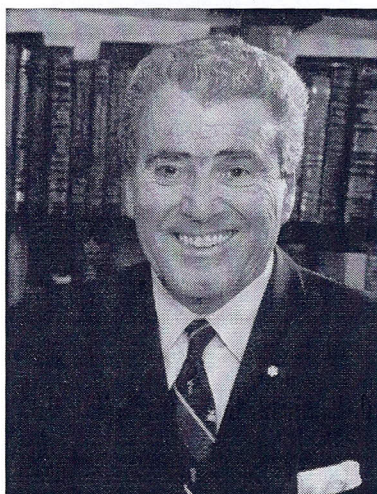
Dr. Groce Harrison (father of Tinsley Harrison of textbook fame), wrote to Osler that he was planning a period of study before taking the position as Professor of Medicine at the Medical College of Alabama. When he arrived at Osler's home he was given Osler's card with a note to the librarian, "This will introduce my rural friend, who needs a brain dusting; for God's sake, help him if you can." He told the young physician he would find lots of books for study in the library, and a good place to browse. And as a good manager of time he invited him to dine the next evening, adding that he should arrive at seven and leave at eight. The experience of the braindusting and the encouragement of a respected teacher had a lasting impression on the young man and son Tinsley said that it was difficult to tell the difference between God, Jesus and Osler.

Although Osler's life was often very busy, with a hectic schedule, he was very organized, with a methodical approach to each day. He walked briskly, bounding up stairs, but was not rushed in his activities as they were carried out according to his

plan for the day. Michael Bliss noted that he was "a notorious reader-traveler in vehicles", and that he read and wrote continuously. He controlled not only his day but his life.

He knew the value and necessity of "braindusting", taking time to travel, study, learn, relax, play and explore. Although there were periods when he didn't take a vacation, as his career advanced his travels increased. He recognized, and Grace Osler often reminded him, that he sometimes worked too hard without a break. Osler's braindustings took many forms. He often crossed the Atlantic, using the time at sea to read and write. He arranged visits to centers in Europe frequently, and he took each summer off to travel and visit family and friends. He took the CPR across Canada, vacationed at the English seaside, explored castles, searched through book stores, and later in life took up golf and an obsession for bookbuying. A companion on some of his English braindustings was Henry Barton Jacobs who noted Osler's enthusiasm and boyishness away from work, reading, swimming, doing

(Continued on page 2)



Jock Murray



## Osler's Braindusting (continued from page 1)

cartwheels on the beach, visiting castles, museums and bookstores, and making a study of the history of the region.

Academic sabbaticals are available to academic physicians but few clinicians take advantage as the financial sacrifice is too great, and the time away from patients is too disruptive to continuing care. But Osler considered many varieties of braindusting, from taking advantage of the meetings and travel that would normally occur in practice to shorter or longer periods of study and visits to other physicians and centers.

Osler emphasized that the spouse must also make sacrifices so that braindustings can occur. Fortunately Janet has encouraged, supported and shared in my braindustings, which varied from a few weeks to a year, with periodic six month braindustings in London for study over the last four decades. As I type these lines, Janet is encouraging me to get packed as we are off to London on an early flight for a period of study at the Wellcome Library, the New British Library and the Royal Society of Medicine, with a sprinkling of concerts, theatre, galleries, bookstores, walks on Hampstead Heath, and a meeting of the Osler Club of London.

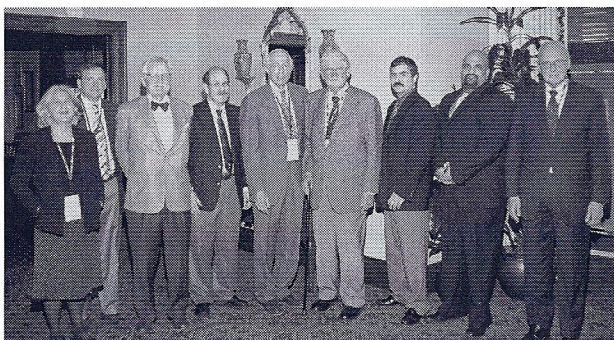
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*If the license to practise meant the completion of his education how sad it would be for the practitioner, how distressing to his patients! More clearly than any other the physician should illustrate the truth of Plato's saying that education is a life-long process.*

—William Osler, "The Importance of Post Graduate Study"

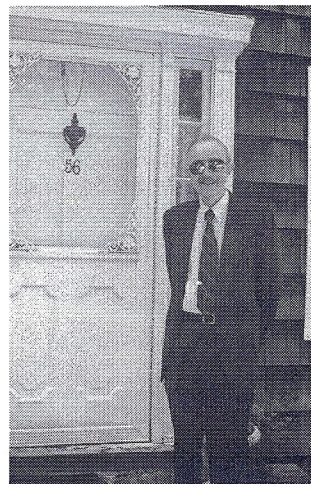
## Oslerian Progress Notes

Charter member and past president **Jeremiah A. Barondess** was honored on November 13, 2006, the occasion being Jerry's retirement from the presidency of the New York Academy of Medicine. The 16 speakers touched on different aspects of Jerry's multifaceted personality and career, highlights of which include his distinguished service to his medical alma mater (Johns Hopkins), to Cornell University and New York Hospital, to the American Osler Society, the New York Academy of Medicine (of which he was president for 16 years), and to numerous other organizations. He will remain active especially in the area of public health including health care disparities.

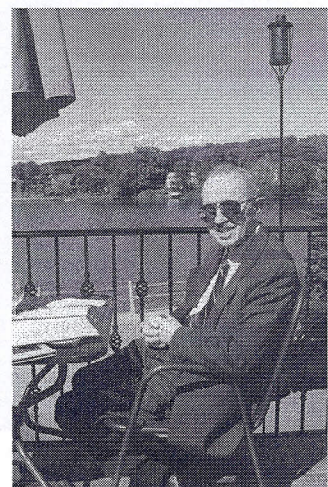


*Speakers at the J. Willis Hurst Symposium on the History of Medicine were (left-to-right) Cynthia Patterson, Clyde Partin, Charles Bryan, Mark Silverman, John Laszlo, J. Willis Hurst, Bhushan S. Agharkar, Grady Parker, and H. Kenneth Walker.*

**Clyde Partin, Jr.** organized the annual J. Willis Hurst Symposium on the History of Medicine, which took place at Emory University School of Medicine. The well-attended program included papers dealing with medical biography (including Eugene A. Stead, Jr.), medical education, and various eras in the history of medicine.



Your roving correspondent found **Richard L. Golden** at his home deep in the woods in Centerport, New York. Dick's wonderful collection of Osleriana, rare books, prints, and antique firearms fill at least four rooms, and we're happy to report that Dick remains extremely active in his Osler-related studies. His treatise on Osler's *Transatlantic Voice* will be forthcoming in the near future for all AOS members; other projects are in the works.





## Whither The AOS-AAHM Relationship (Revisited)?

When Lawrence D. Longo speaks, I listen. Larry, who has devoted more time and energy to the American Osler Society than anyone else over the past two decades, has told me repeatedly that defining and strengthening our relationship to the American Association for the History of Medicine (AAHM) constitutes our most important task vis-à-vis long-range planning. Chester Burns, who succeeded Larry as president, made the AOS-AAHM relationship his primary focus. We are now several years down the road.

Where have we been, and where are we going?

A Liaison Committee with membership from both organizations was formed to address this issue. It was my impression (see *The Oslerian* 2003; 3 (November): 4) that this committee held at least Ad Hoc status within the AOS administrative structure. However, to the best of my knowledge and as reflected in the AOS minutes, no formal report was ever issued to the AOS Board of Governors. I'm now advised that the Liaison Committee was strictly an AAHM-appointed Committee and has dissolved, having completed its work with a report to the AAHM leadership. I'm advised that the AAHM has determined that the Liaison Committee is no longer necessary because there is really no problem between the organizations.

An old saying indigenous to many cultures goes: "Never trouble 'til trouble troubles you." I write about this issue reluctantly, for if this is indeed a fight—and I'm not sure that it is; "benign neglect" is probably the better characterization—then I have no dog in it. I've belonged to the AAHM ever since graduating from medical school, dutifully saving and binding my copies of *The Bulletin of the History of Medicine*. I'm a great fan of the work of most professional historians of medicine with whom I'm acquainted, and I'm heartened that several AOS members of my generation such as Ken Ludmerer, Jackie Duffin, and Bruce Fye have served in the top leadership of the AAHM. I've no bones to pick with anyone in either organization. My sole purpose here is to register the following concerns:

- From 2003 to 2005, the AOS and the AAHM met in separate locations, forcing at least some of our members to choose between one meeting and the other.
- The 2006 meeting in Halifax and the 2007 meeting in Montreal were seen by some of us as opportunities to work together and perhaps engage in serious dialogue about our relationship.
- The Liaison Committee planned joint activities—notably, a luncheon workshop and the annual Clinician Historians' Breakfast—that added value to the 2006 AAHM meeting, but as far as I can tell did little or nothing to add value to the AOS meeting or to anything advertised as part of the AOS meeting (although AOS members were given access to the AAHM meeting). The same appears to hold for the 2007 meetings.
- Conversations about holding a jointly-sponsored seminar on the "swing day" (that is, the afternoon following the AOS meeting and before the AAHM meeting) came to naught. Pre-meeting sessions held by subgroups such as the Sigerist Circle were cited as the major barrier.
- Many AOS members, and especially newer members, seem largely indifferent to the AAHM and suggest that we hold our meetings independently. Many and perhaps most AAHM members who do not belong to the AOS seem largely indifferent to the AOS.

- A small but perhaps influential group of AAHM members seem to hold a negative view of the AOS, perceiving our organization as irrelevant to serious medical history and to social reform in health care delivery systems.

- Like Larry, Chester, and others, I believe that the two organizations can and should be highly synergistic. Did I not feel this way, I'd certainly not take the trouble to trouble trouble!

A chapter by Elizabeth Fee and Theodore M. Brown entitled "Using Medical History to Shape a Profession: The Ideals of William Osler and Henry E. Sigerist (in *Locating Medical History: The Stories and Their Meanings*, edited by Frank Huisman and John Harley Warner, Baltimore: The Johns Hopkins University Press, 2004) airs some of these concerns. Fee and Brown suggest that members of the AOS and members of the Sigerist Circle exaggerate the differences between their namesakes, having converted them "into symbolic representations of themselves." They suggest:

The members of the Osler Society ... generally distance themselves from the politically valorized Sigerist and turn to Osler apotheosized as saintly clinician at turn-of-the-twentieth century Johns Hopkins. Neither group sees either their own iconic figure or his presumed opposite fully, each fixing only on a selected phase of their complicated careers.

Fee and Brown discuss the AOS under the heading, "Sir William Osler: Medical History as Secular Religion"; I believe this characterization to be a bit unfair, as our meetings are replete with papers submitting Osler and others to critical scrutiny. Whether there exists common ground seems to be left to the reader.

This reader votes yes. My take is that the AOS concerns itself mainly with professionalism in medicine (or "health care delivery", if you like), the Sigerist Circle mainly with medicine (or "health care delivery systems", if you like) as a profession to which everyone should have access.

The French historian Danielle Gourevitch, in a special issue of *The Lancet* written for the turn of the Millennium, called William Osler "the last *maitre a penser* for a noble-minded general medicine" and opined that "there will soon be widespread replacement of physicians by health care technicians." She suggests that it's pointless to try to ground medical students in the humanities. Call it nostalgia if you like, but I believe that I'm on safe ground in saying that all AOS members feel otherwise, and that most if not all AAHM members would want, all else being equal, a physician who brings to the bedside humanism steeped in more than a passing familiarity with the humanities.

Like Larry Longo and Chester Burns, I believe that synergistic cooperation between the AOS and AAHM would be healthy for both organizations, not to mention the public interest. It was in this spirit that members of both organizations were invited to a brainstorming session that took place in Halifax on May 4, 2006. A brief summary is presented on Page 4 of this issue. Let's not close the books on this important relationship!

—CSB



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### Aequanimitas

**The Oslerian** is published approximately four times a year by the American Osler Society, Inc., a non-profit organization. Members of the American Osler Society are encouraged to send news items of interest, including but by no means limited to their personal activities and accomplishments and accompanied by photographs or other illustrations. For distribution of reprints and other materials of possible interest to AOS members, please send 180 copies. Your ideas for **The Oslerian** are of course most welcome! Direct all correspondence by mail, fax, or e-mail to the Secretary-Treasurer.

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

## The AOS-AAHM Relationship: Outcome of a Brainstorming Session

A brainstorming session among members of the AOS and AAHM took place in Halifax, Nova Scotia, on May 4, 2006. After brief introductory remarks, the 20 participants were asked to jot down in silence their ideas pertaining to two questions. Participants were then asked to list their ideas without discussing them. This process generated 28 ideas. Finally, participants were asked to vote for their top three ideas. Here are the questions and the top responses.

### Question 1.

*How might the AOS and AAHM collaborate in such a way as to enhance both meetings on those occasions on which the two organizations meet in tandem?*

1. Registrants to either meeting should receive the program booklets for both meetings (11 votes).
2. There should be some overlap between the meetings to allow for one or more joint sessions, which might include an update on research in one or another area or a theme-driven seminar (8 votes).
3. There should be a mechanism for joint registration (6 votes).

### Question 2.

*How might the AOS and AAHM collaborate in such a way as to promote the history of medicine, including the recruiting of young persons to this discipline as a vocation or avocation?*

1. A standing Liaison Committee should be comprised of the officers of the two organizations (10 votes).
2. A running list of applicants for the William Osler Medal of the AAHM and the William B. Bean Scholarship Award of the AOS should be shared between the organizations (5 votes).
3. (Tie, 4 votes each):
  - a. Student/resident membership should be available for both organizations, either free or at reduced rates.
  - b. The AOS and AAHM should jointly undertake more aggressive advertising and marketing, which might include a presence at the meetings of other organizations (for example, those of national student associations or the American College of Physicians).
  - c. The AOS and AAHM should jointly sponsor mentoring programs for students (for example, the generation of a list of potential mentors for students at all or nearly all medical schools in North America).

In all, there were 16 ideas pertaining to the first question and 12 to the second question. Time constraints did not permit thorough discussion of all ideas. A full report can be obtained from the AOS secretary-treasurer upon request.