



# The Oslerian

## *A Message from the President*

### Archibald Wright “Moonlight” Graham: A Life in Medicine

Part 1: Medical Education and Baseball

*Paul S. Mueller, M.D.*

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Doctor Archibald Wright “Moonlight” Graham a central character in W.P. Kinsella’s novel *Shoeless Joe* (1982) and the novel’s film adaptation *Field of Dreams* (1989)—is a real person. Although the novel and film are fictional, much of their contents are based in fact. For example, it is true that Doctor Graham, portrayed by Burt Lancaster in *Field of Dreams*, played in only one major league game and never batted. It is also true Doctor Graham practiced medicine in Chisholm, a small town in northern Minnesota, and his wife Alicia appreciated blue hats.

In a memorable scene in *Field of Dreams*, Ray Kinsella, portrayed by Kevin Costner, exclaims (in reference to Graham never having batted in the majors), “Fifty years ago, for five minutes you came...this close. It would kill some men to get so close to their dream and not touch it. God, they’d consider it a tragedy.” Graham retorts, “Son, if I’d only gotten to be a doctor for five minutes, now that would have been a tragedy.” Indeed, it would have been a tragedy for the people of Chisholm had Graham not left baseball and moved to Chisholm, for he not only practiced medicine there for 55 years, but also became the public school system’s innovative physician, worked as a public health officer, engaged in research that garnered national attention,

and participated in civic organizations and activities. Because of his personal characteristics, philanthropy and tireless community service, he enjoyed the love and respect of the people of Chisholm. In this column and those that follow, I will describe Doctor Graham’s remarkable life.

Archibald Wright Graham was born in Fayetteville, North Carolina on November 10, 1879 (there is debate regarding this date). He was the second of nine children of Alexander and Katherine (Sloan) Graham. His father was an attorney and a school administrator. The September 1, 1949 edition of the *Chisholm Tribune-Herald* describes Graham’s family as “clean-living...All of them are extremely moral people, who don’t drink, smoke or cuss.” Archie never smoked nor used alcohol. Archie’s parents emphasized academics; all of the Graham children finished college—unusual for the late 19<sup>th</sup> century—and most pursued careers in education. One of Archie’s brothers, Frank Porter Graham, had an illustrious career in public service. Frank was the president of the University of North Carolina (UNC) during 1930-1949 and served as U.S. Senator for NC during 1949-1951 following the death of Senator J. Melville Broughton. He later served as a United Nations mediator in the Kashmir dispute between India and Pakistan.



**President  
Paul Mueller  
46th AOS President  
installed at the 2015  
meeting at Baltimore**

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

Archie's parents also emphasized physical fitness and participation in sports.

Graham graduated from Davidson Academy, a private, Presbyterian, college-preparatory school in Charlotte, NC in 1897. He then attended UNC, from which he received a Bachelor of Arts degree in 1901. At UNC, he played baseball and was a member of Dialectic Society, a debating organization. His senior thesis was titled, "The Trust: Its Evils and Remedy." Quotes from this thesis shed light on his early political views: "The enormous congestion of wealth in the hands of a few is a dangerous evil..." and "It should be impressed on the toiling masses who are grinding under the burden of trusts, that the only remedy for the trust is control by the government, and if we are to have a government fit to assume this momentous duty, all true men must join hands and choose only men of wisdom and honor."

Graham attended UNC for the first two years of medical school and then transferred to the University of Maryland, where he received his Medical Doctor degree in 1905. The first volume of *Terra Mariae*, "published by the students of the University of Maryland," appeared in 1905—Graham's senior year. This volume, which lists Graham as class secretary, is laced with humor; e.g., the class motto "Ne quidem Jupiter omnibus placet" ("Not even Jupiter can please everybody") and "During this examination I have neither given nor received any information whatever, which, God knows, I sadly needed." The book also includes Graham's portrait accompanied by the phrase, "The world knows nothing of its greatest men" and "Age 25, Wt. 169, Ht. 5.10. Class secretary '04-'05, Varsity football '03-'04, Varsity baseball '03-'04—'04-'05, A.B. University of N.C. '01." (Figure 1) These entries illustrate Graham's ongoing participation in organized sports even as a busy medical student.

Graham's athletic prowess is recognized elsewhere in *Terra Mariae*. "In athletics our Class has been very prominent, and has done perhaps more than any other one in putting out a good football team"; among others, Graham is listed. "Graham and DeBlois are our star baseball players..." The "Senior Statistics" section lists various characteristics of the class such as average age (24

years), favorite authors (Shakespeare and Poe) and professors, and individuals cited as the "Biggest Loaf-er," "Most Popular," etc. Ninety percent voted Graham as the "Best Baseball Player." In the "A Few Hobbies" section, "Midnight walks" is listed for Graham. The volume mentions that if one were looking for Graham, he could be found "in the dissecting room," which is unsurprising as Graham was a "demonstrator of anatomy" during his senior year.

*Terra Mariae* also contains an essay by an unknown author titled, "The Ideal Physician", which contains Oslerian advice regarding how physicians should conduct themselves in personal life (e.g., "Greatness of character finds its best expression in kindness" and "The ideal physician is a good husband and a good father...", etc.), professional life (e.g., "The ideal physician is a member of a learned guild... above petty jealousies and tricks of trade", "...a constant student..."), "Be careful in your relations to your patients to deal with them conscientiously", "Never say an unkind word of a brother doctor when you can utter a kind one", etc.) and public life (e.g., "In most communities, especially in minor towns and villages, the doctor is one of a small circle of educated men", "...public health problems, especially those concerning sanitation, the water supply, the prevention of epidemics...the problems of school life, the fostering of a proper athletic indulgence...On all of these questions you must make your voice heard..."). This essay is prescient given how Graham would conduct his life in Chisholm. (For Oslerians, it is unknown whether Graham met William Osler.)

Graham's medical school commencement ceremony took place at the Lyceum Theatre in Baltimore on May 13, 1905. Provost Bernard Garter "presided with that dignity and grace that always characterize him on such occasions." Degrees were conferred on 83 candidates.

Although Graham played in only one major league ballgame, he enjoyed a successful minor league career that overlapped with his medical training. In 1902, as a medical student, Graham played for Charlotte in the Class C North Carolina League. In 1903, he played for teams in Nashua and Manchester (NH) in the Class B New England League, hitting .240 in 89 games. In 1904, he played the entire season for Manchester, hitting .272 in 108 games. The New York Giants purchased Graham's contract from Manchester on September 15, 1904. Newspaper reports anticipated Graham's joining the team. The February 18, 1905 edition of *The Evening World* (New York) listed Graham among 19 players on the Giants' roster. The March 13, 1905 edition of the *New York Times* inaccurately re-



**Figure 1.** Portrait of Archibald Wright Graham as a medical student at the University of Maryland (From Historical Collections, Health Sciences and Human Services Library, University of Maryland, Baltimore).

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

ported, "Dr. Graham, who has just received his sheepskin as a disciple of Esculapius [sic], will also join the team..." (Graham reported two months after this report.) The March 22, 1905 edition of the *Brooklyn Eagle* reported Graham was "nicknamed Moonlight by his fellow players on account of his speed." (Figure 2)

Yet, Graham played in only one major league game (and for only two innings) on June 29, 1905 when the Giants, the visiting team, played the Brooklyn Superbas. With the Giants leading 10-0, Graham replaced right fielder George Browne in the eighth inning. In the ninth inning, with Graham on deck, teammate Claude Elliott flied out—the third and final out. Graham finished the game without batting and the Giants won 11-1.

Why did Graham play in only one major league game? Evidence suggests the Giants' coach, the legendary John McGraw (also known as "Little Napoleon"), held a grudge. McGraw demanded total control of, and spring training for, his players. Graham, in his senior year of medical school, did not report for spring training on March 6, 1905 in Savannah (GA). Nor was he present for opening day on April 14, 1905 when the Giants defeated the Boston Bees at the Polo Grounds. In fact, Graham didn't report to the team until May 23, 1905—ten days after his medical school graduation ceremony. By this time, the Giants had won 24 of 30 games—well on their way to the pennant without Graham. Despite numerous lopsided victories over their opponents, McGraw didn't play Graham until June 29, 1905—65 games into the season. On July 5, 1905, Graham was sent back to the minors (and the Giants went on to win the 1905 World Series). In *Field of Dreams*, Burt Lancaster laments, "I couldn't bear the thought of another year in the minors, so...I decided to hang 'em up." However, Graham played the remainder of the 1905 season with Scranton (PA) of the Class B New York State League, batting .288 in 64 games and played minor league ball for several more years.

After the 1905 baseball season, Graham pursued post-graduate medical training. The October, 21 1905 issue of *JAMA* reported, "Dr. Archibald W. Graham has been appointed assistant resident physician at

Bayview Hospital" in Baltimore. In *The Johns Hopkins University Medical Department Catalogue and Announcement for 1906-1907*, Graham is listed as one of the "physicians attending graduate courses during 1905-1906" in "Genito-Urinary Surgery and Pathology." At the same time, Graham played baseball. In 1906, Graham played for Scranton and Memphis (Class A Southern Association), hitting .335 in 124 games—league batting champion and his career best.

During 1907-1909, Dr. Graham completed additional training "as an interne in the New York Post Graduate, the Lying-In, the Willard Parker, and Columbia Hospitals" in New York City and at the Chicago Eye and Ear Hospital. He also played baseball. During 1907 and 1908, Graham played for Scranton, hitting .265 and .277 in 131 and 133 games, respectively. After the 1908 season, he never again played professional baseball.

During mid-1909, Graham arrived in Chisholm, Minnesota and joined the staff of the newly-built Rood Hospital. The reasons Graham settled in Chisholm aren't entirely known. Nonetheless, he never looked back, became devoted to the health of Chisholm's people, and remained there until his death in 1965. Yet, his love of sports remained. Regarding baseball, he played for Chisholm in the semipro Mesaba League when doing so didn't interfere with his medical duties. Baseball scout Jack Sheridan noticed the ever-talented Graham and sought to have him sign a contract—at age 31—with the Boston Red Sox for the 1911 season. Graham declined. For the people of Chisholm, a tragedy was averted (as readers will learn in forthcoming columns).



**Figure 2.** Portrait of Archibald Wright "Moonlight" Graham as member of the 1905 New York Giants (Courtesy of Mike Kalibabky, Doc Graham Scholarship Fund).



**Minutes  
American Osler Society Annual Business  
Meeting  
Sheraton Inner Harbor Hotel  
Baltimore, Maryland  
April 26, 2015**

President Herbert Swick called the meeting to order at 7:34 a.m.

A moment of silence was observed to honor those members who passed away during the past year: Stanley Aronson, John Cule, Paul Dymont, and Robert Hudson.

There were no additional items added to the agenda.

The minutes of the 2014 AOS annual business meeting that were previously published in the *Oslerian* were motioned for approval; the motion was seconded; and approved unanimously by the membership.

Chris Boes provided the Secretary's Report thanking the Local Arrangements Committee and Renee Ziemer for their work in preparation for the meeting. Currently there are 189 members of the Society. He reported on an Executive Committee teleconference that occurred in November where the Baltimore meeting was discussed. Chris noted that next year's meeting will be in Minneapolis and the 2017 meeting in Atlanta. A task force was created to work on the challenges facing the society. He is posting to Facebook and Twitter on a regular basis and that there are currently 114 Twitter followers. The membership application is now electronically available on the AOS website. Chris reported that the current website is not easy to find doing an internet search and the Board approved creating a new website to increase the society's presence.

Joseph VanderVeer reported that Mike Malloy is taking over as the new editor of the *Oslerian*. President Swick thanked Joe for the exceptional job he did as editor.

Treasurer's Report: Joan Richardson shared that the total income for 2014 was \$81,210 and expenses \$63,942. There was a deficit of \$766 from the annual meeting in Oxford. The total liquid assets as of March 31, 2015, were \$675,225.

Financial Committee Report: Mario Molina reported the year-to-date returns as of March 31, 2015, were 2.39%, one year 5.72%, 3 year 7.76%, 5 year 7.21% and 10 year 4.83% (lower because of 2008). The committee was satisfied with the current strategy and allocation. The committee recommends staying the course with Fidelity Investments using the current balanced approach.

Pamela Miller on the behalf of the Nominating Committee recommended the following changes to the membership of the AOS Board of Governors for 2015-2016:

Rotating off the BOG: Michael Bliss (Past President, 2011-2012), Jonathon Erlen (2015), Scott Podolsky (2015), and Charles Roberts (2015).

Staying on: Paul Mueller (President), Joseph VanderVeer (First Vice President), Christopher Boes (Secretary – 2 year term), Joan Richardson (Treasurer), Herbert Swick (Past President, 2014-2015), Pamela Miller (Past President, 2013-2014) Sandra Moss (Past President, 2012-2013), Darryl Bindschadler (2016), David Cooper (2017), Laurel Drevlow (2017), Michael Moran (2017), Robert Nesbit (2016), Allen Weisse (2016), Richard Golden (ex officio).

Recommendations for Board vacancies: Second Vice-President: Laurel Drevlow, Secretary – Chris Boes to serve a second 2-year term, *The Oslerian* editor: Michael Malloy, members at large: Bryant Boutwell, John Ward, James Wright.

Membership Committee Report: Joe VanderVeer reported that the Membership Committee would like to propose 16 new members to the society. Applications supported by the committee and approved by the Board were Jamie Barkin, Richard Colgan, John Delaney, Maria Frank, Eugene Ginchereau, John Harris, Jr., Ryan Hurt, Donald Irvine, Susan Lamb, Sutchin Patel, Lorelei Stein, Henry Travers and Bean Awardees/students Colten Bracken, Angela Castellanos, Matthew Edwards, and Krista Grande.

Paul Mueller, chair of the Program Committee, reported that there were 66 abstracts were received; 46 were accepted; and two withdrew so 44 were presented. He thanked Renee Ziemer for creating the program booklet.

President Swick shared that for those who did not attend the banquet, Marvin Stone was the recipient of the Lifetime Achievement Award.

Mike Jones reported that the Publications Committee handles requests for funding of publications for AOS but that the last request was for *Persisting Osler IV*. He indicated that the Ask Osleriana database is continually being updated. He reported that John Erlen and his colleagues are digitizing everything written about and by Osler.

Herbert Swick gave the President's Report and thanked the Board members and committees for all their work over the past year. He also thanked Renee Ziemer for ensuring the society accomplishes what needs to be done. Herbert shared that a task force has been formed to look at the future direction of the society and invited ideas and input from the membership.

Old Business: At previous meetings, the designing of a new latchkey pin was discussed. This is being researched and an update will be provided at next year's meeting.

New Business: John Ward shared that the Osler Club of London will be hosting the Canadian High Commissioner in July 2016. He will put detailed information in the newsletter.

The membership approved Jamie Barkin, Richard Colgan, John Delaney, Maria Frank, Eugene Ginchereau, John Harris, Jr., Ryan Hurt, Donald Irvine, Susan Lamb, Sutchin Patel, Lorelei Stein, Henry Travers and Bean Awardees/students Colten Bracken, Angela Castellanos, Matthew Edwards, and Krista Grande for membership.

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*AOS Business Meeting Minutes continued from page 4*

The membership approved the Board and Committee appointments of Laurel Drevlow for Second-Vice President; Chris Boes to serve a second 2-year term as secretary; Michael Malloy as *The Oslerian* editor; members at large: Bryant Boutwell, John Ward, James Wright.

The annual meeting will be held in Minneapolis, Minnesota, April 30 – May 3, 2016. The 2017 meeting will be in Atlanta, Georgia April 9-12.

ken of gratitude for his service.

Paul Mueller adjourned the meeting at 8:10 a.m.

Respectfully submitted,  
Christopher J. Boes  
AOS Secretary

Herbert Swick expressed thanks to Rolando Del Maestro for an excellent McGovern lecture and to Michael Bliss, Jonathon Erlen, Scott Podolsky, and Charles Roberts for their time on the Board. In addition, he thanked the outgoing committee members for their service.

The new members were presented their certificates.

Herbert Swick passed the Oslerian key and the presidency to Paul Mueller, who chaired the remainder of the meeting. Paul thanked Herbert applauded him as a national leader on professionalism and presented him with a plaque on behalf of the society as a to-

## American Osler Society Committee Membership 2015-2016

COMMITTEE	CURRENT CHAIR	CURRENT MEMBERS	NEW CHAIR	ROTATES OFF	NEW MEMBERS
Bean Award	S. Podolsky	J. Duffin, J. Erlen, J. Murray	S. Podolsky	J. Duffin	R. Rakel
McGovern Award*	P. Miller	M. Bliss, S. Moss	H. Swick	M. Bliss	None
Lifetime Achievement Award	C. Partin	R. Kahn, M. Bliss, B. Fye	B. Fye	C. Partin, M. Bliss	P. Kligfield
Nominating*	P. Miller	M. Bliss, S. Moss	H. Swick	M. Bliss	None
Finance	M. Molina	D. Bindschadler, B. Cooper, M. Stone	None	None	None
Membership†	J. VanderVeer	J. Richardson	L. Drevlow	W. Evans, J. VanderVeer, A. Weisse	V. McAlister, E. Matteson, S. Peitzman
Publications	M. Jones	C. Lyons, W. Roberts	None	R. Golden, J. VanderVeer	J. Greene H. Travers
Annual Meeting – Program Committee#	P. Mueller	M. Molina, S. Moss, R. Nesbit H. Swick, J. VanderVeer	J. VanderVeer	P. Mueller, M. Molina, S. Moss, R. Nesbit H. Swick, J. VanderVeer	L. Drevlow, W. Evans, G. Frierson, R. Mennel, C. McAlister
Annual Meeting – Local Arrangements Committee	P. McHugh	S. Achuff, J. Greene, T. Raju, P. Reynolds, J. VanderVeer, C. Boes (Executive Cmt liaison)	C. Pierach/L. Drevlow	P. McHugh, S. Achuff, J. Greene, T. Raju, P. Reynolds, J. VanderVeer	C. Boes (Executive Cmt liaison)

## OSLERIANS AND THEIR VIEWS

### THOUGHTS ON THE FUTURE OF THE AMERICAN OSLER SOCIETY

*In the June edition of the Oslerian members were challenged to put forth their views on future directions of the AOS. Several members were specifically solicited for their views. Below are the responses of a senior member, an established member and a new member of AOS.*

**Marvin J. Stone, M.D., M.A.C.P.:** Mike Malloy asked me to write an opinion piece about the future directions of the American Osler Society. A Task Force chaired by Herb Swick has been appointed to examine these issues in depth.

I became a member of the Society in 1990. Since then, the Society has evolved through the efforts of devoted leaders, especially Larry Longo and Charles Bryan. Membership has increased through recruitment of talented applicants. Programs at the Annual Meetings have become more engaging, scholarly, and diverse.

As membership has grown, the number of abstracts submitted has risen. This has resulted in a higher proportion being rejected and understandable disappointment among some members. A related issue is the conundrum of scheduling plenary versus concurrent sessions. Although the latter allow more presentations, I think we lose too much in the exchange. One of the most entertaining and enlightening parts of every Annual Meeting is the discussion following each talk. For this reason, I hope the “all plenary” format remains. Another possible solution would be to extend the meeting.

What about a broader direction for the Society? I believe none is more important than elevating professionalism. While the galaxy of scientific knowledge rapidly expands and health care delivery undergoes dramatic change, challenges to medical professionalism become ever greater. Osler spoke of medicine as a calling and cautioned, “It is much harder to acquire the art than the science.” His assertion that “the old art cannot possibly be replaced by, but must be absorbed in, the new science” (1) is more true now than 100 years ago.

The essential pillar of professionalism is competence. A number of accrediting organizations have designated professionalism as a “core competency” in training. Medical professionalism was redefined in a

“Physician Charter” published in 2002 (2). This document emphasized the primacy of patient welfare, patient autonomy, and social justice. Humanistic qualities such as kindness and compassion, though barely mentioned in the Charter, must be underscored since they are fundamental to the care of ill people (3,4).

Whom do you want as your Doctor? Michael LaCombe described a physician who personifies the traits we value (5):

*I knew a doctor once who was honest, but gentle with his honesty, and was loving, but careful with his love, who was disciplined without being rigid, and right without the stain of arrogance, who was self-questioning without self-doubt, introspective and reflective and in the same moment, decisive, who was strong, hard, adamant, but all these things laced with tenderness and understanding, a doctor who worshipped his calling without worshipping himself, who was busy beyond belief, but who had time – time to smile, to chat, to touch the shoulder and take the hand, and who had time enough for Death as well as Life.*

This doctor represents the type of professionalism that the AOS must continue to foster. Societal and social justice issues require complex solutions for which physician participation is imperative. But they are in a different frame of reference.

I look forward to the Task Force recommendations.

#### REFERENCES

1. Osler W: The reserves of life. St. Mary's Hospital Gazette 1907;13:95-98.
2. Medical Professionalism in the new millennium: a physician charter. Ann Intern Med 2002;136:243-246.
3. Swick HM, Bryan CS, Longo LD: Beyond the physician charter: reflections on medical professionalism. Perspect Biol Med 2006;49:263-275.
4. Stone MJ: Professionalism in 21<sup>st</sup>-century medicine. BUMC Proceedings 2007;20:16-17.
5. LaCombe MA: On professionalism. Am J Med 1993;94:329.

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**Don't be bashful, please forward news of accomplishments and newsworthy items to editor: Michael H. Malloy ([mmalloy@utmb.edu](mailto:mmalloy@utmb.edu)).**

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## OSLERIANS AND THEIR VIEWS

**Laurel Drevlow, M.D.:** Herb Swick asks hard questions - like, "Would you serve on the program committee?" and, "Would you serve on a task force to consider the future direction of the AOS?" and this biggie, "Whither the AOS?" Then Mike Malloy asks us to answer such hard questions in writing! I don't have answers yet, but here's what I am thinking as we begin to search for them.

From all of the creative, practical, original, thoughtful and unique responses to Herb Swick's, "Whither the AOS?" question and task force, the most positive one is the response itself. Commentary, ideas, suggestions, assessments and analyses have come from all corners of the American Osler Society's membership. It is no surprise that members with the abilities and accomplishments possessed by this group would engage fully and deeply in the exploration of our future.

Do we need to change anything about this organization? The consensus answer is, "No". The AOS could continue to pursue its discovery of truth and excellence in the practice of medicine by scientifically probing the past long into the future. It will continue to draw an active membership of highly qualified individuals interested in the same pursuits. There is no need for change because, honestly, there is nothing *wrong* with the AOS as it is.

Should the organization evolve? The correct answer is a strongly committed, "probably." For every member in this group who cares about the future and integrity of the practice of medicine (and that almost certainly includes every individual...) there is a strong desire to share the Gospel according to Saint William. As noted in many responses, the value in this society goes beyond its extraordinary historical research, warm-hearted collegiality, or even the bond to William Osler. We seek change because this is too good to be kept to ourselves.

We, as members, are held together by a union that says medicine can and should demand more diligence, dedication, passion, compassion, nobility, humility, honesty, professionalism, and art than it currently does. This strong theme of Oslerian ideals has been emerging since the very first discussions of the task force, and later via personal exchanges and other communications. Sharing this message with future "apprentices of the guild" is clearly a worthy goal. The methods we use to accomplish this may vary from one setting to another depending on multiple factors. Once defined, they will need to be clearly stated, tangible and implementable. But first we need to decide, "What shall we fly on the flag of the AOS?"

One member suggests our purpose should advance "Osler's counsels and ideals." Another identifies "Osler's ideals and professionalism," another "Oslerian ideals and virtues." Still another submits "Oslerian ideals and values," and one offers "the wisdom, professionalism and idealism of William Osler." A theme appears to be emerging...

My answer to Mike Malloy's question #1a then is: Yes! Every living thing must move to survive. And the AOS is a surely a living organism. So let's imagine big things. My computer thesaurus says that *idealism* is synonymous with *optimism* or *naiveté*. It is also synonymous with *realism*. Agreeing that it is Oslerian ideals which embody the wisdom, counsel, values, and yes, virtues, that we so admire in Doctor Osler and which help to define our professionalism, the task force, informed by AOS members, will *realistically* identify and define those ideals to be sewn into the flag we fly for future physicians to see. This will surely be one to "rally round"! Let's keep moving.

**Maria (Gaby) Franks, M.D., FACP:** My membership certificate for the American Osler Society reads "*AT MEMORIA BENE REDDITAE VIATE SEMPI-TERNA QUOD ENIM MUNUS REIPUBLICAE AFFERRE MAJUS, MELIUSVE POSSUMUS, QUAM SI DOCEMUS ATQUE ERUDIMUS JUVENTUTEM*"; which I found to be a reminder of the importance of teaching our successors and leading by example. The American Osler Society supports the values and virtues that physicians must possess. Professionalism, compassion, skillfulness (excellent clinical knowledge and practice), leadership (role modeling), teaching new physicians, and humility; are among the most significant.

Dr. Malloy ended his Letter from the Editor with some questions and I will try to summarize my thoughts. I believe that the Society's purpose "*Keeping alive the memory of William Osler, and keeping its members vigilantly attentive to the lessons found in his life and teachings*" could be heralded by reaching to medical schools and supporting initiatives such as physical exam teaching, professionalism and "making the case for history in medical education" as already discussed by Dr. Greene in his recently published article.

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## OSLERIANS AND THEIR VIEWS

(continued from page 7) As a new member, I felt the transition (meeting attendee to member) to be a great accomplishment and an honor; and I think it is vital for prospective members to continue to view membership as a synonym for professional success. On the other hand, I believe meetings should be as inclusive as pos-

sible. Annual AOS meetings are a great venue to interact with fantastic mentors and colleagues with shared interests and perspectives on medical practice, as well as to recruit younger generations to the Society.

## HISTORY OF MEDICINE &amp; MEDICAL HUMANITIES

### Johns Hopkins Launches New Online Masters Program and Certificate in the History of Medicine

The Department of the History of Medicine was delighted to participate in hosting *Oslerians* at the memorable dinner held in the Welch Library this Spring. Those of you able to attend this year's meetings will already know that the Institute of the History of Medicine at the Johns Hopkins School of Medicine is the oldest institution of its kind in the English-speaking world. Since its founding in 1929 by William Welch, the Institute has worked to develop the field of the history of medicine to a broad range of audiences, with a breadth of scholarship and teaching expertise that ranges over many different historical epochs and global geographies. Our local teaching mission includes teaching broad surveys and focused seminars in the history of medicine to undergraduates on Johns Hopkins' Homewood campus, lecturing in the social science curriculum required of all Johns Hopkins medical students, leading a Scholarly Concentration in the History of Medicine for a self-selected group of medical students who learn to produce original historical research, and offering one of the leading graduate programs for PhD and MA training in the field.

Beginning in the Fall of 2015, the Department of the History of Medicine is pleased to announce a new suite of graduate-level online courses, so that students unable to take a year off to come to Baltimore can still find a viable path to develop their interests in the field. Students in this new online program can sign up for individual courses or pursue a Certificate or Masters Degree in the History of Medicine. These courses are not massive online

The Medical Humanities Section is meant to highlight activities in programs for the medical humanities, history, and art across the U.S. and internationally. Articles describing activities and opportunities in this area are requested, as well as essays, prose and poetry highlighting the humanities.

open courses (MOOCs) in which lectures are simply posted for thousands of students to watch. As with our in-person graduate seminars, the Department's online courses will be held in small groups (no more than 15 per section) in which lectures will be paired with extensive discussion through online media. Progress

through the online program will be personalized: those interested in obtaining a broad overview in the field and sharpening their skills in historical analysis may consider individual courses or the Certificate program, while students interested in developing a substantial work of original scholarship—as a Masters' thesis—are encouraged to pursue the Masters' degree, working one-on-one with an academic advisor.

Registration for the first suite of courses is currently open (until August 22, 2015) at <http://www.hopkinshistoryofmedicine.org/content/online-program-history-medicine>. Offerings for Fall 2015 include a thematic seminar (*Introduction to the History of Medicine*), the first two courses in a four-course chronological survey (*Classical Antiquity to the Early Middle Ages* and *Black Death to the Scientific Revolution*), and an elective in *History of Public Health*. In Spring 2015 we will launch the third and fourth courses in the chronological survey (*Science and the Practice of Medicine* and *Biomedicine and its Consequences*), with further seminars in methods in the history of medicine, the history of disease, the history of global health, the history of medical technology, and a medical history research practicum actively being developed.

We are particularly excited that the technology of online learning now enables the Department of the History of Medicine at Johns Hopkins to extend



## HISTORY OF MEDICINE & MEDICAL HUMANITIES

graduate training to practicing physicians and other health providers who have substantial interest in the field but have been unable to take a year away from their practice to attend a full-time Masters' program. This new program is new and rapidly evolving, and we would appreciate the input of any Oslerians who might suggest future course topics or share their experience.

*Jeremy A. Greene, M.D., Ph.D*

*New publications of interest in The History of Medicine:*

History of Medicine in U.S. Medical School Curricula  
Justin Caramiciu M.D., David Arcella M.D., Manisha S. Desai M.D.

*Journal of Anesthesia History* (2015), doi: [10.1016/](https://doi.org/10.1016/j.janh.2015.02.010)

[j.janh.2015.02.010](https://doi.org/10.1016/j.janh.2015.02.010)

### Abstract

**Study Objective:** To determine the extent to which the history of medicine [HOM] and its related topics are included within the curriculum of accredited medical schools in the United States.

**Design:** Survey instrument

**Setting:** U.S. Allopathic Medical Schools

**Measurements:** An online survey was sent to officials from every medical school in the U.S. Respondents were asked to provide institutional identifiers, the presence of a history of medicine elective offered to medical students, the years during which the elective is offered, the existence of a history of medicine department, and the contact information for that particular department. Non-responders were contacted by phone to elicit the same information. History of medicine electives included didactic sessions and seminars with varying degrees of credit offered in different years of medical school.

**Main results:** Based on responses from 119 out of 121 contacted medical schools (98%), 45 (37%) included formal lectures or weekly seminars in the medical school curriculum.. Five (11%) curric-

-ula had or have required HOM, while 89% offered elective HOM instruction. Course duration and credit awarded varied. Eighteen (15%) medical schools included departments dedicated to HOM. Providing education in HOM was limited by faculty interest, clinical training hours, and low interest.

**Conclusions:** Data collected by our study suggest that substantial barriers exist within the academic medical community towards a wider acceptance of the importance of HOM.

## POETRY CORNER

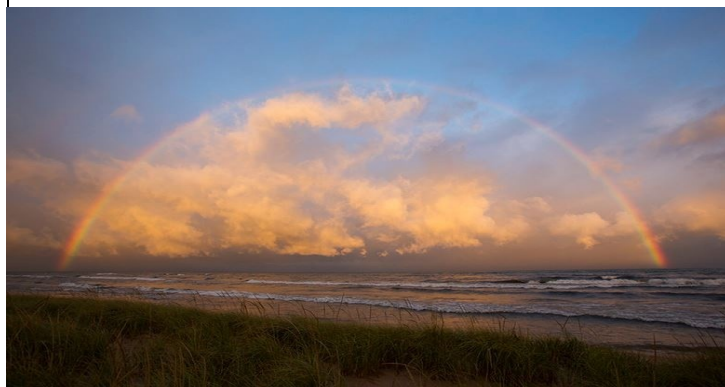
### Infinitive

To walk is to fall  
with every step, yet  
trust in the next.  
To love is to open, willing  
to give everything away.  
To comfort is to share  
what cannot be changed.  
To grieve is to grasp  
the fullness of letting go.  
To live is to be present  
in this step, this breath.  
To die? Finally to know.

*Ted McMahon, MD*

*JAMA 2013;309:2079.*

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## OPINION

## ← Racism and Redemption

Articles expressing opinions on contemporary issues related to the medical humanities, ethics, and practice of medicine will be presented in this section following review and approval of the Board of Directors.

I read with great empathy the email sent out by Charles Bryan of his reflections on the tragedy in Charleston, South Carolina. His message was certainly one of hope based on the “outpouring of public support for the victims and the inspiring bipartisan (political) rhetoric.” Charles’ note brought to mind the concern for racism in medicine and how we as individuals and collective groups confront and banish this issue. I must admit to my own conflicts with this matter and am reminded of a lecture I attended some time ago on *Racism in Medicine*. I found myself leaving afterwards in such a state of frustration I was ready to utter a mea culpa and pitch myself off a cliff. The middle-aged white male giving the talk was a professor of languages at a nearby university who had become interested in race issues, particularly in sports, and now had expanded his interest to include medicine. He began his talk with the caveat that he usually offends some people during his lectures, but not to worry because this was par for the course. That said, he proceeded to incriminate medicine of racism with a series of anecdotal stories, myths and rumors of the most egregious acts perpetrated by white physicians.

Feeling somewhat uncomfortable with the incrimination I began thinking that this man has no idea of the things we are trying to do in medical education to address these issues. What about all the cultural sensitivity issues we bring up in our first and second year Practice of Medicine classes? Not to worry, he pooh-poohed the idea that those sessions did anything other than make the “liberal” medical establishment feel good. Well then, what about medical education’s attempt to instruct students in how to appropriately conduct a sensitive medical interview? Our lecturer was of the opinion that to think medical schools were enrolling students who had to be instructed on how to interview and interact with patients pointed to a major problem in medicine of recruiting a population of students who were tone deaf and oblivious to the problems associated with racial relations. The man was without sympathy to the plight of medical education.

Well, I thought, the medical education establishment may be unable to remediate the white medical student’s inherent racial bias, but we are

attempting to increase the number of minority students we enroll. My particular institution is one of the leaders in this effort with 58% of the entering class this year being underrepresented minorities. Unfortunately our guest had no idea of our record and globally con-

demned the efforts of medicine to increase the ranks of minority physicians. He continued by condemning academic medicine’s failure to recognize the work of black physicians as he pointed out that the Journal of the National Medical Association, the main publication of physicians of African descent had one of the lowest impact factors among all medical journals. This most annoying of guests continued his indictment of medicine by recounting medicine’s legacy of abuse of slaves prior to the Civil War; of medicine’s experimentation on black’s; of medicine’s perpetuation of various myths about blacks; and most disturbingly talking of the unconscious racism that apparently most white physicians radiate. Thus, at the conclusion of this indictment I was feeling very boxed-in and felt I had little alternative but to utter my mea culpa and to remove myself as part of the problem. There appeared to be no way to redeem my profession or myself.

As I related this uncomfortable experience to my wife afterwards I was struck by how personally I had taken this indictment of medicine. Why was this? The recitation of medicine’s legacy in the experimentation on blacks strikes pain. Here are my forefathers in medicine failing to appreciate the humanity of people of color and using them as a means to an end rather than seeing them as the unique individuals they are and viewing them as ends in themselves. And I felt particularly disturbed hearing someone from outside the medical establishment incriminating medical education as having done little to remedy the problem when I see what I thought were reasonable attempts to raise consciousness and mitigate racism in future generations of physicians. Unfortunately, the lecturer was not impressed with these efforts. According to our guest, the “liberal” medical establishment has identified the problem, but has only wrung its hands in response. But the real clincher was when someone from the audience asked him what could be done. He then suggested that he should be the one to teach medical students of the racism that permeates the establishment of medi-

## OPINION-LETTERS

cine. He had effectively removed me from any chance of redeeming medicine and myself.

Are there opportunities for redemption? I am not without hope. A review by Zubaran on human nomenclature and classification schemes points to the futility of race in identifying unique populations. The mapping of the human genome and the observation that humans share 99.9% of the same DNA and that genetic variation within racial populations is greater than between populations provides evidence of the irrelevance of the construct of race. Perhaps with science we will at least intellectually be persuaded of our relatedness to our fellow humans independent of color. The ability to mitigate our emotional and tribal biases will hopefully occur as we discuss and bring these issues into the open. More creative curricula in cultural competencies throughout the medical education process from medical school through residency will perhaps facilitate these discussions. Perhaps even the dinosaur faculty might benefit from joining in the process. Maybe then we will be able to achieve some degree of redemption before we are all ash, at which stage there are no differences in color and our souls are truly redeemed.

Zubaran C. *Human nomenclature: from race to racism. World Health & Pop* 2009;11(2):43-52.

## LETTERS TO THE EDITOR

*To the editor:* The following Michael H. Malloy is from my masters thesis (2008), which concerned the sphygmograph, a nineteenth-century pulse reader. I was reminded of the *tactus eruditus* by Mark Clark's essay on Oslerian humanism and the subject of "touch" as a discussion focus for his students. Mike Malloy's essay about his mother's technically skilled – but somewhat impersonal -- care also reminded me of the *tactus eruditus* and the sanctioned professional warmth of holding the patient's wrist.

*Tactus Eruditus:* Before turning to the sphygmograph, an instrument for recording the movements of

Letters to the Editor will be accepted that address issues presented in previous publications of the *Oslerian*, or that are related to contemporary issues in the medical humanities, ethics or practice of medicine. Publication is subject to approval by the Board of Directors.

the pulse over time, it is necessary to consider sphygmology, the traditional study of the pulse, often referred to by nineteenth-century writers as the *tactus eruditus* (learned touch) of the physician. Although interpretations varied radically, physicians across time and cultures sensed or reasoned that the pulse revealed secrets about the workings of the body. The pulse was a nuanced and emotionally resonant physiological manifestation of human and animal life, what one historian has termed "the stirrings of the arteries."<sup>1</sup> . . . In contrast to the pulse-savvy physicians of the nineteenth century, the modern generalist often neglects the subjective quality of the peripheral pulses. Determination of rate, now relegated to nurses and aides (and machines), is often the sole pulse examination a patient experiences. Nevertheless, cardiology textbooks continue to stress examination of the pulse, including the palpable "shape" of the wave, as an integral part of the cardiovascular examination.<sup>2</sup> The very act of taking the patient's wrist and encircling it within the examiner's fingers is an oddly intimate yet unthreatening act of sanctioned professional contact between physician and patient.<sup>3</sup>

Sandra W. Moss, M.D., M.A.  
Medical History Society of New Jersey  
Past president, American Osler Society

<sup>1</sup>Shigehisa Kuriyama, *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine* (New York: Zone Books, 1999).

<sup>2</sup>Eugene Braunwald and Joseph K. Perloff, "Physical Examination of the Heart and Circulation," in *Heart Disease: A Textbook of Cardiovascular Medicine*, 6th ed., ed. Eugene Braunwald (Philadelphia: W.B. Saunders, 2001).

<sup>3</sup>Kuriyama, *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine*

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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. Its OSLERIAN is published quarterly.*

## Looking Ahead to Minneapolis



### Call for Abstracts for Annual Meeting: Minneapolis, MN- April 30-May 3, 2016

**Abstracts** should be sent by e-mail to: [aosrenee@gmail.com](mailto:aosrenee@gmail.com) with a copy to [boes.christopher@mayo.edu](mailto:boes.christopher@mayo.edu) and must be **received** by 15 November 2015. Abstracts submitted by e-mail will be acknowledged. The abstract should be no longer than one page. It should begin with the complete title, the names of all co-authors, and the corresponding author's mailing address, telephone number, FAX, and e-mail address. This should be followed by a two to three sentence biographical sketch indicating how the author would like to be introduced. (This will probably be your entire introduction. Don't be modest!) The text 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.

**Three** learning objectives should be given after the abstract. 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.

**A cover letter** should state: Whether any of the authors have a potential conflict-of-interest such as direct financial involvement in the topic being discussed, and whether there will be any mention of off-label use of drugs or other products during the presentation.

**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.

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