



The Oslerian

A Message from the President

Archibald Wright “Moonlight” Graham: A Life in Medicine

Part 2: Personal, professional, and civic life
in Chisholm, Minnesota

Paul S. Mueller, M.D.

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Doctor Archibald Wright “Moonlight” Graham, a central character in the novel *Shoeless Joe* (1982) and the film *Field of Dreams* (1989), retired from professional baseball in 1908 and completed his medical training in early 1909, after which he took a position at Rood Hospital in Chisholm, Minnesota.

During the late nineteenth century, rich iron ore deposits were discovered in northeastern Minnesota—now known as the “Iron Range.” The Chisholm mine opened in 1901 and, by 1920, had yielded 7 million tons of ore. The town of Chisholm incorporated in 1901 and, by 1907, had boasted “five or six thousand souls”—a melting pot of European immigrants—and “the finest and largest city-hall building on the [Iron Range]”, “splendid” school and church buildings, two banks, two newspapers, and “a fair share of general prosperity.” (*Duluth and St. Louis County, Minnesota: Their Story and People*. W. Van Brunt, ed. Chicago: The American Historical Society, 1921)

Unfortunately, on September 5, 1908, a fire consumed Chisholm. Eleven year-old Leona Train wrote, “A little spark glowed out of the woods, four or five miles northwest of town. The dry grass and winds helped it on, until it was a large fire...The firemen worked hard, but their efforts were useless.” The town was evacuated. After the fire, only a few structures remained. Nonetheless, the people of Chisholm quickly rebuilt their community; in nine months, 70 brick buildings were built. (*Duluth and St. Louis County, Minnesota*)

It was into this milieu that Doctor Gra-

ham moved to Chisholm, which he described as “wild and woolly.” (*Rochester Post-Bulletin*, August 21, 1957) At the time, Chisholm had dozens of saloons, multiple “dairies were located in the center of the village and hog pens were found in every yard.” (*Chisholm Free Press*, October 23, 1958)

Why Graham settled in Chisholm is unknown. He may have sought clean air because of a chronic respiratory condition. (*Chisholm Tribune*, August 7, 2013) He may have learned of Rood Hospital because of medical journal advertisement. (*Chisholm Tribune-Press*, July 18, 1989) Yet, none of Graham’s family lived in Minnesota or nearby, most of his baseball career took place in northeastern states, and he received his medical training at prestigious centers in Baltimore, New York City, and Chicago. For the young and unmarried Graham, taking a position at Rood Hospital in the remote and burnt Chisholm seems improbable. Nonetheless, he settled there.

Graham was associated with Rood Hospital for seven years (1909-1916). Accounts of his professional activities during this time can be found in the *Chisholm Tribune-Herald* (e.g., “Peter Smalich...at the Clark mine met with one of the most distressing and unfortunate accidents[s]...While at work near the edge of a bank a rock became loosened...and it came tumbling down striking and breaking his back...The ambulance from Rood Hospital immediately responded and after an examination it was decided to take the unfortunate man to Hibbing and Dr. Graham accompanied the pa-



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

President's Message (Continued from page 1)

tient..." (March 17, 1911) Other articles document Graham attending to a man who accidentally shot himself with revolver while dancing (January 12, 1912) and a child "roasted alive" in an explosion of turpentine (March 28, 1913), conducting a post-mortem examination (May 3, 1912), and engaging in public health efforts ("Dr. A.W. Graham, chairman of the board of health [is] on the war path against dirt and will endeavor to make the village a spotless town." [April 30, 1915]). At Rood Hospital, he delivered babies and cared for patients of all ages.

On October 1, 1915, the *Tribune-Herald* reported Graham's marriage to Alecia Madden ("Popular Doctor Cupid's Victim"). Alecia, a native of Rochester, Minnesota, was a graduate of the University of Minnesota and teacher with the Chisholm Public Schools. Pretty, well-dressed, and known as "Miss Flower," she retired from teaching after their wedding. However, Alecia remained involved in the community by hosting parties, acting in and directing plays, and engaging in civic and church activities. The Grahams had no children. (Figure 1)

The country's demand for iron ore created tremendous prosperity for Chisholm. Tax revenues and mineral rights agreements resulted in dramatic growth of infrastructure and public services. (*Chisholm News-Tribune*, March 12, 1991) The Chisholm Public Schools built state-of-the-art facilities, executed innovative curricula, and implemented a school health program—the first in Minnesota. On May 5, 1916, the *Tribune-Herald* reported the appointment of Graham as school physician at a salary of \$3000/year. In this role, Graham systematically and periodically (e.g., yearly for elementary students) examined all students. "From kindergarten through high school, Chisholm's youth passed in constant procession through the expanding offices. [Graham] examined their hearts, watched their blood pressure, tested their eyes and...checked their teeth...and a system of fitting children with glasses at cost was initiated." (*News-Tribune*, July 13, 1952) Any abnormalities were reported to students' parents, who were urged to have them addressed. These students and those who missed school were closely followed. (*Minnesota J Educ* 1947; 27 (2):73) (Figure 2)

The schools also provided free toothbrushes, toothpaste, and dental care (and conducted daily brushing drills), tuberculosis screening, and immunizations. Nurse Fran Russ, recalled, "...we did thousands of immunizations and vaccinations. I remember vividly how [Graham] would put his sterile, gloved hands in a solution of mercury bichloride and then shake his hands over the youngsters waiting to be vaccinated telling them he was 'blessing them.'" (*Chisholm*

Free Press-Tribune, October 1, 1992) Former student Dorothy Suomela recalled, "The school nurse, Miss McDougall, made rounds to each school each week to examine kids' throats, posture problems and skin conditions and made her recommendations for needed corrections..." (*News-Tribune*, March 12, 1991) Students were required to take physical education and swimming and complete first-aid courses, and teachers were required to apply principles of child health in practical ways. According to Mike Kosiak, M.D., a 1942 graduate of Chisholm High School, "the medical care Dr. Graham provided the students was of the highest quality available...Dr. Graham's gentle demeanor and compassion, which were so essential in establishing a comfortable and long-lasting doctor-patient relationship, had an especially consoling effect on the immigrant parents." (*Chisholm Tribune*, August 7, 2013)

The annual per capita cost of the Chisholm Public Schools' health program was 92 cents. The end result was "several generations of healthy citizens." (*Minnesota J Educ*) When asked, "Have youngsters changed much through the years?" Graham replied, "Kids today are healthier in every respect (Figure 2). They're taller and weigh more and have more brains in their heads than we've ever had." (*Duluth News-Tribune*, July 13, 1952)

Graham visited Mayo Clinic more than 50 times for continuing education. (*Free Press*, October 23, 1958) During these visits, he established relationships with Mayo colleagues. In 1945, Graham and Edgar Hines and Robert Gage of Mayo Clinic reported the results of a prospective study of blood pressure involving 3,580 children ages 5 to 16 years who attended Chisholm schools. Graham made 25,000 blood pressure measurements during 1926-1940. Linear relationships between age and blood pressure were observed. (e.g., the systolic blood pressure ranged from 92

mm Hg at age 5 years to 122 mm Hg at age 16 years) The authors claimed "for the first time the incidence of systolic as compared with diastolic readings at various ages is outlined in a manner that is easily understood" and concluded "much hypertension was observed." (*Am J Dis Child* 1945;69:203-7)

Eleven years later, Graham presented follow-up results of his study at the annual meeting of the American Medical Association. (*JAMA* 1956;161:1516) On June 13, 1956, the *Chicago Daily News* reported Graham refuted "the prevailing notion that children don't get high blood pressure."



Figure 1. Dr. Archibald "Moonlight" Graham and his wife Alecia (circa 1957). (From the collection of Mike Kalibabky, used with permission.)



Figure 2. Dr. Archibald "Moonlight" Graham examining children at the Washington School in Chisholm, Minnesota (circa 1937). (Photo by Veda Ponikvar, from the collection of Mike Kalibabky, used with permission.)

President's Message (Continued from page 2)

Graham was quoted, "I have seen families where every one of the children had high blood pressure." Graham's research was subsequently cited by numerous authors.

Graham was a member of a number of medical societies including the American Medical Association. (*Minn Med* 1956;39:343) He also served as a Moose lodge officer, was a Mason, and was a member of Kiwanis. Outside of work, he served Chisholm using his professional skills through public health efforts (e.g., anti-influenza, sanitation, and polio vaccine drives) and civic work (e.g., War Department examinations, Park Board, Chamber of Commerce, and Boy Scouts work). In 1929, he ran for city council and won by a landslide. Newspaper editor Veda Ponikvar (portrayed by Anne Seymour in *Field of Dreams*) wrote, "When it came to support of civic projects, Doc was the first to buy tickets and lend his support. He believed in the community..." (*Free Press*, August 26, 1965) Notably, Ms. Ponikvar died recently (October 13, 2015). Oral and video interviews of her and her obituary are available online (<http://blogs.mprnews.org/newscut/2015/10/veda-ponikvar-america's-iron-lady-dies-at-96/>).

Graham's philanthropy is legendary. "To [children], he's the 'nice guy' that always buys 'em candy or ice cream. Or to football players he's the one who brings the always-welcome oranges to eat..." (*Tribune-Herald*, September 1, 1949) "Doc was never failing in his inquiries about the well-being of our parents and/or siblings. 'How's your brudder?...Your Pa still working?...Generous? The stories abound. Ticket money to youthful lobby hangers-on for game admissions, free eye exams and glasses to the indigent during depression times. The very state-of-the-art ophthalmological equipment was purchased by Dr. Graham himself...His most publicized philanthropy was doling out dimes to some of us ragamuffins." (*Tribune-Press*, October 17, 2001) He owned rental property and frequently didn't cash tenants' rent checks. (*St. Paul Pioneer Press-Dispatch*, May 12, 1989) For seven year-old Mary Vecchi, poor and severely bow-legged and disabled due to rickets, Graham paid for her hospitalization and corrective surgery. (*Tribune-Press*, August 22, 2007) He took high school students to football and basketball games in the Twin Cities and paid for their lodging and food. (*Duluth News-Tribune*, May 22, 1988)

Graham was a role model for healthy living and his interest in sports never waned. During his early years in Chisholm, he played amateur baseball. (In 1920, he played for the Chisholm Moose, the Twilight League champions.) Later, at picnics, "he was the hard-hitting Dr. Graham people looked for when a softball game was started." (*Tribune-Herald*, September 1, 1949) He also played volleyball and coached baseball teams. All his life, he enjoyed daily walks. Graham believed "lack of outdoor activities can be more harmful than a banged-up knee." He never drank alcohol or smoked. "Those are the only two things I'm really against." (*News-Tribune*, July 13, 1952) Graham also enjoyed being a spectator; "he never missed a football or basketball game [and] was the [Chisholm High School] Blues-

trek's most ardent rooter and right on the scene whenever there was an injury." (*Free Press*, August 26, 1965) Graham retired from the Chisholm Public Schools in 1961. In response, the people of Chisholm elected their beloved physician to the school board in 1963. Likewise, Graham's dedication to Chisholm never waned; he "had nothing but praise for the families of the Iron Range area." (*Post-Bulletin*, August 21, 1957) Regarding Chisholm's mothers, he said, "After all the sacrifices mothers have made that their children might have what they were perhaps denied—a good education, often they wore tattered gowns but their children were clean and well-dressed...I for one would like to see a monument higher than the Empire State building to be of beautiful marble erected to the 'unknown mother'... This mother holding a new born babe." (*Tribune-Herald*, February 23, 1956)

In *Field of Dreams*, author Terrance Mann, portrayed by James Earl Jones, asks, "Half the towns in America have a Doc Graham. What makes this one so special...?" In the film, Graham was special. In real life, he was extraordinary and exemplified Oslerian ideals. He was an outstanding physician with a calm and reassuring bedside manner. He was scholarly, innovative, and consistently engaged in continuous professional development. He was a good husband. He inspired Chisholm youth to become physicians. (*Press-Free Press*, September 25, 1990) He was a role model for healthy living. He was philanthropic and selflessly served his community. Indeed, a newspaper headline declared he was the "Friendliest Man in Chisholm." (*Tribune-Herald*, September 1, 1949) In the next (and final) column, readers will learn how the people of Chisholm celebrated Graham's life before and after his death in 1965.



American Osler Society Treasurer's Report

Currently, the American Osler Society has 205 members: 125 active; 53 emeritus; 5 honorary; and 22 student members. Soon, you will be receiving notification concerning dues payments for 2016. Dues constitute a major source of revenue for the American Osler Society, and I urge you to pay them promptly either by check sent to me (Joan Richardson) or by credit card through our website (americanosler.org). The website is undergoing a major overhaul, and you should find it easier to locate and navigate.

Annual dues vary by member status. Active U.S. and Canadian member dues are \$150, while international member dues are \$75. Student, emeritus, and honorary members pay no dues, although emeritus members are permitted and encouraged to pay dues, and many choose to do so. Members aged 70 or greater are eligible for emeritus status, although members who become eligible for emeritus status at the time of election to membership are still obligated to pay full dues for five years.

Overseas members are welcome to write checks in their own currencies along with a brief note, separately, or on the check itself regarding the current exchange rate.

At the time you pay your annual dues, you may also contribute voluntarily to either the Education Endowment Fund or the Friends of the Osler Library. Total dues collected for 2015 amounted to \$19,425. The year is not yet over, and there are a few individuals who have not yet remitted their 2015 dues. Thus far, contributions to the Education Endowment total \$1095 with \$970 in contributions to the Friends of the Osler Library.

Our major yearly expense is the annual meeting. The 2015 meeting in Baltimore had expenses totaling \$81,703. This includes all expenses associated with the meeting. Of course the largest cost by far (90%) were expenses associated with use of the hotel's meeting facilities and catering. Attendee registration, along with donations from the McGovern Foundation, Johns Hopkins, and Silicon Valley Community Foundation generated revenues of \$84,052 which slightly more than covered the cost of the meeting.

In addition to revenue generated by annual dues, donations, and the annual meeting, the AOS has investment and money market accounts managed by

Fidelity. Currently, the value of these accounts total \$585,000. After several years of rebound growth following the economic downturn of 2008 and 2009, the year to date performance for 2015 has been a disappointing **negative** 3.01% and reflective of last summer's market correction.

As we begin the 2015 fourth quarter, we are on pace for a break-even year. I do not anticipate any unplanned expenses, and expect our investments to show a very modest rebound. At the 2016 meeting, I will present more detailed information concerning revenue and expenses.

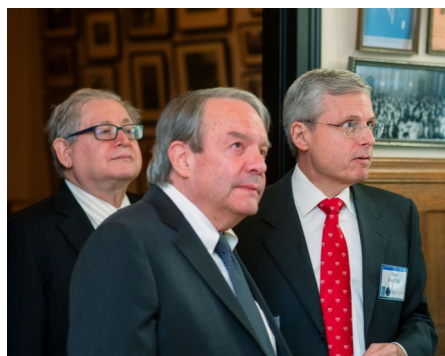
Respectfully submitted: **Joan Richardson, M.D.**
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W. Bruce Fye Honored

On September 15, 2015, W. Bruce Fye, M.D. and Lois B. Fye were honored for their support of the W. Bruce Fye Center for the History of Medicine at Mayo Clinic in



Rochester, Minnesota. The event was limited to 40 guests that included life-long friends and Oslerians. Oslerians who were in attendance included Michael Bliss, Christopher Boes, Christopher Crenner, Paul Kligfield, Kenneth Ludmerer, Paul Mueller, William Roberts, and Renee Ziemer. Mayo Clinic expressed appreciation to the Fyes for their continued and multifaceted support for historical research.



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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

**Perinatal Hospice Care in
The United Kingdom**

By

Margaret Wardlaw

Dr. Wardlaw has just finished her Pediatric Residency at Dell Children's Hospital in Austin, Texas. She completed a Ph.D. program in the Medical Humanities prior to her graduation from the University of Texas Medical Branch.

During the spring of my second year of pediatrics residency I spent four weeks in Great Britain studying the English system for providing hospice and palliative care to infants.

Patients in the neonatal and perinatal period are a dramatically underserved population in terms of palliative care. Despite comprising 96% of all pediatric deaths, palliative care and hospice resources for this population remain very limited. Palliative medicine providers in Great Britain have recently prioritized improving the provision of high-level palliative care to the neonatal population. The British Association for Perinatal Medicine (BAPM), the General Medical Council (GMC), and the Association for Children's Palliative Care have identified palliative and hospice services as a critical part of neonatal care, recognizing that dying newborns deserve the same high standard of care as those infants who are expected to survive. Despite these initiatives, newborn hospice and palliative medicine remains controversial for many families and providers.

My research involved narrative interviews and site visits to inpatient pediatric hospices and NICUs in the United Kingdom during the Spring of 2014 to investigate barriers to hospice care for the neonatal population. I conducted semi-structured, narrative-based interviews with neonatologists, palliative medicine physicians, nurses and psychologists who work with neonates and their families at the end of life.

England differs from the United States in several ways, but one of the most dramatic is the availability of an increasing number of freestanding children's hospices. However, despite the availability of well provisioned freestanding pediatric hospice facilities, the great majority of English neonates die in NICUs. My interviews suggested a technological imperative where aggressive medical intervention is often the norm even for babies with very poor prognosis. Providers identified uncertainty over patient outcomes as a major barrier to initiating palliative care, emphasizing the expectation of perfection in clinical practice

and a tendency to view death as failure. Informants also pointed to an inappropriately dichotomized view of intensive care and palliative medicine ("do everything" vs. "do nothing.") Finally, interview data suggested a tension between autonomy and beneficence and many providers suggested a role for paternalism in end of life care for neonates.

I have been personally interested in this topic for a long time. My first experience as a medical trainee was watching the resuscitation of a 22 week gestation baby in 2001. I remember that baby so well: his fused eyelids, translucent skin, and undescended testes. It was a powerful image, and one that stuck with me for the rest of my training.



Later in my pediatrics residency during my NICU rotation, we had a baby with Trisomy 18 and very poor prognosis. Every day we would round on the baby, treating her like a feeder-grower, and even advancing her feeds while she became increasingly bradycardic and periodically apneic. The baby had a physiologically inexplicable partial do not resuscitate order in place. It allowed supplemental oxygen only when the heart rate went below 60, so her alarms were always sounding though there were no interventions to be made. The nursing staff became increasingly distressed. As an intern, I suggested revising the alarms limits and just taking her out of the crib and holding her. What the theologian Paul Ramsey refers to as "caring for the dying," came up for me time and time again in my medical training. It seemed a special sadness to me that despite, and maybe because of how much medical intervention we were willing to perform for babies with exceptionally poor prognosis, sometimes no one thought to hold them while they died. It became very personal for me.

I became interested in the British model while doing a literature review on perinatal hospice. There had been several recent UK initiatives to try and improve palliative care in the infant population, new guidelines had just been released, and my initial hope was to study a system that had a robust infrastructure

OSLERIANS AND THEIR VIEWS

in place for providing compassionate, family centered palliative care to babies. I was eager to visit a system where intensive intervention was less common and where NICUs were supported by a network of hospices. What I found instead, perhaps unsurprisingly, is that the British struggle with many of the same issues as American physicians, though their approach to neonatal resuscitation of extremely low birth weight infants is somewhat less aggressive.

One of the main themes that emerged during my interviews with health care workers in both NICUs and freestanding hospices was that, even when a freestanding pediatric hospice was available and a practically reasonable option, when the decision was made to discontinue intensive medical intervention, the great majority of parents chose the NICU as the preferred place of death.

With many NICU deaths, transfer to a hospice



is not a practical option in terms of clinical needs. Many babies are simply not medically stable enough for transport. But even in situations where babies were stable and a freestanding hospice was available and accessible, parents elected to stay in the NICUs. Many of my informants focused on the need to cultivate a culture of sensitivity to the emotional needs of families in the NICU setting itself. One former NICU nurse who now works in perinatal hospice said:

The [hospice] culture needs to be fostered in this [NICU] environment. My mind changes all the time. 5 years ago I was very fixated, [on the idea that] “we need to get these babies out [to home or to a hospice]. We need to get them out.” [But over time I’ve realized that] they may have clinical needs that hospice may not be able to support. And that many families may not want to go to a hospice.

Even for babies who are dependent on intensive medical technology, transfer to a freestanding hospice is increasingly an option. I spoke with several providers in NICUs who even offered home extuba-

tion or transfer to a freestanding hospice for stable ventilated infants. Although many providers recounted narratives about patients who were transported to home or hospice and extubated there, most also said that parents usually decide to palliate in the NICU.

Controversy also exists over appropriate use of resources. Although the hospices are funded with charitable donations, the NHS runs NICUs and many providers saw management of community resources as an important part of their job. Since most NICU patients will have many different providers over the course of their stay, planning a home or hospice extubation could require not just desire on the part of the family and coordination with hospice and nursing staff, but also negotiation with physician colleagues.

One neonatologist who became interested in palliative care after a patient’s family requested to be transferred home said: “Some people were very enthusiastic and interested... and others less so. [one of my] Older colleagues felt there was no need for it. He couldn’t see the need to send a ventilated baby to hospice. He felt it was a waste of resources, money and effort. Though I will say that’s becoming more unusual. We are much better at it now than 10 years ago. People’s attitudes toward dying babies are changing. [They are] realizing that dying babies need as much care as babies we can keep alive.... I think we didn’t realize that before.”



HISTORY OF MEDICINE & MEDICAL HUMANITIES

Report from Medical Heritage Library of Harvard

By Scott Podosky

The Center for the History of Medicine at the Francis A. Countway Medical Library, is a founding member of the Medical Heritage Library (MHL), a digital resource developed by an international consortium of leading medical libraries (available at www.medicalheritage.org). Through prior funding from the Alfred P. Sloan Foundation and the National Endowment for the Humanities (NEH), the MHL now holds over 100,000 freely available digitized rare medical books and journals, including complete runs of over one hundred 19th-century American journal titles. Its volumes have been downloaded nearly 25 million times to date.

I'm thrilled to report that the MHL has now received funding from the NEH and the Arcadia Fund to fully digitize and make freely available online the full runs of nearly every American state medical society journal. This project will entail the digitization of 117 titles from 46 states (so far) and the District of Columbia, representing nearly 3 million pages and 4000 volumes.

Reflecting the rising power of the organized medical profession in the U.S., state medical society journals became crucial sites of knowledge dissemination and community formation starting (generally) in the early twentieth century.

Moreover, as Charley Bryan has related, such journals, as historical repositories, document the transformation of American medicine in the twentieth century at both the local and national level. They have served as sites not only for scientific articles, but for medical talks (and, often, fully transcribed accounts of

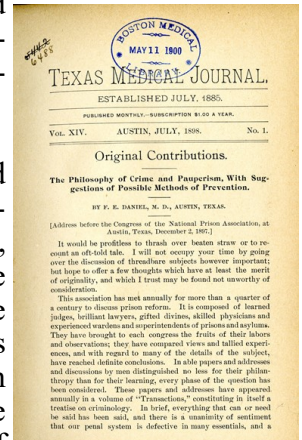
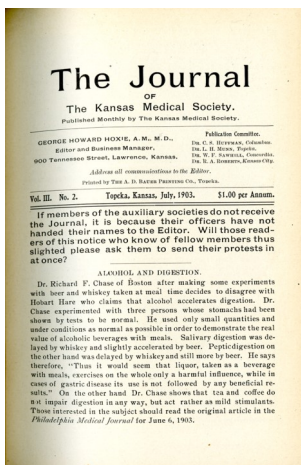
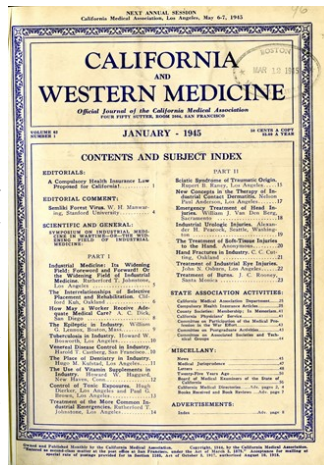
The Medical Humanities Section is meant to highlight activities in programs for the medical humanities, history, and art across the U.S. and internationally. Articles describing activities and opportunities in this area are requested, as well as essays, prose and poetry highlighting the humanities.

discussions following the talks), local news regarding sites of medical care and the medical profession, advertisements, and unexpurgated musings on medicine and society throughout the 20th century.

When fully digitized and searchable in a single repository (expected by mid-2017, though individual volumes are already being made available online as they are digitized), this intentionally bounded collection will be a known universe, able to support a limitless array of historical queries, including those framed geographically and/or temporally, offering new ways to examine and depict the evolution of medicine and the relationship between medicine and society.

This has been a truly cooperative effort. Post-1923 items remain in copyright, so we have had to obtain permission from the state medical societies themselves to digitize their in-copyright volumes. Five preeminent medical libraries are collaborating on this project: The College of Physicians of Philadelphia; the Francis A. Countway Library of Medicine at Harvard Medical School; the Center for the History of Medicine and Public Health at The New York Academy of Medicine; the Health Sciences and Human Services Library at the University of Maryland, the Founding Campus; and the UCSF Library and Center for Knowledge Management.

The American Osler Society has played an important role in the evolution of the Medical Heritage Library, with letters of support from its members helping us to obtain both this and prior MHL grants, and key interventions rendered more recently with particular state medical societies. We're eager to see these resources made available to its members, and excited to see the scholarship that ensues!



HISTORY OF MEDICINE & MEDICAL HUMANITIES

Sanitizing Style: a new exhibition at the Osler Library, posted September 21, 2015 by Anna Dysert.

No longer with a trailing skirt
She sweeps the sidewalks bare.
Collecting germs, collecting dirt,
All swaddled up for fair.
The cities now hire men adept
At Sweeping what those long skirts swept.
(The Toronto Star, Oct. 9, 1925)
By the time of the publication of these lines, germ theory



had pervaded every aspect of daily life in the Western world. Discovered in the latter half of the 19th century, the theory, elaborated by scientists such as Louis Pasteur and Robert Koch, led to numerous changes in everyday living. A new exhibition at the Osler Library highlights one such example. Following the discovery of the Tuberculosis bacterium, public health advocates rallied to create treatment and prevention programmes, including public health campaigns and anti-spitting legislation. They recognized the danger posed by tuberculosis-infected sputum on the streets swept up by the trailing skirts that fashionable women of the day favoured. Curated by Cynthia Tang, with rare books specialist Anna Dysert and costume curator Catherine Bradley, this exhibition explores the legitimacy that germ theory lent to the late 19th century movement to reform women's dress, bringing together books, images, artifacts, and clothing pieces from collections across McGill. The exhibition, "Sanitizing Style: Germ Theory and Fashion at the Turn of the Century" is now at the Osler Library through November 2015.

POETRY CORNER

Heart

Racing (pumping), beating, pulsing, squeezing,
quivering mound of flesh—Writhing in agony blood
Fills you up—Sorrow, loss only to be filled to
The brim only to have remnants remain, to
Push everything, every last cell away
Hoping they come rushing back
Realizing that you only meant
To give them air,
Not to smother,
To give life.

Work never ends ————There is no sleep
No one ever knows your name—Knows how hard
You work --100 beats per minute for every
Day of a person's life
A thankless job,

Probably because you feed yourself in the
Process...but is it wrong to also benefit in
Your generosity? Does it invalidate
A selfless gift to gain
Something in the
Process?

Of giving,
Of living,
Of wanting,
Of refusing to hold onto
What you know you cannot sustain.

By Jessica Tedford

By permission from Jessica Tedford a fourth year medical student at UTMB who was awarded for her poetry in the UTMB Creative Expressions Exhibit in August 2015.

OPINION

Timeout

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.

With the beginning of an election year looming and the evolving political circus and mud-slinging that will follow; with the reports of the mass of humanity trying to escape from the Middle Eastern Wars to which there appears to be no end; with reports of corporate fraud to trick emission control systems; and of another mass shooting that occurred in Oregon, it is all one can do to not become depressed and see only the dark-side of the world. Thus, there is nothing like taking some time-out to regenerate the spirit. Though Osler may have prescribed “work” as the “master word” of life, he enjoyed long holidays and advocated for the daily renewal of life. I recently had the opportunity to take “time-out” and sail the Puget Sound outside of Seattle for a week courtesy of my friends Jan and Linda Heller on their sailboat, Evensong. We sailed north from their homeport in Poulsbo on the Olympic peninsula out through Liberty Bay into the Sound and then up to Port Ludlow. A beautiful cruise along hilly shores with luxuriant evergreens, cool temperatures and light winds with water that was deep green and for the most part smooth as glass. While in Port Ludlow we caught a land shuttle up to Port Townsend which is at the upper tip of the Olympic Peninsula and is the opening of the Puget Sound to the Pacific Ocean. Captain George Vancouver originally named the town in 1792 and the settlement rapidly expanded calling itself the “City of Dreams” anticipating that it would become the largest harbor on the West Coast. The port and banking industry prospered in the 1800’s and a building boom of Victorian architecture flourished. Unfortunately, the Northern Pacific Railroad failed to connect the city to the eastern Puget Sound cities of Tacoma and Seattle and the boom was over. Nevertheless, a small boat building industry evolved and the “hippies” discovered the beautiful area. Artists and alternative lifestyle folks thrived and today it is an interesting blend of Victorian architecture and 1970’s laid-back lifestyle with a Cannabis shop, multiple bookstores and coffee shops. Actually we went up there for the “Old Wooden Boats Show”, which was truly amazing, but I must admit the town was quite unique.

The next day we made sail back South from Port Ludlow to Blakely Bay, anchored in a beauti-

ful area and had a peaceful night. The next day onto Blake Island for a couple of days hiking around the Island and then onto Bay Harbor Marina

in the middle of the Seattle wharf district. We spent a day exploring Pike’s Market and its

culinary pleasures, saw the Original Starbucks’ Café and then went up to the Ballard Locks in the northern part of Seattle that connects the Puget Sound to Union Lake. All in all a very relaxing week and a rejuvenation of the spirit from the wearisome news of the contemporary world. Thus inspiring an Ode to Evensong:

*Lost in time in the midst of an Evensong,
No scheduled life,
No haste to make,
Life returns to natural ebbs and flows,
Light by day and dark by night,
Rain and sky go slowly by,
Resting in the eternal changelessness
Of an Evensong.*



Michael H. Malloy



OPINION-LETTERS

Herbert Swick Announces: Call for Art for the AOS Annual Meeting in Minneapolis:

In 2016, the AOS will be renewing its tradition of having an art exhibit during its annual meeting. We are pleased to announce the first "call for art" for the meeting in Minneapolis on April 30 - May 3, 2016. Members are encouraged to share not only their intellectual skills but also their artistic creativity in Minneapolis. Spouses and student members are especially encouraged to participate in the exhibit as well. Many forms of visual art will be considered, including painting, photography, sculpture and other three-dimensional work, needlework, woodworking and other media.

Criteria for inclusion:

- all submissions must represent original work
- each artist may submit up to three works
- all work must ready to display, framed and mounted as appropriate.
- artists will be asked to submit a simple application form, to help plan the layout and logistics for the exhibit. Application forms will be available on line soon .

While the AOS will make every effort to provide a secure exhibit area, no insurance will be provided for any work of art. To request additional information, please contact:

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From the Editor: In the June edition of the *Oslerian* I issued several questions to the membership concerning the future directions of AOS and requested opinions from 3 members. One of the respondents, Dr. Marvin Stone, suggested that the type of professionalism that the AOS must continue to foster is the type in which physician participation in societal and social justice issues is imperative. Another respondent, Dr. Laurel Drevlow said, "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 that it currently does. The methods used to accomplish this may vary from one setting to another depending

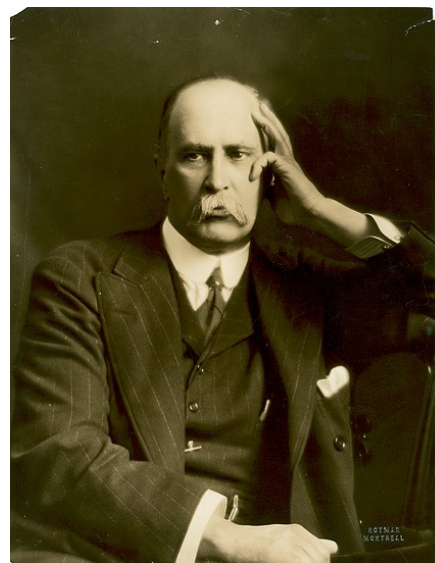
Letters to the Editor will be accepted that address issues presented in previous publications of the *Oslerian*, or that are related to contemporary issues in the medical humanities, ethics or practice of medicine. Publication is subject to approval by the Board of Directors.

on multiple factors." Osler, "almost never traded in political ideas", but he appreciated and railed against, "the evil rooted and grounded in the abyss of human passion, and war with all its horrors ." ¹ In Osler's essay, *Man's Redemption of Man*, Osler is hopeful for the future and suggests, "There is no place for despondency or despair."

"As for the dour dyspeptics in mind and morals who sit croaking like ravens—let them come into the arena, let them wrestle for their flesh and blood against the principalities and powers represented by bad air and worse houses, by drink and disease, by needless pain, and by the loss annually to the state of thousands of valuable lives—let them fight for the day when a man's life shall be more precious than gold. Now alas! The cheapness of life is every day's tragedy." ² Thus, Osler, ascends a "Bully Pulpit" to bring to the fore a number of social justice issues. Thus, in considering the purpose of AOS and as queried by Dr. Drevlow, "What shall we fly on the flag of AOS?", should advocacy for social justice issues be part of the AOS domain? If so, what issues would be appropriate for advocacy? I pose this question fully aware of the potential for a diversity of opinions and controversy, but would hope doing so would further the attempt to better define future directions and goals of the AOS.

References:

1. Bliss, M. *William Osler a Life in Medicine*, p. 250. Oxford University Press, 1999.
2. *Ibid*, p. 393-394, cited from William Osler: "Man's Redemption of Man".



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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


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

Abstracts should be sent by e-mail to: aosrenee@gmail.com with a copy to boes.christopher@mayo.edu and must be **received by 15th of 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, 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.

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.

We're on the Web!

√ us out at:

www.americanosler.org

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