



The Oslerian

A Message from the President

HERO #1

PAUL BRAND: RESTORER OF HANDS

By Joseph VanderVeer, Jr.

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I suspect that all of us in this Society have heroes, persons that have inspired us or after whom we have sought to pattern our lives. No doubt for us, Osler is one, witnessed by our joining the AOS. In my professional life I've had several other physician and surgeon heroes. In a series of messages this coming year, I will describe those heroes and their influence on my own career.

Sir Charles Bell wrote, "It is in the human hand that we have the consummation of all perfection as an instrument." Second only to the brain, the hand is the most significant adaptation we humans have due to evolution. Our ancient fore-bears doubtless counted on their fingers, a habit that I suspect led to the adoption of the decimal system. Consider the versatility of those fifty-four bones and some seventy odd muscles that comprise our hands: An experienced mountaineer can grip a fissure at a pressure of eighty pounds per square inch, and an accomplished concert pianist can strike the ivory keys at a rate of twenty key-strokes per second. You and I can lift a brick weighing a kilogram between our thumb and index finger, but we can also modify our grip to grasp and lift an egg without crushing it.

During the fall of my first year of medical school in Rochester, NY, my study of anatomy was enhanced by hearing a special lecture sponsored by the Christian Medical Society by Dr. Paul Brand, a missionary on furlough from India. His talk, to a packed audience in the Whipple Auditorium, was about his work with patients who had Hansen's disease – leprosy – and in particular about his work restoring function

to their claw hands by a special tendon transplant operation. It was the best lecture I have ever heard, before or since, and at a reception afterward, I met him and asked if I might visit him in India. He said he'd be glad to have me come, and so the next summer, it happened.

I chose to visit Dr. Brand by attaching that trip to a summer I spent on the Experiment in International Living in which I had 1-2 week home-stays with five Indian families across the subcontinent. I visited Dr. Brand for three days in his hospital at the Christian Medical College in Vellore in South India, where I stayed with him and his wife Margaret. The entire summer, getting to know the culture and several families in India was a marvelous, eye-opening experience, and the highlight was getting to know the Brands.

Paul Brand was one of several men in my life for whom I took an instant liking and with whom I felt a bond. That's maybe a bold statement – for I was a medical student who'd not achieved anything much to date. But as he told of his life – which included serving an apprenticeship as a builder before he decided on medicine as a career – I began to feel a kinship, for I'd been a carpenter's apprentice during my college summers, and I was also a Christian.

Paul Wilson Brand was born in India, of missionary parents, went for schooling to England, and attended medical school in London in 1940 during the Blitz. After training as a general surgeon, he re-



Paul Brand 1961
at time of my visit.



President
Joseph VanderVeer, Jr.
47th AOS President
installed at the 2016
meeting at Minneapolis

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turned to India to the Christian Medical College at Vellore in the Indian State of Tamil Nadu. In his lecture, Brand told of being shown around the grounds of the Christian Medical College by the director, who was also a physician. They came upon a man who was trying to fasten his sandal, a leprosy patient with a claw-like hand – one of the evidences of the disease, caused by paralysis of the extensors of the fingers. Brand bent down and tied the sandal thong for him, assuming the man's hand was paralyzed. The director introduced them, and as they went to shake hands, Brand briefly examined the man's hand. As we often do in medicine, he asked the fellow to "squeeze my fingers." To Brand's surprise, the man squeezed with such force that his long fingernails dug into Brand's hand and almost drew blood. The patient was indeed paralyzed, but only *partly*. The extensors of the fingers, innervated by the lumbrical muscles in the hand, were paralyzed (and led to the claw-like appearance of the hand), but the flexors – acting through tendons from the strong muscles of the forearm – were intact and strong. Because leprosy caused a loss of sensation and proprioception, as well as a selective paralysis, the patient had no idea how much force he was applying in squeezing Brand's hand.

Brand related this was the first of several myths of leprosy that got dispelled when he began taking care of patients. The second myth was even more dramatic, namely the common belief that leprosy caused fingers and toes to drop off. "I went all over South India looking for fingers that were dropping off, but never found one," he said. What he *did* find was that because patients with leprosy developed *anesthesia* of their hands and feet, they often injured themselves unknowingly. They could even, if not watchful, amputate a finger as they worked with sharp implements. Moreover because of the insensitivity and lack of pain in their hands and feet, they got infections from minor injuries such as cuts or puncture wounds. They'd develop osteomyelitis of the bones of the hand or foot from such puncture wounds; with the painless infection the bone would absorb and the finger would shorten. Or, even more gruesome, an anesthetic finger that was draining pus might get bitten off by a rat as the patient slept at night.

In his lecture at Rochester, Brand told the story of the first patient on whom he did a tendon transplant, and it so happened during my visit, that first patient came back to the clinic for his ten-year follow-up visit. I heard the story again and got to examine the patient myself. When Brand first saw him, the patient had the characteristic claw hand deformity from motor nerves attacked by leprosy. Brand reasoned that if the paralyzed muscles that caused the deformity could be bypassed, that is, if the tendons connected to the denervated muscles could be attached to *good* muscles, hand function might be restored. So he devised a tendon transplant operation (similar to one he'd used for treating polio patients in England) that made use of the plantaris tendon from the patient's lower leg. (It's an expendable, long tendon that most people have.) Brand retrieved the tendon from the patient's leg, split it into four slips, and used these to bypass the four lumbrical muscles in the

hand, connecting them to the flexor carpi radialis brevis, an intact muscle in the forearm. In theory, this would restore extension to each finger. (That muscle flexes the wrist. Its function is covered by another muscle, the flexor carpi radialis longus, so in using the brevis muscle, wrist function was not lost.) At the end of the operation, Brand put the patient in a forearm plaster cast for three weeks.

When the patient returned and the cast was removed, Brand asked the patient to open his hand. He could not. Brand thought the operation was a failure until one of the medical students piped up, saying that the muscle that was now connected to the former lumbrical tendons was actually the one the patient previously used to flex his wrist. So Brand, on himself, showed the patient how to flex the wrist, and asked him to do likewise. As the patient repeated the motion shown by the doctor, *VOILA!* The claw hand opened! This operation became the key to restoring function to the useless claw hands of leprosy patients. But, Brand said, repairing the hand was just the *beginning* of the restorative care these patients needed. Parenthetically, how Paul Brand cared for his patients, giving them total care, not just restoring their hand function, was one trait that made him a hero for me. Throughout history and over the world, lepers have been outcasts. India was no exception.

Dr. A. B. MacDonald, Scottish missionary and founder of the Itu leper colony in Nigeria, wrote this about the time I visited Paul Brand: "The leper is sick in mind as well as body. For some reason there is an attitude to leprosy differing from the attitude to any other disfiguring disease. It is associated with shame and horror, and carries, in some mysterious way, a sense of guilt, although innocently acquired like most contagious troubles. Shunned and despised, frequently do lepers consider taking their own lives and some do." (Parenthetically, I noticed similar attitudes toward AIDS patients and toward alcoholic American Indians as my own clinical experience unfolded.)

Brand knew that if he was to prevent the leprosy patients from going back to a life of begging, he had to teach them a useful trade, and that's where his building skills came in. As part of the New Life Center erected on the hospital grounds, he set up a workshop where patients could build simple toys or make cutout puzzles, as part of their rehabilitation. In doing so, Brand took special precautions to make sure the tools were safe by extending the handles on saws and planes to keep fingers out of the way. He had the patients check themselves at the end of the day for splinters. The problem of rats chewing off the ends of anesthetic fingers was solved by sending a kitten home with each rehabilitated patient.

In the course of retraining the patients for useful work, another situation arose that required some sleuthing out. At the end of the work day many patients had blisters over their knuckles, despite taking precautions to avoid rubbing against the materials they'd worked with. Brand checked the workers' hands at noon, and found they had tiny vesicles (minute blisters) in the region of the knuckles. So they checked the patients when they came into the workshop at the beginning of the day, and at that time there

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were little oval zones of redness over the same knuckles. Tracing it back further, they found the key to the puzzle. The last thing most of the patients did before going to sleep was screw the valve shut on their Coleman gas lantern. In so doing, they repeatedly brushed their knuckles against the hot glass of the chimney. With their anesthetic hands, they could not feel the heat. So in the dark an injury began that was manifest as blisters by the next afternoon! They solved the problem by putting an extension on the knob of each Coleman lamp valve to keep the hand away from the hot glass.

Brand was not able to undertake his surgical approach to dealing with the paralysis of leprosy by operating in the main hospital, for to admit lepers there would have caused the other patients to flee – lepers in India, as in Palestine in biblical times, were outcasts. So he set up an OR with the rehabilitation unit as part of the New Life Center. He had an additional motive for doing it that way, namely to show that the operation did not need to be done in a big medical center, for he was sure it would be hard to convince other surgeons to begin to do it if it required admission to a general hospital. He realized with fifteen million leprosy patients around the world, there would be far more work than ever they could handle at Vellore. So his own work became a model for others.

My Summer Experiment experience in India was full of new and sometimes humorous episodes. One of these occurred in Vellore when I had lunch with Dr. Margaret Brand, Paul's wife. She was an ophthalmologist and invited me out to see her work at the leprosarium a few miles away from the main hospital. In chatting as we drove out, she told me about some other effects of leprosy, besides the ones I had learned about from her husband. Chief among these was blindness, which came from a drying out of the cornea of the eye which resulted from the patient not blinking, for the muscle that closes the eye also got paralyzed by leprosy. The cornea would dry out, develop ulcers, and perforate, leading to loss of the eye. The whole sequence could be prevented if blinking was restored. So she devised an operation, a bit like the one to make the hand again useful, taking a muscle from the side of the scalp, the temporalis, and transferring it to a new location, around the eyelids, so as it contracted it shut the eyes.

The temporalis is one of the muscles that control mastication – chewing – which led to the humorous situation when Dr. Margaret Brand and I had lunch with two of the patients. I had to suppress my laughter as we sat on the ground in a circle, Indian style, eating with our hands, munching our meal, each of the patients winking and squinting as they chewed....

I was grateful for the hospitality that the Doctors Brand extended to me, and I felt an almost mystical bond with Paul Brand, whom I regarded as a superb model for a surgeon. His influence on me persisted, and I met him two more times after he moved to the USA when he spoke at various functions sponsored by the Christian Medical Society. In fact, he was a sort of a father figure for me. Some 20 years later, when I was in private practice, I had an acci-

dent in which an office exam stool broke and I crashed to the floor on my ass, herniating a cervical disc. Because my own father was abroad and I couldn't get in touch with him, I called Paul Brand for advice regarding having recommended surgery on my neck. He urged me to go ahead and have the operation, which I did. I made a full recovery, though it took five months before I regained full function of my dominant hand. His willingness to reach out and counsel me was in the best Oslerian tradition.

So Doctor Paul Brand became one of my heroes. I admired his enthusiasm, his surgical skill, his devotion to his patients, and his Christian faith. As with William Osler, I sought to incorporate some of his values into my life and my career. Brand followed his eighteen years in India with another 20 years doing research and teaching at the USPHS Hospital in Carville, LA, where he was Chief of Rehabilitation. He moved to Seattle after retiring and became Emeritus Professor of Orthopedics at the University of Washington.

Paul Brand died in 2003 after suffering a fall at age 88. With writer Philip Yancey, he has published several excellent books, including *Fearfully and Wonderfully Made* (1980), *In His Image* (1983), *Pain*, *The Gift Nobody Wants* (1993). Dorothy Clark Wilson's 1965 biography *Ten Fingers for God* is a very readable account of Paul Brand's career in India, published four years after I visited him in Vellore. Brand himself wrote a textbook, *Clinical Mechanics of the Hand*, published by Mosby in 1985. (AOS members may recall the fine review of Paul Brand's contributions to research and treatment of leprosy given by Chryssa McAlister at the 2006 meeting in Halifax.)

¹From *Fooling Houdini* by Alex Stone © 2012 pg 90.

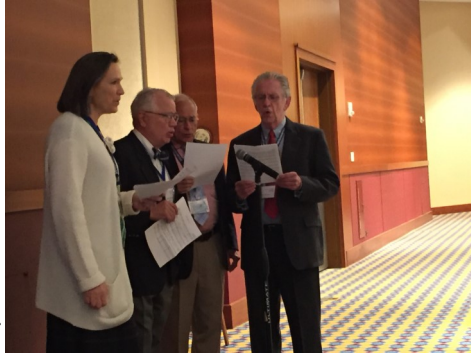
²A. B. MacDonald, in his autobiography *In This Name: the Story of a Doctor in Nigeria*. (1964) Quoted by William Barclay, in *The Gospel of Luke*. (Louisville: Westminster John Knox Press, © 2001) pg 70.

Highlights of the AOS Annual Meeting in Minneapolis, MN

The Marriott City Center Hotel hosted overlapping meetings for the AAHM and the AOS. Accommodations were comfortable but the foyer was noisy because check-in desk, concierge and the hotel's restaurant were all situated in a large, open triangular atrium on the 5th floor.

Meeting rooms and A/V support were good. Meals were delicious and service was exceptional. And every morning members were treated to a calling to order of the meeting by

the AOS quartet of Laurel Drevlow, Joe VanderVeer, Mike Jones, and Conrad Fulkerson.



The two combined panel discussions on the overlap AAHM and AOS meetings on Saturday were excellent. The first was an interesting and provocative discussion of the place of history in medical school curricula. The second was devoted to informed consent, including a fascinating account of Henry K. Beecher's 1966 article entitled "Ethics and Clinical Research," in which he investigated 50 cases but only described 22 of them, the others being cut by NEJM editor Joseph Garland.

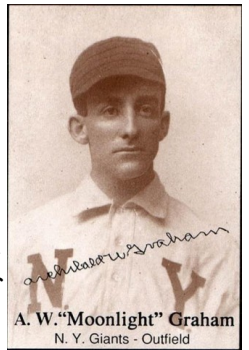
McGovern Lecturer Mark G. Dimunation gave a most informative review of the influence upon the evolution of science made by printing, which thereafter allowed distribution of multiple copies with illustrations and tables, that soon fostered easy exchange of ideas and comparisons with other printed works.



A film shown at Sunday lunch, *The Real Moonlight Graham: A Life Well Lived* formed a splendid cin-

ematic companion to Paul Mueller's three Presidential "Messages" published in the *Oslerian* over the past year.

Paul Mueller's Presidential Address at the Sunday evening banquet stressed the challenges for the future of our Society, many of which are outlined in the Task Force Recommendations presented by Herbert Swick on "Strategic Goals and Direction of the AOS" handed out at the Business Meeting Tuesday morning. (Summarized on pages 6 and 7 of this month's *Oslerian*.)



The **AOS Lifetime Achievement Award** went to Kenneth Ludmerer, a member of AOS since 1983, past president, and Professor Emeritus at St. Louis University.

39 excellent papers were presented at the AOS meeting, maintaining the high caliber of AOS presentations, including several authors new to the group. Bean Awardees Judith Vick and



Na'amah Razon, spoke respectively about Women in Antebellum Bedside Medicine and Medical Service to the Negev/Naqab Bedouin. Samuel Roberto's paper about What Kind of Ethics Osler Would Teach Today provoked a spirited discussion. I'd give special mention to Richard Caplan's paper about leprosy – delivered admirably without slides or PowerPoint, and Nadeem Toodyan's presentation of his paper about the Art of Eponymy, which was beamed half-way around the world, thanks to modern technology and the skills of Mike Jones. (Nadeem had flown from Australia to LA en route to our MN meeting only to be stopped and denied entry because of a visa problem – a most vexing intrusion by U.S. passport control – so he adapted and redid his paper on his way back home, and sent it back to Mike Jones as a video.)

A wonderful reception was provided at the

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Wangensteen Historical Library at the University of Minnesota Medical School campus complete with locally brewed beer sampling and displays of botanical specimens.

Many thanks to the program organizers: Claus Pierach, Laurel Drevlow, Chris Boes, Renee Ziemer and the program committee for a wonderful meeting.



Joe VanderVeer



American Osler Society Committee Membership 2016-2017

COMMITTEE	CURRENT CHAIR	CURRENT MEMBERS	NEW CHAIR	ROTATES OFF	NEW MEMBERS
Bean Award	S. Podolsky	J. Duffin, J. Erlen, J. Murray	No change	None	None
McGovern Award*	H. Swick	P. Miller, S. Moss	P. Mueller	S. Moss	None
Lifetime Achievement Award	B. Fye	R. Kahn, P. Kligfield	No change	R. Kahn	S. Moss, C. Pierach
Nominating*	H. Swick	P. Miller, S. Moss	P. Mueller	S. Moss	None
Finance	M. Molina	D. Bindschadler, B. Cooper, M. Stone	No change	None	None
Membership†	L. Drevlow	J. Richardson, V. McAlister, E. Matteson, S. Peitzman	C. Partin	L. Drevlow	None
Publications	M. Jones	C. Lyons, W. Roberts, J. Greene, H. Travers	No change	None	M. Malloy
Annual Meeting – Program Committee#	J. VanderVeer	L. Drevlow, W. Evans, G. Frierson, R. Mennel, C. McAlister	L. Drevlow	W. Evnas, G. Frierson, R. Mennel, C. McAlister, J. VanderVeer	J. Bailey, C. Partin, S. Peitzman, H. Travers, M. Wardlaw
Annual Meeting – Local Arrangements Committee	D. Pierach, L. Drevlow	C. Boes (Executive Cmt. Liaison)	C. Partin	C. Pierach, L. Drevlow	B. Silverman, W. Jarrett

OSLERIANS AND THEIR VIEWS

Task Force on Strategic Goals and Directions of the American Osler Society

Executive Summary

In November 2014, AOS President Herbert Swick convened an ad hoc task force to consider strategic goals and directions for the Society over the next 3-5 years. The task force identified a series of issues and challenges, which led to a number of recommendations. This executive summary highlights the findings and recommendations of the task force.

Issues and Challenges:

Dramatic changes in medical education and practice over recent decades have had a major impact on opportunities for students to acquire the traditional ideals and values of medicine.

The AOS as a professional society has had limited impact on contemporary medical education through its ability to promote important values, or contribute to scholarship in fields such as medical history, philosophy and ethics, and humanism in medicine.

Strategic goals for the American Osler Society:

- Make the AOS a strong and widely recognized voice for information and resources to advance the humanistic practice of medicine in service to humanity.
- Increase the recognition of the AOS as an organization that cares deeply about the art and science of medicine, and the compassionate care of patients. Make the AOS more relevant not only in today's educational and practice milieus, but also among other professional societies.
- Communicate and transmit the importance of Oslerian values in contemporary medical practice, through schools of medicine and other professional societies. Create ways to make medical students and residents more aware of William Osler as a relevant role-model during training and throughout their own careers.
- Communicate the goals, purposes and activities of the AOS to a wide range of audiences more effectively than is now being done, using multiple avenues of communication.

Ensure a vibrant and healthy future for the AOS by carefully increasing and sustaining its membership.

Action steps to help achieve the goals:

- Improve communication about the AOS
Improve the AOS website to make it easily and readily accessible.
Increase AOS presence on social media.
Begin to use the acronym AOS more and the formal organizational name The American Osler Society less, to give a more contemporary tone to the web site and social media.
Publish a journal, possibly in electronic instead of print format.

- Increase the presence and impact of the AOS in contemporary medical education
Create an ad hoc committee to explore and develop detailed plans for implementing the following recommendations.
Establish a William Osler Lectureship, in which selected AOS members would visit schools of medicine, focusing on Oslerian ideals and values in today's education and practice.
Create "Oslerian academies" at a select number of medical schools.
Encourage AOS members to work closely with schools of medicine and leading faculty to create student-centered activities that would model Oslerian medicine. Create and foster mentorship opportunities between AOS members and students and residents.
Devise ways to link humanistic faculty with humanistic students at schools of medicine.
Develop additional scholarship mechanisms that would encourage students to prepare a critical analysis of some aspect of William Osler's life, teaching, practice and philosophy.
Co-sponsor the Pam and Roland Del Maestro William Osler Medical Student Essay Award
Find ways to reduce the costs of the annual meeting, to encourage attendance by students
Review systematically the literature on challenges of contemporary medical education that might be positively impacted by the AOS, then develop strategies to address them.
- Expand AOS membership
Create an ad hoc committee to explore the implications of various approaches to increasing membership and develop specific recommendations for the Board of Governors.
Expand AOS membership selectively, to engage a larger audience while at the same time maintaining the 'spirit' of the current AOS membership.
Actively encourage student attendance at the annual meeting, especially by students from medical schools near the host institution. Have one scientific session at each annual meeting devoted to student presentations.
Reach out more actively to other professional societies whose members have an interest in the history of medicine.
Introduce new AOS members and students at the beginning of the annual meeting, and host a 'meet and greet' for them during an early coffee break
Find opportunities for new members to play an active role in the meeting, to give them a sense of ownership.

Task Force Members:

OSLERIANS AND THEIR VIEWS

Laurel Drevlow
Jonathan Erlen
Richard Kahn
Douglas Lanska
Pamela Miller

Herbert Swick
Michael Trotter
Joseph VanderVeer
Margaret Wardlaw

Tribute to Lawrence Longo (1926-2016)

Lawrence D. Longo passed away January 5, 2016 after a brief hospitalization. To quote Larry in a tribute he gave for one of his friends—"he had a number of facets to his life. Above all else he was a family man-husband and father. To many of his professional colleagues and patients he was a gifted physician and researcher- a healer ~~in the true sense of the word. A few of us that were particularly~~ fortunate knew "Larry" as a bookman- a collector, bibliographer, and historian. He was pre-eminent in each of these roles, and will be remembered for the unique manner in which he filled them. It has been said that it is more important to pay tribute to good men than to enhance the prestige of the more famous."

Larry was born October 11, 1926, in Los Angeles, California, to his parents Frank Albert Longo, a Southern Pacific Railroad employee, and Florine Azalea Longo, a nurse. He was their third child. He was raised in Northern California and went to Pacific Union College in Angwin, California, where he majored in Chemistry. He also was a veteran of WWII. He met his future wife, Betty Jeanne Mundall at PUC. They married on September 9, 1948, in Glendale, California.

He graduated from the College of Medical Evangelists (now Loma Linda University School of Medicine) in 1954. While he was in medical school, he attended a weekly chapel service. At one of these, a young professor of medicine, John E. Peterson, read Sir William Osler's *A Way of Life*. This essay lead him to Jake Zeitlin's "red barn" on La Cienega Boulevard, in Los Angeles, to purchase a copy of Harvey Cushing's biography of Osler and other medico-historical works. This was the beginning of his life long association with the history of medicine. He was a true student of Osler. Larry was a modern example for us today. After graduation from LLU, he specialized in Obstetrics and Gynecology at Los Angeles County Hospital. He took a two month fellowship at University of California-Los Angeles in reproductive physiology.

Larry Longo had a long and illustrious career. He was a distinguished Professor of Physiology, and Obstetrics and Gynecology at Loma Linda University, was internationally recognized as a pioneer investigator, missionary to Africa, teacher, mentor, innovator, medical historian, bibliophile, and a shining light (ambassador) of academic scholarship. He authored more than 350 scientific papers, and edited or authored 20 books. He established the Center for Perinatal Biology at Loma Linda University into one of the world's leading research groups in the field of developmental physiology and served as the founding Director from 1973-2012. His research was continuously funded by the National Institutes of Health and other agencies since 1964.

He was also President of both the Society for Gynecologic Investigation (1982-1983) and the American Osler Society (2002-2003). He was also recognized and received fellowships from the American Physiological Society, the Royal College of Obstetricians and Gynecologists of Great Britain, and a NATO professorship by the Consiglio Nazionale delle Ricerche of Italy.

Larry Longo was an advocate for preserving women's freedom of choice for future generations, and the medical knowledge to make those decisions. The Lawrence D. Longo and Beatty Jeanne Longo Collection in Reproductive Biology, donated to The Huntington Library in San Marino, California, is one of the world's most comprehensive collections of the history of European and American practice of obstetrics, gynecology, midwifery and allied fields from the late 15th Century through the 20th Century. It comprises approximately 2700 rare books, 3000 offprints and pamphlets, 11 manuscripts, and major reference works. These materials trace dramatic shifts in knowledge about women's health and healthcare. The books are in Latin, French, English, German, Italian and Dutch. These books and materials will be available for scholars continuing research in the changes in women's healthcare.

In conclusion, Larry left this world inordinately better for having lived among us. This is the highest end towards which one can strive. As Shakespeare wrote (Hamlets; Act I, Scene 2), 'He was a man, take him for all in all, I shall not look upon his like again.' Larry leaves his wife BJ, his four children-Celeste, Anthony, Elisabeth, Camilla, and his four grandchildren who remember him with love. Everyone with whom he knew or contacted will have a special remembrance of his thoughts and ideas. As he lived his life and ended his letters-persevere.

Garth Huston—Submitted by John C. Carson

HISTORY OF MEDICINE & MEDICAL HUMANITIES

Book Review**Pediatrics and Politics: autobiographies of Dr. Victor C. Goldbloom and Dr. Richard B. Goldbloom**

Richard B. Goldbloom, *A Lucky Life*, Formac Publishing Company, Halifax, 2013, 304 pp.

Victor C. Goldbloom, *Building Bridges*, McGill Queen's University Press, Montreal, 2015, 196 pp.

In 1959, Dr. Alton Goldbloom (1890-1968) pediatrician and professor, published his autobiography entitled, *Small Patients*. The son of Jewish immigrants from Lithuania, he described his gifted and often eccentric family members, his education, and his practice of pediatrics in Montreal. The original manuscript was placed in the Rare Book Room of McGill University. Somewhat later I had the privilege of reading the manuscript during the course of my first summer job. I was captivated by Dr. Goldbloom's care and humanity and by his stories of people in the city in which my family has lived for several generations.

Alton and Annie Goldbloom raised two exceptional sons: Dr. Victor Goldbloom, (1923-1916), educated at McGill, pediatrician, and politician, and Dr. Richard Goldbloom, born in 1924, also educated at McGill, pediatrician and professor. Both men have made enormous contributions to their community and recently published their autobiographies: Richard, *A Lucky Life*, and Victor, *Building Bridges*. Both men have been awarded Canada's highest civilian award, the Order of Canada, as have their wives Sheila (Mrs. Victor) and Ruth (Mrs. Richard).

There are many similarities in their biographies; fond stories of ancestors and friendships ranging from the eccentric to the gifted and famous. Both

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.

men were accomplished pianists and Richard served as Honorary President of Symphony Nova Scotia. At the insistence of their father, Victor and Richard became fluently bi-lingual.

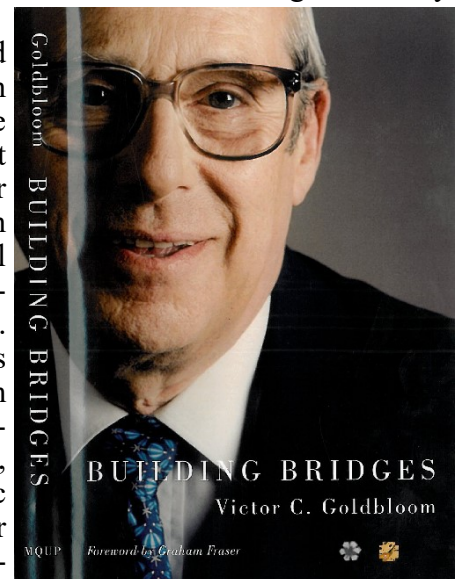
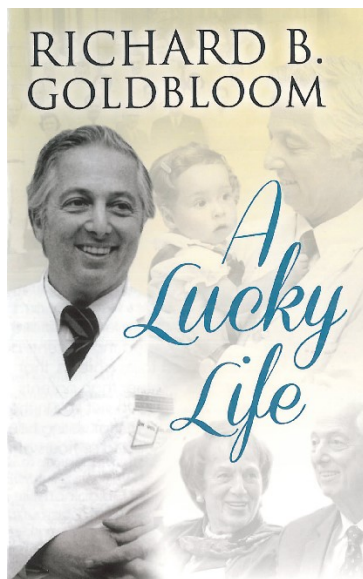
There are also differences. As students, Victor chose acting and broadcasting as extracurricular activities. Richard chose writing. His essay

entitled "Music and the Physician" won his entry to the Osler Society at McGill.

Victor served as Chairman of the International Council of Christians and Jews. Richard describes himself as a Jewish atheist. Victor remained in Montreal, but left pediatric practice to enter politics. A colleague persuaded

him that since universal health care was inevitable, medical men would be more effective in bringing about change from within government. An outstanding political career resulted during which Victor Goldbloom served the government of Quebec in key positions including as Quebec's first Minister of the Environment and then on leaving provincial politics he served as Commissioner of Official Languages for the government of Canada from 1991 to 1999. His speech in 1992 in Edmonton, Alberta on the exact nature of Canada's Official Languages Act, a sensitive issue, is reproduced in full and is a superb example of the right kind of leader being in the right place at the right time.

In 1967 Richard left McGill and Montreal for Halifax, Nova Scotia to become Head of Dalhousie University's Department of Pediatrics and physician in chief and director of research of the Isaac Walton Killam Children's Hospital, the new centre of pediatric care for the entire Atlantic region. Among his many achievements, he reorganized regional pediatric care, increasing the number of specialized regional centres in Nova Scotia from 2 to 8. To help plan and implement this change, he recruited Dr. Nuala Kenny,



HISTORY OF MEDICINE & MEDICAL HUMANITIES

Sister of Charity. Many of us will remember Dr. Kenney's John P. McGovern Award Lecture of 2010 on the topic of professionalism and the commercialization of medicine. In 2001 he was asked to serve as Chancellor of Dalhousie University.

Both brothers reflect on the changes in pediatric practice. Richard Goldbloom's chapter entitled, "If I were a King" suggests improvements he has made or would like to see instituted in child care. There is an additional similarity in their autobiographies; a touching, sensitive appreciation of each father by a son. Well written and often hilarious, these biographies provide insights into over 60 years of pediatrics and politics in Canada.

*By Pamela Miller
Montreal, Quebec, Canada*

Osler, Aequanimitas, and Minnesota *Brief Summary of Presidential Address at Annual Meeting of AOS by Paul Mueller*

Osler arrived in Minneapolis in October, 1892 to dedicate the first building of the medical school. His address, *Teacher and Student*, expanded on his essay, *Aequanimitas*, presented 3 years earlier at the University of Pennsylvania. The speech begins with Osler's reasons for travelling to Minnesota. He describes Dr. Millard's (Dean of School) invitation as a "great compliment" and states, "There was nothing nearly so good on hand for the first week of October" and "an atmosphere brightened by young lives"—that is, medical students. Finally, he says that he "wanted to see you all to relive a brotherly instinct that has driven me far afield and has enriched my life with good friends and pleasant memories." Hold this moment. Is this not a major reason why we, as members of the AOS, gather each year?



POETRY CORNER



Farewell, Life

*By Thomas Hood (1799-1845)
Written April, 1845*

FAREWELL, life! My senses swim,
And the world is growing dim;
Thronging shadows cloud the light,
Like the advent of the night, -
Colder, colder, colder still,
Upwards steals a vapor chill;
Strong the earthly odor grows, -
I smell the mold above the rose!

Welcome, life! The spirit strives!
Strength returns and hope revives;
Cloudy fears and shapes forlorn
Fly like shadows at the morn, -
O'er the earth there comes a bloom;
Sunny light for sullen gloom,
Warm perfume for vapor cold, -
I smell the rose above the mold!

Presented at the Annual Meeting of the AOS in Minneapolis, MN by Susan Kelen. "This poem was one of Osler's favorites. Osler suggested that this was a good poem for doctors and all should know it. It describes the smell of death and the smell of recovery. The poem illustrates both Osler's facetious disrespect for his own ill health as well as his acceptance of his own imminent death."

OPINION

History of Medicine in Medical Education

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.

During the Joint Session of the American Osler Society (AOS) and the American Association for the History of Medicine (AAHM) we were treated to a inspiring discussion of the virtues and obstacles associated with integrating the history of medicine into the contemporary medical school curriculum. Jeremy Green artfully moderated the session and John Warner, Jacalyn Duffin, David Jones, and Ken Ludmerer offered their thoughtful observations. Warner started off by reviewing the Golden Ages of the history of medicine in the late 19th and early 20th century introduced as a measure to counter the reductionist tendencies of the science and medicine curriculum that evolved in most medical schools. "The salvation of science was rooted in its history", as explained by Warner and William Osler was a guiding light in integrating history into the clinical rounding process. Jacalyn Duffin then reviewed the marked decline in the history of medicine courses offered, particularly in the U.S. during the 20th century, replaced at least to some extent by ethics curriculum and the rise of the medical humanities. David Jones then followed with the ways to make the case for re-integrating the history of medicine into the medical school curriculum. How to convince the various powers that manipulate the curriculum of the importance of understanding the historical evolution of health care and the role of the physician within the health care system; and the need to work with other allies that include bioethics, social medicine, and other humanities courses. He then offered a number of ideas on how to implement the re-integration. Can the medical curriculum afford the time to have a stand alone history of medicine course? Are elective programs a better way to proceed? Should there be a medical history/humanities thesis requirement? Are there ways to integrate history of medicine lectures into basic science courses? Finally, Ken Ludmerer, related his experience in role-modeling appropriate humanistic behavior and the role of understanding the narrative of the patient in administering contemporary clinical care and education at the bedside.

This panel discussion dove-tails nicely with the Strategic Goals and Directions of the AOS, submitted by an AOS Ad Hoc Task Force that you will find on page 6 of this issue of the *Oslerian*. One of the goals was to, "Make the AOS more rele-

vant ...in today's educational...milieu." Another goal was to, "Communicate and transmit the importance of Oslerian values in contemporary medical practice, through schools of medicine", and "to make medical students and residents more aware of William Osler as a relevant role-model." Action steps suggested by the Task Force included the following: "creating William Osler Lectureships in which selected AOS members would visit schools of medicine to inform them on Oslerian ideals and values"; "create and foster mentorship opportunities between AOS members and students and residents"; and "find ways to reduce the costs of the annual meeting to encourage attendance by students."

These are worthy goals and achievable action points. In addition they coincide with other similarly historically and humanistic related groups' observations concerning the needs of contemporary medical student and resident education. The AOS is a very mature and greying society and unless we can replenish the ranks with a young, enthusiastic, and more diverse group of participants the very ripe fruit of our labor and passion may simply fall to the ground and spoil. Each of us can help, by working locally with medical students and residents to help inform them of the relevance of our historical background and traditions. Without this historical perspective the contemporary physician finds themselves to be mere members of health care teams, part of health care systems, and subject to practicing clinical guidelines. They need this perspective to understand their role in this now very complex systematized health care setting within which they practice and which will continue to evolve. Being a physician is still a great job and perhaps with historical understanding it continues to be a career that provides, "the greatest benefit to mankind."¹

Quote attributed to Samuel Johnson, in Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity*. 1st edition. WW Norton & Co., 1999.

Michael H. Malloy

LETTERS –OBITUARIES–NOTICES

New Book Announcement from Rosemary Fitzherbert Jones:

"Oxford's Medical Heritage: The people behind the names" by Doctor Rosemary Fitzherbert Jones.

I am an Oxford medical graduate and member of the Osler Club of London. For five years I helped at 13, Norham Gardens, Sir William's home in Oxford. I catalogued the papers connected with Osler collected by Doctor Alastair Robb-Smith, well-known to many members of the American Osler Society.

My work sparked an interest in the history of medicine and led to me writing this book. It consists of sixty three short biographies of all the figures –clinicians, philanthropists, scientists and administrators- who have a hospital, ward or other department in the Oxford hospitals named after them. It ranges from the thirteenth century to the present day and is arranged chronologically, so painting a picture of the history of medicine in Oxford and beyond.

There is, of course, a chapter on Sir William after whom the medical students' club at the John Radcliffe Hospital is named. There is also a short biography of Doctor Alastair Robb-Smith as the Education Centre at the Churchill Hospital bears his name.

The book will be of interest to admirers of Sir William, putting his life and work in Oxford in context.

It can be purchased through amazon.co.uk

The author may be contacted on rcfjones@btinternet.com

Richard Golden(1929-2016): It is my sad duty to inform the Osler Society of my father's recent death. He succumbed to pneumonia as did Osler. One of the highlights of my Dad's life was his election to the Osler Society. He revelled in the collegiality, aequanimitas, and scholarship of the Osler Society. He planned his year around the annual meeting and spoke long after the meeting about the events that occurred and the people he met and spoke with. I have no doubt that the society and its members spurred his research and writings to new heights. Throughout his life his active mind searched for so many answers. I hope he will now get a chance to spend time with Sir William and get the answers that eluded him in life.

Submitted by John Golden

John Nicholas Walton: (1922-2016): John Walton was an Oslerian through and through...compassionate physician, educator, investigator, administrator, leader, humanitarian, ethicist, historian, writer, supreme raconteur, and mentor and friend to students and colleagues. As an Oslerian he loved living at 13 Norham Gardens when he was Warden of Green College, and like Osler, he was a gracious and welcoming host to visitors from around the world.

He was born in the small coal-mining vil-

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.

lage of Rowland Gill, County Durham, where his grandfather was a miner, and his father and mother both teachers in the colliery school. He excelled through school and medicine and rose quickly through the academic ranks in Newcastle to Dean of Medicine, all the while playing on a world stage in many organizations.

John was one of those people everyone recognizes as the leader, and he became president of more organizations than I can list, but they included the British Medical Association, the General Medical Council, the Royal Society of Medicine and the World Federation of Neurology. For his many contributions he was knighted, later appointed Lord John Walton of Detchant, named for his local homestead, which he liked to tell people was an old word for "ditch". His home after Norham Gardens was "The Old Piggery", in Bedford.

I first met John Walton in 1965, when I was a resident in neurology and received my first travel grant to attend a meeting on muscle disease in New York. I knew he was a leading light in neurology because of his classic work classifying muscular dystrophies, his paper on the outcome of subarachnoid hemorrhage and his classic book on muscle disease. I was somewhat nervous about speaking to him at a coffee break but was impressed that he was warm, charming, attentive and interested in my comments. I met him again when I was a registrar at the National Hospital, Queen Square, and he was a frequent visiting professor. Our paths crossed many times over the years in various organizations, and when we were in London he would always invite us to dine at the House of Lords, where he loved to show us the interesting features of Westminster. On one occasion, he invited us to sit in the gallery of the Lords when he was delivering a speech. He accepted our invitation to be the T.J. Murray Lecturer in the Humanities at Dalhousie, and we had a wonderful time introducing him to Nova Scotia. He delivered a talk on Osler, but at a department of medicine rounds he delivered a tour de force broad sweeping overview of the exciting new advances in neuroscience, a remarkable achievement for a retired neurologist in his late 80's.

Members of the American Osler Society will remember his visits to our meetings, his witty and erudite talks, and his charming talk about his experiences in the House of Lords when we held a joint meeting in Oxford with the Osler Club of London. The House of Lords, the medical profession, the world, have lost a great man, and Oslerians have lost a great friend. Rest in peace, Lord John.

Submitted by Jock Murray

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Looking back at the AOS Annual Meeting in Minneapolis reminds us of

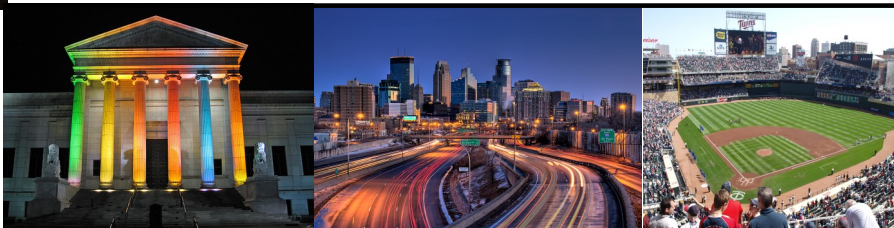
**Aequanimitas**

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.

We're on the Web!

√ us out at: www.americanosler.org

Looking Back at Minneapolis



the advantages of meeting in conjunction with the American Association of the History of Medicine, the vibrancy of the City of Minneapolis, the challenges that lay ahead of the AOS in becoming more involved in medical and resident education, and the enthusiasm and comradery that we benefit from when we gather as a Society.

Looking Ahead to Atlanta

Looking ahead to the 2017 Annual Meeting in Atlanta scheduled for April 9th-12th, suggests the opportunity for another interesting and vibrant gathering at the birth place of Martin Lu-



ther King Jr, Margaret Mitchell, James Dickey, and Ted Turner. Clyde Partin, William Jarret, and Barry Silverman will be our local hosts and will be arranging an outstanding venue and schedule of events.

**Call for Abstracts for 2017 Annual Meeting in
Atlanta, GA. April 9th-12th, 2017**

Abstracts should be sent by e-mail to: aosrenee@gmail.com with a copy to boes.christopher@mayo.edu and must be **received** by 15 November 2016. Abstracts submitted by e-mail will be acknowledged. Detailed submission guidelines will appear in the August *Oslerian*.

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)