



The Oslerian

A Message from the President

HERO #2: AMBROISE PARÉ

By Joseph VanderVeer, Jr.

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In my last message I wrote about a surgical hero, Dr. Paul Brand, whom I met when I was a medical student and whom I visited in India. This article describes a surgical hero from the past, whose career was inspiring to me: the French surgeon Ambroise Paré whose long life extended from 1510 to 1590.



British surgeon Stephen Paget (1855-1926) wrote that Paré deserves more recognition than the fact he coined the phrase "*Je le pan-sai, Dieu le guérit.*" ["I bandaged him and God healed him."] I agree. Not only was Paré a superb surgeon, he was a fascinating character who lived during a most exciting time – one that embraced both the Renaissance and the Reformation. Paré's contemporaries included Vesalius (1514-64), Copernicus (1473-1543), Leonardo (1452-1519), Galileo (1564-1642), and Sir Francis Drake (1540-1596).

In October 1517 Martin Luther (1483-1546) launched the Reformation by tacking his 95 Theses to the door of Wittenberg Castle; during the remainder of the century bitter religious wars broke out across Europe. Paré never declared himself protestant or Catholic, but based on what is known of his be-

liefs, most historians think he was a Huguenot. He did not take sides in the religious wars, but was revered and respected by both sides. In France the strife between the Catholics and the Huguenots culminated in the St. Bartholomew's day massacre on August 24th, 1572. Because of his fame and surgical prowess, Paré was hidden by King Charles IX in a closet in the Louvre during the massacre.

Paré's life span encompassed the reign of five French kings (here with their year of ascension/length of reign): Francois I (1515/32); Henry II (1547/12); Francois II (1559/1); Charles IX (1560/14); Henry III (1574/15); (1589/21).

Trained as a barber-surgeon (both as an apprentice and as a house officer at the Hotel Dieu in Paris), Paré initially began a private surgical practice. But within a year he joined the army as a military surgeon serving under the Duc de Montejan in the expedition to Turin. Paré established his reputation at a time when warfare was changing: The cannon was replacing the battering ram, the musket was replacing the halberd, but wounds from pikes, swords and daggers were still common. (Although new weapons increased the types and numbers and of casualties on the battlefield, disease still claimed more soldiers' lives than wounds – a fact of military medicine that held true up until WWI.)



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

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Current theory in Paré's day held that wounds from firearms were poisoned, contaminated by gunpowder. Such wounds were to be treated with cauterization with boiling oil or red hot iron, as per the teaching of Jean de Vigo (1460 -1525)

But like Vesalius, Paré was self-assured enough to follow his own observations and break with tradition rather than slavishly follow the methods he had been taught. His treatment of wounds was serendipitous, fathered by necessity. Here is how he related it:

"I was at this time a fresh-water soldier; I had not yet seen gunshot wounds at the first dressing. I had read in Jean de Vigo's book, Of Wounds in General, that wounds made by firearms are poisoned by the gunpowder, and for their cure he bids you cauterize them with oil of elders, scalding hot, mixed with a little treacle. To not fail, this oil must be applied boiling, even though this would cause the wounded extreme pain." [Here Paré was following accepted military treatment, but due to the large number of wounded in the battle, he ran out of oil.]

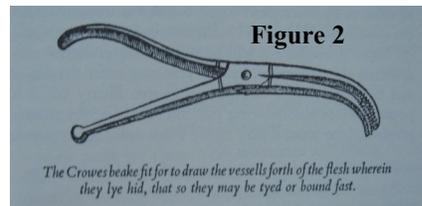
"Finally my oil was exhausted and I was forced to apply instead a digestive made of egg yolk, rose oil and turpentine. That night I could not sleep easily, thinking that by failure of cauterizing, I would find the wounded in whom I had failed to put the oil, dead of poisoning. This made me get up early in the morning to visit them. There, beyond my hope, I found those on whom I had used the digestive medication feeling little pain in their wounds, without inflammation and swelling, having rested well through the night. The others on whom I had used the [hot] oil I found feverish, with great pain, swelling and inflammation around their wounds. Then I resolved never again to so cruelly burn the poor wounded by gunshot."

[When I read about this experience of Paré, I was struck by how it mirrored my own experience, mentioned at the end of this message.]

When Paré began his surgical practice, to perform an amputation, the vessels were cauterized with hot irons. Paré's above experience eschewing boiling oil made him reconsider the use of hot cautery; he began to *tie* vessels instead of using the hot iron cautery. Although he did not invent the ligature (the ancients had described it), Paré reintroduced it for use in amputations. He made use of the Crowes beake [Figure 2] to pick up vessels to ligate them.

Tying, not cauterizing vessels was the second of his major innovations. Paré described this in campaign with general de Rohan:

"A culverin shot passed through the tent of M. de Rohan, striking the leg of a Gentleman of his company. It was necessary that I finish removing it [the leg], which was done without using the hot irons. The camp broke up...I returned to Paris with my gentleman whose leg I had amputated: I dressed him and God



healed him. I returned him to his house, merry with a wooden leg and he was content, saying he had got off cheaply for not having

been miserably burned to stanch the blood."

The Crowes Beake was a step toward the hemostat – later it was fitted with a spring mechanism to keep it closed – and during the next century surgeons began to use the tourniquet in conjunction with major amputations, which led to less blood loss.

Paré was interested in prosthetics and trusses. His *Ten Books of Surgery* (1564) has several woodcuts of artificial hands, noses and other parts he designed to replace those lost from trauma. He developed trusses for treatment of hernia; surgery was avoided because of the risk of peritonitis.

Why is Ambroise Paré one of my heroes? I admire his personality, his faith, and his accomplishments. Here are some of his virtues and attributes that have endeared him to me.

Paré was humble. He knew and acknowledged the source of his healing ability – his is a splendid antidote for the hubris that so often accompanies our highly technical modern surgery. Not only **"I dressed him and God healed him,"** but consider several other of his comments:

"My lord, by the grace of God, was cured."

"I did him the services of physician, surgeon, apothecary, and cook. I dressed him, to the end of the case, and God cured him."

"I reduced and dressed his leg so skillfully that he was free from pain, and slept all night; and in time, thank God, he was cured, and is now in the King's service."

Paré gladly learned from others. He got a recipe from another surgeon for dressing wounds that he had seen was effective. (It was an oil compound that was sterile by boiling in its composition, despite contents of puppies & earthworms.) On another occasion he learned of a treatment of burns from an old woman's remedy and used it with success in many cases. He first did a controlled study, comparing it with the "standard" treatment of the day, and found it superior.

Paré was Merciful. He wrote: "It is necessary that the surgeon have always before his eyes that God and nature command him not to leave patients without doing his duty, although he may foresee the signs of death, for nature often does what seems to the surgeon to be impossible." Paré never abandoned his patients.

Paré was Compassionate. As we have noted, during

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his career Paré served four kings of France. Consider this exchange with one of them:

Charles IX: "I hope that you will care for the King better than for the poor."

Paré: "No, Sire, that is impossible."

Charles IX: "Why so?"

Paré: "Because I care for them as much as I do for kings."

Paré was Resourceful and Gracious. When consulted about a shoulder wound in which the offending musket ball could not be located by several other surgeons, Paré asked the patient to assume the position he was in when he got hit. *Voilà!* The musket ball became visible just beneath the scapula. Paré graciously had one of the other attending surgeons perform the removal and get the credit.

Paré was eager to share his knowledge. French academics denounced him because he was an uneducated Barber-Surgeon whose works were written not in Latin, but in the vernacular (French). They claimed he had been admitted inappropriately to the College of Surgery of St. Côme. Paré defended himself vigorously:

"For my part I esteem nothing in my book pernicious because it is written in our vulgar tongue. Thus the divine Hippocrates wrote in his language which was known and understood by women and girls, talking no other language than that. As to me I have not written except to teach the young surgeon and not to the end that my book should be handled by idiots and mechanics, even if it was written in French."

With the encouragement of Sylvius, he went ahead and published his observations in his first book in 1545 when he was 35. It was instantly popular and it established his reputation. In all, Paré published nine books in French; they went through several editions and were translated into Dutch, Italian, English, German, Spanish and Japanese.

When his own evidence conflicted with the teaching of the ancients, Paré followed his own observations. Paré's abandoning the boiling oil treatment resonated with my own experience as a surgical resident, as in the following case.

It happened that I took a spill skiing on Mt. Hood and developed a large, swollen left knee. I got evaluated in the Ortho clinic by the professor of orthopedics, who examined me and said to the entourage, "This, gentlemen, is a classic case of a hemearthrosis," and proceeded to draw off 120 cc of blood from my knee. He continued, "The proper treatment is three weeks in a cylinder cast," and he stood by as one of his residents applied it. No matter that I had to drive a gear shift car home that evening – the professor never

asked – so when I was dismissed I got a fellow resident to drive me home. The real crisis came later that night when the itching became unbearable – resistant even to roto-rooting with a coat hanger – that I removed the cast with tin snips, and substituted a 6" Ace bandage.

In the morning, a neighbor drove me back to the hospital. As luck would have it, about every third day for the next three weeks, I encountered the professor in the halls of the hospital. We smiled and nodded to each other and I swung my pegleg as we passed. At the three week follow-up visit, when I dropped my pants for his exam, he commented, "I see you've taken the cast off." I nodded in assent (but didn't say *when.*) He examined my knee, pushing and pulling as only an orthopod can, then he smacked me soundly on the knee with the side of his palm. Turning to his entourage, said, "There, you see. Fit as a fiddle. It really pays to treat these injuries conservatively!"

I had a reprise of that experience when as an Indian Health Service physician I was called to the jail to see one of my patients, a man on whom I'd put a lower leg cast about a week earlier for a chip fracture of the tibia at the ankle. He'd found the cast an impediment and had removed it. The ankle was sound to my exam.

Long live Ambroise Paré!

¹ From Paré's *La Methode de traicter les playes faictes par hacquebutes, etc. (The Method of Treating Wounds Made by Firearms, etc.)*, published in 1545.

² Hamby, W B *The Case Reports and Autopsy Records of Ambroise Paré*. Springfield: C.C. Thomas 1960, p169.

Countdown to 2017 AOS Annual Meeting –Atlanta/Emory

Mark your calendar for Sunday 9 April – Wednesday 12 April 2017 for the American Osler Society meeting at Emory University in Atlanta. The venue is the Emory Conference Center Hotel (ECCH), on the edge of the Emory campus and across the street from the Centers for Disease Control (CDC). The ECCH is on busy Clifton Rd. but set back in the woods about a quarter-mile in a surprisingly bucolic and quiet setting. The dogwood trees and azaleas will be in full bloom, spectacular and colorful.

A few new and different ideas will be implemented. We will also try to ameliorate the cost of dinners and lunches.

1. CDC has a wonderful museum walking distance from the hotel but closed on Sunday, the best time to visit, since going there otherwise conflicts with our presentations. I am in negotiations to see if they will open the museum for a few hours Sunday afternoon.
2. Recognizing that many of our members are quite interested in the Civil War, I am working on a bus tour for Sunday afternoon. The tour will be led by CDC physician Daniel Pollock, a recognized authority on The Battle of Atlanta. Many of the key events in that battle occurred within a few miles of Emory. Please go to Emory.edu and search on the Emory website for Southern Spaces and then Daniel Pollock. You will see reference to “The Battle of Atlanta Tour” (battleATL.org). Or try this link: <http://southernspaces.org/2014/battle-atlanta-history-and-remembrance>. Please anticipate about a \$20 surcharge to cover bus. I am in negotiations with Dr. Pollock and our transportation services.
3. The Oakland Cemetery, about 5 miles from the ECCH, is the resting place for famous golfer Bobbie Jones (who attended Emory) and an incredible number of medical and other Atlanta luminaries. Jones’s grave is adorned with hundreds of golf balls, placed there by those seeking his divine blessing on their golf game. Anticipate a small surcharge for the bus. What you work out with Bobbie Jones is up to you. I am in negotiations with a friend who gives a remarkable tour of the cemetery. Across the street from the cemetery is a bar, *Six Feet Un-*

der. I am not in negotiation with bar officials. Go there on your own.

4. In the new idea category, I hope to bring in a speaker duo who will entertain and educate us in a most remarkable manner for our Tuesday evening reception/dinner. Negotiations are under way. This will be a treat.
5. I am informed by Dr. Nesbitt of Augusta, GA, that we managed to schedule the AOS meeting in conflict with the last day of one of Georgia’s regional golf tournaments, the Masters Golf Championship. Even if he does not make the cut, Dr. Nesbitt says he will still watch the Masters Tournament and will be late for the meeting but will arrive Monday morning. I have been in negotiations with tournament officials but so far they have showed no inclination to change the tournament date. Stay tuned.

See you there. Forget about the Masters!

Clyde Partin

Emory University School of Medicine

AOS Treasurer’s Report

At our April meeting in Minneapolis, I reported that we have seen an increase in expenses relative to income for the past couple of years and have had to dip into our investment portfolio to make ends meet. Excluding our investments, the 2014 income of \$124,559 was less than the expenses of \$137,145, and our 2015 income of \$134,802 was exceeded by expenses of \$138,144. This year through June, this trend continues with \$68,513.14 in income compared to \$73,727.04 in expenses. Because of the timing of the expenses and income, we have not yet had to draw down on our investment portfolio to cover these expenses. Of note is that our investment portfolio has had a good performance over the past several months, growing from a value of \$582,939 in April to \$605,490 as of June 30.

At our April meeting, we had a lively discussion concerning a possible dues increase. The group consensus was to hold off on a dues increase and work to manage expenses. For example, we have restricted our use of mail-outs to the membership and will be using email to distribute the newsletter. At our 2017 AOS meeting, we will have complete revenue and expense data for this year and will revisit the topics of membership dues, expense management, and philanthropy.

In the next few months, you will be receiving your 2017 dues notifications. It will greatly help our

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cash flow if you pay them promptly. Currently, there remain 8 individuals who have not paid their dues for 2016.

Enjoy your Summer and keep those of us who live along the Gulf Coast in your prayers as we approach the height of hurricane season.

Joan Richardson



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. Men- nel, C. McAlister	L. Drevlow	W. Evnas, G. Frierson, R. Men- nel, C. McAl- ister, J. VanderVeer	J. Bailey, C. Partin, S. Peitzman, H. Travers, M Wardlow
Annual Meeting – Local Arrange- ments Committee	D. Pierach, L. Drevlow	C. Boes (Executive Cmt. Liaison)	C. Partin	C. Pierach, L.Drevlow	B. Silverman, W. Jarrett

OSLERIANS AND THEIR VIEWS

RESURRECTING THE OSLERIANA DATABASE

Status Report—Part 1: Planning and Constructing
From the Publications Committee

(Mike Jones, Pete Travers, Jeremy Greene, Bill Roberts, Mike Malloy)

Most of the membership of the AOS has no doubt been aware of the existence of the searchable digital Osleriana database that has been available since 2006. Each of the last two iterations of the society website has had on its home page (www.americanosler.org) a prominent link to that database. The link opens a new page presenting options to rapidly search the material mounted as of that date.

Unfortunately, in the summer of 2014 a lightning strike at the host server in Florida disabled communications with the server for several months and necessitated a rebuilding of their databases from a somewhat marginal backup system. Although the system became available again in early 2015, by this time the company was suffering significant internal problems and eventually their commercial presence disappeared without notice to clients, leaving us in a difficult position. Although they went out of business, the website link still was able to access the existing database as before—a still unexplained phenomenon. However, we had no means of adding to the database and it was far from what we considered complete in 2014. Fortunately, copies of the original scanned files used to load the database had been preserved, giving us a means of reconstituting the original material and adding documents scanned into digital form in the interim.

The above events initiated a series of communications in the AOS about whether and how to continue this project, ultimately resulting in a decision at the 2016 meeting in Minneapolis to fund the rebuilding of the database using a new vendor experienced in the arena of document management systems (DMS). After reviewing the products of a number of companies, the vendor chosen was *eFileCabinet*, a Utah-based company. The choice was made on the basis of not only cost and functionality, but also on perceived stability and service capability of the vendor. They count as clients some of the best known company names in the United States.

Although the software was designed primarily as a document management system focused on commercial business types of documents, we perceived that it could also be adapted to “library” type docu-

ments as well. One advantage over the old askSam software is that should our executive staff (currently Renee Ziemer) wish to take advantage of its very capable management of statements, invoices, work orders, quotes, etc. that are common to business activities, that function is ready to go. Another huge advantage over the askSam software (which could store only .doc or .pdf files) is that *eFileCabinet* can store all of the Microsoft Office and associated file types, such as .ppt (PowerPoint), .xls (Excel) and even audio files such as .mp3 and video files. This means we can load most of the actual presentation material from the annual meetings as given, rather than just summary abstracts. Going forward, since we now record all the presentations and archive the accompanying PowerPoint presentation, these can be linked for a second look in the future.

During May and June, Pete Travers and Mike Jones of the publications committee have been busily restructuring and reloading the searchable material on hand. This task is almost complete. We are also able to download and use PDF files for such things as issues of the Oslerian that are already linked on the AOS website as individual files. Before the crash of the original host servers, John Erlen had been working on sorting the publications in older literature by publisher in order for us to be able to make fewer requests for permission to use copyrighted material in the literature on our database; that is an ongoing project.

The material is organized as it was in the old askSam database, that is, a file cabinet that contains two openly accessible main drawers (in addition to the office drawer not accessible to everyone). One drawer contains (will contain) “Material **About** Sir William Osler” and the second contains “Material **By** Sir William Osler”. Currently grouped in the drawer of items “about” are the following main folders: American Osler Society Meetings, AOS Newsletters (the Oslerian), Bibliographies, Biographies, Miscellaneous Articles, Miscellaneous Visual Media, the Partin Global Lists of Oslerian Presentations, and Related Medical History and Humanities. Current main folders in the “By” category include: Addresses and Essays, Bibliography from the Memorial Volume, Journal Publications, and Letters. With regard to the letters, we are hoping that perhaps the Osler Library at McGill or the McGovern Library in Houston has material they can allow us to upload to our database. Some of these folders have considerable material in them already, and we have plans for adding considerably more material in the near future once up and run-

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ning. These drawers, folders and subfolders are not set in concrete and can be rearranged fairly easily on the fly.

Currently, there are conversations going on between technical personnel at *eFileCabinet* in Utah and Corporate Web Services in Rochester, MN about linking the AOS website directly to the database as we had previously. We anticipate that this will have been done by the time the next newsletter is published, in which we will have Part 2 of the status report dealing with how to access and use the system for research in the preparation of papers, presentations or just individual study.

Moving forward, how can individual members of the society contribute to this project? In a general sense simply offering basic ideas for incorporating materials of value would be useful. In addition, there will be a need for individuals to work on specific tasks: 1) cutting the audio files into useable segments with appropriate software, 2) corresponding with specific publishers about permissions to upload articles, and 3) scanning individual articles or book chapters into PDF format for uploading to the database. Anyone interested in volunteering bits of time should contact Mike Jones (hmikejones40@gmail.com) and make your availability known.

Mike Jones

Chair: Publication Committee

Short History of Intestinal Terminology

Also known as dung, guano, meadow muffins, scat, manure, poop, crap, night soil, and French *merde*, the socially and medically acceptable term *feces* tends to be rendered in common speech more often in the vernacular: in English, *shit*. Other related medical terms derive from the Greek *κόπρος* or *copros*: coproporphyrin, for example. The contrast between the elegance of our medical terms (e.g. coprophagia) and the equivalent slang (i.e. eat shit) is a lesson in the specific utility of language forms for diverse purposes. One example may be found in the writings of one of medicine's foremost pioneers, Abu 'Ali al-Husain ibn Abdullah ibn Sina, better known as Avicenna. The author of the five volume *Cannon of Medicine*, Avicenna was known as well for his arrogance. In the late 990s CE, Avicenna engaged in an exchange of letters with a fellow physician, Abu 'I-Faraj ibn al-Tayyib. The letters were merciless, but not abusive, until Avicenna wrote *On the Reprimands of a Feces-Eater*. It is no wonder this icon of medicine was viewed as "Poisonous, and foul of speech with an evil tongue."

While essentially a biological waste product, feces are far from worthless. In addition to their utility as fertilizer, they may be burned as fuel, serve as a source of nitrate for explosives, and provide a curative medicine. Historically, feces have been used both as a weapon (stench weapon) and to enhance the lethality of weapons. In one fascinating, but futile, episode in the annals of malodourous warfare, the trebuchet was employed by the Hussites in 1422, CE to hurl 2,000 "loads" of feces into the besieged Karlstein Castle located in the present-day Czech Republic. The Hussite Leader, Prince Sigisumund Korybut, didn't stop there, but added in bodies of dead soldiers and even the occasional horse in what turned out to be an unsuccessful attempt to take the fortress.

Exploring the choices of words in the context of feces as human medicine, while not requiring references to classic literature and history, nonetheless reaps a generous benefit from those sources. Properly called *fecal microbiota transplant*, the use of feces to treat the persistent and troublesome intestinal distress attributed to *C. difficile* has only recently gained scientific legitimacy as a more effective treatment than antibiotics for *C. difficile* colitis (NEJM 2013:368 (5):407-415).

Perhaps, though, the giants of medicine upon whose shoulders we have stood, as well as lesser lights both ancient and modern, would yet approve the related terms now generated by advertising firms rather than physicians ("RePOOPulate", comes immediately to mind) placing fecal microbiota transplant within the varied historical context of words for human waste.

Henry (Pete) Travers

HISTORY OF MEDICINE & MEDICAL HUMANITIES

Medical Humanities: A Durham-Eye View

What is, or are, the medical humanities? This question has preoccupied the field arguably since its inception, but the last twelve months in the UK have seen it sharpen in focus: what is, or are, the critical medical humanities? In 2015, a special issue of the BMJ's *Medical Humanities Journal*, edited by Durham researchers William Viney, Felicity Callard and Angela Woods, argued the need for a critical medical humanities to become more [productively 'entangled'](#) with the biomedical sciences, in contexts ranging from the global market for [clinical labour](#) to the deployment of [positive psychology](#) in Government welfare programmes. These ideas, and many more, are further pursued in [The Edinburgh Companion to the Critical Medical Humanities](#), edited by Anne Whitehead and Angela Woods, with Sarah Atkinson, Jane Macnaughton and Jennifer Richards. The *Companion's* thirty-six chapters range in focus from analyses of hallucinatory experiences in medieval romance to the place of wonder in twenty-first century medical practice; from the twin as scientific object to the literary text as imaginative resource in the social scientific study of organ transplant. Durham's large Wellcome Trust funded projects – [Hearing the Voice](#), an interdisciplinary study of auditory hallucination (2012-2019); [Life of Breath](#), which explores breath and breathless across the arts, humanities and medicine; and the study of rest and its opposites being conducted by [Hubbub](#) at the Hub at Wellcome Collection – are also ably represented. Organised into four themes – Evidence and Experiment; The Body and the Senses; Mind, Imagination, Affect; and Health, Care, Citizens – the *Companion* defines the critical cutting edge of research in the field and will be of interest to scholars from a wide variety of disciplines. A comprehensive introduction to the collection is available open access from the [Edinburgh University Press Website](#).

Further afield, two important meetings were held over the summer. A two-day Health Humanities Summer Institute was held at King's College London as part of the wider US-based Consortium of Humanities Centers and Institutes meeting. Of particular interest to readers of this newsletter will be the presentation by Prof Jane Thrailkill (University of North Carolina,

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.

Chapel Hill) on empathy and the comic spirit in medical education, a video of which will be available on the newly launched CHCI medical humanities web platform <https://chcimedicalhumanities.org/>. Further down the Thames at the University of Greenwich, the 2016 Association for Medical Humanities conference explored the theme "[Body Talk: Whose Language?](#)" with a keynote from Columbia University's Professor Rita Charon.

Angela Woods, Ph.D.
Senior Lecturer in Medical Humanities
Durham University, Durham, England

Summer News from the Osler Library, McGill University

~~The Michele LaRose—Osler Library Artist-in-Residence Award~~

We are very pleased to report that the first iteration of the Michele LaRose Artist-in-Residence Programme has been a great success so far. The Osler Library received 30 applications from North America and Europe from artists at all stages of their careers. After carefully examining and discussing each applicant, Lucy Lyons has been selected as this year's awardee. She is a very well respected and renowned artist with a great deal of experience in the field of art and medicine.

The Michele LaRose – Osler Library Artist-in-Residence award, valued at \$6,000, is given annually to one or more deserving candidates with a degree in Studio Arts or a related field and/or a history of exhibiting artistic work in professional venues. Dr. Michele Larose is an artist and pediatric neuropsychiatrist who trained in psychiatry and child psychiatry at McGill and in visual arts at Curtin University in Australia. For more info. about the award: <https://blogs.library.mcgill.ca/osler-library/michele-larose-osler-library-artist-in-residence-programme/>

~~Special Osler Edition of the Papers of the Bibliographic Society of Canada~~

The latest issue of the *Papers of the Bibliographic Society of Canada*, guest edited by Osler Librarian Chris Lyons, features three articles based on the collections of the Osler Library. Entitled, "Medical Examinations: Book History at the Osler Library of the History of Medicine," the articles highlight formal and informal networks on knowledge among Canadian medics serving in the First World War, anatomical atlases in the 19th century, and William Osler as a bibliophile and collector. Copies of this issue cost \$20.00 apiece and can be ordered through David Fernandez, Secretary, Bibliographical Society of Canada,

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360 Bloor Street, P.O. Box 19035 Walmer, Toronto, Ontario, Canada M5S3C9. david.fernandez@utoronto.ca

Wilder Penfield Digital Collection

The Wilder Penfield Digital Collection is now available!

<http://digital.library.mcgill.ca/penfieldfonds/index.php>

As founder and head of the Montreal Neurological Institute (MNI) from 1933-1960, Wilder Graves Penfield (1891-1976) was Canada's foremost neurosurgeon at the time and his career continues to influence generations of neurologists around the world. The new website includes biographical information, as well as metres of digitized archival images, letters, and other material from the Osler Library's extensive Penfield fonds. The digitization of this collection was made possible thanks to a generous grant from the R. Howard Webster Foundation, obtained by the late AOS member Dr. William Feindel (1918-2014).

Recent and important acquisition

The Osler Library has acquired a Japanese dissection scroll, c.1800, for the Library's important collection of anatomical illustrations.

The nine-meter long scroll allows researchers to compare Japanese and western understandings of the body, and reveals that experimentation in Japan led to the realisation of the kidney's function. Acquiring this item builds on our strong holdings in rare, unique and important anatomical illustrations. As dissections were very much a forbidden practice, rarely allowed and only with governmental permission, results of dissections almost always remained in manuscript, copied and passed on to other doctors. The only other copies of the scroll are in the National Museum of Nature and Science (Tokyo) and the Department of Anatomy at Tokyo University.

Chris Lyons
Osler Librarian
Steven Spodek
Development Officer

POETRY CORNER**"All the world's a stage"**

WILLIAM SHAKESPEARE

(from *As You Like It*, spoken by Jaques)

All the world's a stage,
And all the men and women merely players;
They have their exits and their entrances;
And one man in his time plays many parts,
His acts being seven ages. At first the infant,
Mewling and puking in the nurse's arms;
And then the whining school-boy, with his satchel
And shining morning face, creeping like snail
Unwillingly to school. And then the lover,
Sighing like furnace, with a woeful ballad
Made to his mistress' eyebrow. Then a soldier,
Full of strange oaths, and bearded like the pard,
Jealous in honour, sudden and quick in quarrel,
Seeking the bubble reputation
Even in the cannon's mouth. And then the justice,
In fair round belly with good capon lin'd,
With eyes severe and beard of formal cut,
Full of wise saws and modern instances;
And so he plays his part. The sixth age shifts
Into the lean and slipper'd pantaloon,
With spectacles on nose and pouch on side;
His youthful hose, well sav'd, a world too wide
For his shrunk shank; and his big manly voice,
Turning again toward childish treble, pipes
And whistles in his sound. Last scene of all,
That ends this strange eventful history,
Is second childishness and mere oblivion;
Sans teeth, sans eyes, sans taste, sans everything.

Second only to the Bible was William Shakespeare on Osler's recommendations for the bed-side library for medical students.

OPINION

Contemplating Hearts, Evolution, and the Soul

My sister-in-law (SIL#1) recently had a heart transplant. A globe-trotting nurse practitioner working for Samaritan's Purse for the past 20 years, she had been on rescue missions from Afghanistan to the Gaza Strip. About 8 years ago she found herself on the floor of her apartment after running on her treadmill, gasping for breath, and being able to just barely crawl to the door to allow the EMS entrance to rescue her from an episode of ventricular tachycardia. Following an ablation she was assured of a cure and without fear or trepidation proceeded the following week to Winter Park, Colorado for a ski vacation with her sisters and their families. I remember her coming down stairs to breakfast the first morning and asking if I thought her pulse was a bit rapid. Clipping along at 150 bpm it did seem a bit fast for doing nothing even at altitude. We drove over to the ski-based clinic, got an EKG and sure enough she was in v-tach. The physicians there assured us that they cardioverted arrhythmias all the time, so with a little sedation and paddles applied successfully cardioverted her on the spot. Nevertheless, they suggested she get off the mountain and back to Denver. My other sister-in-law (SIL#2) and her husband agreed to drive her down to a hotel in Denver where she would await a friend who would fly back to Baltimore with her. Unfortunately, about half way back to Denver SIL#1 became short-of-breath and began turning blue. Fortunately, a 911 call and a near-by EMS unit rescued her as she was cardioverted without sedation in the back of the ambulance (she advises always request sedation if available). Back in Baltimore she was given a tentative diagnosis of ARVD/C (arrhythmogenic right ventricular dystrophy/cardiomyopathy), had another ablation and an implantable cardioverter defibrillator (ICD) placed. Not one to be cowed by physical adversity, she continued her world travel to third world countries assured that should she get into trouble Samaritan's Purse would ship her out to the States, should she survive long enough to make the trip. About a year ago she stopped that madness, resigned her position and contemplated what to do next. Over the next year we watched her go into progressive right heart failure, become a candidate for a heart transplant (at age 71), and miraculously to receive a heart at Duke within about 6 weeks of having moved to

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.

Durham, NC. The recovery has been astounding. She has lost her edema and shortness of breath and it appears, has a new lease on life. Her natural selection process and losing "struggle for existence" has been obviated by a timely medical intervention.

Which brings to mind issues discussed by Daniel Tobes in his book, *Darwin Without Malthus* (Oxford Univ Press, 1989). How do we interpret, find, or define any evolutionary process in a complex medicalized world where human choice may obviate any natural biological course? This makes the process of evolution more Lamarckian than Darwinian. Lamarck proposed that individual effort during the lifetime of an organism was the main mechanism driving species to adaptation. Although not transferrable by DNA modification, the ideas of how one adapts to biologic limitations are available to future generations for their use or not, given favorable economic conditions and dependent on the ideological orientations of any particular society.

So, how do we as a society view human life and where resides the soul or the essence of a human? Are we simply automatons with replaceable parts, including brains? As my SIL#1 was reminded after her transplant and losing a game of chess to her 6 year old grandson, "she had received a heart, not a brain transplant". George Makari, in his book, *Soul Machine* (W.W. Norton, 2015), describes the historical evolution of thought about a material mind, consciousness, and where the soul may reside. Are we embodied souls or does our essence hover on some metaphysical plane? Whether material or metaphysical I think Osler would continue to promote the ideas of understanding the essence of humanity and our struggles for existence not by focusing solely on our biologic limitations, but by learning from past experience and turning to the humanities for guidance. The ability to reflect backwards and create anew seems to be a uniquely human characteristic. Hopefully we have the sense to do so, despite our biologic limitations.

LETTERS – OBITUARIES – NOTICES

Charles Bryan, was recently recognized in the Hopkins Medicine Class Notes for his contributions as a “Philosophical Physician”. Noting his contributions as the editor of *The Journal of the South Carolina Medical Association* and his long standing affiliation with the University of South Carolina, now professor emeritus, the article reports his being honored with a 2015 Johns Hopkins Distinguished Alumni Award. We are honored to have Charlie as a member of AOS and wish for him continued prosperity. For a full review of the article and handsome picture go to the following URL: http://www.hopkinsmedicine.org/news/publications/hopkins_medicine_magazine/class_notes/spring-summer-2016/philosophical-physician

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.

are urged to submit them for consideration to the *Bulletin of the History of Medicine (BHM)*. As the official journal of the AAHM, the *BHM* has the first right of refusal for papers presented at the annual meeting.

AAHM Call for Papers

The American Association for the History of Medicine (AAHM) invites abstracts for papers in any area of medical history for its 90th annual meeting, to be held in Nashville, Tennessee, May 4-7, 2017. The AAHM welcomes papers on the history of health and healing; the history of medical ideas, practices, and institutions; and the history of illness, disease, or public health. Submissions pertaining to all eras and regions of the world are welcome. The Program Committee, led by co-chairs Jeff Baker and Christopher Hamlin, particularly encourage papers and panels that expand the horizons of medical history and engage related fields.

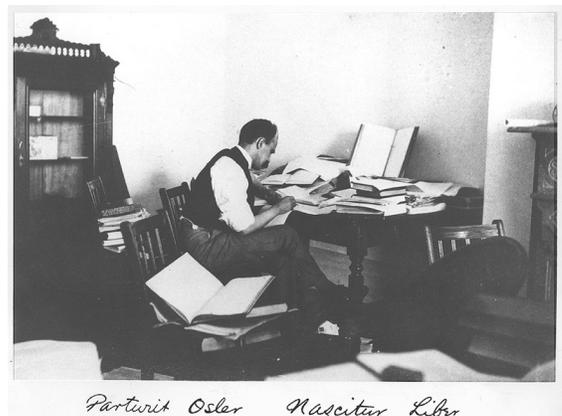
The Program Committee seeks three kinds of submissions:

- **Individual papers and posters:** Speakers should expect to give a presentation of no more than 20 minutes followed by 10 minutes of discussion. A limited number of posters will also be displayed in a designated area, with planned times for discussion during the meeting. Both papers and posters must represent original work not already published or in press. Authors wishing to publish their papers

- **Panels:** These consist of 3-4 individual papers featuring original scholarship (again limited to 20 minutes each) addressing a common topic. An appointed moderator should submit a proposal for the entire panel and coordinate individual speakers. Each speaker should submit an individual abstract as well. Please note that both panels and the individual abstracts for the papers included in them will each be judged *on their own merits*.
- **Lunch Workshops:** Unlike the above, these are intended not for original scholarship, but to address topics of broad interest such as new themes in historiography, teaching, research methods, and advocacy. Though limited to 90 minutes, they can include several speakers with a flexible format, and only one abstract need be submitted by the organizer.

Submissions must include an abstract (of no more than 350 words) with title, your name and institutional affiliation, three key words that describe your proposed paper, and three CME learning objectives (the learning objectives are not considered part of the word count). Contact the AAHM URL for further information:

<http://www.histmed.org/cfp2017?ga=1.168396001.1709699908.1463159582>



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Call for Abstracts for 2017 An-

**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.

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Looking Ahead to Atlanta

**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. 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.

AOS Members — Please forward to the editor information worth sharing with one another as well as "Opinions and Letters". - MHM