AMERICAN OSLER SOCIETY

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The Oslerian

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

A Message from the President

HERO #3:

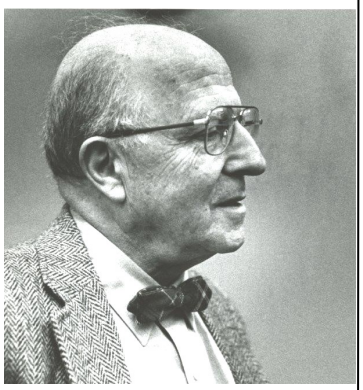
George L. Engel: Internist and Psychiatrist

By Joseph VanderVeer, Jr.

Professor George Engel was one of my teachers in medical school at the University of Rochester (NY) in 1961. His situation there was well summarized in the abstract of a paper given in April 2015 by Oslerian Darrel Bindschadler at the AOS Baltimore meeting, entitled "George Engel and the Biopsychosocial Model":

"*Engel and John Romano arrived in Rochester NY in 1946 and introduced a multidisciplinary and multidimensional approach to medical education that included the use of the open-ended interview, a focus on the biological factors in disease and an emphasis on personal, psychological and social factors that might influence, exacerbate or modify illness.*" [1]

I was greatly impressed by Engel's personality, his aplomb, his interviewing skill, and his equanimity.



Two memories stand out. The first occurred in a series of lectures he gave about grief. I recall it from an entry (for 9/25/61) in a journal I kept through medical school and residency. The lecture occurred a few days after the tragic death of Dag Hammarskjold, and a day or two after the suicide of one of Engel's colleagues, a psychiatrist named Hamburger. This was my entry:

> *This day in Psychiatry lecture, we in the second year class were witness to a moving and thought provoking experience. The lecture was to concern the experience of grief, and be supplemented with a film about the response of a child to a grief situation. Engel wrote on the blackboard two references for us, then turned to the class, glanced at his notes on the lectern and then began to pace slowly across the front of the room. He rubbed his hands together as, barely audibly, he began to speak.*
>
> *"I would never have thought when we began our study of grief two weeks ago, that I would personally be caught up in an extensive grief experience"… Even before he continued, I knew what would come. My mind, released at a full gallop when he had spun on his heel, rubbing his hands and looking at the floor, pursing his lips, had raced back over the events of the past several days, of my own reaction to Dr. Hamburger's death, (following brutally on Hammarskjold's), an office suicide by sleeping pills, leaving here before the veil a wife and three children…*
>
> *"Especially touching is the intuitive sensitiveness of other children. The letters which Michael received from his friends; one, just one sentence: 'I wish it didn't happen', and another, 'I am sorry. Enclosed is 25¢ to buy something you want.'…"*
>
> *As he spoke these words, indeed, from the start, I could see he was fighting for control of himself. With quoting of the letters, he again rubbed his hands, turned slowly back for his notebook and closing it, looked out at the class, his eyes welling up. …"No, we will not have the movie today. That will be all, gentlemen." He picked up his notebook, turned and strode out of the room, to the silent awe and admira-*

Please turn to next page

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

tion of the class.

Engel was a short, balding, soft-spoken physician who taught our class of 72 the technique of medical interviewing and history taking, partly through lectures, and in part by having us watch him interview a different patient for an hour each week, for ten weeks. He and the patient sat alone at a table in a lighted small room as we watched through a large one-way window from an adjacent large, dark classroom.

For our particular class, he instructed his chief medical resident to select for him each week a patient who was a diabetic. Engel knew nothing more than that about the patient. To open each session the resident brought the patient to the little interview room and stepped out. Engel would seat the patient and introduce himself, then begin his questioning. For the first four weeks things went smoothly, and we were amazed at the variety and diversity of items and influences he brought out as he questioned and listened to the patient. Increasingly we were impressed, over the weeks, thinking our professor could do no wrong, perhaps secretly wishing we could see him err.

On the day of the fifth interview, as we sat mute in the dark in the adjacent darkened classroom, the resident brought in a young, very attractive blonde woman. As she took a seat and the resident left, Engel sat down, looked directly at her and said, "Good morning. My name is Dr. Engel."

Her immediate reply was loud and gushed out. "ENGEL? **Engel, Dengel, Bengel, Schmengel!"** As she spat out each word, Engel recoiled slightly, though his mien did not change. In the dark classroom, our class erupted with laughter, realizing the professor had met his match in this young schizophrenic woman. Fortunately the P.A. system only worked one way so neither he nor she heard the ruckus on our side. But Engel calmly continued and over the ensuing hour once again amazed us with what he uncovered about her and her illness as he took her history. ***Aequanimitas* indeed!**

Engel was a strong believer in *anniversary phenomena*, and for himself that belief had an interesting twist.[2] George Engel had a twin brother who died of a coronary at age 49. Engel believed (erroneously) that their father had died of heart disease at age 59, so as George Engel reached 58 (nine years after his twin brother's death) he began to worry about his own demise, perhaps also fated for age 59. But that milestone came and went. Moreover, Engel found out that his father actually died at age 58 – a milestone George had already past. His relief was immense, and he realized that the unconscious influence of anniversary phenomena could work both ways. George Engel lived to be 85.

Engel's *biopsychosocial model* is predicated on the belief that health and illness are affected by an interplay of biological, psychological and social factors. I thought it was an excellent framework for history taking, as was the open-ended interview technique that he demonstrated for us. But as my own training progressed and I gained more clinical experience, I made two modifications. First, as I became busy during my fourth year, and then even more busy as an intern, there was no time for the open-ended approach. But I tried to maintain Engel's sensitivity to important factors, including being attuned to nonverbal cues and asking probing questions.

Secondly, as a Christian, I found Engel's model was enhanced by adding a *spiritual* dimension. The scientific *zeitgeist* at Rochester – and indeed in many schools today – was not conducive to implementing a *biopsychosocial-spiritual* model, but in practice I found it worthwhile to inquire about a patient's faith and often did so.

Moreover, in several instances when I sought assistance from hospital chaplains or from a patient's pastor, such input was valuable to me and was valued by my patients. The added dimension was particularly relevant when dealing with issues such as death and dying or profound losses or guilt and shame, particularly when the patient has a faith to build on and tap into in times of illness or stress. I subsequently published an article about cooperation between physicians and clergy.[3] (The article explains the mnemonic SPIRIT as a useful way to elicit a brief spiritual history.) A patient early in my career stands out.

I was in charge of the University ED in Portland when one of the interns presented to me the case of Taddio, a 15 year old high school cross country runner who complained of knee pain. The intern had done a good history and physical exam and found no def-inite cause for the pain and asked if we should do an X-Ray. I said yes because rarely one might just encounter a bone tumor in a young man. The study was done and indeed did show an osteogenic sarcoma. We admitted Taddio to the orthopedic service for further care.

Fast forward about two years. I had moved across town to become director of the ED of a large Catholic hospital. (I was a Presbyterian, an elder in a local, suburban church.) One day I got a call from a fellow elder who was a teacher and track coach at the local high school asking me if I might visit one of his students who had been admitted to my hospital. As he filled me in, I recognized his student was Taddio, whom I'd seen earlier, who had refused an amputation and who now had metastatic pulmonary spread of his cancer, unresponsive to chemotherapy. He was a bitter and angry, estranged from his mother, who earlier had urged him to have the surgery.

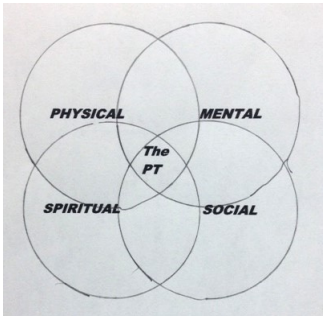


Figure 1 - Hypothetical 4-fold Nature of Man .

I visited Taddio several times with one of the chaplains, and although we did not alter the course of his terminal disease, we did effect a reconciliation with his family. It was an important lesson for a young surgeon, that there were other forms of healing besides the physical.

Continued on page 3

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

"Any reorganization of the medical profession that threatens the personal bond between doctor and patient is to be viewed with suspicion, even if the object appears at first sight to be more through and careful practice. With the exception of the relationship that one may have with a member of one's family, or with the priest, there is no human bond that is closer than that between physician and patient (or patient's family), and attempts to substitute the methods of machine or organization, be they ever so efficient, are bound to fail." [4]

Those are not George Engel's words but those of another superb clinician, Francis Peabody, author of the oft quoted maxim: "The secret of the care of the patient is caring for the patient." [5] Today, 86 years after Peabody and 18 years after Engel, I wonder what both would say about changes in medical practice: less time with patients; a narrative chart replaced by the electronic medical record (EMR) mostly designed for billing third parties; fragmentation of medical care into dozens of specialties; high-tech, intensive (ICU) care where each specialist treats another part or system of the patient but nobody seems in overall charge and families are often at a loss as to whom to turn to for guidance and counsel.

Considering the spiritual aspect doesn't necessarily imply delving into a patient's beliefs; rather it means having an openness to inquiring about how this particular illness is impacting their life. I had a personal example of how this impacted my own life when I was practicing in a large HMO. I was quite busy at the time newly employed by the health plan and had developed some symptoms of dyspepsia. I thought I'd be helped by taking an H-2 blocker, but at the time it required a prescription from another doctor. I scheduled in to see one of our internists, who asked me a few questions about my symptoms, then said he thought I should just take some antacids; if the symptoms got worse or persisted, we could get an upper GI series. It was not what I wanted to hear, busy as I was, nor what I thought I needed. So I asked one of my surgical colleagues if he'd write the script. He asked me only one simple question: ***"What's going on in your life?"*** So simple, yet astute, for he was probing in an important area that the internist had either overlooked or did not care about. Yet it was the key to my illness.

I answered, saying: I was going through a divorce; I'd recently moved to town; I was new on a new job; and my father was about to undergo coronary bypass surgery in a faraway city. "Wow!" he exclaimed. "You are really up there on the stress thermometer!" He gave me the prescription. I began taking it and went back to work. My symptoms disappeared. My surgical colleague's single question was very much in the George Engel tradition.

Osler never stated it as such, but certainly implied in his teachings and writings that every patient is unique. I believe that were he alive today, he would distinguish between *illness* and *disease*. *Illness* is what the patient experiences, feels, and reacts to; *disease* is what the physician is trying to sleuth out, to diagnose and treat. Nowadays the great trap is to neglect the former and push hard to diagnose the latter – with blood tests, special scans and procedures. That trap is abetted by the shortage of time, and because there is greater remuneration for doing procedures than for just listening to patients. (It also impacts the career decisions students make if they are saddled with a load of debt, to choose a remunerative specialty.)

St. Paul wrote, "We have this treasure in earthen vessels.[6] "He was speaking of God's spirit within us. I think Engel and Osler would agree with applying that sentence to illness and disease analogously, which I would paraphrase: "We are called to diagnose and treat various afflictions that come to our patients, who are individual and unique, often fearful and vulnerable." We do best to deal with *all aspects* of their illness to offer them the best chance of healing.

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[1]Engel later published this model. (Engel G. The Need for a Medical Model: A Challenge for Biomedicine. *Science 1977; 196: 129-136.)*

[2]This information derived from Horowitz M. *Identity and the New Psychoanalytic Explorations of Self-organization. NY: Routledge, 2014, pg 83.*

[3]VanderVeer, JB Jr. "Let Us Collaborate with Clergy." *Proc Baylor Univ Med Cent 2012;25*(3): 1-3.

[4]Peabody FW. *Doctor and Patient: Papers on the Relationship of the Physician to Men and Institutions.* New York: Macmillan Co. 1930, p 3.

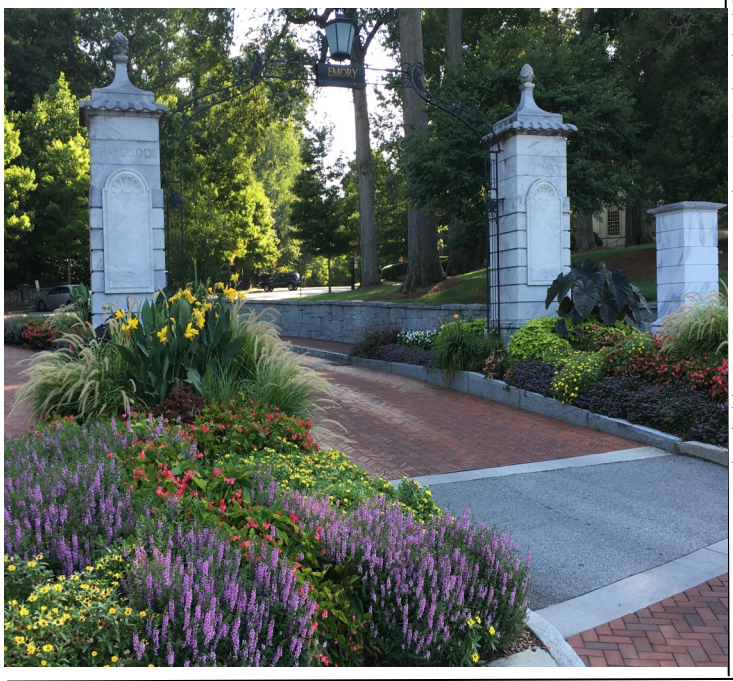
[5]Peabody FW. The Care of the Patient. *JAMA 192788:877-882.*

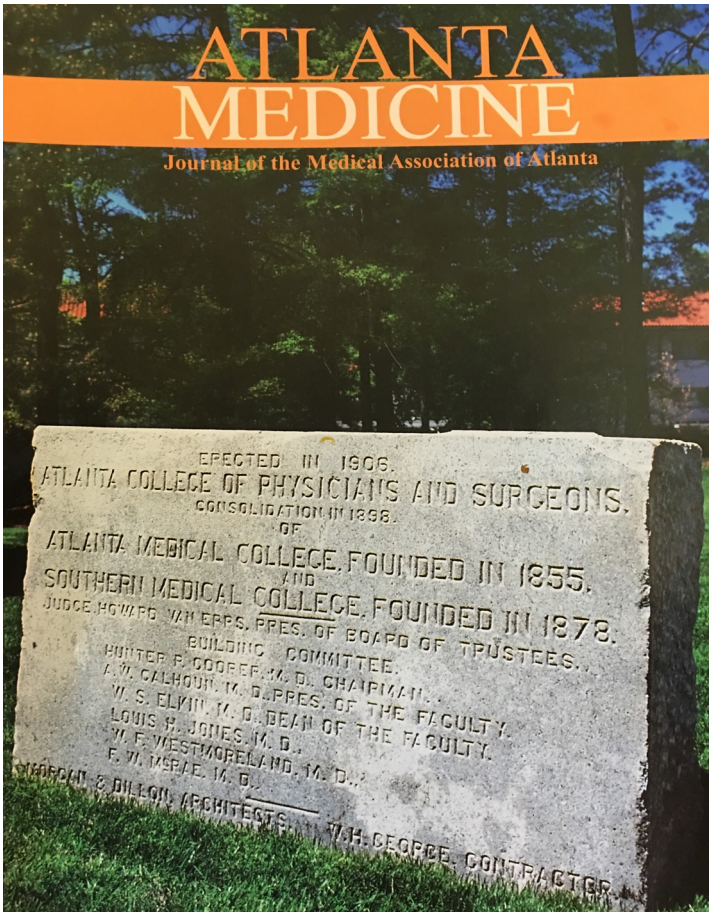
[6]2 Corinthians 4:7 in the King James Version.

FULL STEAM AHEAD TO ATLANTA:
EMORY CONFERENCE CENTER HOTEL
April 9-12, 2017

Thinking ahead to the AOS meeting in Atlanta, there is a lot happening that Sunday. In order to prevent conflict, plan ahead. Two bus trips are planned. One to the historical Oakland Cemetery to hear Dr. Martin Moran discuss the numerous medical luminaries buried there, not to mention the grave of golfer Bobbie Jones, for the golfing enthusiasts. Bring your golf ball to place on his grave. The other is the Civil War tour, with Dr. Daniel Pollock. See previous newsletter for details. There was much Civil War activity and many intriguing stories and curious monuments in a 4 to 5 mile radius around the Emory campus. Go to the Southern Spaces website and look up the Civil War tour. In an effort to avoid time conflicts with events later in the afternoon I will likely get these two tours off the ground at 1:30 PM and have people back to the hotel about 3:30 to 4 PM. If there is limited interest we may have to cancel these events but I promise they will be extra-ordinary experiences. In addition, I will lead a walking tour of Emory University at 11 AM April 9, 2016. That will last about 70 minutes. Bring your walking shoes. Rain is not predicted. This tour will include the Hopkins-Haygood Gate and the medical school cornerstone pictured below.

ANNUAL FRANK NEELON LITERARY GATHERING





Here is an idea I have wanted to try: *Oslerian Haiku*. Joe Lella and I invite members to compose haiku on any Oslerian subject. My advice is to review haiku theory and bring yourself up to snuff on the intricacies of haiku. Likely best to stick to the American version of 5-7-5 syllables but feel free to experiment. It is possible I will have a haiku specialist present on site to critique these efforts. It takes a bit of imagination but read through Cushing's work or any Oslerian article and write a haiku about some tiny aspect of his life, family, colleagues, or writings. The example below was conceived in just a few minutes, so do not critique harshly. This involves the famous story about demonstrating proper manners in relinquishing a cherry pit into a spoon during an interview. Having passed the manners test, he was considered qualified to get the job at Pennsylvania.

The Cherry Pit

Superb etiquette
Relinquished into a spoon

Continued on page 5

Passed test job was his.

Adjacent is a photo showing an associated sculpture within the Emory Hopkins-Haygood Gate. How did these two items play a role in Emory University becoming a host for the American Osler Society? To be explained on the walking tour. And my talk at the meeting, if you miss the tour.

Clyde Partin

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 Wardlow
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

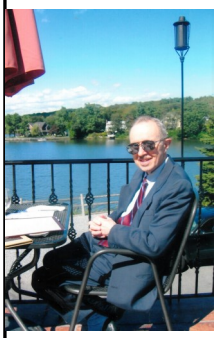
RICHARD L. GOLDEN: THE QUINTESSENTIAL OSLERIAN

Richard L. Golden (1929–2016) described William Osler as "the quintessential physician of our time because of his literary legacy, scientific, and clinical accomplishments, educational contributions, and influence on professional relations." Much of this applies to Dick Golden as well—and in spades.

Dick was by any measure the quintessential Oslerian scholar. Having mined most of the secondary literature on Osler, I can say without hesitation that nobody—nobody—exceeds Dick's quantity, quality, and duration (from 1979 through 2015—36 years!) of publishing on Osler-related topics. And my reconstruction of his Osler-related bibliography (below) does not include pieces in the *Osler Library Newsletter*, the latest issue of which (number 124 [Summer 2016], 1, 15) contains a eulogy by his son Adam revealing many things we didn't know. Among these: Dick's 1979 paper in JAMA on medallic tributes to Osler caught the interest of Dr. William Bennett Bean (our first president), which triggered a correspondence culminating in an invitation to attend a meeting. Dick went on to become a stalwart not only of the AOS but also of the Osler Library at McGill. It was my pleasure to present him with our Lifetime Achievement Award. No one ever deserved it more! He was among many other things a meticulous scholar. I never tire of re-reading his many erudite monographs and papers.

I have no doubt that he was the quintessential physician. After medical school in Switzerland, Dick spent his entire career in New York City and surrounding areas: The Jersey City Medical Center (Seton Hall University), the Roosevelt Hospital in Manhattan (where he was chief resident in internal medicine), Memorial Sloan-Kettering Center for Cancer, Brookhaven National Laboratory, Huntington Hospital in New York, the Northport Clinical Campus of the State University of New York at Stony Brook, and private practice in Centerport, Long Island. Between 1956 and 1976—before his career in medical history got going—Dick made 29 contributions to peer-reviewed medical journals. These included two splashes in *The New England Journal of Medicine* ("The Forme Fruste in Marfan's Syndrome" [1959; 260: 797–801] and "Nonchromaffin-staining Functional Tumor of the Organs of Zuckerkandl" [1961; 264: 1130–3]); a paper in the *Journal of the American Medical Association* on "'Snowman' Heart Manifestation of Total Anomalous Venous Connection" (1960; 173: 1102–5); and a variety of astute clinical observations and experimental studies. Adam recalls that Dick once saved a physician-friend's life by making a rare diagnosis. He was apparently the quintessential internist-diagnostician in the Oslerian mold.

To me he was the quintessential friend and the quintessential gentleman. I've of course known countless so-called "southern gentleman," and have occasionally passed for one myself, but Dick surpassed us all! I especially enjoyed his voice, which was uniquely deep, rich, melodious, and calming. Patients must have loved it! In the fall of 2006 I spent much of a day with Dick at his secluded home in Centerport, Long Island. My emotions were mixed; I rejoiced in the splendor of his library, antiques, and Osleriana (Figure 1) but was saddened by reminders of the nuclear family that had once lived there: Dick, Arlene (who died of breast cancer), and their five children—John, Allison, Nancy, Jane, and Adam. We relaxed afterwards at one of Dick's favorite restaurants, overlooking a bay (Figure 2). After my visit he sent me a beautifully-bound compilation of his earlier writings (1956–1976) inscribed "in memory of a happy Oslerian day." I last saw him at the 2014 AOS meeting in Oxford (Figure 3) but kept on writing him. I'll treasure memories of this wonderful man.



Richard L. Golden, 1929–2016. The quintessential Oslerian, physician, friend, gentleman, scholar, and family man. My, I'll miss him!

Charles S. Bryan

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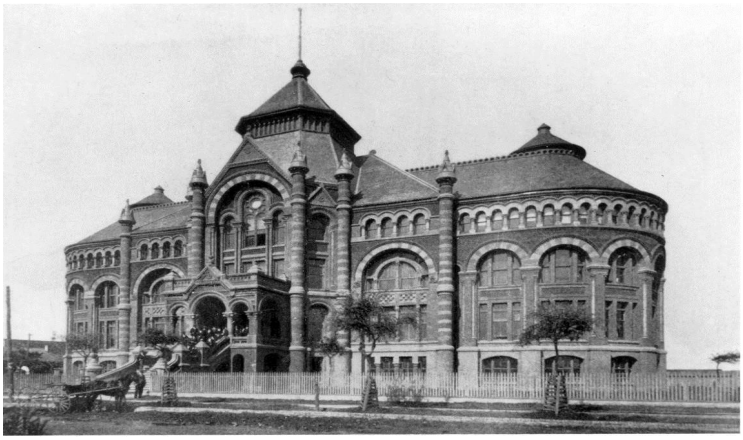
HISTORY OF MEDICINE & MEDICAL HUMANITIES

The University of Texas Medical Branch: Honoring History with a Focus on the Future

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.

For over a century, the University of Texas Medical Branch, Galveston has been the steward of a national architectural treasure, named the Ashbel Smith Building affectionately known as "Old Red." Designed by the esteemed architect Nicholas J. Clayton (1840-1916), Old Red, was constructed from local red sandstone, pressed brick and granite. The medical school opened in 1891 equipped with three amphitheaters, laboratories, a library and three world class museums.

Old Red's museums of anatomy, pathology and surgical pathology were curated by three of UTMB's original faculty: Drs. William Keiller, Allen J. Smith and James Edwin Thompson. Allen J. Smith (1863-1926) studied under Sir William Osler at the University of Pennsylvania, and received his medical degree in 1886.



Following Hurricane Ike in September, 2008, space became available on the third floor of Old Red. This floor originally served as an anatomical dissection laboratory, but it has permanently relocated to a new facility.

Dissection Room.

In 2009, the Old Red Medical Museum Task Force was formed to pursue these ideas with members drawn from faculty, students and the community. Today, the Task Force led by Drs. Barbara Thompson and Judith Aronson meets every month and has twenty-five members.

Building on UTMB's unique architectural and educational heritage, the proposed Old Red Medical Museum will present the stories of medical education, anatomy, pathology, surgery, nursing and the history of medicine in Galveston. The museum will bring the stories to life by showcasing UTMB's rich medical heritage collections including artifacts, photographs, historical documents, specimens, interpretive exhibits and oral histories housed in the unparalleled context of Old Red. The museum would be at the heart of UTMB's campus but also accessible to the local and wider community.

Inspired by seeing Drs. William Osler's and Maude Abbott's pathological collections at McGill University in 2007, Dr. Joan Richardson proposed using UTMB's historic collections as the basis of a new museum which would be housed on the third floor of Old Red.

The following principles have been developed which constitute the Task Force's vision for the future museum:

• The museum should be a teaching tool for current medical and nursing professionals and students, as well as a recruiting tool for future students

• Exhibits should tell the story of medical and nursing history at UTMB within the context at UTMB within the context of Galveston Island and the community

Architectural rendering, third floor, Old Red. Image courtesy of Jay Loudon, AIA

HISTORY OF MEDICINE & MEDICAL HUMANITIES

• The building is as much a part of the museum as are the collections, and it should be treated
• The museum should have a humanizing in-fluence on both the general public and those in medical and nursing fields – it should inspire people to care and should stimulate curiosity

Old Red's magnificent third floor has seen few architectural changes and it is crucial that its historic integrity be preserved for future generations. The John P. McGovern Academy of Oslerian Medicine generously funded an architectural and engineering survey of the third floor. The resulting conceptual report completed in April, 2016 will assist the Task Force to develop strategies to insure the project moves from concept to reality.

Exhibit Design, Old Red Medical Museum. Image courtesy of Jay Loudon, AIA

If you require further information about the Old Red Medical Museum project to please do not hesitate to get in touch.

Paula Summerly, Ph.D.
Research Project Manager
John P. McGovern Academy of Oslerian Medicine
University of Texas Medical Branch, Galveston
pasummer@utmb.edu

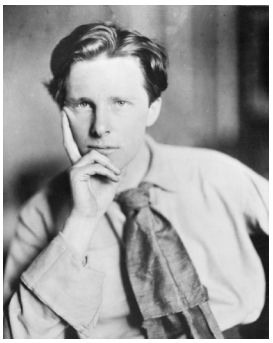
POETRY CORNER

Beauty and Beauty

When Beauty and Beauty meet
All naked, fair to fair,
The earth is crying-sweet,
And scattering-bright the air,
Eddying, dizzying, closing round,
With soft and drunken laughter;
Veiling all that may befall
After -- after --

Where Beauty and Beauty met,
Earth's still a-tremble there,
And winds are scented yet,
And memory-soft the air,
Bosoming, folding glints of light,
And shreds of shadowy laughter;
Not the tears that fill the years
After -- after --

Rupert Brooke 1887-1915



Rupert Brooke was a contemporary of both William and Revere Osler. Born 8 years before Revere in Rugby, Warwickshire, England, he received a scholarship to King's College, Cambridge and was a member of the Georgian and Dymock Poets. Known for his boyish good looks, Virginia Woolf boasted she had gone skinny-dipping with him on a visit to Cambridge. Commissioned into the Royal Navy in 1917 he contracted septicemia from an infected mosquito bite and died while on a ship anchored in a bay off the Greek island of Skyros while awaiting the invasion at Gallipoli. He is one of 16 World War I poets commemorated in Poets' Corner in Westminster Abbey.

OPINION

New and Old Solutions to an Old Problem

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.

In 2016 at Minneapolis, AOS met in conjunction with the American Association for the History of Medicine (AAHM) for the first time since Philadelphia in 2011. To celebrate the reunion, Oslerian Scott Podolsky, serving as AAHM Program Chair, got the idea to hold joint sessions between the two organizations on topics of mutual interest.

Scott invited Oslerian Jeremy Greene of Johns Hopkins University to put together a panel "Medical History in Medical Education: New (and Old) Solutions to an Old Problem." With three others, Jeremy had just published an article in the *Journal of the History of Medicine* reviving the ancient discussion with new arguments. It was one of several products of a new movement, called the Clio initiative, which aims to raise awareness among medical educators about the diverse potential of history (more below).

The session took place as a plenary on Sunday morning, as AAHM was ending and AOS began. The four speakers all have experience in teaching history to medical students and residents: John Harley Warner of Yale, David S. Jones of Harvard, Kenneth M. Ludmerer of Washington University, and yours truly. We hoped to stimulate discussion that would reveal goals shared by the two societies.

The general outline was to cover succinctly the past, the present, and our hopes for the future. John Warner traced the history to the mid-twentieth century. For a long time medical history *was* medicine. But in the early 19th century the rise of anatomical and laboratory science provoked an "epistemological sea-change" that separated the two. By the end of that century, thoughtful physicians, including William Osler, worried that the pendulum had swung too far, and scientific reductionism posed a danger. Doctors should be more than technicians; educators needed to preserve and restore humanism, and history could help address this "deficit." Tellingly the first chair was established at Johns Hopkins University in 1929 and the first occupants, William Welch and Henry E. Sigerist, strove to professionalize medical history.

I followed John to bring this history into the present. Surveys show that the share of medical schools offering teaching in history has declined from the 70 per cent, found by Henry Sigerist in 1939, to around 30 per cent, found by Jennifer Gunn in 2008. Several factors may explain the decline. First, the advent of social history of medicine as an orientation broadened the audience and made history departments, rather than medical schools, a locus for employment. Second, history has been displaced by other things, including ethics and professionalism, an impression endorsed by comparing the increasing number of Medline articles devoted to ethics and professionalism. Third, the rise of "medical humanities" has brought a number of interesting new modalities to the attention of educators, making history one of several endeavors, and often placing it in competition for scant curriculum time. Finally, the old rivalry between doctor–history and historian–history hampers engagement in academic medicine. Invited some time ago to explain those differences by John Warner and Frank Huisman, I eventually decided that it is a false dichotomy: there is only good history and bad. Their project sparked another to uncover what kind of medicine is practiced by historians in a set of autobiographical essays by clinician-historians. They revealed myriad ways in which history enhances clinical practice; we published them in *Clio in the Clinic* 2005.

David Jones spoke next on attempts to address the current challenges. He opened by recognizing the role of Oslerians Charles Bryan and Larry Longo in promoting professionalism. He described his 2013 workshop involving medical-historian educators from twenty different medical schools who rely on multiple strategies in teaching medical students. In preparation, David conducted a review of the literature to collect the many justifications made for including history in medical education. Workshop participants added their own. The brainstorming generated the "top 13" things that history can bring to future doctors. Moreover, the desiderata of the new "competency-based" movement in medical education can be met and leveraged by history. The energy from that workshop resulted in the article in JHMAS, a blog post, and the formation of the Clio initiative that has the enthusiastic support of many AAHM members and beyond. Its members post questions, share bibliographies, and discuss ways to encourage medical schools to include history locally and nationally.

An Oslerian since 1983, Ken Ludmerer closed the session with examples from his own clinical practice that illustrated how historical sensitivity can result in better patient care and better resource allocation. Jeremy then opened the floor

LETTERS –OBITUARIES-NOTICES

for discussion, but time quickly ran short.

Approximately 100 people joined us. The Clio initiative shares many of the AOS strategic goals, articulated by Herb Swick's committee in the June 2016 *Oslerian*, in particular those that seek to increase the presence and impact of humanistic medicine in contemporary medical education, professional societies, and other practice milieus. We hope that this panel is only the first step in an ongoing dialogue between our two organizations on the relevance of history to physicians, residents, and students, and other matters of mutual concern.

Jacalyn Duffin
Hannah Chair of the History of Medicine
Queen's University, Kingston Canada.

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.

CALLING OSLERIANS FOR AN *ENCYCLOPEDIA OSLERIANA*

Within the next several months, *deo volente*, I plan to issue by e-mail a call for contributions to an *Encyclopedia Osleriana*.

I envision a large, handsome, extensively-illustrated volume to be published in late 2019 or early 2020 ~~with the following aims:~~

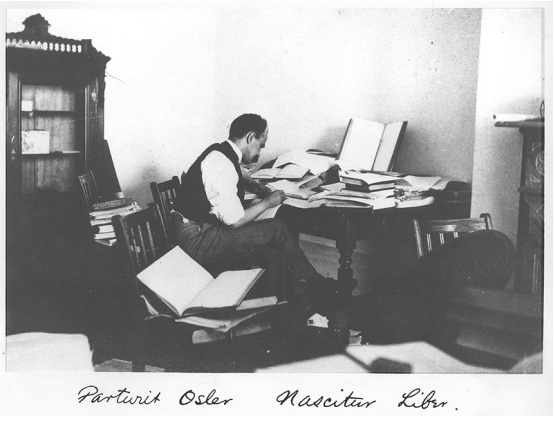
- To celebrate, consolidate, and cross-reference a century of Osler-related scholarship since Osler's death, and a half-century of Osler-related scholarship since the founding of AOS.
- To provide in one place a directory of Osler's contemporaries along with their reminiscences and (when available) head shots; short appraisals of all of Osler's non-medical addresses and essays; summaries of aspects of Osler's biography, interests, activities, opinions, institutions, and organizations; reviews of Osler-related scholarship; and a bibliography of materials directly and indirectly related to Osler.
- To engage members of the AOS and other Osler societies in a collaborative effort designed to help perpetuate the Osler flame, to assist researchers and potential researchers, and to facilitate introduction to Osler for the millennial generation.
- To offer medical students and others, under the sponsorship of AOS members and members of related societies, the opportunity to contribute to a large project and, in so doing, to get published perhaps for the first time.
- To honor the memories of the numerous scholars who have contributed to the Osler corpus through the years.

I also envision that, after the initial print run, the encyclopedia would be placed on the AOS website and updated from time to time.

The call for contributions will include (1) an extensive bibliography; (2) an Excel sheet with topics cross-referenced to the bibliography; and (3) the opportunity to sign up for specific entries and, for those who would like to contribute further, the opportunity to sign on as an associate editor, assistant editor, copy editor, editor for illustrations, proofreader, and reference checker.

Having worked on this for some time, I'm really looking forward to sharing full details with you and inviting you to submit your sections, the first due-date for which would be December 31, 2017. If you have questions in the meantime, please let me hear from you.

Charles S. Bryan
cboslerian@gmail.com



AMERICAN OSLER SOCIETY

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 11 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.

Looking Ahead to Atlanta

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