



The Oslerian

A Message from the President

J. Mario Molina

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President J. Mario Molina
50th AOS President
installed at the 2019 meet-
ing in Montreal, Canada.

There is a long tradition of book collecting among doctors, not the least of whom was Sir William Osler, the namesake of our society. Within our ranks have numbered many book collectors including, John Carson, Dee J Canale, W. Bruce Fye, Garth Huston, Saul Jarcho, Lawrence Longo, John P McGovern, Earl Nation and Paul Dudley White among others.

Through his example, Osler inspired many to collect. Henry Baton Jacobs, one of the original "latch-keyers" (so named because Osler gave them a key to his home so that they could use Osler's library without having to disturb the servants), came under Osler's influence. After his brother died from tuberculosis, Jacobs began to collect materials on the subject. In addition, he collected Jenner's publications and items related to vaccination. All of this was given to the Welch Library where it is kept in the beautiful "Jacobs Room." Cushing, who had one of the great collections of Vesalius, came under the influence of Osler early in his medical career when he was also a "latch-keyer". His collection of rare books helped to form the nucleus of the rare book collection at Yale. Herbert Evans, one of the greatest collectors of the 20th century said, "Osler gave me a taste for the history of biology and then,

much more important, for the history of medicine...When Osler came back from his first year in Oxford and, in the amphitheater in Baltimore, gave his lecture on Michael Servetus, I was so impressed that I determined forever to take an interest in the history of medicine." Finally, the psychiatrist Haskell F. Norman, who created probably the greatest collection in science and medicine of the 20th century said that he was inspired in his collecting by Osler and used the *Bibliotheca Osleriana* as a model for his own catalogue. Several years ago, Bruce Fye estimated that "there are perhaps 2,500 casual medical book collectors, 500 serious medical book collectors, and 50 medical bibliomaniacs" among physicians in the United States.

Osler was more than a collector, he was a true bibliophile. He loved books, all sorts of books. His collection reached nearly 8,000 volumes and some of these volumes contained works that were bound together, so the numbers belie the true size of his collection. Osler realized the value of a hobby for a doctor to "take him away from patients, pills, and potions." Collecting books was an honorable hobby in the late 19th century. But Osler became a bibliomaniac, a person more to be pitied than admired.

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Of bibliomaniacs Osler wrote, "there is a class of men in the profession to whom books are dearer than to teachers or practioners...loving books partly for their contents, partly for the sake of the authors, they keep alive the sentiment of historical continuity in the profession... we need more men of their class." But Osler recognized that there is a darker side to bibliomania, "the bibliomaniac haunts the auction rooms, and notes with envious eyes the precious volumes as they are handed about for inspection, or chortles with joy as he hears the bids rise higher and higher for some precious treasure already in his possession."

At the time of his death he had decided that his collection of books should go to the medical school at McGill, but the catalogue was not yet complete. John Ferguson (1837-1916), a Scotsman, was Regius Professor of Chemistry at the University of Glasgow who had an extensive collection pertaining to alchemy and early chemistry. His 11,000 volumes were purchased by the University of Glasgow. Osler left an outline of a catalogue modelled after John Ferguson's *Bibliotheca Chemica* (BO 7040) about which he said that it was "the most useful special bibliography in my library... the merit that appeals to one is a combination of biography with bibliography - beside the book is a picture of the man sketched by a sympathetic hand." This is what Osler aspired to, to classify and describe the books in his collection and comment on the men who wrote them. Osler was in the habit of writing his bio-bibliographical notes either in his books themselves or on his catalogue cards. It remained for the editors, W.W. Francis, R. H. Hill, Archibald Malloch and Leonard Mackall to compile these notes into the whole of the catalogue.

His collecting and use of medical books are well-known, but he was also "interested in works in general literature written by medical men." The "Bibliotheca Litteraria" section of the *Bibliotheca Osleriana* reflects his interest in the literary avocations and hobbies of physicians. It includes his collection of the works of Sir Thomas Browne all of which are housed together in the Osler Library in Montreal. M. F. Ashley Montagu who wrote the biography of a deformed 19th century British man, Joseph Merrick, dubbed The Elephant Man, wrote "One of the simplest, and generally most reliable, ways of ascertaining the breadth of a man's interests and thus something of his mental furniture is to look at the backs of the books upon the shelves of his library. In this way one may learn more about a man than years of association with him or with his writings could teach one." In the *Bibliotheca Osleriana*, Osler reveals himself to us in a way that his essays do not.

Osler was clearly shaped by the libraries in his life. He said, "it has been remarked that for a young man the privilege of browsing in a large and varied library is the best introduction to a general education." For Osler, this was the library of his mentor Dr. Bovell. For me it was evenings spent in the public library in Long Beach.

In high school I had a teacher who made a deal with me. I could read whatever I wanted for my senior class in English if I wrote a weekly essay about my reading. I read widely from the Harvard Classics and miscellaneous novels and plays. It was the best way to get an education.

Osler reports of his collection that "the first book bought was the Globe Shakespeare, the second, the 1862 edition, Boston, of the 'Religio Medici', both of which were close companions of my student days." The Shakespeare was stolen, but the 'Religio Medici' is number 4446 in the 'Bibliotheca Osleriana'. There are few annotations, but it is inscribed "W. Osler, Coll. SS. Trin Lent Term 28.2.68" and during his last illness he wrote in pencil "I doubt if any man can more truly say of this book '[comes viae vitaeque](#)' 6.12.19" – companion of the way of life. *Religio Medici* was one of the books that most influenced Osler who wrote that it "should be in the hands – in the hearts too – of every medical student. As I am on the confessional today, I may tell you that no book has had so enduring an influence on my life."

The first book in my collection is *Classic Descriptions of Disease, With Biographical Sketches of the Authors* by Ralph H Major, the third edition published in 1945. The book is an introduction to the history of medicine with translations of classic descriptions of diseases along with brief biographies of the authors. Major was a prodigy graduating from William Jewell College at age 17 with a knowledge of German, Spanish and French, Latin and Greek as well. He embarked on a three-year sojourn taking Major to Paris and Rome, Athens and Moscow, Corinth, Florence, Constantinople and many other exotic locales. He experienced Europe, and especially Germany, before the Great War, and upon returning to Missouri he was determined to study medicine. His liberal arts education might have held him back from the best medical schools, but his fluency in German carried the day and he was admitted to Johns Hopkins. Despite the entrance requirement that students must have taken German and French, Major realized that his classmates lacked enough knowledge to be able to read the classic descriptions of disease for themselves. This led him to write this book for the medical profession years later. It was a book that only he could have written,

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combining his interest in the history of medicine with his fluency in multiple languages.

My father bought a copy of Major's book when he was a medical student in the mid-1950's. He was fascinated by the accurate descriptions of disease made by early physicians using only their five senses. He passed the book on to me when I started medical school.

For me, my '*comes viae vitaeque*' would be Henry David Thoreau's *Walden; or, Life in the Woods*. I must have been about seventeen when I first read this book. I don't think I have ever read more beautiful prose. For years I marveled that Thoreau could have written this book so seemingly effortlessly sitting in the cabin that he built with his own hands on the shore of Walden Pond. Years later I came upon the holographic manuscript of the book in the Huntington Library. The Walden that the public reads is not the Walden that Thoreau wrote. In fact, the Huntington possesses seven draft manuscripts of the book, so much for a divinely inspired single draft as I had imagined it. Thoreau worked on drafts of his book from September 1846 until March 1854. The eighth and final version of the manuscript, sent to Ticknor and Fields for publication has been lost, but the galley proofs are housed at the Huntington with corrections in Thoreau's hand. Thoreau wrote, "Books must be read as deliberately and reservedly as they were written". I believe this could be said of Osler as well who wrote "It is much simpler to buy books than to read them, and easier to read them than to absorb their contents." Both reading and writing are hard work.

Earl Nation (1910-2008) a charter member of the AOS wrote, "It was Harvey Cushing's *Life of Sir William Osler* that really introduced me to Osler. I read it ravenously and made copious notes while convalescing from an illness following the completion of my residency. It became an important part of my education and changed my life." I had a similar experience. My father used to paraphrase Osler saying, "listen to the patient, he is trying to tell what is wrong with him." In the middle of my first year of medical school I read Cushing's biography of Osler because I wanted to know more about the man that my father quoted.

My views on medicine have been shaped by this experience. My first copy of the book was a two-volume set bound in blue cloth and printed by the Oxford University Press in 1977 purchased in a remainder sale at the medical school bookstore. Two years later I paid \$150 for a first edition that I spied in the window of a bookstore in New Hampshire. It was probably more than the book was worth at the time, but it was a book that I could not resist. I have never

regretted buying that book. During my residency in Baltimore I picked up a few used medical books from time to time, the gem being a first edition of Williams' *Obstetrics* discarded as a duplicate from the Med Chi library.

So as Halloween approaches, I am reminded that Osler warned us that bibliomaniacs "are at times irresponsible and do not always know the difference between meum [mine] and tuum [yours]." Should some bibliomaniac knock at your door on a dark and dreary night and ask to see your books I urge you to bar the door and turn him away with the word "Nevermore."



Preview of AOS Pasadena Meeting

The 50th Golden Anniversary of the American Osler Society Conference will take place on Sunday, April 26 to Wednesday, April 29 at the Westin Hotel in Pasadena, California. In addition to the conference, we look forward to offering visits to outstanding museums including the J. Paul Getty Museum and Huntington Library, Art Museum and Botanical Gardens. Other nearby attractions include the Norton Simon Museum, the USC Pacific Asia Museum, and Griffith Observatory.

The hotel is located near historic Old Town Pasadena with its old world charm and many fine restaurants.

Learn more at <https://www.oldpasadena.org/>.

Tours of the Getty Museum and Huntington Library, Museum and Gardens are planned for conference attendees and their guests.

The J. Paul Getty Museum

The J. Paul Getty Museum seeks to inspire curiosity about, and enjoyment of, the visual arts by collecting, conserving, exhibiting and interpreting works of art of outstanding quality and historical importance. Learn more about it at <http://www.getty.edu>. Some of the exhibits rotating in April of 2020 include *Michelangelo: Mind of a Master*, which includes designs for the Sistine Chapel ceiling, the Medici Chapel tombs and the Last Judgement and *Artists on the Move: Journeys and Drawings*, which features works by van Gough and Gauguin and explores why the artists left their homes behind and how their travel impacted their medium and draftsmanship.

The Huntington Library, Art Museum & Botanical Gardens

The Huntington Library houses one of the largest and most important history of science collections in North America. Works on medicine include medieval medical texts and hundreds of books printed before 1501 along with approximately 2,700 rare books on obstetrics and gynecology from the 16th century to present, as well as works by and about Charles Darwin. Learn more at <https://www.huntington.org/collections/science-medicine>.

One could spend weeks enjoying the various collections and exhibits at the Huntington Library, Art Museum and Botanical Gardens. Learn more about the Huntington at <https://www.huntington.org/visit> or <https://www.huntington.org/what-to-see>. The website even updates what's blooming in its multiple gardens.

The Norton Simon Museum

The Norton Simon Museum was founded in 1922 as the Pasadena Art Institute. It has a rich history that you can learn more about at <https://www.nortonsimon.org/about/museum-history/>.

In April 2020, the rotating exhibit will be *The Expressive Body: Memory, Devotion and Desire (1400-1750)* which explores how images of the human body evoked physical and emotional responses in viewers in the 15th through the 18th century and features artists like Rembrandt. Learn about various walks through the museum's sculpture gardens at <https://www.nortonsimon.org/visit/sculpture-garden/>.

USC Pacific Asia Museum

A relatively new museum founded in 1971, this is the only university museum in the USA dedicated exclusively to the art and culture of Asia and the Pacific Islands. Its permanent collection spans over 5,000 years of culture and includes paintings, drawings, ceramics along with jade, textiles and costume collections. Its collection can be explored online at <https://pacificasiamuseum.usc.edu/>.

Theater and other notables

Unfortunately, the Griffith Observatory will be closed for critical visitor improvement projects April 22-May 6, 2020. The Pantages Theater, Hollywood will be presenting *Hamilton* (March 12 – September 20, 2020) <https://www.hollywoodpantages.com/>.

Marvin J. Stone Inducted into Royal College of Physicians

On September 10th, 2019, past AOS president Marvin J. Stone was inducted into the Royal College of Physicians for his lifetime of work in medicine. The ceremony took place at the historical RCP located in Regent's Park in central London. The RCP was founded in 1518, set the first international standard in the classification of diseases, and its library contains medical texts of great historical interest. After the formal induction ceremony took place, new members were celebrated at a dinner in their honor within the RCP that was held appropriately in...the Osler Room. A short video of Dr. Stone's induction can be seen [HERE](https://vimeo.com/363052080). <https://vimeo.com/363052080>



Marvin J. Stone on the grounds of the Royal College of Physicians in London.

American Osler Society Committee Membership 2019-2020

COMMITTEE	CURRENT CHAIR	CURRENT MEMBERS	NEW CHAIR	ROTATES OFF	NEW MEMBERS
Bean Award	J. Wright	S.Podolsky, B.Thompson,	B.Thompson	J.Wright	J.Harris, R.Mennel
McGovern Award*	L.Drevlow	P. Mueller, J.VanderVeer	C.Partin	P.Mueller	None
Lifetime Achievement Award	C.Pierach	J.Barondess, B.Fye, R.Mennel	No Change	B.Fye	D.Canale
Nominating*	L.Drevlow	P. Mueller, J.VanderVeer	C.Partin	P.Mueller	None
Finance	M. Molina	B. Cooper, M. Stone	No Change	None	J.VanderVeer, F.Bernadett
Membership#	M.Jones	C.Boes, W.Evans, C.Fulkerson	R.Mennel	M.Jones	J.Wright
Publications	M. Jones	M. Malloy, H. Travers	P.Travers	None	C.Bryan, R.Stone
Annual Meeting† – Program Committee	M.Molina	G.Frank, M.Jones, E.Matteson, M.Trotter	M.Jones	None	J.Bailey, C.Partin, M.Moran
Annual Meeting – Local Arrangements Committee	R.Fraser	P.Miller, R.DelMaestro, M.Yearl, D.Lanska (ExCmtLiason)	M.Molina	R.Fraser, P.Miller, R.DelMaestro, M.Yearl	F.Bernadett, M.Cater, G.Huston, G.Sarka, R.Stone, D.Lanska (ExCmtLiason)

*Chaired by most recent living Past President, includes 3 most recent living Past Presidents. #Second VP. †First VP

An Oslerian View on Board Examinations

By Connor S. Johnson, Michael B. Phan, Tomas Ream and Norma A. Perez, MD, DrPH

As the Father of Modern Clinical Medicine, William Osler left behind a large body of work regarding medical education. Now, one hundred years since William Osler's death, much has changed in this field. One segment specifically, medical examinations, has recently been at the center of a growing debate. The United States Medical Licensing Examination (USMLE) Step 1 was designed to assess medical student's understanding of the scientific foundations of medicine. It is the first in a 4-examination series of assessments designed to determine one's knowledge and skills to practice medicine, however, it has taken on an unanticipated role as a major factor in residency screening and selection for many specialties due to its standardized scoring system. While board examinations have existed for well over a century, this issue has only recently become a point of contention given its ever-increasing role in the selection of candidates for residency. An Oslerian viewpoint could be helpful in understanding this problem and forming a solution. This article aims to answer the question: What would Osler's view be on the current use of USMLE Step 1 scores and their effect on medical school curricula?

Board examinations existed while Osler was teaching as a physician, however, there is a great contrast between the board examinations of his time and those of today. One of the largest aspects of a student's time in medical school is the USMLE Step 1, an eight-hour multiple-choice test designed to determine if students can "understand and can apply important concepts of the basic sciences to the practice of medicine"¹. However, during the recent Invitational Conference on USMLE Scoring (InCUS), this examination was under scrutiny for several reasons. One of the most predominant issues with the examination is "medical students' efforts to maximize their USMLE scores (particularly Step 1) at the potential expense of focusing on other educational/curricular offerings"². Osler would likely take a similar position to InCUS if he were able to give input on it today. His statements on the practice of examinations are near-prophetic, and in an address to St. George's Hospital Medical School in 1913, he states that "Because we make the

examination the end of education... the student is given early the impression that he is in the school to pass certain examinations, and I am afraid the society in which he moves grinds this impression into his soul"³. Even during Osler's era, the threat of examinations taking precedence over clinical education loomed in the minds of medical educators. If student's academic interests are driven by a desire to pass an examination rather than to improve themselves as physicians, the field of medicine loses a great deal of the charm that drew its pupils to it in the first place. Osler goes on to state his distaste for this form of examination, and unfortunately, his words are still being echoed by today's medical educators.

Due to the importance of these standardized examinations, many students and schools have taken the surprisingly Oslerian route of skipping lecture altogether to make more time for studying. According to the Association of American Medical Colleges (AAMC), less than half (43.7%) of students attended in-person lectures "Most of the time" or "Often" in 2018⁴. Now, students have countless online resources that were unavailable in the past. Over a century ago, Osler advocated for a similar shift in educational style despite the lack of these online resources. In the same 1913 address to St. George's Hospital Medical School, he goes on to state that "I do not speak without experience when I say that the subject of medicine, for example, may be taught without the set lecture... its day has gone, to give place to other methods better adapted to modern conditions"³. Osler's statement is grounded in his belief that medical students would be better off learning this material themselves rather than at the hands of a lecturing professor. Partially as a result of the dominance of the USMLE Step 1 exam, the medical school curricula are more homogenous and streamlined than they have ever been. Since the material taught in class is similar across schools, many students choose to use online resources as their main method of learning medicine rather than relying solely on their school's own lectures. This method moves the classroom towards a more Oslerian system, however, this shift has its own unique hazards.

Many students spend their newfound time outside of lecture studying at a computer screen rather than the bedside, minimizing contact with other students, educators, and patients. The same 2018 AAMC report also found that over half (56.9%) of second-

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year medical students attended virtual courses “Most of the time” or “Often”⁴. Virtual education has the potential to remove students from patient care just as much as traditional lectures. From an Oslerian viewpoint, medical students may have simply traded one substandard learning environment for another. Osler himself stated: “What I dread is to have a class of clinicians growing up and out of touch, and necessarily out of sympathy with the profession and with the public. This would be nothing short of a calamity”⁵. On the subject of lectures, medical education has been driven towards Osler’s preferred method of sparse lecturing partly by the homogenization of medical education through standardized examinations like the USMLE Step 1. However, medical students may have simply traded one substandard learning environment for another in the pursuit of higher scores and a more favorable position when applying for residency. As medical education removes the lecture-style environment that has hindered it for over a century, it may miss Osler’s ideal through its corresponding increase in the use of virtual, rather than clinical, education.

Medical examinations have always been an important part of the lives of medical students, and Osler’s principles can still be applied to this component of medical education. In the end, however, there is only so much that medical educators can do. In Osler’s own words, “We can only instill principles, put the student in the right path, give him method, teach him how to study, and early to discern between essentials and non-essentials”⁶. Several of Osler’s suggestions on medical education have been implemented over the last 100 years, and they can be used as a baseline for future changes regarding curricula and examinations. Even though he is not alive today, the passion and consistency of Osler’s ideals can give us a clearer idea of his thoughts on today’s controversy regarding board examinations.

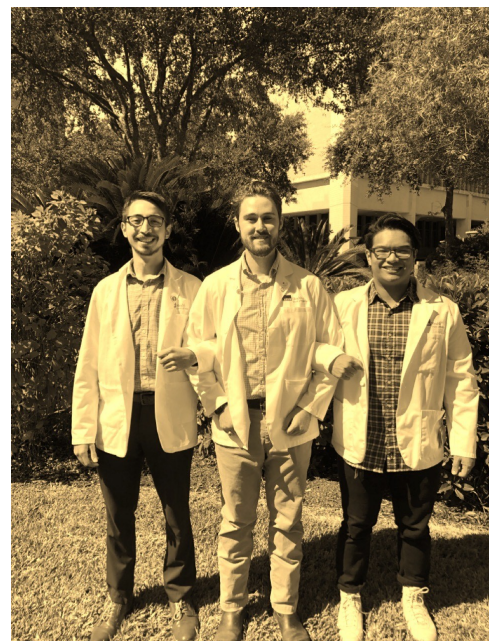
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About the Authors

Connor Johnson, Michael Phan, and Tomas Ream are second year medical students at the University of Texas Medical Branch. Norma Perez is an Assistant Dean for Student Affairs.



MEDICAL HUMANITIES

Culture and Care*By Tyler Brehm**Tyler received a UTMB Practice of Medicine Year 3 Essay Award for this contribution*

I have come across a wide variety of patients over my first 4 months of my third year of medical school, but I think some of the most interesting cultural issues are the ones that stem from the predominant culture in our area - the American culture.

It may seem counterintuitive to discuss American culture as a barrier to care when the cultural background of most of the medical field is that very same culture, but I think that the diversity of our nation's culture lends itself perfectly to such dissonance. The "melting pot" phrase is tossed around so often, and I have to agree that we have less unifying characteristics than many other cultures. However, those that we do have are deep-rooted and persistent - ideals of individualism, self-accountability, and the ephemeral "American Dream." It sounds so picturesque phrased like that, a "dream," and one that anybody can achieve. The flip side of this concept is quite damaging though. After all, if we all agree that hard work and big aspirations can make anyone into whatever they want to be, then those that fall short must surely have a moral failing. There is no room for excuses, for blaming the cruel hand of fate or whims of destiny.

Which leads me to my evaluation of Sarah Jones, a patient brought to UTMB after several months of hopping from hospital to hospital. Ms. Jones is, bluntly, a large woman. So large, in fact, that the first instinct of most people who interacted with her was not to see her as a person, but as her disease. Her obesity became a more defining characteristic of how people viewed her than her personality. This was not helped by the fact that her personality was less than winning, as her slew of "fired" nurses would attest to. Perhaps that should be that. A mean woman who made poor lifestyle choices resulting in a disabled physical state leaving her unable to walk. Let us blame her, as this is the country of free choice, and she made hers. We who have not walked her shoes and are not in her situation are clearly just stronger people. Her life may be a nightmare, but it is a nightmare of her own choosing.

Or so many of those who "cared" for her would lead you to believe. I have never seen a patient more universally rejected by those who are supposed to be helping her. This of course plays into our preju-

dices against perceived outsiders that are prevalent in almost every culture - but I think the American viewpoint intensifies the alienation. Perhaps if we were willing to concede that not all people are given the same tools for success in life, we would better be able to empathize with those who falter and fail. But that's not a very American way to think is it? As much as we may like to think otherwise, we do not value effort nearly so much as we value success. How else would value be determined in our supposed meritocracy?

We cannot let ourselves be trapped by this thinking in healthcare. Our duty is to the patient, to aid, not to judge. Did anyone force Ms. Jones to eat herself into immobility? No - but it was her way of coping with the intense stresses of her life: divorce, losing her father, debilitating lymphedema, and more. Obviously it was not a healthy way for her to cope, but she did not just sit down one day and say "I am going to become obese." As for her personality, how would you feel if your own body became a prison for you? Unable to walk and completely dependent on the support of others to continue living. Her abrasive attitude, in my estimation, was a way for her to assert what little control she had left over her own life.

If we were not so busy reviling her for her supposed moral failings, then perhaps we would be able to admit to ourselves the reasons for our negative opinion in the first place. Fear. Fear that in a different life, under similar circumstances as her, we could be the ones trapped in that bed. That every single person, the second they laid eyes on us, would think of us not as a person but as a failure. No longer a complex individual, but a single story about the consequences of bad choices. As healthcare professionals, we must do better than this. Our cultural background has taught us to value success and personal responsibility. Instead, we should value humanity and appreciate the impact of circumstance. We should not condemn our patients based on past choices but rather provide counsel founded on a true understanding of their life story.

Ms. Jones is an American, and as such should be part of our culture, my culture, but based on her current situation she is treated as an alien, an outsider who does not belong. Her American Dream is now a nightmare. Colloquially, she may be referred to as a "train wreck," - but that does not excuse how she was treated by our hospital. After all, as a physician, if you saw an actual train wreck should just gawk and ogle at the spectacle? No. You should help - as a physician, as a human being, you should be compelled to help. So why is it any different for Ms. Jones?

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About the Author

Tyler Brehm grew up in the Houston suburbs as the oldest of three brothers. He met his future wife, Victoria, as a senior in high school and through her started to consider careers in healthcare. He went on to graduate summa cum laude from Texas A&M University with a degree in Chemical Engineering before entering medical school at UTMB in Galveston. There, he was introduced to the ideas of Sir William Osler through his coursework and Oslerian society. In his spare time, Tyler enjoys fishing and fantasy football, among other endeavors. He is currently applying to internal medicine residency programs and plans to continue writing essays and poetry focused on issues pertinent to the medical field.



POETRY CORNER

NIGHTSHIFT, HIGHTIDE

By Lenexa Morais

19:00

The sun sets on the horizon and the monitors come alive,
The weary return to port; fresh sailors hoist sails white.
What the sea may bring us, we cannot hope to tell.
We pray for calm waters, though yearn to ride the swells.
In the bay, lightning flashes. A siren's urgent call.
We draw up our nets, ready to collect our haul.

21:00

A sea dog, haggard, but not quite so old,
Been battered and hammered, left out in the cold.
He coughed so hard, the wind collapsed a sail.
A punch of ketamine, for liquid courage in his veins.
I hold the chest tube, my hands shake.
"Steady on," orders the captain, "Push through, make haste!"

22:00

A pirate, such deceit, he wants only our loot,
Spun a story, a fishwives' tale, that burned down into soot.
Fentanyl, oxy, codeine hooked him as bait,
Methadone, narcans, benzos offered the first mate,
Withdrawn, disappointed, "let me go" he pleads,
A sigh, a warning, we throw him back to the sea.

24:00

A selkie, bewitched by the moon, wanted to walk the plank.
She changed her mind, got in a bind; her mother gave thanks.
She sat sullen in the brig, broody as the storm,
And silently wished she had never been born.

03:00

A man, a mortal, lost sight and sea legs
Upon feeling a great, sharp pain in his head
There's blood in the water, to Glasgow he goes
To the other side. Over hills and the moors.
A wail pierced the night, red water, deathly still
His brethren gather near to hold silent vigil.

07:00

Dawn fast approaches and I am drenched wet.
Boots water logged, I must still chart the trek.
"Land Ho", let's go, the crew need a day.
We dock, restock, and hope a short stay.
We long for the sea, creatures of the night,
To sail the ocean blue, guided by starlight.

Lenexa Morais is a third year medical student interested in Emergency Medicine at the University of Texas Medical Branch in Galveston, TX. She is part of the Physician Healer, Global Health, and Aerospace Medicine track. Lenexa enjoys making mixed media art and writing medical poetry. This poem is a metaphor between sailing the ocean and seeing broad range of patients (pneumothorax, drug-seeking behavior, suicide attempt, stroke patient) during her ED nightshift.

OPINION

The Medical School Experience

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

and acceptance into residency programs. If you have not read the Summary Report and Preliminary Recommendations from the Invitational Conference on USMLE Scoring (InCUS), I encourage you to do so. Here is the URL to the report: <https://www.usmle.org/step-1/>. A general consensus of the report was:

As you will notice, this edition of the *Oslerian Newsletter* carries with it a number of contributions from medical students. Specifically, University of Texas Medical (UTMB) students to whom I have ready access. I apologize in advance for taking advantage of such an accessible resource, but I hope the American Osler Society (AOS) readership of the newsletter will appreciate hearing from a group of bright young people who are aspiring to become physicians. As a group AOS has agreed that we are attempting to infuse new blood and ideas into our Society and what could be better than taking an opportunity to explore what the young population thinks about their experience in medical school.

The first contribution on page 6 of the *Newsletter* comes from Connor Johnson, Michael Phan, and Tomas Ream. These gentlemen are second year students at UTMB and are beginning the arduous task of at least thinking (and worrying) about studying for their USMLE Step 1 exams in the summer of 2020. Norma Perez, M.D., DrPH, is an Assistant Dean in the Office of Student Affairs and helped the students gather the statistical information they inserted into their essay. As their essay suggests they wonder what William Osler would have thought about all the emphasis placed upon the USMLE exams. And as they observe in Osler's 1913 Lancet article, Osler was not a fan of final examinations. Osler notes in the Lancet:

"..... but from the blighting influence of an education directed to a single end, the passing of examinations. To test an education by its practical results at the table is to sin against the spirit of the Greeks, who first taught the fundamental lesson that the pursuit of knowledge to be productive must be disinterested. Nothing is more fatal to a true intellectual training than a constant preoccupation with its practical results."

The students in their essay comment on the high stakes that have been applied to the USMLE exams, particularly for residency applications. Originally formulated for medical licensing, these exams are now utilized for advancing through medical school

- ♦ The current UME-GME transition system is flawed and not meeting the needs of various stakeholders. Over time, various stakeholder groups have tried to optimize the system for their own purposes, but this has left some, including applicants, with an undue burden and at worst negatively impacted diversity.
- ♦ Unilateral changes made to USMLE alone will not "fix" the system, absent other changes in other parts of the system.
- ♦ Changes, both systemic and those specific to USMLE, must be explored, identified and implemented on a reasonable timeline.

It is apparent, based on the UTMB students' essay that they have become aware in such a short period of time and painfully subject to the flaws in the system of medical school education and entrance into graduate medical education. Those of us who have already run the gauntlet might argue, that the "system" has always been flawed and that we simply make the best of the educational process to which we were exposed. Nevertheless, it is to the credit of these current UTMB students that they have recognized the flaws to which they have been exposed, have gone back in history to find supporting evidence for their views of the flaws, and would apply Oslerian values as a potential remedy to some of these flaws. What a bright group of people and how lucky we are to have an upcoming generation of physicians that take such an interest in the educational process to which they are exposed. I am hopeful that the AOS will continue to support and promote the work of medical students and gain their perspective on the changing world of medicine to which we all are having to deal. Their ideas are good and when laced with a touch of Oslerian perspective make them a valuable resource to us all.

Michael H. Malloy

LETTERS –OBITUARIES–NOTICES

Announcement**William B. Bean Student Research Award
Supporting Research by Medical Students
in Medical History & Medical Humanities**

Candidates must be current students at accredited medical schools in the U.S. or Canada.

- The research award is \$1,500.
- Successful applicants may be invited to present his/her research findings at a subsequent meeting of the American Osler Society (expenses paid, see below).
- The deadline for submission of applications is March 1, 2020.

The Bean Award Committee will consider the following criteria in evaluating proposals:

1. The project should represent scholarship in medical history and/or the medical humanities
2. The goal should be realistic and stated clearly
3. The project should be original and conducted with a scholarly approach
4. The applicant should demonstrate familiarity with the relevant literature, in part through appropriate citations

A letter of support from a faculty sponsor outlining the applicant's qualifications to conduct this research, as well as the sponsor's interest in the project and willingness to provide guidance and ensure completion of the project within the proposed time period, must accompany the application form, which can be obtained at the American Osler Society's web site: www.americanosler.org. Contingent on submission of a paper acceptable to the Bean Award Committee, the American Osler Society may make available additional funding to pay for travel to (not to exceed \$750), and expenses (including hotel, meals, etc.) at the annual meeting. Please send application materials via email to Renee Ziemer, AOS Administrator at aosrenee@gmail.com. Go to the AOS website link here for the application: <http://www.americanosler.org/bean-award.php>

**AOS Fiftieth Anniversary
Commemorative Membership
Roster**

Dear AOS Members:

In honour of the fiftieth year of the origin of the American Osler Society that we will be celebrating in Pasadena in April 2020, the suggestion has been put forward that a Commemorative Membership Roster be published that will include pictures of the membership. Renee Ziemer has requested that each member submit a passport type photo in jpeg format to her that can be incorporated into a digital publication that will provide a brief biosketch of the member as well as the picture. The digital publication when complete will be made available to all members. Hard copies will be made available to members upon request. Please do not miss this opportunity to put together this valuable publication so that finally we can put together the names with the faces that we see annually at our meetings.

Deadline for submitting photos to Renee Ziemer (aosrenee@gmail.com) is November 29, 2019.

Notice

"The Board of Governors has adopted a policy for the display and sale of publications at annual meetings of the American Osler Society. The policy will be effective for the 2020 AOS meeting in Pasadena. The policy requires those who wish to display or sell their works to apply at least a month in advance using a standard application form. Application instructions and forms may be obtained from Renee Ziemer at aosrenee@gmail.com."

Erratum: The August *Oslerian* erroneously listed the author of the Book Review of Joe VanderVeer's book *Scott Bedford, M.D.* as Pam Moss. It should have been Sandra Moss. Apologies.

AMERICAN OSLER SOCIETY

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The AMERICAN OSLER SOCIETY exists to bring together members of the medical and allied professions, who by common inspiration are dedicated to memorialize and perpetuate the just and charitable life, the intellectual resourcefulness, and the ethical example of Sir William Osler, who lived from 1849 to 1919. Its OSLERIAN is published quarterly.

Looking Ahead to Pasadena, CA



The 50th meeting of the American Osler Society (AOS) will be held in Pasadena, California, from April 26-29. We anticipate a significant level of interest in this meeting as we will be celebrating a Golden Anniversary with remembrances of the origins of the AOS. We enthusiastically await your arrival. The weather in Pasadena is usually perfect at this time of year and the meeting will be preceded by the American College of Physicians meeting occurring in nearby Los Angeles. Save the date now!

Call for Abstracts for 2020 Annual Meeting in Pasadena, CA, April 26-29, 2020

Abstracts should be sent by e-mail to: aosrenee@gmail.com and must be received by **15 November 2019**. 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.

We're on the Web!√ us out at: www.americanosler.org

AOS Members — Please forward to the editor information worth sharing with one another as well as "Opinions and Letters". - MHM
(mmalloy@utmb.edu)