



The Oslerian

A Message from the President

Mike Jones

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To Perspect, or Not to Perspect? That is the Question Setting the Stage

It was a nice day in April of 2018 when the call came from Renee, our society administrator, with news that my name had been offered for the office of second vice-president of the American Osler Society. With mixed feelings I asked for a few days to think this over. This position traditionally means taking over as President in a couple of years. Although humbled and honored by the nomination, I was concerned about whether this would be manageable for one celebrating their 80th birthday in 2020. It occurred to me that I might be the oldest president in the history of the organization. Then again, my wife claims I am late to everything, so the universe is consistent. Good things do indeed come to those who wait. What a privilege to be able to serve in this capacity for an organization for which I have the deepest respect. I am profoundly grateful.

What a momentous year we have experienced as we transitioned into the second centennium (yes, that is a word—possibly found only in the Oxford English Dictionary) since the death of our namesake, William Osler. We began gloriously. After an elephantine gestation of two years, Charley Bryan was delivered of his mammoth work—*Encyclopedia Osleriana*—truly a *magnum opus*. From that high, here we are in May 2020 sinking into the abyss created by the global pandemic. There is a story of a fellow falling from the top of a 20-story building saying as he passed the sixth floor, “Everything is good so far.” That “so far” is always in the back of my mind, since most of my difficulties in life have stemmed from saying the wrong thing at the wrong time—and

now am confronted with the obligation of committing around 8000 words in four newsletters to an erudite audience who can see through false pretensions with highly perspicacious clarity. An old sidekick used to tell me that it is not the fall that gets you, but the sudden stop at the end.

Advice on this position has been varied—an opportunity to “advance my agenda” or “spread my message.” As for agenda, what could be better than trying to honor the high standards of my predecessors in maintaining the ideals of this organization? Trying to avoid a sudden deceleration, I have inspected past newsletters, noting *Oslerian* columns have varied in approach: topics of the month, historical treatises, anecdotes, autobiography or broadly thematic. Perhaps this will be an amalgam of all.

While keeping the end in mind, we must now bootstrap a beginning. Very much in line with Osler’s concept of living in “day-tight compartments,” writer Anne Lamott (*Bird by Bird*) refers to the writing process as beset by “sh@!*&#” first drafts, saying trying for perfection makes too many writers stumble. To quote her, “Almost all good writing begins with terrible first efforts. You need to start somewhere.” The beginning intent, while trying to avoid a Joycean stream of consciousness narrative, is to tie the four newsletters together with a semblance of a theme that evolves into my presidential address in Galveston at the 2021 meeting. As this unfolds, the issue will be whether I can offer enough ideas of interest to fill the available space or be left with empty inches to saturate. Perhaps the day will be saved by a classic Joycean epiphany—defined by Wikipedia as “a sudden spiritual manifestation, whether from some object, scene, event, or memorable phase of the mind — the manifestation being out of proportion to the significance or strictly logical relevance of whatever produces it.” But who



**President
Mike Jones**
51st AOS President
installed at the 2020 Zoom
Board of Directors

President's Message (Continued from page 1)

feels comfortable with so risky a strategy?

A few years ago, a popular film in the romantic comedy genre (*My Big Fat Greek Wedding*) featured a proud immigrant Greek patriarch (Gus Portokalos) who was convinced all words had Greek roots. He repeatedly says, "Give me a word" and proceeds to expound in detail on how any modern word derives from the Greek. In the last year I became enamored with the word "*perspective*." The impulse may have derived from growing dismay at the divisions among our populace. Well, no, that is not quite right, since differences of opinion are always with us and can be beneficial in arriving at "truth." It is not the differences so much that bother me; it is the level of rhetoric, the personal animus, the venom, and viciousness propelling it, without shedding any evidence of charity. Sir William certainly also had some distinct feelings on the matter as he expressed in his essay "Unity, Peace and Concord." One of the attributes for which he was so widely admired was his reluctance to speak ill of others or countenance such in his presence. An overriding question today is how to acquire, maintain, and promote a viable point of view without compromising core principles, and at the same time, not give gratuitous offense to those with a different perspective.

Gus Portokalos inspired the "word nerd" in me to explore the word "*perspective*." You were told long ago to be wary of Greeks bearing gifts, so this effort is not so much spreading a message or advancing an agenda as it is an invitation to join me in a quest on the theme of "enhancing perspective." I welcome feedback from fellow AOS members, in *prospect* of clarifying my understanding for future columns in the *Oslerian*. Such a journey should be intriguing, thought provoking, educational, and maybe even entertaining. Over the last few decades, the word "*perspective*" has been used with increasing frequency. We all have an idea of what it means and that maybe even having "more" of it is better. There are several tools one can use to assess frequency and context of word usage. GOOGLE provides an online search tool called NGRAM viewer which gives a count of frequency of word usage in millions of books from 1500 through 2009. Searching there confirmed my sense that "perspective" has been rising in use in recent years. (Figure 1)

Google Books Ngram Viewer

Graph these comma-separated phrases: perspective

case-insensitive

between 1800 and 2008 from the corpus: English (2012) with smoothing of 4

Search rate of books

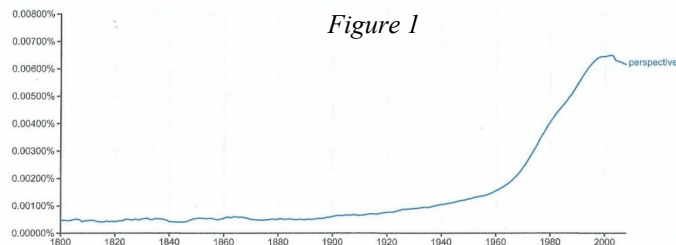


Figure 1

The magnitude of the rise was surprising and conjures conjectures about cultural and sociological implications. Perhaps we will have time during this series to explore some of those. At least it suggests that something is changing about how we use the word.

One can also use the enormous billion word database of *Corpus of Contemporary American English (COCA)* (<https://www.wordfrequency.info/>) to ascertain the absolute frequency of use and where it ranks in terms of other words in use. According to this source "perspective" ranks #1416 in use in American English. (Figure 2)

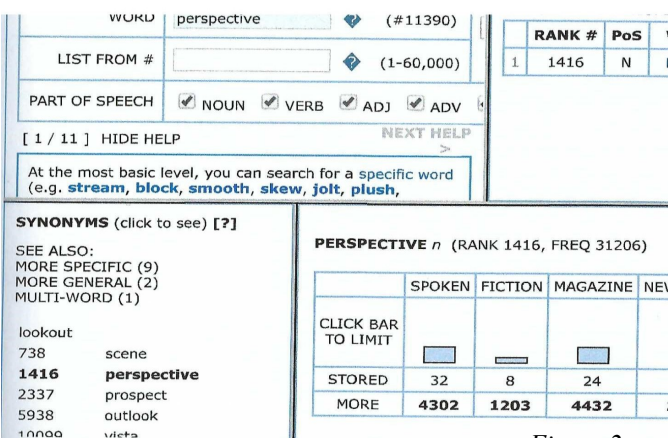


Figure 2

That is a higher ranking for usage than I would have guessed, and at this point I concluded that I was not as informed about the word and its meanings as I should be, so sought help in the discipline of etymology.

It turns out that the progenitors of "perspective" can be traced back to a Proto-Indo-European (PIE) word *spék'yeti* which became *spekjō* in Proto-Italic and in Latin "*specio*" (pronounced with a hard "k" sound). As a verb form this meant to observe, to watch, to look at. As a noun it was synonymous with mirror. The related Latin word "speculum" has continued in medical use until this day as a tool for observing. Other English correlates such as aspect, retrospect, spectacle, speculate and spectate are easily recognizable. You can undoubtedly add many English words rooted in "spek."

When one combines the PIE root "*per*" (meaning "through") with the PIE root "*spek*" we derive "perspective"—seeing through. Early Latin forms include the male noun "*perspectus*" meaning "of sight, optical" and the female noun "*perspectiva*" or "science of optics." Medieval Latin gave us the phrase *perspectiva ars* or "science of optics." The first attestation of use in English was the Middle English "perspectyf" in 1381, again meaning "of sight, optical." My limited reading suggests that the inaugural use was as a noun referring to an optical glass, but that has been difficult to pin down, since optical science still lay in the future.

In any event, the word quickly seems to have transitioned in meaning to a technique used in drawing whereby one can represent on a plane surface the spatial relationships in three dimensions as they should appear to a human eye. Art historians



Figure 3

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tell us that prior to 1400 CE drawings and art had no true "perspective" as often depicted today. (figure 3)

The Encyclopedia Britannica (<https://www.britannica.com/art/linear-perspective>) tells us, "Linear perspective is thought to have been devised about 1415 by Italian Renaissance architect Filippo Brunelleschi and later documented by architect and writer Leon Battista Alberti in 1435." Da Vinci's preliminary work on Adoration of the Magi demonstrates how it had developed by 1481. (Figure 4)

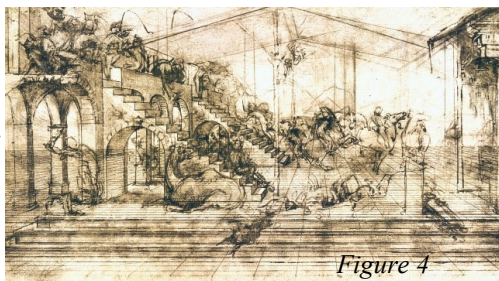


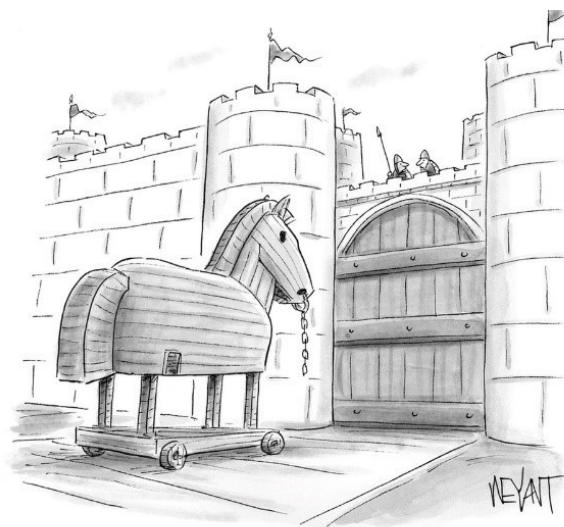
Figure 4

The above uses strictly refer to a physical phenomenon related to the optics of vision. While the use of "perspective" as a noun referring to an optical device has disappeared, the terminology of linear perspective in art and architecture is still very much with us. The increased use of the word "perspective" is not due to art and architecture, however. The modern "way of looking at things" has assumed more undertones of intellectual understanding and having to do with one's opinions, rather than physical vision. I am intrigued by the potential reasons for the explosion in usage of this word. Is it due a synergy of vastly more people in the world desiring to express their individuality in the face of exceptionally large external forces, using burgeoning modes of mass communication? Does it signal some fundamental shift in the soul of the population? We have certainly moved from historical epochs in which world views were authoritatively imposed from without (and generally accepted) to a time in which almost anything goes, with an incredible variety of sources, often at polar extremes of possibility, regarded by someone as trustworthy and authoritative.

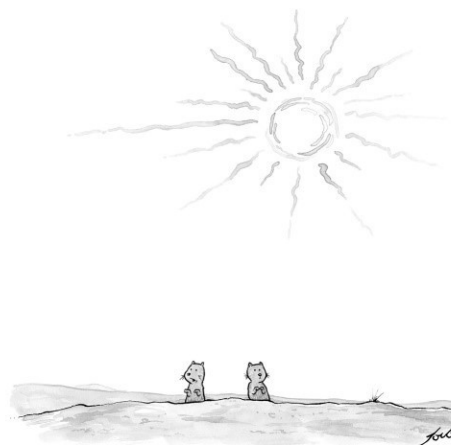
Today the word appears in all sorts of contexts, often modified by a clarifying adjective, like "historical" perspective or "personal" perspective or "medical" perspective. In subsequent columns I will extend the discussion to issues such as separating objective information from valuable opinion from intellectual noise, examining in more depth what perspective is, how do we identify it, whether we can change it and problems arising from it. For our philosophy-minded members we will delve into epistemology. Can epistemology, one of the four pillars of philosophy, help us sort out how to acquire trustworthy knowledge? Will that help us deal with rising incivility? By the time we get to the presidential address in Galveston I hope to come full circle, returning to "perspective" from the standpoint of the history of science and optics.

In case you were wondering about the title of this column, I do not think "Perspect" is a real word, although I think it should be an active verb meaning to seek perspective. A Google search does not indicate its presence in any generally accepted dictionary, but I did find one consulting/coaching company which has adopted that as a business name.

Until next time I would like to leave you with some examples of the role of perspective in the context of humor, something I think the prankster in Osler would have liked in the COVID era:



"Who cares what it is? I'm just happy we still get delivery."



"Other than the constant looming threat of danger, it's a beautiful day."

Please be safe as we all look forward to gathering again.



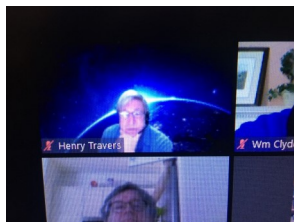
AOS ZOOMS IN ON HISTORY

By Clyde Partin

In the face of the COVID-19 pandemic, the American Osler Society cancelled the 2020 annual meeting, which had been scheduled for Pasadena, California. Since many of the students likely could not attend the 2021 meeting, the AOS leadership arranged for the students to deliver their papers via Zoom

Technology may be one of the few beacons of light in the wake of a pandemic. Scholars noted after the Black Plague in the fourteenth century, technological innovation occurred as a response to a decimated labor supply. Six millennia later, the COVID-19 plague has caused similar repercussions. The meteoric rise of Zoom technology has necessitated that maturing, baby-boomer physicians and other pre-millennials, which includes many members of the American Osler Society, master new tricks and become Boomer Zoomers. On Sunday afternoon, 26 April 2020, the AOS held its inaugural Zoom meeting. Fifty people signed up and at least thirty-five came on board from the virtual waiting room, including two wife-husband teams, possibly under one registration, so thirty-seven people. At least three countries—USA, Canada, and Australia—were represented in attendance. Attendees enjoyed seven superior talks.

Pete Travers, with his outer-space *faux* background, appeared to be in NASA mission control mode as he adroitly vectored us through the meeting. (At one point, he authoritatively kicked out one suspicious space troll, who did not respond to a verbal summons, and no one seemed to know the person. Perhaps our commander thereby averted an attack by a zoom bomber.



Mike Jones (and newly acquired puppy Osler), the Master of Ceremonies, ran the show with perfect cadence and wit. As Chairman of the Program Com-

mittee, Jones, coping with a plethora of extenuating circumstances, invested more effort and thought than could be imaginable into performing, with superb sensitivity, the responsibilities of that position. Jones felt the presentations would give those students who will be unable to attend next year, a platform to share their research and also

provide an acceptable bridge to the 2021 meeting in Galveston.

The flawless technological execution by a hybrid audience of pre-millennials and millennials is a testimony to adaptability and finesse of Mission Commander Pete Travers. Zoomism now reigns in the time of corona virus. In her article, "Zoom: The Movie of Our Lives," Ann Hornaday, a *Washington Post* writer, describes Zoom as follows: "With its black-box simplicity and stacked spatial grid, the Zoom screen hews to a comforting form of classicism, evoking both Mies vander Rohe-esque modernism and the boomer nostalgia of



'Hollywood Squares.' As a metaphor for contagious times, its aesthetic couldn't be more apt, allowing practitioners to be connected and self-isolated, in a format that—however improbably—looks better as more people add their faces to its oddly mesmerizing mosaic of morphing tiles." She makes two points that bear comment. Someone will have to explain to the millennials what Hollywood Squares was all about. For those of us who may not happen to recall the German-American modernist architect, Mies Van der Rohe, Wikipedia informs that he: "Strove toward an architecture with a minimal framework of structural order balanced against the implied freedom of unobstructed free-flowing open space." In that sense he was the unanticipated inspiration and precursor for Zoom.

During the meeting, any number of virtual revelations became noteworthy. For example, Dr. Ronald MacKenzie was the only person adorned with neckwear and certainly the most stylishly attired. His red, perfectly-tied, Osler bowtie, designed by Mark Silverman, assuredly warrants the Best Dressed Award at the First AOS Zoom Gathering. Some observers have claimed that a disproportionate number of Oslerians suffer from bibliomania, ICD-10 code N/A, though AOS member Bruce Fye is attempting to have this affliction entered into the ICD-10 Manual. Supporting data for such a nefarious accusation was easily confirmed, since the majority of people had an ample collection of books visible in the background.

Some members deserve special mention for their bookish backdrops. Marvin Stone sat throne-like, perfectly centered and flanked, as if in a cave with walls provided by two huge bookcases. Andrew Nadell seemed to be spiritually one with his looming bookshelf. Over Robert Menel's right shoulder, his bookcase beckons, but his demeanor demands that Zoom visitors show him some ID before perusing his books. Mario, surely one of the ring-leaders in the shadowy world of bibliomania, had his books tastefully arranged.

Mike Moran must have had his camera set low because each time he typed, his fingers appeared in dis-

torted close-up, resembling crab legs scurrying across the beach. Like the unpettable cat that wanders across the Zoom field of view, the student happily savoring unshareable M&Ms, or the elusive aroma of one student's freshly popped popcorn, the capacity for any bibliomaniac to investigate those shelves is thwarted by the technology that fed our desires. Richie Kahn and his wife seemed in violation of the six-foot rule—but they are married. No mask is required for Zoom get-togethers. Mike Jones's wife Becky moved in and out of the screen at a discrete and safe distance. During a pause, they did take the opportunity to introduce, live on screen, their recently acquired puppy—"Osler."

All seven presentations were up to par and then some. In these talks, the presenters exhibited a remarkable level of maturity on several levels: intellectual content, depth of thought, and the practiced delivery style, were exemplary, as if those speaking were seasoned veterans of the lecture circuit. Proceedings began with Dr. Stolyar providing a refreshing look at Morgagni's 1761 medical textbook (utilizing the 1824 English translation by William Cooke), a "milestone in anatomical pathology and clinical medicine." Osler would have approved of her description of the historical significance of that tome, on the basis of the clinicopathological focus introduced in the book.

In a pleasing regional twang that may be Texan, Mr. Cravero presented a well-organized and exceedingly original discussion linking Osler's thoughts on wisdom and "knowing oneself in order to achieve Zen in the art of medicine" to the 1953 book *Zen and the Art of Archery* by German professor of philosophy Eugen Herrigel. Cravero's facility with the English language enhanced his ability to present abstract observations that reflected his undergraduate degree in literature. (He is a scintillating example for Ms. Sobol's argument for the value of undergraduate humanities education. See below.)

Baltimore journalist and savvy writer HL Mencken

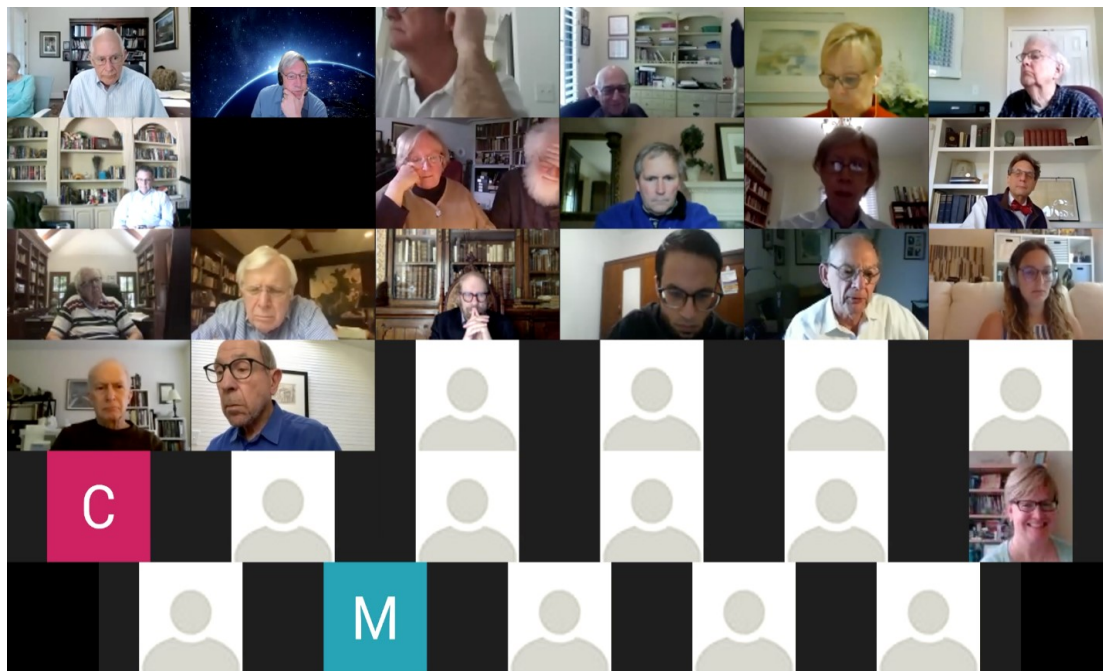
was not much of a fan of Howard Kelly, since they apparently shared a train ride to New York City during which Mencken felt subjected to Kelly's constant proselytizing. Kelly is well known to Oslerians, but Ms. Nguyen presented Kelly in a positive and humane light and artfully expanded our knowledge of him.

Research by the CIA into mind control is likely the first time for this topic at an Oslerian meeting. Dr. Cameron's work is both fascinating and disturbing, as described by Ms. Fields. This talk created the most discussion and questions, and Dr. Nadell delivered informed thoughts on this subject. Ms. Tuchaai brought some original insight into the topic of: "'Work' the Master Word in Medicine," a theme that oft has been explored by Oslerians.

Ms. Sobol's depiction of her research into the value of 'Undergraduate Humanities Education (UHE)' was remarkable in scope. Her conclusion was that what these students may have lacked in science background was highly compensated in their preparation for the clinical years. Strong verbal reasoning, critical thinking skills, tolerance of ambiguity, note-writing skills, and case presentations were enhanced by UHE. Her abstract is a masterpiece of written expression.

In the setting of the COVID-19 crisis, Mr. Hinds superbly explored, in the last oration of the afternoon, Osler's belief in humanity. Hinds framed Osler's late-life despair and reconciliation by his retreat into the Jungian duality of man. Finding solace in caring for patients, Osler "plays out the paradigm that Jung articulated." We also will do so, as we navigate the turbulent and uncertain waters of the first pandemic in our lifetime.

At 4:33 PM, Peter Travers declared mission accomplished. The meeting was deemed a zooming success.



OSLERIAN VIEWS

Pandemics Then and Now: Influenza in 1918 and COVID-19 in 2020

By Herbert Schwick

In many ways, the current COVID-19 pandemic is the worst global outbreak of disease since the 1918 influenza pandemic. Much has changed over the past century, but much remains the same. It is not possible, of course, to address fully any element of the 1918 pandemic in 1200 words, so a few anecdotes must suffice, anecdotes that seem almost random but have been carefully selected to allow a comparison between what happened in 1918 and what has happened over the past few months.

In December 1918, a physician traveling on horseback to see a patient west of Missoula, Montana, was flagged down as he passed a ranch. The rancher asked the doctor to examine his family immediately. When the doctor replied that he would return to see them after he had visited his first patient, the distraught rancher pulled out his six-gun and ordered the physician to see his family "right now." Thinking it best to comply, the doctor examined several family members with the flu and wrote out a prescription, after which the rancher apologized and paid the bill.

The 1918 influenza outbreak sparked widespread fear. The cause was unknown, the course of the illness unpredictable, the death rate high. It is impossible to know exactly how many people died, but experts estimate that influenza killed between 50 million and 100 million people in just 15 months.

For the past 300 years or so, major influenza epidemics have occurred 3-5 times every century, so in 1918, influenza was already a well-known disease that provoked well-known social, political and medical responses. In 1890, for example, a cartoon titled "The Whole World has the Influenza!" appeared in the January issue of *La Grelot*, a free scandal sheet issued in Paris (Figure 1).



At the top, a man with influenza shivers in the embrace of a rather gleeful doctor, while a trio of skeletons plays dance music on bagpipes, drum and flute – a parody of the dance of death. Politicians and pharmacists merrily join hands to dance with women representing various unproven and ineffective influenza remedies – antipyrine and quinine – because politicians and the drug companies were benefiting from the epidemic.

In 1918, the first case of influenza in the United States occurred on March 11, when a young Army cook reported to the sick bay at Fort Riley Kansas with fever, sore throat, and headache. By noon, 107 men had reported sick, and in a week, there were 522 cases. Once the disease gained a foothold, it spread quickly. In some Army training camps, up to 90% of the men became ill. Over the course of the summer of 1918, in the crowded trenches of the European front, the virus became more virulent and dangerous. When influenza returned to America with the troops that fall, it wreaked havoc.

Throughout the nation, streets were empty, many stores, schools and churches closed. People wore gauze masks hoping to fend off the infection. In San Francisco, a health officer shot a man who refused to wear a mask. The cities of San Francisco and Seattle required people to wear masks while riding street cars. In Seattle, anyone who tried to board a streetcar without a mask was arrested (Figure 2).



Police in Chicago were ordered to arrest people who sneezed in the street. The crime rate in Chicago dropped 43% in October 1918, because so many criminals were sick.

The death rate was high, especially so in young healthy adults. New York City recorded 851 deaths from influenza in a single day in October. But the huge number of cases and high death rate did not deter children, always irrepressible, from having fun. They played climbing games on tall pyramids of coffins, and they even jumped rope to this catchy

OSLERIAN VIEWS

skipping rhyme:

*I had a little bird
And its name was Enza
I opened the window
And in-flu-Enza*

Butte, Montana, serves as a good example of what was happening throughout the country. Butte was Montana's largest and most sophisticated city in 1918, a bustling, crowded mining town with a population of 93,000. The public health department recorded 3500 cases of influenza in October.

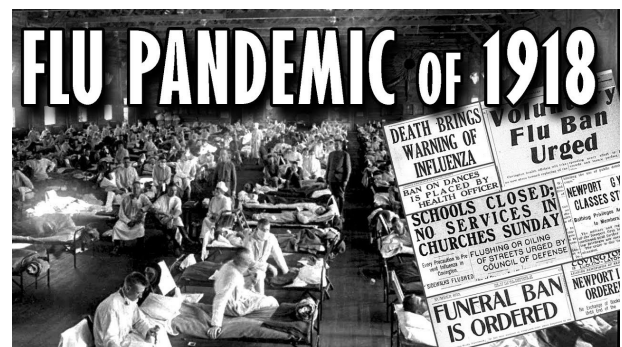
When the epidemic hit, officials from Butte's city and county governments established regulations designed to control the outbreak, closing schools, businesses and other public places. There were rules for quarantining sick patients. But such rules met with some hostility from the good citizens of Butte. Women who owned small neighborhood grocery stores, for example, argued that they provided essential services for housewives in the neighborhood. But such small businesses were not considered essential, and all were closed with one exception: the bars! In Butte, the saloons were considered "a public necessity" during the influenza epidemic because the mayor determined that a "reasonable consumption of liquor was better than too much medicine."

Political leaders were not spared the illness. President Woodrow Wilson developed a severe case of influenza during the Versailles conference. On March 27, according to one report, he had "an impassioned argument with Georges Clemenceau about the terms of the treaty to end World War I, once exploding into a verbal tirade at the conference table." Later, Wilson asked apologetically, "...do you wish me to return home?" Clemenceau responded, in a Gallic huff, "I do not wish you to go home, but I intend to do so myself." He then picked up his hat and left the room. Soon thereafter, Wilson became acutely ill, with high fever, severe headaches, muscle pain, chills, and delirium.

Efforts to discover what caused influenza and how it was transmitted began almost immediately, but the task proved exceedingly difficult. The influenza virus that caused the 1918 pandemic was finally isolated in 1933, thanks to an infected ferret that sneezed on one of a team of British scientists who were studying the disease. Not until 2005 were scientists able to sequence the genome of the H1N1 influenza virus that had caused the 1918 pandemic, using viral material that had been recovered from a grave in Brevik, Alaska, locked in permafrost.

The 2020 COVID-19 pandemic mirrors the

1918 influenza pandemic in many ways. Both were marked by a sudden onset and both caught nations unprepared. Both created anxiety and uncertainty. Both caused widespread social disruption, with quarantines and closures of businesses, schools and churches. Masks were almost ubiquitous. In both, misinformation was rampant. Both COVID-19 and the 1918 influenza led to the promotion and use of ineffective therapies. In 1918, for example, people were supposed to eat sugar cubes that had been soaked in kerosene and children were to be immersed in tubs of chopped onions. In many cities throughout the country, hospitals and medical facilities were overwhelmed, leading to the construction of tent hospitals. The daily death rate was often staggering. The influenza pandemic lasted 15 months and was marked by two waves, in part due to the early re-opening of public spaces in November to celebrate Armistice Day. It took 87 years to sequence the 1918 influenza genome, while it took only weeks to do so with the novel corona virus responsible for COVID-19. It is too soon to know how long COVID-19 might last, whether it will occur in waves, or what the final burden of disease and death may be. It is nevertheless instructive to consider our nation's and the world's experience with the influenza pandemic of 1918 as a model for the COVID-19 pandemic of 2020.



MEDICAL HUMANITIES

Learning from Cholera for COVID

by

John M. Harris Jr.

The most cited pandemic “teaching case” for COVID-19 is the influenza epidemic of 1918. But Americans had far more experience with epidemics in 1866 than they do now or, for that matter, than they did in 1918. Those who lived in New York City in 1866 were ready for a pandemic; others were not. The story of the 1866 cholera epidemic is frighteningly instructive.

Cholera hit North America twice before it arrived in 1866. It killed 3,000 in New York City in 1832 and claimed 5,000 lives in New Orleans before it was done in 1833. When it came again in 1848 it also hit New York first and followed the waterways. Roughly 5,000 New Yorkers lost their lives. England, with its more densely-populated and polluted cities was hit far worse. The disease killed 7,000 in London in 1832 and double that in 1849.

Cholera was the most dreaded disease of the era, killing suddenly, violently, and unstopably. George Bacon Wood wrote in his 1847 medical textbook, “The disease has laughed at walls, guards, and legal penalties.” Cholera hit the most squalid areas hardest, appearing to some as Divine retribution for moral failures.

But it was not morals. It was hygiene and English statisticians were seeing an answer. The cholera epidemic of 1832 prompted English laws that emphasized disease prevention through reform and sanitation. The 1848-49 epidemic re-energized this effort, leading to the 1848 British Public Health Act. It took more than thirty years to appreciate the role of water supply in cholera, but the ongoing cholera debate moved the problem from a moral quandary to sanitation and disease prevention.

The Civil War brought the English experience, including Nightingale’s Crimean work, to the United States. Two of the painful wartime lessons were: 1) Sanitation and hygiene were important. Soldiers’ diseases were related to filth, not moral failings. 2) Partial measures did not work. Medical facilities needed to be clean and well-ventilated to prevent disease and the sick must be separated from the well. These conclusions were based on multiple observations by physicians and laymen on battlefields, troop ships, and hospitals – long before the germ theory took hold.

During the height of the Civil War, New York City pushed the pieces together. After the 1863 Draft Riots, a group of wealthy citizens used a city-wide health survey to promote political reform. Bellevue surgeon Stephen Smith and thirty-one physicians surveyed every block, alley, and lot on Manhattan, reporting on conditions, diseases, and death rates during six months of 1864. A 500-page version of Smith’s seventeen-volume report hit the streets the following spring. *The New York Times* lauded it: “This is a book demanding and arresting attention... The report before us does not hinge on hearsay or repeat misrepresentations. Its facts are hard, palpable; its deduction convincing, its arguments unanswerable.” Smith’s wartime survey became a public health legend.

Smith and his allies successfully argued that New York City’s public health was too important to be left to its politicians. Their work was spurred on by a cholera epidemic that hit Egypt and Italy in 1865. Governor Fenton signed a bill creating a metropolitan health authority for the greater New York City area in the spring of 1866. It was the first legislation in the country to grant permanent police powers to urban health professionals for improving sanitation and controlling communicable diseases.

The newly-appointed health commissioners faced mountains of work and an antagonistic city government, but the arriving cholera epidemic was everyone’s top concern. Horace Greeley’s *Tribune* called epidemic cholera “the main branch of the Universal Sanitary Commission of Almighty God.” Hucksters jumped in. Newspaper advertisements praised Stoddard’s Cholera Specific and

Marsden’s Cholera Cure, which “never failed.”

The differences between 1849 and 1866 were that the Metropolitan Board of Health had the hard-won English experience at its fingertips and a green light to do what it needed. The newly-arriving message was that the cholera poison was spread through the contaminated products of cholera patients, most likely via the air, but possibly by water. This was pure epidemiological inference, without any supporting laboratory data. It was not entirely correct, but it was close enough.

The Board faced its first real challenge when the steamship *Virginia* arrived from Liverpool on April 18, 1866 with thirty-one cholera deaths en route. The standard response was to quarantine the ship and keep all passengers on board. Then the *England* arrived on April 20, having lost 250 passengers and crew to cholera. The Board faced a heated debate over what to do with the ships and their passengers.

The Health Board’s first thought was to transfer passengers to dilapidated hospital ships. After considerable finger-pointing, it elected to commandeered land-based hospital facilities, transfer all passengers there for treatment or quarantine, and disinfect the ships. It was a humane and sensible step, but the Board knew it would not prevent the spread of disease. It appointed Stephen Smith to develop a plan for treating victims of the expected outbreak. Smith prepared two facilities in Manhattan and two in Brooklyn, with the federal government’s Battery barracks the largest, providing nineteen buildings and capacity for 600-700 patients.

The first cholera deaths appeared in early May 1866 and the epidemic gained steam in June. New York City recorded deaths almost daily and the disease spread to Brooklyn on July 8. After arriving in New York City, cholera followed the lines of commerce. It appeared in Detroit on May 29, Cincinnati on July 11, New Orleans on July 12, and Chicago on July 21. It reached Austin in September and Albuquerque in October.

Smith recommended that the Board pursue active case-finding, seeking out cholera patients for treatment, but the Board took the less costly steps of educating the public and responding to cases as they appeared. The Board’s guidance was that all waste from cholera patients go into containers with chemicals it called disinfectants. These chemicals, such as such as quicklime and ferrous sulfate, would stop decay and prevent the propagation of disease poisons. Public privies should also be regularly disinfected. This bacteriologically-sound advice was based on epidemiological observations only.

When a case appeared, the Board’s agents telegraphed the local police station, which typically had a horse-drawn disinfection wagon on the scene within an hour. The team removed the patient to a hospital, if necessary, and disinfected the patient’s clothing and surroundings. The inspectors also reported dangerous refuse accumulations via telegraph.

We know that cholera is caused by a bacterium present in human feces and that it is usually spread by contaminated water. We also know that most cases are relatively mild, with only 5-10 percent progressing to severe disease. Thus, cholera, before the age of bacteriological testing, could be easily transmitted by persons who appeared well. And even now it is hard to treat. Stephen Smith wrote, “Cholera should not be treated as a disease, but as a pestilence.” By this he meant that prevention was more important than medical intervention.

New York City saw twenty-five to thirty new cases of cholera per day by August 1, but the Board’s work paid off and its hospitals were mostly unnecessary. Between July 25 and October 13, when the epidemic ended for the year, Smith’s four hospitals treated only 410 patients, of whom 301 carried the diagnosis of cholera. The total cholera deaths in New York City during the 1866 epidemic were 1,212, far fewer than 1832 and 1849, when the city was one-

MEDICAL HUMANITIES

(Continued from page 8)

third to one-half the size.

This was what success looked like – empty beds. But the 1866 cholera scare was not an empty threat. Other cities watched New York without following its lead. Chicago's police fretted over rotting produce at fruit stalls and wasted time and resources by inspecting arriving trains to assure that there was no cholera on board. Scattershot sanitation and quarantine measures were ineffective. Chicago had 1,000 deaths, Cincinnati 2,000, and St Louis over 3,500; each city having one-third or less the population of New York. When the epidemic passed, *The New York Times* praised the Metropolitan Board of Health: "Their services last Summer in resisting the invasion of the cholera will always entitle them to the gratitude of the City."

There were other U.S. cholera epidemics after 1866, yellow fever and smallpox also. However, each wave was less fearsome than its predecessors, as cities and states organized public health departments and improved their sanitary infrastructure. Urban death rates fell by more than a third between 1860 and 1880 and, with the acceptance of the germ theory and improved bacterial detection methods, infectious disease death rates continued to fall, well before the advent of effective therapies.

The threat of recurrent epidemics and the anxieties they aroused abated and the experience and resources to combat them faded. Stephen Smith wanted a national health board, much like today's Centers for Disease Control and Prevention, to coordinate and backstop the efforts of state and local boards, but the idea failed. He wrote in 1884: "Discouraging as are the efforts necessary to secure a good health organization, the struggle to maintain it against the arts of designing men who seek its control or destruction, for personal or partisan purposes, is always most disheartening. It is always so much easier to destroy than to establish and maintain Boards of Health, that they seem to be the special targets for criticism and detraction."

What are the relevant messages of 1866? As everyone should know, epidemics are not caused by treatable diseases. They are, as Smith called them, pestilences that must be prevented. The 1866 experience showed that prevention meant *guided*, not haphazard, interruption of disease transmission. Early guidance comes from epidemiological information that requires timely and reliable data, which can (must) be shared. It was the English experience with cholera, and the people who knew this experience, that changed New York's approach in 1866. And it was the telegraphed responses on the ground that made the approach work.

Secondly, success in managing an epidemic looks like unused capacity. It is tempting to criticize money being wasted on unused beds, ventilators, or testing kits. But it's genuinely foolish to assume such resources will never be needed. History would note that no one complained about the beds New York City paid for in 1866 and did not use.

Thirdly, pestilence management requires cooperation at all levels of government. New York City had no federal help in 1866, but it had an area-wide health board with genuine expertise and police cooperation down to the stationhouse level. Equally importantly in 1866, the emergency response was insulated from politics.



POETRY CORNER



I Went to the Doctor

I went to the doctor,
To check for Corona,
He said still your fears,
Your life's but a loaner.

Though your throats a bit red,
And your nose it is running,
You sneeze and you cough,
And your wheeze is quite stunning,

Enjoy the sensations,
We can medicate pain,
Take care to not worry,
It's bad for the brain.

Remember tomorrow,
May never appear,
If you worry so much,
Your life disappears.

Be careful out there,
But rather than moan,
Remember the truth is
Your life is on loan.

It was never your own,
You're but a mere steward,
Of a body on loan,
So be properly tutored.

The media screams,
Of a world that is ending,
Politicians point fingers
And control are pretending.

So, if your body's but a phase
Through which you are passing
Take heart in the knowledge
That life lived is worth grasping.

Relax and enjoy
The time that's remaining.
Good wine, good friends
Makes life worth retaining.

Anonymous Fool

OPINION

Life in the Time Of Corona

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

I am reminded of Gabriel Garcia Marquez's novel of unrequited romance, *Love in the Time of Cholera*, by the alliteration of our *Life in the Time of Corona*. Although the beautiful love story of Marquez's novel seems nowhere to be found in our *Time of Corona*, I was enlightened by a friend of a love that began in March. It seems a friend of hers who lived in New York City found a companion in Virginia on an online matching app and decided to travel to meet her match in person early in March. The woman has remained in Virginia ever since. So, perhaps there is *Love in the Time of Corona*. Nevertheless, the pain and *angst* associated with this period is very real and has affected a level and type of disruption in our lives that most of us have never experienced before. Though this experience is unique to our point in time two articles in this issue point out that from an historical perspective our experience is not all that unique.

In this issue of the *Oslerian*, Herb Schwick reminds of us of the deadly 1918 Spanish Influenza pandemic that claimed millions of lives across the world. Herb demonstrates that politics at both the local and international level played roles in how the pandemic was received and treated. Also in this issue, Skip Harris reminds us of cholera epidemics/pandemics that have disrupted our lives in the past with particular emphasis on the 1866 cholera epidemic in New York City. Local authorities were the heroes as Skip points out and federal assistance was not the main arbiter of control. The observation of local control as the most effective means of pandemic management certainly seems to be carrying over into our contemporary experience. That politics did not come into play in the 1866 New York City cholera epidemic, I am not so sure. A 2008 article in the New York Times reviewing the 1832 New York City cholera epidemic notes the social and economic disruption of the epidemic and "exposed the city's divisions of class, race and religion." (NYT-April 15, 2008). According to the Times article quoting a respected civic leader of the city in 1832; "the epidemic is almost exclusively confined to the lower classes of intemperate dissolute & filthy people huddled together like swine in their polluted habitations. Those sickened must be cured or

die off, & being chiefly of the very scum of the city, the quicker [their] dispatch the sooner the malady will cease." Hardly a statement that could be uttered in our contemporary culture, but an unfortunate truth that impoverished populations continue to be most affected by the current Covid-19 pandemic.

David Jones in a recent article in the New England Journal of Medicine (NEJM 2020;382:1621) reviewed the common features of epidemics throughout history. Borrowing heavily from the observations of the historian Charles Rosenberg, Jones states: "Epidemics unfold as social dramas in three acts according to Rosenberg."

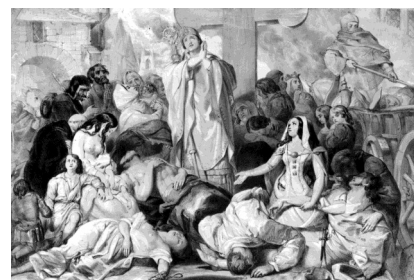
"The earliest signs are subtle. Whether influenced by a desire for self-reassurance or a need to protect economic interests, citizens ignore clues that something is awry until the acceleration of illness and deaths forces reluctant acknowledgment. Recognition launches the second act, in which people demand and offer explanations, both mechanistic and moral. Explanations, in turn, generate public responses. These can make the third act as dramatic and disruptive as the disease itself.

"One dramatic aspect of epidemic response is the desire to assign responsibility. This discourse of blame exploits existing social divisions of religion, race, ethnicity, class, or gender identity. Governments respond by deploying their authority, with quarantine or compulsory vaccination for instance."

"History suggests that we are actually at much greater risk of exaggerated fears and misplaced priorities."

Unfortunately the common features described above have played out in lock-step fashion in the current pandemic. From denial, to blame, to media induced hysteria our contemporary time is not immune to the all too human failures of the past. The question is whether or not we can learn from this experience and make adjustments to our responses going forward or shall we just have to resign ourselves to the continued repetition of our past experiences?

Michael H. Malloy



LETTERS -OBITUARIES-NOTICES

James Tait Goodrich – a Eulogy
W. Bruce Fye

James Tait “Jim” Goodrich died on March 30, 2020, one of the first physicians in the United States to succumb to Covid-19. He was born in Portland, Oregon, on April 16, 1946 to Gail Josselyn Goodrich and Richard A. Goodrich. Jim’s academic standing as a high school senior (GPA of 1.62) gave no hint of his eventual success and international impact as a pediatric neurosurgeon. After serving with the Marines in Viet Nam, Jim entered Orange Coast College, where he attended a life-changing lecture on learning and memory by University of California Irvine neurobiology professor James L. McGaugh. Jim recalled in 2018, “Professor McGaugh contributed to my growth and success in so many ways. Because of him, I was able to get into a great medical school and continue a wonderful academic career. His influence is still with me over four decades later.”

Jim’s comments remind us of the profound personal and professional impact that William Osler had on so many students and trainees. Upon learning of Jim’s death, McGaugh said, “He was an undergraduate research student in my lab and, later, a close friend. He was an inspiring person who came from a humble background and worked his way up from community college to UCI and became one of the world’s leading pediatric neurosurgeons.”

Jim married Judy Loudin, a dental hygienist, in 1970. She would be a vital part of his life for a half century. After receiving an Associate of Arts degree from Orange Coast College in 1972 and a Bachelor of Science degree from the University of California, Irvine two years later, Jim entered the Columbia University College of Physicians and Surgeons. In 1978, as a medical student, he was awarded the prestigious Osler Medal of the American Association for the History of Medicine for his manuscript “Sixteenth Century Anatomy and Andreas Vesalius: The Contribution of Renaissance Art to Modern Anatomical Studies.” This paper was published seven years later in the bimonthly W. B. Saunders journal *Medical Heritage*.

By this time, Columbia University had awarded Jim a PhD in addition to his MD. He completed surgical and neurosurgical training at Columbia-Presbyterian Hospital and the New York Neurological Institute.

Jim achieved world-wide fame in 2004, when he led a large Montefiore Hospital team that separated Carl and Clarence Aguirre, twins who were joined at the head. A 2005 article in New York Magazine focused on the operation and its short-term outcome. Author Laurie Abraham also provided insight into Jim’s career and personal life that she gained during a visit to the Goodrich’s home that overlooks the Hudson River.

In addition to his busy practice, Jim was a prolific author. PubMed lists 104 publications between 1976 and 2019. He also edited four major neurosurgery textbooks for Thieme between 1994 and 2013. One quarter of Jim’s publications deal with the history of medicine, mainly various aspects of the history of neurosurgery. A respected teacher and mentor, Jim was a professor at the Albert Einstein College of Medicine and the long-time chief of pediatric neurosurgery at Montefiore Medical Center in the Bronx.

Jim’s interest in William Osler owed much to Harvey Cushing, the founder of neurosurgery as a specialty. Cushing’s 1925 biography of Osler won a Pulitzer Prize, and his world-class book collection resides at Yale University. I first met Jim at the twelfth annual meeting of the AOS, which was held in Philadelphia in 1982. The society was small when he was elected to membership that year. There were just 80 members (25 charter members and 55 elected members). I will never forget meeting Jim, a striking figure with a personality that was a blend of humility and self-confidence. We were both thirty-five-year-old physicians interested in medical history, William Osler, and book collecting. Many AOS members (all of whom were older than us) shared those interests. But Jim and I were certified bibliomaniacs. We both collected

medical books on a huge scale, and we both sold books through catalogues. In fact, Jim issued his last catalogue just a few weeks before he died.

Jim published an article “Medical Bibliophily Revisited” in the January, 1983 issue of *Off Hours*, a magazine that styled itself as a physician’s guide to leisure. He opened his article, “In these days of high-technology medicine, physicians are increasingly turning to outside interests that reflect the humanistic roots of their profession.” After sharing valuable insights into the dynamics of medical book collecting, Jim closed his article on an upbeat note, “The fact that many of today’s collectors are young physicians gives added hope that the scholarly traditions of the past will not be lost.”

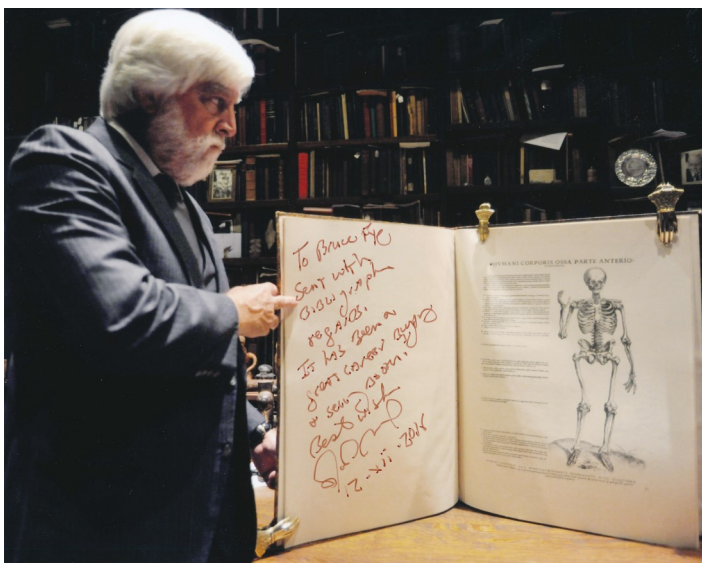
When Jim learned that I would be in New York in March 1984 to deliver a talk “Collecting Medical Books: Challenges and Opportunities in the 80s” at a conference on books and the physician sponsored by the New York Academy of Medicine, he sent me a postcard.

Jim invited me and our mutual friend and fellow bibliomaniac Paul Kligfield to visit his home. To say that Paul and I were impressed by the thousands of antiquarian medical books that filled his library’s floor-to-ceiling shelves is an understatement. [IMAGE].

That same year Jim delivered his first AOS talk. This was the society’s fourteenth annual meeting, and Jim spoke on “Sir William Osler and the Investigation of Cerebral Localization,” a paper he had prepared with Wake Forest University neurologist and *Oslerian* Lawrence “Larry” McHenry.

Most *Oslerians* will remember Jim as someone who shared their interests in the humanistic aspects of medicine and its history. But Jim’s lasting reputation will relate mainly to his contributions to neurosurgery. Sanjay Gupta, a fellow neurosurgeon and CNN’s chief medical correspondent, published a tribute to Jim the day after he died. It began, “Most will remember Dr. James T. Goodrich as a recognized giant of neurosurgery, the most experienced neurosurgeon in the world when it came to the delicate and daunting separation of craniopagus twins, those conjoined at the head.” Gupta recalled watching Jim and his team throughout the 27-hour operation to separate craniopagus twins Jadon and Anias McDonald in 2016. The on-line version of Gupta’s piece included excerpts from an interview he did that year.

Jim’s impact on neurosurgery and on the lives of countless patients and their families is evident in the virtual memorial service, which can be watched at Jim’s Facebook page. The video includes about 100 still photographs of Jim in a wide variety of settings and video comments by several friends and colleagues. This very moving tribute has been viewed more than 8,000 times and has generated hundreds of comments. Jim will be greatly missed.



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Looking Back at Pasadena, CA



Alas, the 50th meeting of the American Osler Society (AOS) did not come to pass, despite the best efforts of the planning committee. The wonders of Pasadena, California will have to wait for another day for the AOS to explore.

Looking Forward to Galveston, TX



Save the dates of April 11-14, 2021 for the AOS meeting in Galveston, Texas. The planning committee has selected an enticing venue at the San Luis Hotel along the Seawall and put together inviting extracurricular and banquet experiences. More information will be forthcoming.



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. The OSLERIAN is published quarterly.

New Members

The AOS would like to extend a brief welcome and introduction of its newest Active members:



Katie Ray practices Family Medicine in Alpine, Texas. She is a graduate of the University of Texas Medical Branch and completed residency training at the University of Wisconsin, Madison.



David Wolf is an hematologist-medical oncologist at the Weill Cornell Medical College in New York City. He is a member of the New York Academy of Medicine where he sits on a committee which plans events related to the history of medicine.

Call for Abstracts for AOS 2021 Annual Meeting: Because the majority of abstracts scheduled for presentation at the 2020 AOS Meeting are being carried over to the 2021 meeting there will be a limited number of new abstracts accepted. Nevertheless the Program Committee encourages submissions, particularly from students. Deadline for submission is November 15, 2020. More information will follow.

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)