AMERICAN OSLER SOCIETY

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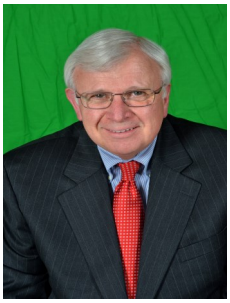
The Oslerian



President Robert Mennel 52nd AOS President installed at the 2021 Zoom Board of Directors Meeting.

A Message from the President

Robert Mennel

This is my final "Message from the President" for the Oslerian. My three previous Messages have dealt with changes that I have seen in the practice of medicine during my medical lifetime, the influence of non-physicians on the practice of medicine, and the disparity of medical care in the US because of the business of medicine. I thought that I would like my last Message to be more of a positive and encouraging article.

I think all of us physicians in the Osler Society realize what a blessed profession we are members of and how fulfilling it has been in different ways for all of us. We have the honor of being in the same profession that the Osler Society's name's sake, William Osler was in, a man who stands as the example whom we are asked to emulate. This is a great honor but also a tall order to carry out. We are in a profession that cares for people during their worse times and some of their best times. We are in a profession where people will share their most intimate details of their life with us, details that they may not share with their closest friends or family members. We are in a profession where some patients we can cure and others that we can only help die with dignity. Our profession makes us out to be Gods for some patients because of what we have done for them and Devils for other patients because of what we have put them through emotionally or physically to try to make them well.

All of us had different reasons for entering medicine. Having interviewed hundreds of residency and fellowship candidates over the years, I can attest that the overwhelming majority have honorable and altruistic reasons for entering medicine. Although medicine usually provides a financially secure profession, I cannot recount anyone that entered this field solely for money. As I recounted in one of my previous messages, I was influenced by the caring physicians who cared for me when I had rheumatic fever at age 10. Their actual therapy was rest, but their concern, advice, and solace were very therapeutic.

I am an Oncologist but my route to Oncology was somewhat circuitous. As an aside, our profession asks young members of our profession to decide what they would like to do for the rest of their life way before they have had the experiences to know the answer to this question. As a medical student at Penn I worked with Claude Joyner, a cardiologist. We as mentors wield great influence over our students. Therefore, as an intern, I was sure that I was also going to be a cardiologist, like my mentor Dr. Joyner. However, my internship and residency kindled in me a fire for internal medicine. I de-

Please turn to next page

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

sired to be an internist in a small New England community. However, this was 1974. There were no reference labs, the small communities did not have the new imaging techniques that were being developed. If I followed my dream to practice the highest grade of internal medicine, dealing with difficult, and unusual problems other than primarily diabetes, hypertension, and obesity, I would need to practice in a larger medical center. These larger medical centers were replete with specialists. The Surgeons, Ob Gyn physicians, and Family Practitioners, who would be my referral base were going to refer directly to the specialist, not to me, the internist. I entered Oncology through the back door. Oncology was a horizontal cut (broad), not a vertical cut (organ system specific) through internal medicine that would give me a wide variety of internal medicine at a large academic institution. I chose Oncology because I wanted to practice Internal Medicine at a large academic center. However, I love Oncology. Oncology provides me with a group of patients that need and appreciate my help. Contrary to what many of you may be thinking that Oncology just helps people die, that is not the case. This was close to being true when I entered the field in the 1970s. In the 1970s the science behind our treatments was meager to say the least. Today, Oncology will rival and surpass any field for the depth of its science and the impact that the science has made on our patient's survival and lives. It has given a new dimension to my professional life. Let me share some patients' stories with you that brought me joy, exhilaration, confusion, and at times sadness. However, they have all taught me something.

SHOULD I TREAT?

When I was a fellow at Hopkins, we had a protocol to treat patients in their 2nd relapse of AML with a bone marrow transplant. I had a young lawyer from a smaller town in New England with 2 young children who came to Hopkins for this therapy. His chances without this therapy that he would survive longer than a few months were virtually 0%. As I recall, at that time we had treated 6 other patients on this protocol, and so far no one had had a durable response. He was looking for the miracle that so many of my patients with metastatic cancer are looking for. This could easily have been me. He and I were young professionals with 2 children, except he had recurrent AML. I became very close to him, a privilege, and a burden that our profession affords us. He and his wife looked to me for advice. He wanted me to tell him what to do. I didn't know what I would do if I were in his position. We discussed the potential benefits, the potential side effects, and what was important to him and his family. He decided to do the therapy. He never got a remission, had multiple miserable side effects, and was dead 6 weeks later. I felt that I had failed him, but he did what he wanted to do. I know that many of you think that I was crazy to let him do this. First, I didn't let him do this. He wanted to do this. He had the hope for cure which so many of my patients have even after in-depth conversations about success of a planned therapy. Secondly, you probably would have felt the same about the woman with metastatic synovial cell sarcoma to the lung with dyspnea, treated with Adriamycin/Ifosfamide with 0% chance for cure, who is now 4 years out with no evidence of disease, or the 60 year old man with melanoma metastatic to the brain, lungs, and liver who just wanted to live for 6 more months to walk his daughter down the aisle at her wedding, who embarked on a dendritic cell vaccine and not only walked his daughter down the aisle, but has seen 2 grandsons graduate from high school and still remains free of disease 20 years later, or the 60 year old lawyer on renal dialysis, who came to the office not able to breath because his lungs were filled with pleomorphic sarcoma even after receiving adjuvant Adriamycin / Ifosfamide, who decided to take a chance with immunotherapy even though he had no biomarkers to suggest success of this therapy, and is alive today without any sign of disease 3 ½ years later. The point of these examples is to show that medicine is not an exact science, and therapy decisions are not cut and dry but depend on serious complex conversations between the physician, patient, and the family. Our advice is based on our previous experiences. These conversations are exhausting but very rewarding.

PATIENTS ARE AMAZING!

Larry was a 35-year-old man with metastatic sarcoma. He was a teacher and was very involved with his students, family, community, church, and soccer. I cared for him over a period of about 4 years. He had multiple therapies with marginal benefit and some side effects. He eventually died and I received an invitation to attend a celebration of his life. I have only gone to one other patient's funeral. (This was for Paul, a 7-year-old boy, same age as my son, whom I cared for on Hopkin's Marrow Transplant unit.) My nurse, secretary, and I went to the celebration of Larry's life, and I am glad that we did. His church was packed with people that Larry had impacted over the years. I was very moved by a video that this 35-year-old had recorded about 3 weeks prior to his death. Larry still had humor even in death. He started out saying that he was happy that everyone was here, but quickly and humorously corrected himself by saying

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

that he was not so sure that he was happy since if they are seeing this it meant that he was dead. He went on to say how fortunate he felt to have had the life that he had had, and to have known all the people, that were there for the celebration of his life. He was not angry or bitter. He was thanking the people for inviting him into their lives. He was much more sincere and eloquent that I could have ever been. I give this example to show that patients are people, not just a patient, and they often impact your life as much or more than you impact their lives. A side light is that Larry's wife gave up teaching and graduated from nursing school so she could help other people like Larry. They were a great family and I treasure the fact that my profession allowed me to meet them and share their life.

LISTEN TO YOUR PATIENTS

This Christmas, I received 2 thank you notes from a patient and another from a patient's wife. The outcome for each of these patients has been quite different but they are both Thankful. Let me share their sentiments with you.

"Dr. Mennel,

*I just wanted to thank you for all that you have done for Chuck these past 7 years. He was diagnosed on our 43rd wedding anniversary, and on the 28th of this month we will celebrate our 50th wedding anniversary. I never expected to reach this milestone. ********** This is a terrifying disease, and you have always been so positive, and at the same time honest. ******* Thank you so much for making this anniversary possible."*

This man was a very prominent member of our community who presented with a rectal carcinoma and a liver with at least 12 metastases. He initially refused surgery and radiation therapy but today he has no evidence of his disease. By all rights he should have been dead in 6-12 months from his diagnosis. They are indebted to me and think that I saved his life. I didn't save his life. I was fortunate enough to pick the right therapy that the tumor responded to because it had the right biology. I have prescribed this therapy a hundred times before with a much poorer outcome. One of the joys of our profession is giving a patient an outcome that you hoped for but never expected to get.

The second note that I received was very moving for me. It was from a woman who had very little and is not doing well.

"Dr. Mennel,

I wish you and Mrs. Mennel a Happy Christmas. Please except this small gift. Thank you for all that you have done for me, the time that you have given to me, and your kindness. Rosalinda"

These two notes are both different and similar. They are different because the man is doing extremely well and may continue to do so for quite a while. I do not think he is cured, and we will most likely have difficult conversations in the future. The woman on the other hand has a difficult time ahead of her but is still joyful even though she is doing poorly. She has lungs full of tumor, is dyspneic with mild activity, and is having increasing hemoptysis. Although these two patients' imminent outcomes are different, their thankfulness is similar. They are thankful for kindness, compassion, and attentiveness. It is embarrassing to recount these examples because it sounds like I am tooting my own horn. I am not. All of us do this as physicians. These are qualities that we, members of the Osler Society recognize as basic traits of a physician. We may not cure the patient, but we can make their life worth living. The Christmas gift that the woman gave me was a rosary. I am not an outwardly religious man, and I do not pray the rosary. However, I kept the rosary and I will think of this woman whenever I look at it.

Comradery

As physicians we are all bound together by the desire to care for people. This fellowship of caring is a great gift. It is palpable when we meet. We see it when we gather at our annual meeting to give honor to the man who has given us a map to live our life by and practice our profession. It is wonderful to gather, share stories, and hear talks about other physicians we profess and see the good that they have done. This bond is evident when we pass on our knowledge to nurses, medical students, and fellows. As physicians we are not only teachers, but students also. We learn by listening to, and trying to answer the questions of our patients, our students, and our peers. This bond is evident when we selflessly spend time letting someone just talk. Sooner or later, they will tell you what is really bothering them. Medicine is a profession not a job. Medicine allows you into the most intimate thoughts that a patient is having. It is both exhilarating and exhausting. At the end of the day, if I have practiced my profession well, I can answer the questions

Have I helped someone?

Have I done some good? and

Am I content and satisfied?

With a resounding **YES**!

I have thoroughly enjoyed my calling to medicine, as I hope all of you have as well.

Welcome to Galveston 52nd Meeting of the American Osler Society

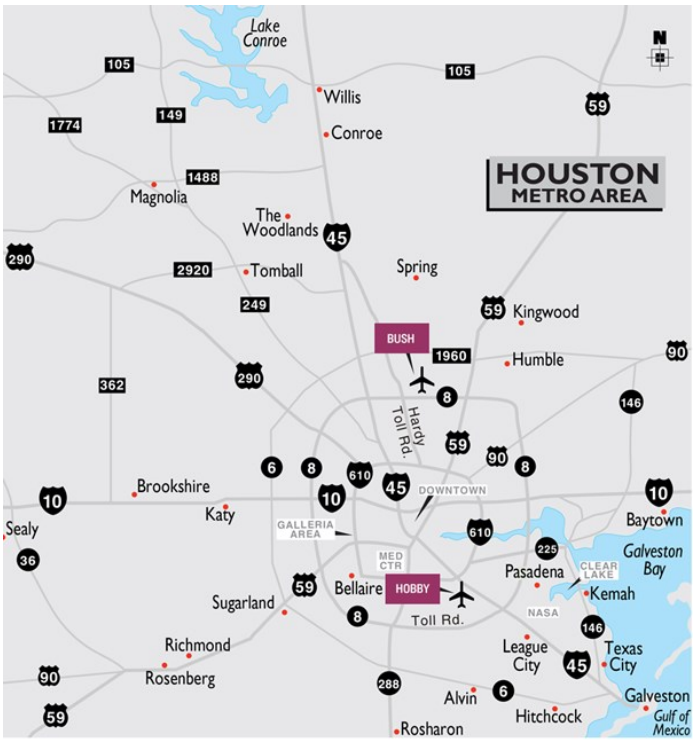
In looking forward to the April meeting of the American Osler Society, the host committee consisting of Drs. Mike Malloy, Joan Richardson, and Barbara Thompson, along with Rosemary Lindley and the members and staff of the John P. McGovern Academy of Oslerian Medicine at the University of Texas Medical Branch are delighted to welcome the AOS to Galveston.

April is the best month of the year in Galveston---temperatures are usually in the 70's, and the humidity is low. We should have sunshine and hopefully no rain.

We want to offer some helpful hints as you make plans for attending the meeting.

Galveston is a town of 50,000 located on a barrier island 32 miles long, 2 miles wide, and 2.5 miles off the coast of Texas. It is located about 45 miles south of Houston. There are two major airports that serve the area. The first is Bush International Airport, located 70 miles and about 80 minutes from Galveston and to the north of Houston and Hobby Airport, located about 40 miles and about 45 minutes north of Galveston and to the south of Houston. Both airports have shuttle, taxi, and limousine service to Galveston. A helpful website to access transportation information and make reservations is https://www.visitgalveston.com/plan-your-trip/getting-here-transportation/. Some of you may choose to rent a car and make your way to Galveston on I-45 (see map below).

The meeting hotel is The San Luis Resort, located at 5222 Seawall Boulevard. There are only two main streets in Galveston----Broadway Street and Seawall Boulevard. Highway I-45 South crosses the causeway and enters Galveston, becoming Broadway and traversing the Island from west to east for some 70 blocks. Seawall runs along the south side of the Island just next to the beach. Streets are named for letters of the alphabet going north to south and for numbers going west to east. So, basically, you can't get lost. We have the East End, the West End, and Mid-town (see map below)



Those of you who choose to rent a car and drive to Galveston might consider exiting I-45 on to 61st Street, going south to Seawall Blvd., and then turning left. The San Luis Hotel will be on the left about 6 blocks east. There is plenty of parking in the back of the hotel or you can valet park in the front.

The following are a number of informative websites with plenty of information about Galveston, UTMB, and the McGovern Academy:

Galveston history/sites info:

History: https://www.tshaonline.org/handbook/entries/galveston-county

Visitors Guide: https://www.visitgalveston.com/plan-your-trip/visitor-guide-request/

Weather info: https://www.visitgalveston.com/plan-your-trip/weather/

Travel info: https://www.visitgalveston.com/plan-your-trip/getting-here-transportation/

McGovern Academy: https://www.utmb.edu/osler

UTMB:

Blocker History of Medicine Collections: www.utmb.edu/ar/moody-medical-library/blocker

History of the UTMB School of Medicine: www.utmb.edu/som/home/history-past-deans

UTMB Through the Ages: www.utmb.edu/timeline

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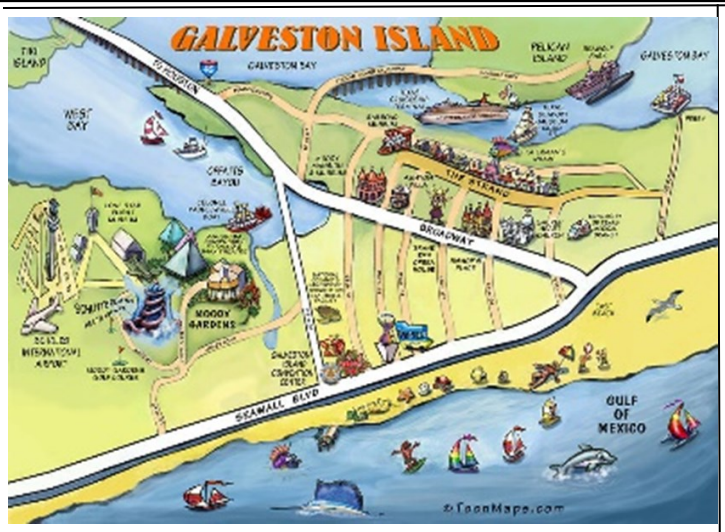

Dr. Raimer's video re: ORMM: https://vimeo.com/519736990

For those arriving early on Sunday, April 10, we have arranged tours of the Old Red Medical Museum and the Blocker Rare Books Collection at UTMB. Busses will be available at the San Luis to drive you to the locations, and tour guides will be on site.

The meeting will be held at the San Luis Hotel starting Monday morning and ending Wednesday afternoon. Monday night is the banquet and presidential address. It will be held at the 1894 Galveston Opera House located on the historical Strand. Busses will pick you up at the San Luis and transport you back and forth from the banquet. On Tuesday evening, April 12, we have a reception planned at the Bryan Museum. This museum is located in the former Galveston Orphan's Home, a large facility built in the late 1800's. Now it is a museum devoted to Texas Cowboys and Texas History, and the artifacts are fantastic. The museum has beautiful grounds and a glass pavilion that are popular venues for weddings, conventions, and gala events. We will treat you to Texas food and Texas music, so don't forget to pack your boots and spurs.

There are many things to see and do in Galveston, so check the websites listed above for suggestions. Just across the street from the meeting hotel is the beach. It runs for a total of 32 miles and is our biggest attraction. We also have one of the largest collections of Victorian houses in the country scattered through the neighborhoods on the East End of the Island. The Strand was once referred to as the "Wall Street of the South", but then the 1900 Hurricane blew through, and things changed.

Galveston is a unique place---a resilient, somewhat faded belle with a fascinating past, a vibrant present, and a relentless ocean that always looms over its future. We look forward to a great meeting here and hope to see you this April.

COMMITTEE	CHAIR	CURRENT MEMBERS
Bean Award	J. Harris	K. Bettermann, M. Flannery, R. Wadhwa, G. Sarka
McGovern Award*	M. Jones	C. Partin, M. Molina
Lifetime Achievement Award	D. Canale	J. Alperin, L. Drevlow, P. Miller, R. Nesbit
Nominating*	M. Jones	C. Partin, M. Molina
Finance	M. Molina	F. Bernadett, B. Cooper, A. Nadall, M. Stone, J. VanderVeer
History and Archives	H. Swick	M. Hague-Yearl, R. Del Maestro, R. Stone, D. Kratz
Membership†	R. Del Maestro	R. Fraser, P. Mueller, S. Patel, K Ray, M. Trotter
Media and Technology	P. Travers	G. Frank, E. Hines, G. Huston, J. Klaas, M. Malloy, C. Sobol
Annual Meeting - Program Committee#	C. Boes	W. Jarrett, R. Kyle, V. McAlister, M. Moran
Annual Meeting - Local Arrangements Committee	J. Richardson, B. Thompson	J. Alperin, D. Burkholder (Executive Committee liaison), M. Malloy

*Chaired by the most recent living Past President and comprised of the 3 most recent living Past Presidents
†Chaired by the Second Vice President
#Chaired by the First Vice-President

YOUNG OSLERIANS

Young Oslerian Group Corner

The American Osler Society's interest in fostering humanism in medicine early in the profession has led to the formation of the Young Oslerian Group. It is a network of junior faculty and medical trainees who have demonstrated an enthusiasm and aptitude in the creative and scholarly enterprises of medical humanism. By finding their efforts and interest under the aegis of the AOS, one hopeful benefit will be a refuge from healthcare's vicissitudes, and, when one day more time is available to them, Young Oslerians can make their way to membership and participation within the American Osler Society more formally. If the AOS wants to see big old trees in years to come, it must keep acorns safe from squirrels!

In the first communications of this green group has been a desire to curate and anthology medical trainee poetry and prose in a way that I hope will do as much to teach as it will to please its readership. Whether the anthology is one volume containing both poetry and prose, or if we gather enough for two volumes remains to be seen. We just broke ground on the effort this month. The sub-committee working on this project are a distinguished group of medical students, residents, fellows, and junior faculty and representing a variety of disciplines: Carolyn Nguyen, Sara Heide, Julia Feinstein, Priya Dave, Margo Peyton, Vihang Nakhate, and Alessandra Colaianni.

To this end, if you know of mentees (junior faculty through medical student) who may have poetry or prose to contribute for consideration, or if you or someone you know administers poetry or prose contests, competitions, or columns that might have junior faculty and trainee poetry and prose, please send them along this request for material or put me in touch with them. Email youngosleriangroup@gmail.com and in the subject line have them write: Anthology. I'll reach out to them.

In beginning the review for material, Dr. Mike Malloy (editor of the *Oslerian Newsletter*), introduced me to the Osler Student Societies Medallion Awards sponsored by The John P. McGovern Academy of Oslerian Medicine at The University of Texas Medical Branch in Galveston. Carolyn Nguyen MS4 and Oslerian Scholar in the medical school, was one of the judges—so we are lucky to have her talents in this larger anthological endeavor. I was bowled-over with the breadth and quality of the submissions by medical students years at UTMB—such burgeoning talents and expressions of the Oslerian interest in humanity. With permission from Mike Malloy (who helps oversee the Awards), I asked that he post one prose piece and one poetry piece in our Young Oslerian corner following this appeal for materials to provide AOS readership with examples of pieces we would like to consider.

Thank you,

Michael P.H. Stanley, MD
youngosleriangroup@gmail.com

University of Texas Medical Branch Medallion Award Winning Essay

A Gardner in the Hospital

By Roshaneh Ali

Sir William Osler left a noble legacy in the field of medicine. At a time when the medical field was far from antibiotics, genetics, and other means of cure, Osler showed that the medical field is not centered on cure or immortality. Rather, he showed how preventative care, pain reduction, and well-being practices could drastically alter the course of disease. As a medical student, I find myself relating Osler's early student years, specifically his indefatigable curiosity. Osler's career in medicine began with his excitement of the natural world. He became an avid observer of the smallest of living things through the lens of the newly developed microscope. He was enamored by the practice of observing, and I find myself relating to the excitement felt when he discovered something new by looking more closely. His mastery of fine-tuning his lens strongly parallels his attention to detail of his patients evident later in his career.

Instead of observing parasites under microscopes, I began "looking more closely" at plants. Like Osler, I was fortunate enough to find mentors who pushed me to be curious. A retired UTMB pediatrician invited medical students to take on community gardening plots. Although I had little experience in gardening, I wanted to do something outside of studying all day. The practice of gardening required a patient observer - one who could think of all of the extraneous factors that could alter a plant's growth. Soon

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enough, I learned that my vegetables and plants were more than stationary objects in the ground. When I began to look more closely, I witnessed the invisible life of plants: the competition between species, pests and diseases that could plague plants too, and the process of natural selection. Of course, I had no way to communicate with the plants to understand what ailment caused them to wither. However, I had to "listen" to my plants by observing the signs that indicated distress or disease. Akin to the physicians of the mid-nineteenth century working on poorly preserved cadavers, careful thinking and sound observation helped me to distinguish what practices incited flourishment over failure.

Towards the end of the gardening season, the Pediatrician jokingly told me, "You came to medical school to learn how to garden!". I have since reflected on this phrase repeatedly and have decided that it is not so paradoxical after all. Gardening was, in fact, emblematic of what I was learning in medical school. While I spent many hours reviewing scientific pathways in the library, I found that my interactions with patients required clinical diagnostic reasoning. Through gardening, I was observing scenarios that altered life: weather, pests, nourishment, water, weeds, and so on. At the hospital, I had to observe trending labs and physical exam signs that spoke to me in ways a patient physically could not. I was a gardener in the hospital. I began to realize that Osler's intimidating accomplishment of inventing the residency program was simply pushing medical students into honest *fieldwork* to get their *hands dirty*. He wanted students to become physicians rather than anatomists, or perhaps he wanted gardeners who helped a community grow rather than botanists. In both the garden and the hospital, I was in the fieldwork, diagnostically reasoning through what factors promoted nourishment or hindered growth.

These simple qualities - fieldwork, observation, and dedication - have made Osler's legacy more attainable for me. I have since began volunteering at Seeding Galveston, a local nonprofit that seeks to develop urban agricultural practices on the island and eliminate food deserts within the community. From building gardening beds on the island to cleaning turkey pens, I have found great solace in becoming in touch with the natural world, outside of the library. Upon looking more closely, I have also had the chance to observe food insecurity in our community.

When I first began volunteering at the student-run St. Vincent's medical clinic, I believed that patients presented to me with disease. However, after spending my time at both Seeding Galveston and St. Vincent's Medical Clinic, I have distinguished that patients actually present healthcare disparities *in the form of disease*. It has been easy to read about healthcare disparities in the classroom, but it has been more challenging to observe them in real life. Although the founders of Seeding Galveston do not work in the hospital, I often find they do perhaps more than half of the work on the farm alone. Rather than seeking the cure, these gardeners sought prevention. By fine-tuning my lens a little further, I have had the rewarding opportunity to meet the community members who combat healthcare disparities with the same attentiveness and dedication that Osler celebrated.

My fieldwork began outdoors, where I devoted my energy to the earth and to my neighbors. Through my endeavors, I have understood that the medical field is about growth rather than cure. Like Osler, my metamorphosis began with looking more closely. Now, I try to embody sincere observation in whatever I practice. In medical school, I have a propensity to ask questions. I believe that being curious gives a more whole understanding to any topic, and asking questions is one way I can try to look at the world more closely, fine-tune my lens. In the clinic, it's easy to see a patient presentation and mindlessly recite words from a textbook that offers a diagnosis. However, I know that my real patients will not be like stationary plants and will carry more nuanced presentations. I will have to observe carefully, sincerely, and "listen" to the signs of disease that are incommunicable by the patient. I will have to think critically and know how to ask the right questions from the wrong ones. By looking more closely, I can understand both the source and the treatment of disease progression. And I know that being a medical student, a gardener in the hospital, is the most fulfilling way to let my curiosity soar.

About the Author:
Roshaneh Ali is a third-year medical student at the University of Texas Medical Branch. She graduated from Hendrix College in Arkansas with a major of English Literary Studies. Between spending time with her four sisters, she enjoys listening to podcasts and finding ways to foster community.

MEDICAL HUMANITIES

University of Texas Medical Branch Medallion Award Submission

An Invisible Connection

By Sanjana Babu

An invisible connection forming between the two
A body submerged in murky fluid
A student's body, half asleep, a quiet unclarity, almost feeling blue
Sometimes, I imagine my body as a cadaver in that fluid

A body submerged in murky fluid
Hidden, unseen yet open to the world at the touch of a scalpel
Sometimes, I imagine my body as a cadaver in that fluid
The scars and scratches etched into the exposed body of many travels

Hidden, unseen yet open to the world at the touch of a scalpel
A questioning cut made jagged against the skin
The scars and scratches etched into the exposed body of many travels
A skin that was once underneath a floral pattern of a sari held up by a safety pin

A questioning cut made jagged against the skin
A shaking hand going slow on a skin with inactive nerve endings
A skin that was once underneath a floral pattern of a sari held up by a safety pin
A skin of a body alive, scattering heart rate, unsure of this place, needing mending

A shaking hand going slow on a skin with inactive nerve endings
The still heart pulled out that once skipped a beat for someone
A skin of a body alive, scattering heart rate, unsure of this place, needing mending
The deflated lungs no longer out of breath from laughter and fun

The still heart pulled out that once skipped a beat for someone
A ghost of a life hidden in the thickened arteries and pockets of stilled blood
The deflated lungs no longer out of breath from laughter and fun
Facia, fat, tissue making the dreams indecipherable amongst the flood

A ghost of a life hidden in the thickened arteries and pockets of stilled blood
Secrets, seasons, sorrows burrow in the sulci of the brain
Facia, fat, tissue making the dreams indecipherable amongst the flood
An invisible hand attempting to hold onto the student on a different plane

Secrets, seasons, sorrows burrow in the sulci of the brain
Words whispered trying to reach the student's ears
An invisible hand attempting to hold onto the student on a different plane
A student busy taking their quiz, the brain spinning like gears

Words whispered trying to reach the student's ears
A missed moment of comfort between the two
A student busy taking their quiz, the brain spinning like gears
A quiet moment of sobs in the darkness, the body's hands passing through

A missed moment of comfort between the two
Memories of life ebbing between the two, parallel and unmet
A quiet moment of sobs in the darkness, the body's hands passing through
The darkness of the room still, the static sound of violin strings from the headset

Memories of life ebbing between the two, parallel and unmet
Darkness bringing the two lines to become one and the same
The darkness of the room still, the static sound of violin strings from the headset
The sobs ceasing, attempting to understand every crevice and frame

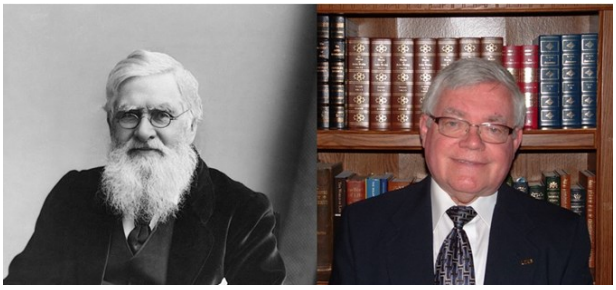
Darkness bringing the two lines to become one and the same
A whisper of thanks echoing, unable to think of anything else to repay
The sobs ceasing, attempting to understand every crevice and frame
A whisper back, quiet and unheard, it will be okay

A whisper of thanks echoing, unable to think of anything else to repay
A student's body, half asleep, a quiet unclarity, almost feeling blue
A whisper back, quiet and unheard, it will be okay
An invisible connection forming between the two

About the author:
Sanjana is a third year medical student. She is passionate about public health, and on the side, she likes to write short stories and sometimes poetry.

MEDICAL HUMANITIES

Journal of an Oslerian



Left: Alfred Russel Wallace (1823–1913). *Right*: Michael A. Flannery

Alfred Russel Wallace, Michael Flannery, and Teleological Evolution

Friday the eighteenth of June 1858 was a bad day for the reclusive owner of a now-famous residence in a southeastern suburb of Greater London. His 15-year-old daughter and nineteen-month-old son were seriously ill with febrile illnesses. He had his usual chronic symptoms such as headache, fatigue, and abdominal pain. Then came a package from Indonesia containing a manuscript "On the Tendency of Varieties to Depart Indefinitely from the Original Type." He was stunned. Publication of this manuscript would cost him priority for his life's work, the theory of natural selection.

The recipient of the manuscript was of course Charles Darwin (1809–1882) and the author was Alfred Russel Wallace (1823–1913). Darwin should have seen it coming, suggests AOS member Michael Flannery, a world authority on Wallace. Darwin had met Wallace five years earlier in the insect room of the British Museum. Three years earlier, Darwin like others had overlooked the importance of Wallace's "Sarawak Law" paper, in which Wallace asserted: "*Every species has come into existence coincident in time and space with a pre-existing closely allied species* [italics in the original]. Now, Darwin, a scion of wealth and a member of the Royal Society for nearly two decades, foresaw upstaging by a newcomer from a Welsh/English border town who collected exotic specimens not just for the sake of science but also to make a living by selling them.

Darwin consulted two colleagues, hastily prepared his own manuscript, arranged to have both manuscripts read in absentia at the Linnaean Society just 12 days later, and began working feverishly on *The Origin of the Species*. Darwin's name became synonymous with the theory of natural selection, the key mechanism of evolution. Wallace's name lives on among the cognoscenti as co-discoverer of natural selection. The friendship between Darwin and Wallace, the graciousness with which they treated each other, became a lesson for us all in how to transcend competition and rivalry. The only real strain in their friendship, Michael Flannery suggests, came when Wallace opted for a different version of what evolution ultimately means to us, *Homo sapiens*.

The break came in the form of a book review Wallace wrote for the April 1869 issue of *Quarterly Review*—a decade after Darwin published *The Origin of the Species* and nine years after Thomas Henry Huxley (1825–1895) famously debated Bishop Samuel Wilberforce (1805–1873) on whether *Homo sapiens* emerged from primate ancestors purely by natural selection. Although Wallace had little use for organized religion, he felt that natural selection guided solely by the principle of utility could not account for the intricacies of the human intellect. As Michael Flannery summarizes, natural selection operating purely for survival could not account for "the uniquely human attributes of abstract reasoning, mathematical ability, wit, love of music and musical aptitude, art appreciation and artistic talent, and moral sense…" of *Homo sapiens*. Wallace built a case for another cause, which he called "an Overruling Intelligence."[1]

"The most important decision we make," Alfred Einstein famously remarked, "is whether we believe we live in a friendly or hostile universe." I strongly recommend Michael Flannery's synoptic paperback account of Wallace's life as the best introduction to Wallace as a key figure in the history of ideas. As Flannery summarizes, "If indeed Darwin turned off the lights to natural theology, surely Wallace tried to turn them back on."[2]

Michael Flannery's writing on Wallace also includes a technical treatise enlivened by his felicitous prose style,[3] and a scholarly journal article concerning Wallace's medical views.[4] He has rekindled my interest in teleology, made me want to learn more about Alfred Russel Wallace, and reinforced my conviction that the AOS is a wonderful venue for friendships. Michael and I, it turns out, have commonalities. Our wives are named Donna and our households are ruled by three cats.

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MEDICAL HUMANITIES

Movie Review:

"Don't Look Up"
The Modern Dr. Strangelove

By Corbyn Cravero

In the wake of rising COVID-19 cases, I find myself staying at home more and more and passing the time by watching (dare I say binge watching) Netflix. One movie that recently caught my eye was *Don't Look Up*, a satirical science fiction film that included a stellar cast and several humorous scenes that underscore the film's overarching message about human behavior in the face of a severe crisis. Please note from here on out, I shall keep my discussion relative to the overall plot and major characters of the film without giving away any significant spoilers. In *Don't Look Up*, we follow the lives of two scientists: the anxiety ridden astronomer and college professor, Dr. Randall Mindy (Leonardo DiCaprio), and one of his graduate students, Katie Dibiasky (Jennifer Lawrence), who discover a comet heading towards Earth that will inevitably destroy all life on the planet as we know it. Although this duo attempts to warn everyone of this impending doom, like mythological Cassandra, their predictions fall on deaf ears, especially during a meeting in the Oval Office with the indifferent Madame President Janie Orlean (Meryl Streep). The essence of this plot where a group of experts advise the President on how to stop Armageddon was instantly familiar to me as it is also present in one of my favorite films of all time: *Dr. Strangelove*, a 1964 film that satirizes the Cold War and nuclear conflict between the United States and Russia. However, unlike *Dr. Strangelove* where the President was primarily advised by Dr. Strangelove, a nuclear expert and former Nazi hiding among the ranks of the U.S. government, the President of *Don't Look Up* is advised by Peter Isherwell (Mark Rylance) a tech billionaire who also happens to be one of the President top campaign donors. For me this was the main satirical issue that underscores our society today: the goal is not to make rational decisions to solve Armageddon, the goal is it to make decisions contingent on our political ideologies and personal agendas *at all costs*. This certainly seems true for majority of American citizens today who not only constantly define themselves based on political ideologies, but also embrace a collective consciousness of one party that is completely contrary to another party. During the time of the COVID-19 pandemic, we have seen how our political motivations have driven our decision making. Although wearing a mask or obtaining a vaccine were non-controversial two years ago, the fact is that they are now predicated on opposing political ideologies that have become the end all and be all of who we are as individuals. We have also seen how the manufacturing of vaccines in order to combat the pandemic has led to questionable motivations by private corporate sponsors. Just look at Bill Gates who has publicly promised and personally funded the World Health Organization (WHO) in order to procure vaccines to citizens around the world. However, many remain skeptical of Gate's motivations simply because of the potential political influence his wealth allows him. It is a sobering fact to know that Gates is the largest private contributor to WHO, accounting for approximately 10% of its annual budget. Bill Gates aside, the concern of corporate sponsorship driving political agenda during a time of crisis does not escape *Don't Look Up*, which is also a departure from *Strangelove*, and reflects the issue of our society today: influence does not come from Strangers abroad whispering in our ears, it comes *from within*, from American citizens trying to advance their own political agenda and goals.

Currently, the film boasts a 56% rating on Rotten Tomatoes and a 7.3/10 rating on IMBd. The film certainly includes some over-the-top acting, the use of crude language, and many ludicrous scenes, but these elements are certainly appropriate for the film's satirical tone. Above all, I would recommend this film for the reasons previously discussed. We have become political animals to a fault and *Don't Look Up* offers some degree of political identification (or contempt) that resonates with our attitudes of the day.

About the Author:
Corbyn Cravero is a fourth year medical student at the University of Texas Medical Branch who has applied for residency in Internal Medicine. He holds the Michael and Carol Malloy Osler Student Societies Scholarship and has been heavily involved in promoting the medical humanities at UTMB for the past 4 years.

MEDICAL HUMANITIES

University of Texas Medical Branch Medallion Award Art Submissions

By Janisah Saripada, MS1: This drawing pays an homage to Michelangelo's "Pieta". The Latin roots of Pieta translates to "compassion". Here, I've depicted the compassion that health care providers display during the COVID-19 pandemic. Despite the fact that this patient may be suffering from a critical, airborne illness, the provider is still within close contact to provide self-less, compassionate care for the patient.

MS 4 Medallion Winner

By Sarah Kesaria, MS4: I was inspired by the quote "without people in need, medicine and healthcare would cease to exist." My piece explores the concept of a physician being defined by their patients. A physician goes through every stage of life with patients and looks at them not only from the surface but deeper into their actual histological characteristics. Without patients and people in need, physicians would not be here. Our duty comes from those who need help and defines our path.

THE POETRY CORNER

Psychosis

By Sara Heide

Things you've heard that aren't true?
Invisible people talking to you?

But if this should come in through prayer
Then no- a diagnosis we shall spare.

And are you attuned to colors bright?
Dancing rainbows in your sight?
Our worlds are gray, as far as we see
Let's check the urine for LSD.

Do your words run fast and then take flight?
Does your mood climb up to distant heights?
Then mania is what we'll say-
Start lithium, 2x/ day.

But what if we all saw a purple hue
And little people dancing too

If we all had visions like these-
Would we then call this disease?

Is diagnosis just based on norms?
Then healthy must have different forms

For if we were in a century past
Then you might not be an outcast

Instead a prophet, admired and wise
For hearing secrets usually disguised

Would that then cause any unrest?
If we all looked to you as blessed?

About the Author:

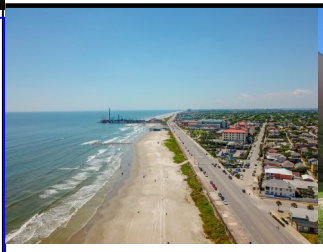
Sarah Heide is a third year medical student at New York Medical College. She had just finished a rotation on Psychiatry that inspired this poem about what she perceived as the subjectivity of the discipline.

AMERICAN OSLER SOCIETY

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.

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

Looking Forward to Galveston, TX



Save the dates of April 10-13, 2022 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.

Call for Art for 2022 Annual Meeting in Galveston, TX, April 10-13, 2022

2022 AOS Art Exhibit Application Form

William Osler's interests extended well beyond the worlds of science and medicine. Reflecting Osler as a humanist, the AOS meeting features such things as poetry readings and art exhibits. This is a call for art for this year's exhibit in Galveston. Members of the AOS, their spouses and families, as well as students, are encouraged to submit their creative works. Photographs, paintings, sculptural work, and other media are welcome. There is a limit of three works for each artist. If enough medical students submit work, the exhibit will highlight those in a special way. The deadline for submission is Monday, March 7, 2022.

Name: _____

Address: _____

_____

Phone: _____

Email: _____

Type of work: (please check)
☐ painting/drawing (medium: _____)
☐ photography
☐ sculpture (material: _____)
☐ other art form (please specify): _____)
Title of work: _____
_____
Size: _____ (Dimensions in inches)
Brief description of work (optional): _____
_____
Special exhibition needs, if any **

Deadline for applications is March 7, 2022.

The exhibit will be mounted on Sunday afternoon, April 10 and remain available to view for the duration of the AOS meeting. If you have any questions or need further information, please contact Herbert Swick.
Please submit applications to: Herbert Swick, 4 Brookside Way, Missoula, MT 59802 or by e-mail to hmlswick@msn.com. Please direct any questions to him at that address, or call him at 406-542-6560.**

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