



The Oslerian

A Message from the President

Christopher J. Boes

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Osler's Teachers

My focus on teachers will shift in this second presidential message to the teachers of William Osler (1849-1919). Osler's three main mentors in his younger years were Reverend William Arthur Johnson (1816-1880), Dr. James Bovell (1817-1880), and Dr. Robert Palmer Howard (1823-1889).

Anglican minister William Arthur Johnson (figure 1) was evicted by two Ontario, Canada, churches by parishioners

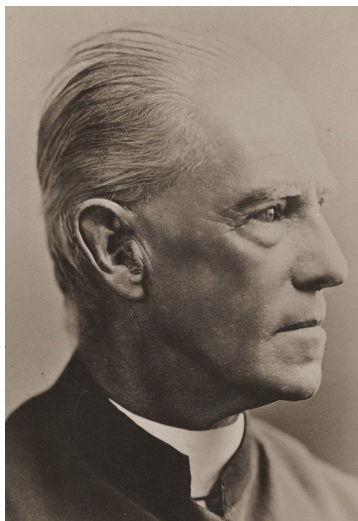


Figure 1. William Arthur Johnson. From the Osler Library Prints Collection.

over theological disputes. He eventually settled in Weston, Ontario, and founded Trinity College School in 1865. William Osler was a student at Trinity College School

from 1866-1867. Three wonderful things came to young William at this school: "a man, an instrument, and a book."¹ The man was Johnson. The

instrument (a microscope) and the book (*Religio Medici* by Sir Thomas Browne) were introduced to Osler by Johnson. Johnson was a naturalist and took his students on field trips to collect specimens for microscopic study.² Osler described Johnson the teacher:

"Imagine the delight of a boy of an inquisitive nature to meet a man who cared nothing about words, but who knew about things—who knew the stars in their courses, and could tell us their names, whose delight was in the woods in springtime, who told us about the frog-spawn and the caddis worms ... who showed us with the microscope the marvels in a drop of dirty pond water, and who on Saturday excursions up the river could talk of the Trilobites and the Orthoceratites, and explain the formation of the earth's crust."²

He was surely referring to Johnson when he noted in 1916 that "upon the life, not the lips, of the master is the character of the boy moulded."³ Osler was a quick study and soon became an accomplished naturalist and microscopist himself. Johnson would read parts of Browne's *Religio* to his students to illustrate the beauty of the English language.² The book was one of the things that eventually influenced



**President
Christopher J. Boes
53rd AOS President
installed at the 2022 Annual
Business Meeting.**

President's Message (Continued from page 1)

Osler towards medicine and away from the ministry, which Johnson probably found disappointing.² Osler's reverence for his teacher Johnson never waned.²

Dr. James Bovell (figure 2) studied medicine at Guy's Hospital in London, did further training in Edinburgh and Dublin, worked in Barbados for several years, and eventually settled in Toronto.⁴ In the 1850s, he was regarded the best-trained physician in Canada.⁴ Bovell was also a deeply religious man who taught natural theology at Trinity College in Toronto. He was William Arthur Johnson's closest friend and was appointed medical director to Trinity College School in Weston when it opened.^{2,5}

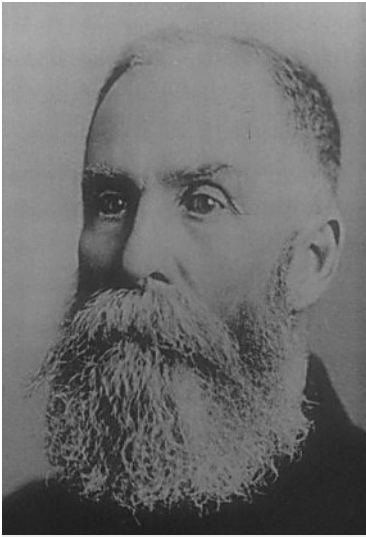


Figure 2. Dr. James Bovell. From Silverman.⁴

Like Johnson, Bovell was a skilled microscopist, and they jointly stimulated Osler's interest in natural science.⁴ Bovell became Osler's main mentor once the latter moved to Toronto to attend Trinity College in 1867, planning to study theology. Bovell influenced Osler's subsequent decision to leave Trinity and enroll in the Toronto School of Medicine in 1868.⁴ Osler lived in Bovell's house for two years, where he was exposed to an impressive medical library.⁶ Osler wrote that Bovell had "all that one could desire in a teacher—a clear head and a loving heart."⁴ Bovell decided to leave medicine to become an Anglican minister in the West Indies, and Osler switched to McGill University in Montreal.⁴ James Bovell died in 1880. Silverman described him as "a great physician, humanist, teacher, microscopist, reformer, bibliophile, classicist and leader."⁴ In Bovell's obituary, Osler praised his mentor but also mentioned that he had the fatal quality of diffuseness, attempted too many things, and lacked concentration.^{4,5} Osler never forgot him and through his adult life was known to scribble Bovell's name when his mind wandered.⁴

At McGill, Osler met his "ideal student-teacher," Dr. Robert Palmer Howard (figure 3).⁵ Howard graduated from medical school at McGill, studied in Dublin with Graves and Stokes, and pursued further training in London, Edinburgh, and Paris before returning to Montreal in 1849.⁷ He joined the

faculty of medicine at McGill, became professor of the theory and practice of medicine, and was named dean of the McGill medical faculty. He taught Osler in outpatient clinics and at Montreal General Hospital. Although lacking humor, he was stimulating teacher who emphasized morbid anatomy.⁵ Osler had never met a teacher "in

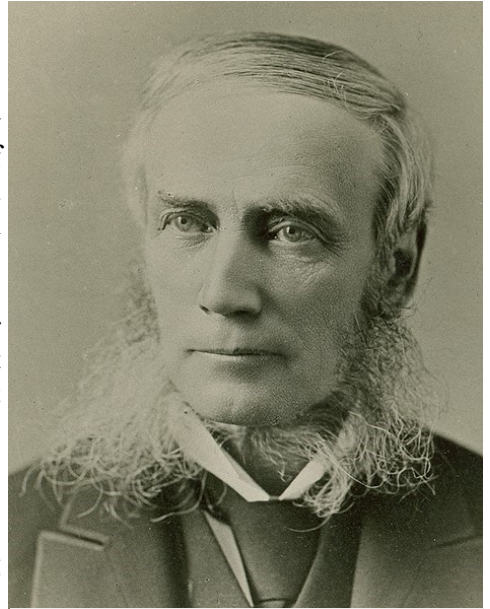


Figure 3. Dr. Robert Palmer Howard. From the McGill Library William Osler Photo Collection.

whom was more happily combined a stern sense of duty with the mental freshness of youth."⁵ Howard loved Osler as a son, encouraged him to pursue internal medicine rather than ophthalmology, and helped secure him a job at McGill after returning from his medical studies abroad.⁵

We create our own teaching styles partly by copying our mentors. We also decide not to copy some of our mentors' behaviors. They can show us what we do not like. Johnson was quarrelsome, which may have influenced Osler to get along well with others. Bovell was brilliant but unfocused. Osler was dedicated to medicine and recommended that students should "live neither in the past nor in the future, but let each day's work absorb all [their] entire energies."⁸ Howard was a great teacher but was without humor, unlike Osler. As a child, William would discreetly tell a new visitor to the home that his father was hard of hearing and would next privately tell his father that the guest was hard of hearing. He took great enjoyment in watching the two shout at each other and repeated this prank as an adult.⁹ These three educators had such an influence on William Osler that he dedicated his 1892 book *The Principles and Practice of Medicine* to them. He owed his success in life to them.⁵

In the next newsletter, I'll write about Osler as teacher. Until then, enjoy the rest of the summer!

President's Message (Continued from page 2)

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Monologue of a First Year Neurologist

By Minali Nigam

I started my first day as a neurologist armed with a reflex hammer, ophthalmoscope and safety pins, ready to localize lesions and perfect physical exam maneuvers.

Brisk reflexes are different from hyperreflexia. Neck flexion and extension correlate with diaphragmatic strength. It's possible to sing but not speak. I learned in awe.

The first year neurologist is the first responder, cross-covering patients at night and thinking about new patients when they come to the hospital. Why did they lose vision, memory or ability to walk? What caused the convulsions, unbearable headache or asymmetric face?

Alone at night, patients are seen in the emergency room, hospital wards and ICU. Twelve to twenty-eight

hour shifts of non-stop decision making.

Quick triage takes place. Transient symptoms? Think stroke, seizure or migraine. Low NIHSS? DAPT or no DAPT. Is it functional or not? Do I just not know the answer?

The pager goes off, sometimes I run. And call for help.

The shaking isn't stopping. Ativan, Ativan, Keppra load, Intubate.

Right pupil blown, unresponsive. Head of bed up, CT head, Hyperosmolars, Hemicrani.

Images show ischemia that's turned into blood, complete occlusion, dissection, heterogeneous mass, vasogenic edema or herniation.

Panic. Exhaustion. Can't do it. Should I just quit?

There are more worldly matters than the inner workings of the hospital. Headlines I read on my commute.

A building in Miami collapses, Simone Biles withdraws from the Olympics, soldiers leave Afghanistan, the FDA authorizes the first antiviral pill to treat Covid, another surge of Covid, masks come off at airports, baby formula shortages, children shot in schools, abortion rights lost. The stories never end.

A purpose outside of neurology. I think of stepping away, but then I'm reminded why I keep going...

When her EVD reads an ICP of 60 and her hemorrhage leaves her with no reflexes and CO2 retention. Brain dead. But her son comes to me and thanks me for the care and compassion. He blesses my hands to save and treat as many lives as possible.

A man with multiple cranial nerve palsies who couldn't walk or recognize his family members. We called it a viral encephalitis likely from the tick in his backyard. He returns to clinic two months later and shares good news with his wife – their first baby is on the way!

Another's headaches so crippling, she spent most of her days in a dark room, unable to work or socialize with friends. Tried amitriptyline, propranolol, topamax, sumatriptan, rizatriptan with no progress.

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53rd Annual Meeting of the American Osler Society Meeting in London, England May 21-24, 2023

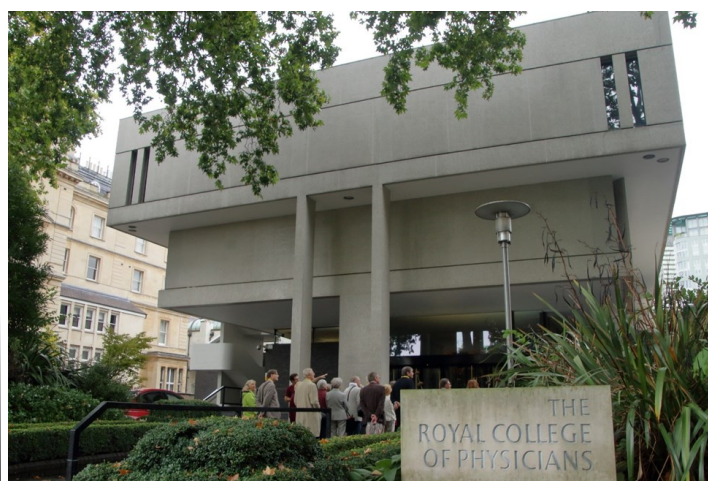
From the: AOS Annual Meeting-Local Arrangements Committee Members

The AOS Annual Meeting-Local Arrangements Committee and members of the Osler Club of London (including Sarah Peart and Richard Osborn, among others) have been hard at work organizing the 53rd Annual Meeting of the American Osler Society in London, England. We are excited to announce that the meeting will be held at the newly-refurbished Holiday Inn London-Regent's Park, right in the heart of the city. The hotel is a five-minute walk from two tube stops (Regent's Park and Great Portland Street). Sarah Peart from the Osler Club of London notes that this hotel has superb conference facilities and a track record of hosting conferences for a number of medical bodies including several London medical schools and the Royal College of Physicians. The hotel's charming location is close to both central London and the Royal College of Physicians, and the hotel rooms at this four-star hotel are reasonably priced and comfortable.

Sunday afternoon tours are being planned, as are Monday and Tuesday evening events. Be sure to put the London meeting on your calendars, and we look forward to seeing you all there!



Lobby, Holiday Inn-Regent's Park



The Royal College of Physicians, London



The Green Man pub, Euston Road, Fitzrovia



Regent's Park, London

| COMMITTEE | CURRENT CHAIR | CURRENT MEMBERS | NEW CHAIR | ROTATES OFF | NEW MEMBERS |
|---|----------------------------|--|----------------|---|---|
| Bean Award | J. Harris | K. Bettermann, M. Flannery, G. Sarka, R. Wadhwa | J. Harris | K. Bettermann, M. Flannery, G. Sarka, R. Wadhwa | R. Colgan, S. Moss, T. Frank |
| McGovern Award* | M. Jones | M. Molina, C. Partin | B. Mennel | C. Partin | None |
| Lifetime Achievement Award | D. Canale | J. Alperin, L. Drevlow, P. Miller, R. Nesbit | L. Drevlow | J. Alperin, D. Canale, P. Miller | J. Howell, F. Neelon |
| Nominating* | M. Jones | M. Molina, C. Partin | B. Mennel | C. Partin | None |
| Finance | M. Molina | F. Bernadett, B. Cooper, A. Nadell, M. Stone | F. Bernadett | M. Molina, J. VanderVeer | None |
| History & Archives Committee | H. Swick | R. Del Maestro, M. Hague-Yearl, D. Kratz, R. Stone | No change | None | None |
| Membership# | R. Del Maestro | R. Fraser, P. Mueller, S. Patel, M. Trotter | J. Richardson | R. Fraser, P. Mueller, M. Trotter | D. Burkholder, J. Young |
| Media & Technology Committee | P. Travers | G. Frank, E. Hines, G. Huston, J. Klaas, M. Malloy, C. Sobol | No change | C. Sobol | None |
| Annual Meeting† – Program Committee | C. Boes | W. Jarrett, R. Kyle, V. McAlister, M. Moran | R. Del Maestro | W. Jarrett, R. Kyle, V. McAlister, M. Moran | J. Bullock, C. Crenner, R. Jones, J. Richardson |
| Annual Meeting – Local Arrangements Committee | J. Richardson, B. Thompson | J. Alperin, D. Burkholder (Executive Committee liaison), M. Malloy | S. Peart | J. Alperin, M. Malloy, J. Richardson, B. Thompson | C. Boes, D. Burkholder (Executive Committee liaison), C. Partin |

*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 OSLERIAN VIEWS

Ideals of Medicine: A Call to Conversation and Action*By Umer Waris*

We have heard it countless times: "Medicine is more than a profession, it is a *calling*." An art as well as a science, a part of the humanities while firmly rooted in the sciences, summoning the best of heart and mind - medicine has held a unique place in nearly all societies throughout time. A certain *idealism* has almost always been expected of those who aspire to enter its privileged ranks. These ideals are likely principally what transforms medicine from a profession among many to a *calling* so honored by many.

The tragedy then is that study and experience repeatedly shows, as medical students and residents progress through their training, that idealism wanes and cynicism takes its place. This follows as new mantras of "productivity," and "efficiency" have slowly enculturated into medical training and practice. Time for patient contact and developing meaningful connection becomes secondary if not sadly, unnecessary in these contexts. Paradoxically, in the most human of endeavors, we see time allotted more to clicks and computer screens than the actual patient encounter itself!

In parallel, not surprisingly, is the erosion of trust and esteem long taken for granted among the public. Little doubt that these developments are also highly correlated with the rise of "burnout" among providers, which we see so much attention shone upon recently.

Amidst these changes, straddled with burgeoning debt after many years of hard schooling, we witness haplessly as medical colleagues look to pay and "prestige" as the primary motivator for their career. "Lifestyle choices" - medical specialties that offer higher pay sometimes working lesser hours with surprisingly (and shockingly) minimal to no patient contact - becomes the allure of many of our medical colleagues when applying to residency and beyond. We wonder distraught at what occurred to the ideals that filled the pages of personal statements. Slowly, and at times unknowingly, those noble sentiments are eroded in favor of others, many perhaps less noble.

Medical education debt, EMR burden, burnout - and their upstream causes and downstream ripples - did not emerge in a vacuum. Indeed, as the adage goes, every system is designed for the results it gets. It may well be that our systems are failing our highest ideals; patients and providers have been merely left to

bend and bear the burdens..

To be certain, tensions always have and will continue to exist between ideals and reality. But to the extent that gulf continues to widen, as it has, something is seriously amiss and must be corrected. The time to respond has long since come.

It is in this spirit that many of my medical colleagues are united in igniting conversations and action on what are our Ideals in Medicine and how we best live up to them, both as individuals and as a healthcare system.

By interviewing medical mentors who have inspired us, medical historians who have studied this phenomena and many others at the frontline of patient care (even those outside the professions traditionally known as medicine such as spiritual leaders, policy advocates, etc.), we hope to heal the heart of medicine and restore those timeless ideals as its vital life source. The hope is that these conversations will inspire a movement at all levels of our *calling* to better align these highest ideals to the current realities of medicine.

It is, no doubt, an imperfect and arduous endeavor. We can find comfort in the words of William Osler, one of the modern expositors of our ideals of medicine, that: "*To have striven, to have made the effort, to have been true to certain ideals this alone is worth the struggle.*"

Healing Presence*By Corbyn Cravero*

"It is impossible to say just what I mean!"

-T.S. Eliot, *The Love Song of*

J. Alfred Prufrock

Before I matriculated to medical school, I worked as an office assistant for a small-town primary care doctor, Dr. Cole. It was an arduous job to say the least: ten-hour workdays six days a week, with thirty patients each day, verifying insurance, stocking rooms with supplies, processing prior authorizations, and the like. Yet, of all these laborious tasks, there is one that I remember most vividly as it involved the most in patient care: attending house calls with Dr. Cole. A house call usually foreshadowed our visit in that most house call patients were elderly and very ill, and thus were unable to visit our office in person. I can vividly recall how we attended to the home of an impoverished woman who suffered chronically from lupus.

YOUNG OSLERIAN VIEWS

She could barely walk and was coughing up blood. A discoid rash covered her entire body, which was severely swollen as her kidneys were failing. I stood in that room for three hours and watched Dr. Cole do his work. In that time span, I watched nothing short of a miracle as she went from absolute misery to sitting up in bed peacefully, eating ice cream and laughing at Dr. Cole's jokes. Eventually she fell asleep, and we quietly departed. I found out the next day that she had passed in the night.

For me, the story did not end there as I had a second job as the organist for the Methodist church and was informed that I would be playing at our deceased patient's funeral. In my three years as the church organist, I played for countless funerals, but only a handful of them were for my patients. It was during these instances where I felt the presence of something greater, something that I have never been quite able to explain. I would conclude the service by playing 'The King is Coming' while the coffin was carried out of the sanctuary. Due to the organ's elevated location, I could easily watch this procession unfold with the coffin and family members. These were the same family members I had seen days before with Dr. Cole who would glance at me as they passed by, with tears in their eyes no less, and smile. They would not say anything, nor I to them, but I knew we had just experienced something truly special, something holy.

For years, I never quite understood the relationship between these two jobs and why my role had such a deep impact. However, after reading *The Art of Being a Healing Presence*, I now have a deeper understanding of my role as a healer. In both instances, whether it be with Dr. Cole or at the church, the act of healing was facilitated by *mere presence*. With Dr. Cole, I simply stood in the room and operated in his shadow to help provide comfort and care to dying patients. At the church, although I had a more active role in the service, I still felt that it was my presence at the organ console that made the music more spiritual and comforting for those in mourning. There is also something to be said for the duality of my roles, one committed to the patient's physical health and devoted to the principle of life, and the other committed to spirituality that encompassed both the patient and their loved ones, devoted to the principle of life eternal. It is still impossible to say exactly what I mean in regard to healing, but if my story in these few short lines has anything to convey it is this: the *act of healing* involves appreciating the physical and spiritual needs of others and addressing them in a meaning-

ful way that is *unique to your person*. For me, the healing of others was made possible through medicine and music, two passions that I continue to pursue to this day as they are so essentially necessary to my future medical career.

John Corbyn Cravero won a Practice of Medicine Essay award for this contribution at the University of Texas Medical Branch. Corbyn is currently a first year resident in Internal Medicine at Scott and White Medical Center in Temple, Texas.

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We turn to Botox. Headache is better and she returns to work. I switch clinic locations, but she messaged to say she would make the long commute to continue her care from me.

Phone calls with families who express utmost gratitude. My loved one is in your hands and we trust you, they tell me.

Within one year, bloody lumbar punctures become champagne taps. Family meetings don't seem as daunting. Medical students learn and turn to me for questions.

What I do matters. The neurologist in me matures. Still tough days and nights when I'd rather cozy under my blankets at home than walk the cold hallways of the hospital. Sometimes patients left without answers.

A single neuron can send a signal to a larger neural network that enables change in learning or behavior. My single observation of an abnormal eye movement or spot on a brain MRI can enable a medical team to better a patient's life. Just like a neuron, the first year neurologist has the capability to make change.

Surprisingly fast, I reach a synapse and pass through another year.

Minali Nigam is a neurology resident at Mass General Brigham. She's a proud graduate from UNC School of Medicine and UNC Hussman School of Media and Journalism. As a physician-journalist, she hopes to share stories that raise public health awareness and make medicine (especially neurology!) easier to understand. Here we present her prose poem reflecting on her recently completed first year of neurology residency. Originally published on the Boston Society of Neurology, Neurosurgery, and Psychiatry blog <https://projects.iq.harvard.edu/bsnnp/1880/6272022-monologue-first-year-neurologist-dr-minali-nigam>

MEDICAL HUMANITIES

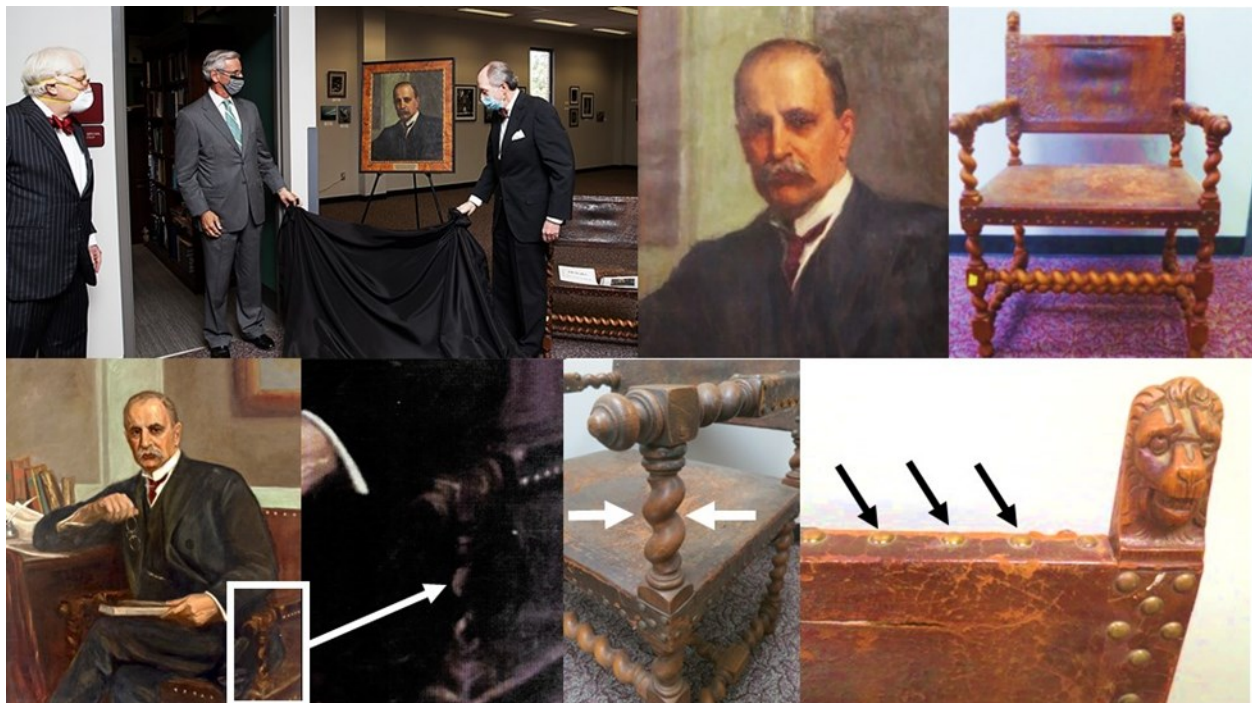


Figure 1. Top row: The present author looks on as Will McMaster and Burke Dial unveil the head-and-shoulders portrait of William Osler created in 1948 by S. Seymour Thomas for the cardiologist Myron Prinzmetal; the Osler portrait created for Dr. Prinzmetal; Osler chair that belonged to Dr. Prinzmetal, showing the barley-twist design of the legs, stretcher, and arm supports.

Bottom row: The 1908–1909 Seymour Thomas portrait of William Osler (copy of the original made by Philippa Abrahams for the Royal Society of Medicine, London), showing the barley-twist design of the arm support (box at lower right); detail from the original Seymour Thomas portrait of Osler showing the barley-twist design of the arm support (arrow); detail of the Osler chair that belonged to Dr. Prinzmetal, showing the barley-twist design of the arm support (arrows); top rail of the Osler chair that belonged to Dr. Prinzmetal, showing the carved lion's head and the locations of the brass upholstery nails (arrows), which correspond to those in the original portrait of Osler by Seymour Thomas. (The upholstery nails on the manchette likewise match those seen on the original portrait.)

Journal of an Oslerian

DR. MYRON PRINZMETAL'S OSLER PORTRAIT AND CHAIR

Critics consider the 1908–1909 portrait of William Osler by S. Seymour Thomas (1868–1956) the best of the six oil-on-canvas portraits of Osler done from life, including those by the more acclaimed US artists John Singer Sargent and William Merritt Chase (1). The Oslers did not keep the portrait presumably because Grace Osler did not like it. Thomas kept it in his studio until 1955 and through the years made several copies. These include head-and-shoulders copies for Esther Rosencrantz (1876–1950), a San Francisco internist, and Myron Prinzmetal (1908–1987), a Los Angeles cardiologist, painted in 1944 and 1948, respectively.

Dr. Prinzmetal's eponymous fame derives from variant angina pectoris (Prinzmetal's syndrome), but he also made important contributions to the study of hypertension, atrial arrhythmias, shock caused by

muscle trauma and burns, and other aspects of general medicine and cardiology. In his later years, he became interested in medical history and book collecting and developed an impressive collection of Osleriana with the assistance of Osler Librarian W.W. Francis (1878–1959). McMaster University of Hamilton, Ontario, acquired most of Prinzmetal's Osler collection through the efforts of William C. Gibson (1914–2009), who was a charter member of the American Osler Society. Items retained by the Prinzmetal family included the head-and-shoulders portrait of Osler, an overcoat, a chair, and a pair of bookends (3).

The library of the University of South Carolina School of Medicine, Columbia (USC SOM), recently became the fortunate recipient of the portrait of Osler commissioned by Myron Prinzmetal through the generosity of Dr. Prinzmetal's son and daughter-in-law, Byron and Sally Prinzmetal. They also donated to USC SOM the chair and bookends that had belonged to Osler (Figure 1) and several rare medical books containing Dr. Prinzmetal's bookplate (Figure 2). The portrait, documented by Alex Sakula (3), measures

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(Continued from page 8)

22.5 by 17 inches and is signed, "From the original / S. Seymour Thomas / June 1948." Byron and Sally Prinzmetal insisted that inscriptions should read "from Dr. Myron Prinzmetal" rather than from themselves.

Ruth A. Riley, head librarian at USC SOM, made an astute observation: The chair appears to be the same chair in which Osler sat for his portrait in Paris during the winter of 1908–1909! With the assistance of my brother John M. Bryan, an art historian and appraiser, we have identified the chair as a factory-made replica of a Jacobean lion's head barley-twist armchair. The term "Jacobean" refers to the reign of James I of England (1603–1625), "Jacobus" being the Latin version of the name "James," and furniture of that period had distinctive features including deeply carved wood and geometric, three-dimensional designs. A Jacobean Revival began during the 1870s, prompting factory-made furniture with Jacobean features as would appear to be the case here.

We might speculate that the Oslers bought the chair for their apartment in Paris, where Seymour Thomas studied Osler for the portrait, and then shipped it home to Oxford. Lady Osler may have willed the chair to W.W. Francis along with other furniture from 13 Norham Gardens (4, 5), whereupon Francis later sold it to Dr. Prinzmetal.

Charles S. Bryan
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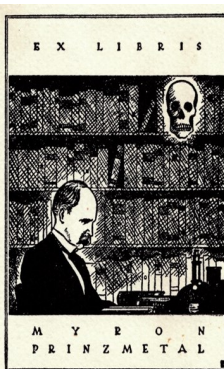


Figure 2. Myron Prinzmetal's bookplate depicts a studious William Osler with a not-so-subtle allusion to the "death, heaven, and hell corner" of Osler's library.

POETRY CORNER

Storm Over Venice

By Rolando Del Maestro

The night in Venice, clear and crisp
Whispers of light announce your coming
Storm, storm, wind blown, rain filled
Lightning echoes off the old stones
Light will not change them
Rain will not harm them
They don't even notice our footsteps
The rain will wash us away

I remember the night with a certain passion
A true lust for the storm, the time, the light
Looking out the lightning illustrates
A crack in time
We are here, people have been in this
Very spot for centuries
Have seen and experienced the same storm
The same passion
Have listened to the music of the square
Have felt the same sun
God - we must go on
A thread of us all flows through each storm
I am convinced
The storm cannot be for us alone
It is to tell us of all the others
Who have lived their time as it should be lived

We flee when the rain
Tumbles from the sky
We race along the narrow streets
The footing is wet
We laugh with the rain
The rain is heavy with time
And pregnant with drops of eternity
We race to the second-floor loft
Find the door
Wet hair, laughing and in awe
We have touched a face and it has smiled on us

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Opinions

Physicians and War And Various Catastrophes

By Michael Malloy

The war in the Ukraine has prompted me to review my own feelings about the role of combat in settling disagreements in the world and the role that physicians might play in promoting or rejecting such action. As we in the United States observe from afar the conflict, our support of supplying Ukraine the military arsenal to press on with the fight raises the dilemma of conceptually supporting war as a means to an end (the liberation of the Ukraine from Russian control) or denying such materials and allowing an oppressor to succeed. As physicians we can argue our role is to care for the sick and wounded regardless of whose wounded we are caring for and thus feel morally justified that we are neither supporting or rejecting the concept of war as a means to an end. This idea has been referred to as “vocational pacifism”, an idea historically associated with the practice of clergy during war. That is, the clergy may resist the state’s call to arms with an appeal to nonmaleficence while, at the same time, reject being anti-war. Nevertheless, this view is a bit of a cop-out for a physician. For if working for the military the ultimate goal is to help maintain a fighting force. M.L Gross in his chapter, *Is Medicine a Pacifist Vocation or Should Doctors Help Build Bombs?*, argues, “Members of the medical profession have the same duty, no more and no less than any of us, to respect the laws of decency and humanity. Their professional duties do not commit physicians to pacifism. Rather, members of the medical community share the obligation of every responsible citizen to subject the actions of state to close scrutiny. This demands their unconditional aid when wars are just, but vociferous resistance when they are not.” () Unfortunately, the “just war” is often interpreted by the eye of the beholder.

I also had occasion to visit the Holocaust Museum in Houston recently. The visit was a startling reminder of the tragedy befalling, most prominently the Jewish community among others, when a fanatical regime puts its mind to genocide and the rest of the world looks the other way until it is too late. Of greatest concern is how the German population was swept complicitly along in this disaster. Could something like this happen again? The Holocaust Museum is dedicated to “Never letting this happen again.” But I worry.

Then, of course, there are the other tragedies and points of dissention occurring in the last several months. In my home state of Texas, the senseless slaughter of school children in Uvalde. The causes of such disasters may be multifactorial and not totally preventable, but as the scramble to put forward at least some token legislation by Congress in response to the outcry from the public demonstrates some attempts to diminish the likelihood of recurrences can be pushed forward if the public outcry is loud enough.

The rulings coming out of the Supreme Court also provide fodder for vigorous discussion and dissention. My liberal friends are ready to jump off a cliff or move to Canada, while my conservative friends are praising various deities. I personally cannot wait to see if the ruling mobilizes an all time high in the percentage of women who vote in the upcoming 2022 elections. But even such a large turnout will sadly only be electing politicians. H. L. Mencken noted that, “After damning politicians up hill and down dale for many years, as rogues and vagabonds, frauds and scoundrels, I sometimes suspect that, like everyone else, I often expect to much of them.” We must remember that they are only human.

So, on such a somber note I shall not end, but will point out that our last best hope for humanity and a wonderful distraction from the world and all its tension, is that there did begin a baseball season this year after early threats of a lockout. And my beloved Astros, at least at this point in the year, are playing pretty good baseball, dominating the Yankees and the Mets, and holding down first place in the American League West by 11 games over Seattle. We can only hope for another World Series. Have a happy summer.



Yordan Alvarez smashing a homer for the Astros

LETTERS -OBITUARIES-NOTICES

Changes to AOS Membership Categories

At the 2022 AOS meeting in Galveston, the membership voted to approve changes to the bylaws that concern membership categories.

A new definition of **Active Membership** was approved. Active Membership shall be open to individuals who have demonstrated an interest in the principles and values of William Osler and in the history of medicine or the medical humanities. This membership category does not require voting by the Board of Governors or the AOS membership.

A new category of **Fellow Membership** was approved. Fellow Membership shall be open to individuals who have attended at least one annual meeting at which they have presented a paper or have attended two (2) annual meetings. To be elected a Fellow of the AOS, an individual must receive a 75 percent affirmative vote of the Board of Governors. The names of new Fellows members are presented at the annual business meeting for final approval by all those eligible to vote.

Effective April 13, 2022 (including those approved during the AOS business meeting that day), all Active Members (as previously defined in the bylaws) became Fellow Members. At the 2022 AOS meeting in Galveston, the membership voted to approve this transition of membership category.

Please encourage your colleagues to apply for Active Membership or Fellow Membership, as appropriate. Both applications are on the AOS website. The more the merrier!

New Members

William C. Wood is a retired cardiologist currently living in Winterville, NC. He received his undergraduate degree at the University of Mississippi and his medical degree from the University of Tennessee. He pursued surgery internship and residency then moved onto internal medicine and then to cardiology. He has had appointments at the Uniformed Service of the Health Sciences, the University of Louisville, University of Tennessee, and East Car-

olina University. He has maintained an interest in medical history since his undergraduate days and has collected a substantial medical history and military medical history library. He has a particular interest in the life and work of Dr. Henry S. Plummer and his approach to innovation in medical systems.

olina University. He has maintained an interest in medical history since his undergraduate days and has collected a substantial medical history and military medical history library. He has a particular interest in the life and work of Dr. Henry S. Plummer and his approach to innovation in medical systems.



Christopher Y. Chow is a new student member. Christopher received his undergraduate degree at the University of Colorado and is currently working on his medical degree at the University of Queensland/Ochsner Clinical School of Brisbane, Australia and Jefferson, Louisiana. His interests are in cardiac and vascular surgery training.

He is looking to learn the approach to medicine in the "Oslerian" tradition and becoming more acquainted with medical history in order to become a more complete physician.



Derek R. Soled is a new student member. He received his undergraduate degree at Yale; a Masters of Science in medical anthropology at Oxford; his MD at Harvard as well as an MBA. He is just entering a med-peds residency in June. He became familiar with the AOS through Scott Podolsky who was an advisor and "discovered its uniqueness and role in bringing together

scholars who are interested in improving medicine today through the application of lessons from the past. His primary interests in medical history include public health crises and the professionalization of medical education.



AMERICAN OSLER SOCIETY

Looking Forward to London, England

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Save the dates of May 21-24, 2023 for the AOS meeting in London, England.

Call for Abstracts for 2023 Annual Meeting in London, England, May 21-24, 2023

Abstracts should be sent by e-mail to: aosrenee@gmail.com and must be received by **15 November 2022**. Abstracts submitted by e-mail will be acknowledged. The abstract should be no longer than one page. It should begin with the complete title, the names of all co-authors, and the corresponding author's mailing address, telephone number, FAX, and e-mail address. This should be followed by a two to three sentence biographical sketch indicating how the author would like to be introduced. (This will probably be your entire introduction. Don't be modest!) The text should provide sufficient information for the Program Committee to determine its merits and possible interest to the membership. The problem should be defined and the conclusions should be stated. Phrases such as "will be presented" should be avoided or kept to a minimum. Only one abstract per person will be accepted.

Three learning objectives should be given after the abstract. Each learning objective should begin with an active verb indicating what attendees should be able to do after the presentation (for example, "list," "explain," "discuss," "examine," "evaluate," "define," "contrast," or "outline"; avoid noncommittal verbs such as "know," "learn," and "appreciate"). The learning objectives are required for Continuing Medical Education credit.

A cover letter should state: Whether any of the authors have a potential conflict-of-interest such as direct financial involvement in the topic being discussed, and whether there will be any mention of off-label use of drugs or other products during the presentation.

Each presenter will have a 20-minute time slot, which will be strictly enforced. Presenters should rehearse and time their papers to 15 minutes, in order to permit brief discussions and to be fair to the other speakers. Although 20 minutes might seem quite short for a paper in the humanities, our experience with this format has been overwhelmingly favorable.



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.

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

We're on the Web!

√ us out at: www.americanosler.org