



The Oslerian

A Message from the President

Christopher J. Boes

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Osler the Teacher

In the two prior presidential messages, I've written about my and Osler's teachers. This one will focus on Osler as a teacher, specifically at the bedside (Figure 1). He thrived as an educator at the bedside during ward rounds and less so in theater clinics or at the lecture.^{1,2} Contrary to what we hear presented and published from time to time, Osler did *not* invent bedside teaching. Who first did that is not totally clear and is not an interesting historical question in my opinion. The practice goes back several centuries.^{3,4} Osler himself was taught at the bedside by Robert Palmer Howard and others at McGill, whose medical school was modeled after the teaching at the University of Edinburgh.⁵ Osler described this practical bedside teaching as "old-fashioned" and clearly knew it was not new.⁶



Figure 1. Osler teaching at the bedside. From the National Library of Medicine William Osler Papers.

America before Johns Hopkins), with a heavy emphasis on bedside teaching on the hospital wards.^{7,8} Bonner wrote that "American educators did not adopt the German practice of deferring major clinical experience to the year of internship after graduation but followed instead the more congenial British example, made popular by Osler at the Johns Hopkins Hospital, of appointing students as clinical clerks and dressers in the last years of medical school."⁹ In 1905, Osler proposed his epitaph be "I taught medical students in the wards."⁶ But he claimed more than this as part of the Johns Hopkins organization and was proud of Hopkins' part in emphasizing the clinical clerkship in America:

"And lesson number two was the demonstration that the student of medicine has his place in the hospital as part of its machinery just as much as he has in the anatomical laboratory, and that to combine successfully in his education practise with science, the academic freedom of the university must be transplanted to the hospital. Again, it was not men, but a method . . . long struggled for here [in America], but never attained until the Johns Hopkins Medical School was started."⁷

In 1914, Osler clarified that he wished



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

What Osler did in America was promote and popularize the senior medical school clerkship (which had been employed to a small degree in

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his epitaph be "he introduced routine bedside teaching into the United States."¹⁰

So what was the structure of Osler's bedside teaching? I will focus on his teaching of medical students at Johns Hopkins in the late 1890s, as his student Henry Christian has written about this in detail.¹¹ The students learned from Osler in two clinics (dispensary clinic and amphitheatre clinic), the hospital wards, and at his home. Third year students were primarily educated in the outpatient setting, while fourth years were taught mostly in the hospital wards.¹⁰

The dispensary clinic for third year medical students (also called the observation class or systematic outpatient clinic) occurred three days per week at noon, and lasted one hour.¹¹ A patient was brought into a classroom adjoining the dispensary. Osler often sat on a table, swinging his legs, the patient reclined on a couch in front of him, with the students assembled all around.¹¹ The student who had taken the patient's history and examined the patient presented to Osler, who was unaware of the diagnosis. He would ask the patient further questions and often examined the patient. Osler would emphasize special points in the history and exam, draw from his wide clinic experience to enliven the discussion, refer to the relevant literature on the topic, and suggest that the student go to the library to read the literature.¹¹ Three or four patients might be examined.¹² Osler clarified that "how to see and what to see, how to touch and what to touch constitute the main lesson of the hour."¹² The students were expected to keep track of their patients in future dispensary clinic visits, on the hospital wards if they were admitted, and in their own homes if they failed to keep their clinic appointments.¹¹ The students would give updates on patients previously seen in the dispensary clinic. Over time, the patient began to feel that the student was their doctor.¹¹

The amphitheatre clinic (also called the general clinic) was held one day per week at noon and was for third and fourth year medical students (Figure 2).¹¹ Interns and residents also attended. The blackboard showed all the patients with typhoid in the wards since the opening of the school year (figure 2). A similar list was kept of those with pneumonia. The clinic opened by having a student comment on the tabulations. Then the patient was brought in, and the medical student clerk presented the patient. Sometimes more than one patient was seen and examined. Osler would summarize the important features of the disease that had been presented.¹¹ If a post-mortem had been done, the clerk demonstrated the lesions at the

end of the clinic.¹⁰

The fourth year class was divided into four, and each group served as clerks on the hospital wards for two months, rotating in the medical, surgical, gynecological, and obstetrical departments.¹² Each clerk was allotted six or more beds.^{10,12} Osler held ward rounds with fourth year medical students (and interns, residents, and visitors) three days per week, from 9 to 11 AM.¹² His assistants rounded with the team on the days that he was teaching in the dispensary clinic.¹⁰ The patient would be presented to Osler as usual. Often the clerk would be asked to demonstrate the exam, and Osler frequently examined the patient himself. Christian described Osler during these patient visits:

"Ward visits were an unusual combination of informality and dignity. Students and patients quickly were put at ease by Dr. Osler. The discussions seemed very informal, possibly a bit haphazard; yet a surprisingly complete description of the patient and his disease was left with the students. The combination of informality and dignity in the ward visits probably mirrored the similar combination which was so evident in Dr. Osler's own personality. In his frock coat and with his scrupulously neat appearance, he was typically the consulting physician, honored and esteemed by all who came in contact with him, but there was not austerity in this. His twinkling eye, his quick steps, his frequent quips, his friendliness of manner, his habit of putting a hand on the shoulder of assistants, students and friends as he walked and talked, all brought into his clinics and ward visits a delightful tone of friendly informality. His criticisms of students and their work were incisive and unforgettable, but never harsh or unkindly; they inspired respect and affection, never fear."¹¹

Osler welcomed the fourth year clerks into his home on 1 West Franklin Street in Baltimore on one evening per week for one and a half to two hours.^{5,11,12} Two students came to dinner, and the others came for beer, tobacco, cheese, crackers, and chocolate cake afterwards.^{5,11} Ward happenings were discussed, as were recent papers. Osler would bring books from his library to show the students, and medical history was emphasized. He got to know his students well.⁵ The evening would end at ten o'clock, as that was Osler's bedtime.⁵

Why was he felt to be an outstanding educator? C.F. Martin listed the characteristics of Osler that made him a great teacher:¹³

- Intimate knowledge of his subject
- Thoroughness in the investigation and consideration of cases
- A capacity for exact observations
- A great memory of prior patient encounters and the



Figure 2. Osler teaching during an amphitheatre clinic. From the National Library of Medicine William Osler Papers.

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literature

- An ordered mind
- Skills in embellishing his views with historical allusion
- Inimitable style
- A wonderful personality that bound him to student and patient alike
- A robust and rational optimism
- Forceful expression in the spoken or written word

What did he teach his students? William Thayer recorded some of Osler's general teachings:¹⁴

- Observe, record, tabulate, communicate
- The art of the practice of medicine is to be learned only by experience. By practice alone can you become expert. Medicine is learned at the bedside and not in the classroom.
- Live in the ward. Do not waste the hours of daylight in listening to that which you may read by night. But when you have seen, read. And when you can, read the original descriptions.
- Record that which you have seen; make a note at the time; do not wait
- Always note and record the unusual. Keep and compare your observations. Communicate or publish short notes on anything that is striking or new.
- Respect your colleagues
- Publish your unusual or original observations
- Mix with your colleagues; learn to know them. Speak only when you have something to say. And when you speak, assert only that of which you know.
- Remember how much you do not know. Do not pour strange medicines into your patients.
- Familiarize yourself with the work of others and never fail to give credit to the precursor. Let every student have full recognition. Never hide the work of others under your own name. Through your students ... will come your greatest honor.
- Be prompt at your appointments. There is no excuse for tardiness.
- Live a simple and temperate life
- Save the fleeting minute; do not stop by the way. Learn gracefully to dodge the bore.

Another student noted that Osler taught his trainees to respect their patients:

"No one might refer in [his] presence to a patient as a 'case' without instant rebuke. 'This is a case of heart disease.' 'No,' he would reply, 'It is a patient with heart disease.'"¹⁵

In 1907, Osler observed:

"One great difficulty is that only a few are really competent to teach students the art. We need a school of medical pedagogy in which able young [people], aspiring to the position of teachers, could be taught proper methods. We still have the primitive belief that any [person] is good enough to be a teacher, either of [children] or [adults]."¹⁶

This was a long time coming, as faculty development courses aimed at improving teaching, evaluation, and feedback skills have only become commonplace in my lifetime.

Hopefully, after reading this message, you have a better idea of Osler's educational contributions to American medicine, how he taught, why he was a good teacher, and what he taught. In the next newsletter, I'll write about great medical teachers I wish I had met. Until then, stay warm.

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Preview

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



Lobby, Holiday Inn-Regent's Park

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.

Travel advice: There are several ways to get from Heathrow Airport to central London: [Getting to Central London | Heathrow](#). If you are flying into Gatwick Airport: [Gatwick to London | Gatwick Airport](#). Here is one primer (among many found by googling) on how to use the London Underground (also called the Tube; what people in America and

Canada would call a subway system but beware, in the UK "subway" generally refers to a walking path beneath a busy road):

[How to Use the London Underground: A First-Timer's Guide - London On My Mind](#) (londonmymind.com).



The Green Man pub, Euston Road, Fitzrovia

Finally, Americans and Canadians should take extra care when crossing the street in London. Look both ways, but especially look left as vehicles drive on the left side of the road.

Sunday, May 21, 2023: Afternoon tours are being investigated vs. a list of recommended sites to see. London has a plethora of historic locales to choose from that would be of interest to Oslerians. As Samuel Johnson stated: "Why, Sir, you find no man, at all intellectual, who is willing to leave London. No, Sir, when a man is tired of London, he is tired of life; for there is in London all that life can afford."

Monday, May 22, 2023: There will be an evening Drinks Reception on Monday, May 22, 2023, at the Royal Society of Medicine (RSM). The RSM was established in 1907, and Osler was always closely associated with the organization (1). He was president of the Clinical Section for one year (1). Osler founded and was the first president of the Section of the History of Medicine in 1912. He hoped the section "would form a meeting-ground for the scholars, the students, and for all those who felt that the study of the history of medicine had a value in education (3)." AOS has a similar focus, so it is very appropriate that we are having drinks at the RSM. Osler donated a first edition *de Motu Cordis* by William Harvey, a collection of letters from William Withering, and Morton's 1846 paper introducing anesthesia to the RSM library. He refused the presidency of the RSM twice (1), so maybe we won't remind our RSM colleagues of that. Like the Royal College of Physicians, the RSM owns a copy (by Philippa Abrahams) of Seymour Thomas' portrait of Osler (2). Discussions are under way for an Osler exhibition at the Royal Society of Medicine.



The Royal College of Physicians, London

Tuesday, May 23, 2023: The Banquet will be Tuesday May 23, 2023, in the Osler Room at the Royal College of Physicians (RCP). The RCP received its royal charter in 1518 from Henry VIII (1). Osler was elected a Fellow of the Royal College of Physicians in 1883

and delivered the Goulstonian Lectures in 1885 (endocarditis), the Harveian Oration in 1906 (discovery of the circulation of the blood), and the Lumleian Lectures (angina pectoris) in 1910. He do-

nated at least 26 books to the RCP and enjoyed its history and library (1). Osler had some mixed feelings about the RCP and was not overly fond of their examination system (1). A copy of Seymour Thomas' painting of Osler (by Joyce Aris) hangs in the Osler Room and we all hope to get a good look at it, since Osler thought it was a true likeness. We are sorting out medicinal garden tours at the Royal College of Physicians during happy hour before the Banquet, along with a possible display of Osler books in the Osler Club of London collection. Chris Boes' presidential address, which has something to do with one of Osler's London-based teachers, will take place after dinner, as he feels his talks are better received after the audience has had some wine.

Be sure to put the London meeting on your calendars, and we look forward to seeing you all there! AOS Annual Meeting-Local Arrangements Committee Members

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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

Humanities in Neurology*By Mattia Rosso*

Neurology has long prided itself as a discipline at the crossroads of the humanities and science. The brain's primacy over the body was a controversial object of discussion for various philosophers such as Aristotle, De Cartes, and Willis.

From this privileged vantage, neurologists would derive novel insights into the nature of self and the role of humanity. By no surprise, neurologists would be tasked with reformulating our conception of the self and crafting new niches of expertise. Among these niches, we may remember Freud's invention of psychiatry, Oliver Sacks' ventures into music, and AJ Lee's explorations of literature.

Of late, the art of neurology has been greatly aided by advances in neuroscience and technology. Magnetic resonance imaging, CT scans, and electroencephalography offer an objective bedrock onto which neurologists can anchor their insights. With this has come a divide between the mind and the brain, with neurologists separated from their psychiatry colleagues. Alas, this has separated neurologists from the humanities and alienated them from patients with "inorganic" or functional ailments.

Inspired by the forefathers of neurology and by the outstanding leadership of societies such as the *Boston Society of Neurology Neurosurgery and Psychiatry*, we decided to start a humanities section within the neurology resident class at the Medical University of South Carolina. Through long conversations with Dr. Michael Stanley of the Young Oslerian Group, we crafted this section and received a resoundingly positive response from our peers.

We have developed a schedule for our monthly meetings for the first few months of this group, which will take place during workdays in person and on teleconferencing. Our curriculum far features the showing of the film *Amour* to be followed by discussions of the themes of this movie; a collective listening of the album *Everywhere at the End of Time*, and a guided visit to a local museum. Also, some of our residents have volunteered to lead some of these meetings to discuss a variety of topics, including psy-

choanalysis, figurative art in neurology, and the role of eponyms in modern-day medicine.

As someone on the AOS's Young Osler Group list-serv, we would like to open this to the American Osler Society. We would welcome speakers from AOS, both in person or via teleconferencing. We are looking for anyone willing to lead discussions on literature, philosophy, ethics, history, film, and all other areas of humanities. Finally, we are looking for any other form of support in the form of formal or informal guidance from the group, resources including archival footage, films, music, and all forms of support for our groups.

Thank you very much for your consideration,
Neurology Humanities Interest Group at MUSC

Mattia Rosso is a 2nd year Neurology Resident at the University of South Carolina
rossom@muscc.edu

The William B. Bean Student Research Award: History and Opportunities

By John M. (Skip) Harris Jr

(Skip has been a member of the Bean Committee since 2019 and Committee Chair from 2021 to 2023)

The American Osler Society granted its first medical student research award thirty-five years ago. Since then (through 2022), we have made seventy-seven awards ranging from \$500 to \$1,500, plus travel expenses. It is time to take stock. How did this award come to be, how is it doing, and where do we want to go?

The award's early history is a bit cloudy. There are two living AOS presidents who had a hand in establishing the Bean Award, and when I contacted them, neither had a very clear memory of how the program started. But there is a paper trail in the AOS archives at McGill, which records that Jerry Barondess was the instigator at the request of 1981-1982 AOS president Bill Gibson, and his younger Cornell faculty colleague, Paul Kligfield, was the facilitator.

The first documented mention of a student research award is a May 11, 1982, letter from Jerry to Paul, asking Paul to serve on a committee with Jerry and Jim Warren. The AOS announced its student research award four years later, in 1986, with Paul the committee chairman. The original announcement noted that the Society intended to support "eight weeks of research in the broad areas of medical history and medical humanism." The stipend was \$1,000, with up to \$500 for travel to present an acceptable final report at an AOS meeting.

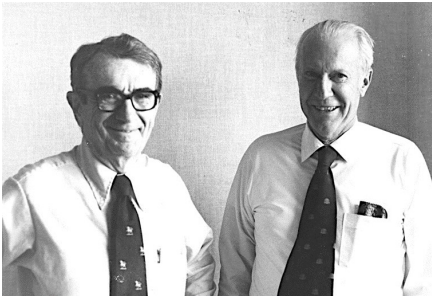
Paul's three-person AOS Student Research Committee received

YOUNG OSLERIAN VIEWS

eleven applications in 1986 and made its initial award in 1987 to Lawrence Berk at the University of Pittsburgh. Dr. Berk presented his talk, "Polio Vaccine Trials of 1935" at the 1988 AOS meeting in New Orleans.

The first AOS president, Bill Bean, died, in 1989. Bill was an Osler personality clone, with legions of admirers, and the AOS quickly (1990) renamed the Student Research Award in his honor. None of those AOS officers who are still around, Jerry, Paul, or Bruce Fye, have any idea who came up with this suggestion, nor do the archives help, but all three agree that the members approved the idea unanimously.

The AOS has only spotty statistics on the total number of Bean Award applications we have received since 1986, but the available data show that the Award's early years had some lean times.



AOS Presidents Mac (A McGehee) Harvey, (1975-76), on left, and Bill (William B.) Bean (1970-71) at the 1978 AOS meeting. Courtesy of Bruce Fye.

We know, for example, that we only received five applications in 1990 and did not give an award at all in 2004. But there were also bumper crops. We received sixteen applications in 1997 and, for the first time, made more than one award that year, giving \$500 to two additional students as "honorable mentions."

The AOS has better data on the winners

than the full group of applicants, and these data suggest that the Award has a broad reach. Assuming that missing data from sixteen winners are similar to what we have from the remaining sixty-one, Johns Hopkins has had the most winners, with nine, (15%) beginning in 1989 and continuing to 2017. Notwithstanding Hopkins' impressive showing, the sixty-one winners where we have school data came from thirty-eight medical schools in eighteen states and three Canadian provinces. Our recent experience demonstrates a respectable geographic visibility of the Bean Award program in medical schools. From 2019 to 2022 (four years), we had seventy applications from forty-six medical schools in twenty-three states and five Canadian provinces. The most state applications (nine) were from four allopathic schools and one osteopathic school in Texas.

Past Bean Awards exclusively favored history projects, but the committee has tried over the recent four years to broaden its interpretation of "medical humanism." During this time, we gave three stipends (out of fourteen total awards) for projects on: 1) "The Impact of Humanities Education on Wellness and Success in Medical School, 2) "Using *The Sound and the Fury* to Compare Literary Psychoanalysis, the DSM-11 and the DSM-V," and 3) "Computational Linguistics and Insights from Full Text Analyses of *The Journal of the American Medical Association* and *The New England Journal of Medicine*."

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POETRY CORNER

If you could see my face

By Grace Ferri

*There is fear in your eyes
when you ask a question,
she told me
as her crow's feet crinkled.
I could not sense if her dilated pupils portended
anger or
concern.
I wonder how things would be different
if I could see her face.*

*I want you to project more confidence,
she said within an hour of meeting me.
I nodded vigorously
behind my mask and face shield
before raising the corners of my
lips in an
invisibly dimpled smile.
I wonder how things would be different
if she could see my face.*

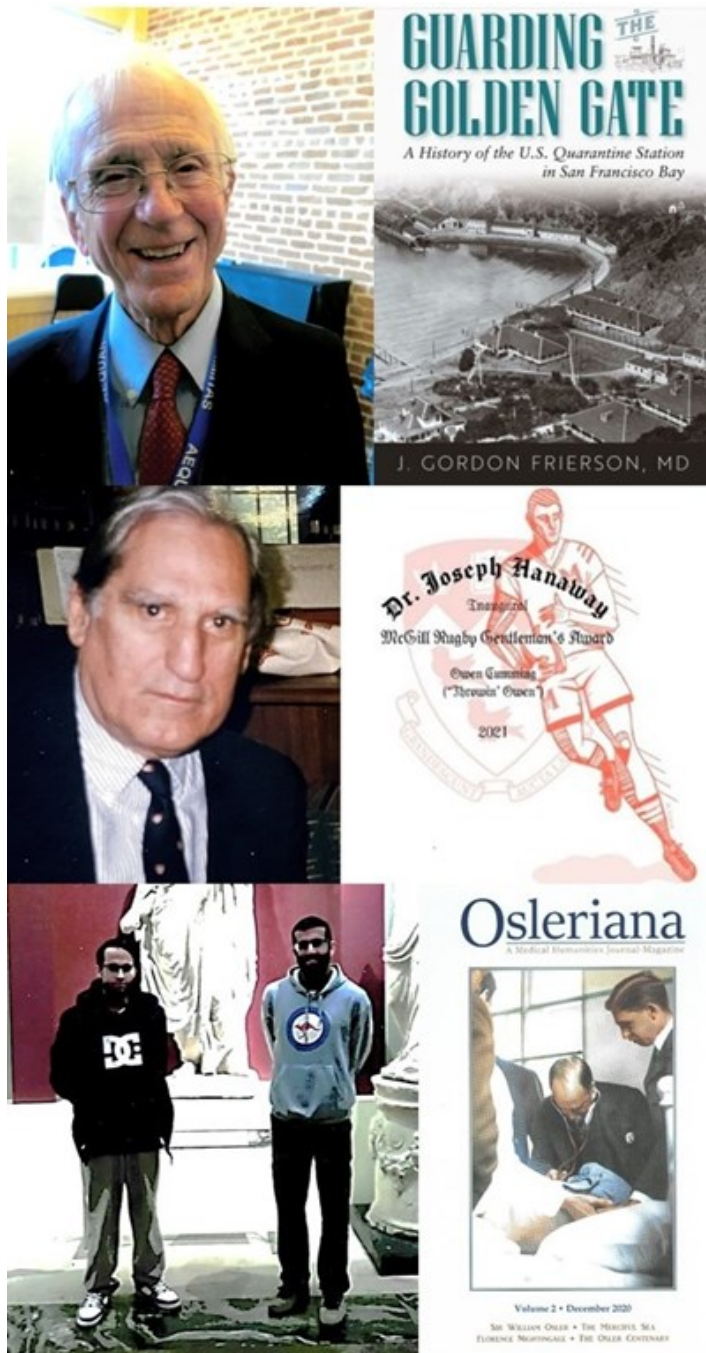
*Nice to meet you,
he said with assertion,
extending his hand as if to
shake before thinking better.
We met yesterday,
my whispers imperceptibly
muffled beneath the woven cotton.
I wonder how things would be different
if he could hear my voice.*

*You need to speak up,
he said in a monotone.
I opened my mouth but fell
silent unable to disclose
the arias I once sang in cavernous halls
where music resounded from every surface
without amplification.
I wonder how things would be different
if they could hear my voice.*

Today the masks we wear
are no longer metaphors.
The guises we espouse
are meant to protect us.
These filters free us from our former confinement
but in separating us from the particulate matter
we have lost the particulars
that define who we are.

Grace Ferri is a PGY-1 in the internal medicine residency program at Boston Medical Center. She graduated from Boston University and Boston University School of Medicine through Modular Medical Integrated Curriculum.

MEDICAL HUMANITIES

Journal of an Oslerian

Top: Gordon Frierson at AOS meeting in Galveston, April 2022, and his new book *Guarding the Golden Gate: A History of the U.S. Quarantine Station in San Francisco Bay*.

Middle: Joseph Hanaway in 1966 at the Osler Library of the History of Medicine, McGill, and the newly created Dr. Joseph Hanaway McGill Rugby Gentleman's Award.

Bottom: Nadeem and Zaheer Toodayan at the Ashmolean Museum, Oxford, in January 2020, and the newly minted second volume of *Osleriana*, the journal of The William Osler Society of Australia and New Zealand.

Four Remarkable Oslerians:

My old friend J. Gordon Frierson (b. 1935) is my newest hero for the following reasons:

At the tender age of eighty-seven, he has brought out *Guarding of the Golden Gate*, his first book.

The book is a masterpiece. Beautifully organized into short chapters, written in enviably precise prose with seamless transitions between paragraphs, and impressively documented, Gordon provides a model for good historical research and writing.

The book exemplifies what I consider the optimum approach for amateur medical historians (that is, for those of us who do not have higher degrees in history) who want to publish something original and significant. Here are the action steps: (1) become fascinated by something in your own backyard (or, in Gordon's case, your bay); (2) identify primary source material; (3) master the secondary literature; (4) Situate your project within national or even global medical history; and (5) persist, persist, persist!

Gordon worked on this book on and off for more than a decade. It shows. This is a page-turner!

Having spent two years in the U.S. Public Health Marine Hospital Service without knowing much about its history, I found Gordon's book hard to put down. He situates the famous feud between California Governor Henry Gage and Dr. Joseph Kinyoun after plague struck San Francisco's Chinatown in 1900 within a much larger story. The subplots include the practice of fumigating ships, which apparently killed more rats and cockroaches than disease germs. Gordon convincingly demonstrates that both quarantine and fumigation, as practiced by the Marine Hospital System, originated in New Orleans.

This book should appeal to anyone interested in the history of infectious diseases, public health, prejudice against immigrants, political tensions between national, state, and local governments, or indeed the broader aspects of the history of medicine. At \$29.95, Gordon's book is a bargain.

My newest old friend, Joseph K. Hanaway (b. 1933), was recently surprised by the creation of a "Dr. Joseph Hanaway McGill Rugby Gentleman's Award" to "recognize and honour gentlemanly conduct and exemplary behavior ... consistently exhibited by a McGill rugby player on and off the field over the course of a minimum of two season." Like his hero Wilder Penfield (1891–1976), Joe was born in the

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(Continued from page 8)

U.S. but made his mark at McGill. He went there in 1953, became “Joe the Toe” as kicker on the football field, switched to rugby, and in 1955 helped McGill become the Dominion National Rugby Champion of Canada. He trained in neurology at McGill and Harvard and spent most of his career in St. Louis while never forgetting his alma mater.

Joe coauthored three atlases of the brain, the last of which is in its fourth edition. He was the first to report renal failure as a complication of contrast injection for computed tomography, and helped localize the pyramidal tract within the posterior half of the posterior limb of the internal capsule.^{2,3} He coauthored the definitive history of McGill medicine and coedited a magisterial history of Montreal General Hospital.⁴⁻⁶ He augmented an interest on the impact of medical history on William Osler’s career⁷ with book collecting and, after we became friends through the Osler encyclopedia project, graciously donated much of his collection to the University of South Carolina.

After retiring in 2008, Joe organized a project to restore the historic Roddick Gates clocks and bell tower at McGill, which had fallen into disrepair. Just two years later, in 2010, Canadian news media reported how after Joe’s leadership the clocks told the correct time for the first time since 1930 and the bells rang every hour between 7 o’clock in the morning and 7 o’clock in the evening! Would that every university have such a devoted alumnus as Joe Hanaway!

Rounding out this quartet of remarkable Oslerians are fraternal twins Nadeem and Zaheer Toodayan (b. 1989), my close (if long-distance) friends in the Southern Hemisphere. They recently brought out the second volume of *Osleriana*, the journal of The William Osler Society of Australia & New Zealand of which they are co-founders.⁸ The first volume in this series appeared in 2019, and the Toodayan brothers planned the second volume for observance of the centenary of Osler’s death. The COVID-19 pandemic along with other priorities delayed its publication, but this 189-page volume is well worth the wait.

Among the “Osler symposium issues” published through the years, this second volume of *Osleriana*, in my opinion, holds the most aesthetic appeal and by a large margin. Setting it apart are seventeen photographs of Osler colorized by the British visual his-

torian Jordan J. Lloyd and his team at Dynamichrome Limited, based in Essex, England. Lloyd has made a career of bringing old black-and-white photographs to life. Osler scholars will be familiar with most of the photographs selected for this volume, but the new colorized versions will make readers gasp as though they had never seen them before. Equally stunning is the layout, which Nadeem credits to Zaheer.

The content is also extraordinary. Nadeem’s 29-page article on Osler eclipses, in my opinion, all previous overviews of Osler’s life and legacy. The brothers provide a timeline of Osler’s afterlife. They give entertaining accounts of their two trips to England during the winter of 2019–2020. The volume also includes an erudite 92-page article on “The Merciful Sea, or, Healing Powers of the Ocean” by Zaheer, and articles on Sir Thomas Browne and Florence Nightingale by other authors.

The Toodayan brothers plan to make this volume available online to AOS members in the near future. Serious collectors of Osleriana will want a hard copy but, unfortunately, postal rates from Australia to North America are exorbitant. Nadeem sent me a few extra copies, which I am willing to send to North American collectors on a first-come, first-serve basis.

Charles S. Bryan
cboslerian@gmail.com

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Opinions

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One measure of the award's success is the extent to which students have completed proposed projects and presented their findings to the Society. This record is excellent. Not counting the most recent five awardees, who are now working on projects, sixty-two of seventy-two winners (86%) presented their work to the AOS from 1988-2022. Another success measure might be the extent to which Bean winners have become permanent AOS members after completing their training. Here the record is poor. Although the 2022 AOS member roster originally showed thirty-two Bean Awardees as members, none of these members have ever paid dues and at least one third of the names needed to be removed for being well out of their training programs, when their Bean membership expired.

What changes might Society members consider for the Bean Award? The first is whether it should be continued and, if so, at what level? My observation after four years of Committee service is that the Award is meeting its objective of encouraging student and faculty interest in medical history and, to some extent, medical humanism. This conclusion is based on the quantity and quality of recent applications and sponsor supporting letters, along with the long-term results of Bean awardee participation in AOS meetings.

I also believe that the Award raises awareness of the AOS within medical schools, although it has not, so far, served as a meaningful recruitment vehicle. However, we have no way of knowing if recent AOS members may have heard of the AOS while in school because of the Bean Award, nor can we (yet) know if past Bean Awardees will return to the AOS in the later part of their careers.

Assuming the Award continues, should it change? For instance, how many awards/stipends should we offer annually and what amounts are appropriate? Are we satisfied with the current inclusion criteria? Should we expand the Award to include residents and fellows? These questions deserve debate by the Board and the membership.

If we can agree on the "what" of the Bean Award, we need to take a look at the "how." For instance, how should our award be marketed? Currently we (via Renee Ziemer) mail a letter and flyer each year to medical schools, much like the correspondence Paul Kligfield designed in 1986. Between 2021-2022, we paid \$500 for a link on the American Medical Student Association Website, which brought no discernible benefit. We also have a link on the AOS Website describing the Bean Award, with a downloadable application form (<http://www.americanosler.org/bean-award.php>).

We should improve our internal processes. The current application mechanism is tedious and barely late twentieth century (meaning paper is sent via email). This is not adequate. The Bean Award application and evaluation needs to use online database technologies for application processing, internal distribution, committee evaluation, and awardee/sponsor notification. This will require external programming support.

We should also examine how the Bean Award Committee works. This committee has been one of the services AOS members perform to support the Society, spending three years at most, but

often leaving after one or two years. Perhaps this model will be adequate going forward, but it leads to gaps in institutional memory and the high likelihood of inconsistent evaluations from year to year. We should re-affirm that these shortcomings are acceptable or develop an alternative structure.

In summary, our thirty-five-year student research award project has met many of its goals. It has provided a mechanism for generations of AOS Bean Committee members to experience the lives and interests of bright, enthusiastic medical students, while offering encouragement to students who may wonder if their humanistic impulses have a place in medicine. It has allowed AOS members who support history and humanism in medical education to "put their money where their mouth is." It has also served as a resumé and experience-enhancer for sixty-two students who have completed projects and made AOS presentations. The AOS is fortunate to have this legacy to build upon. At the same time, it is also fortunate to have the financial resources to critically examine and re-imagine the Award.

Renee Ziemer and Mary Hague-Yearl in Montreal combed the AOS files to find the data I used for this report. I could not have prepared it without them.

Osler and the Student Life

This particular issue of the *Newsletter* is full of articles that have in common the student of medicine. Our President's Message talks about Osler's teaching, The Young Oslerians Sections talks of promoting student learning in the humanities, Skip Harris writes of the history of the Bean Award and student opportunities to develop research in the history of medicine, and our student poet, Grace Ferri, writes of her experience on the front line of patient care during the Pandemic. Students are the future of our profession. How to best support and participate in their education remains a challenge. The American Osler Society's promotion of opportunities to voice student opinion and thought through the *Newsletter* and at our Annual Meeting is certainly one means of support. Funding research through the Bean Award, is certainly another. Nevertheless, our individual interactions as members of the AOS with students we are in contact with at a local level cannot be overlooked as perhaps our most valuable contribution. I have been impressed with the number of students that have come forward at UTMB inquiring about submitting abstracts to the AOS meeting after alerting them to the opportunity. There is little or no exposure to the history of medicine or the medical humanities in our medical school curriculum. Thus, without the promotion of these issues through our McGovern Academy of Oslerian Medicine and individual members of the AOS at our institution student awareness would be left fallow. So, please work locally.

By Michael Malloy



LETTERS –OBITUARIES–NOTICES

BOOK REVIEW of Sandra Moss's 2022 Book

Moss, Sandra W. (2022) *The Essex College of Medicine and Surgery: The Long Gestation, Troubled Life, and Early Death of New Jersey's First Medical School*.

What does it take to open a new medical school? A lot more than an adequate endowment, though that is a key element. Dr. Sandra Moss, a historian and past president of the AOS, lays out what was required to do that in New Jersey in the 1940s in her new book. It's an instructive — though complex — story. She wisely and conveniently opens with an alphabetic listing of the 47 individuals and seven archival collections she deals with in the book, to which I often referred.

New Jersey presently has five mainstream medical schools, but during the period of which she writes — the decade after WWII — there were none. Historically, NJ had a number of sectarian schools that produced homeopaths, naturopaths, and chiropractors — viewed as “quacks” by mainstream physicians. These schools gradually closed as the power of the AMA increased. Its Council on Medical Education, formed in 1907, gained greater clout after the publication of the Flexner Report in 1910. Abraham Flexner, familiar with Johns Hopkins, surveyed 155 medical schools in north America, assigning them into one of three classes: A (acceptable), B (redeemable), C (beyond salvage). Over the subsequent decades many of the Class C schools closed. By mid-century the AMA had modified Flexner's grading system to these three classes: Class A (fully approved schools), Class B (approved schools on probation), Class C (unacceptable medical schools). By the 1940s any new medical school seeking Class A status had to meet the requirements set forth in the AMA's “Essentials of an Acceptable Medical School,” approved by the House of Delegates in 1933, that described them in eight categories: Organization, Administration, Faculty, Physical Plant, Clinical Facilities, Resources, Requirements for Admission, and Curriculum. [Dr. Moss does not review this document per se (although I did) and it was apparent that as the saga unfolded, the Essex College of Medicine and Surgery (ECM&S) stood no chance of meeting those criteria.] But that gets ahead of the story.

Enter Adolph Meyer Koch, a Jewish immigrant born in Poland in 1908, who settled in NYC and was educated at several American universities. He earned a PhD in psychology from Columbia, a Bachelor of Laws from St. Johns and a Doctor of Jurisprudence from St. Lawrence. In 1933 he joined the faculty of the Essex Emergency Junior College, an institution set up under the New Deal's Works Progress Administration. By 1938 it had become the Essex Junior College and Koch worked his way up the faculty ladder from instructor to become President in 1940. In that year, he bought the four-story brownstone building that later would become the home of the ECM&S.

It appears Adolph Koch had his heart set on building a medical school, since there was none in the state, and Jewish students seeking to apply to other East Coast medical schools were hampered by the quota system that restricted admission of minority students (which included Jews, Italian Catholics, African Americans, and women). Koch wanted to establish a non-quota medical school. He obtained fiscal pledges from Jewish practitioners and accepted 31% Jewish students in the first two classes.

Logically and in conformity with the standards set by Flexner and the AMA, a New Jersey medical school would be formed under the aegis of one of NJ's two major universities, Princeton or Rutgers. But Princeton had no interest at all, and Rutgers' interest — lukewarm at best — was in establishing postgradu-

ate medical education (residency or fellowship) programs, not a medical school. But having bought the major building of the Junior College, Koch pressed on, soliciting promises of financial support and seeking tentative approval for a medical school from three certifying bodies that would be needed to launch the school.

The New Jersey State Board of Medical Examiners (NJSBME) was empowered to regulate the practice of medicine and surgery and issue medical licenses to qualified practitioners. But the M.D. degree from a newly established NJ school would be awarded *not* by that board, but by the New Jersey State Board of Education. And, as noted above, the “Essentials of an Acceptable Medical School” by the AMA Council on Medical Education and Hospitals were the standards applied by state licensing boards across the United States to approve schools, and the NJSBME required Koch to meet those requirements. He did receive tentative approval pending an inspection a year after the school opened.

Koch set up no quotas and had little trouble attracting qualified students, who were charged \$600 tuition. He had greater difficulty assembling and keeping a faculty and board of trustees to the satisfaction of the approving boards noted above. Getting adequate funding was perhaps the greatest challenge, and soon Koch was needing to charge additional fees to the students, an issue that caused a dean to resign.

Sandra Moss has done an amazing and admirable research job in drawing together all the pieces of this mosaic. Evidence of the author's thoroughness is a chapter that details the subsequent careers for the students who attended the school while it lasted. Toward the end of the book (page 185) she states: “The Essex College of Medicine and Surgery had been erased from the collective New Jersey memory. It is so thoroughly erased that a search of the vast Google universe comes up empty!” But my conclusion is that Adolph Koch *never did establish* a medical school — though ECM&S did teach some pre-clinical courses — since he never fulfilled the requirements laid out by the Council on Medical Education and Hospitals of the AMA, and his tentative approval was revoked on that basis.

I enjoyed reading about the ‘long gestation, troubled life and early demise of New Jersey's first medical school.’ It is a meandering and intricate, well-researched story. As I neared the end of the saga, though, I could not help but compare the founding of ECM&S with the origin of my own medical alma mater, the School of Medicine and Dentistry in Rochester (NY), and also compare George Hoyt Whipple with Adolph Meyer Koch. Whipple was a well-recognized pathologist, head of the Hooper Foundation and Dean of the UCSF when selected to head up the new school in Rochester. (He later went on to receive the Nobel Prize.) His many medical friends in academia made assembling a faculty quite easy.

Koch had no medical degree, and his funding prospects were shaky, consisting mostly of promises, whereas Whipple had an assured five million dollars from George Eastman of Kodak fame, who had already established a school of music. Eastman's five million was matched by Rockefeller's General Education Board. Moreover, two daughters of the late Rochester businessman Henry Strong had put up a million dollars to build a hospital in his memory, securing the place for the clinical training in the final two years of the curriculum. With secure funding, Whipple found it easy to select an outstanding full-time faculty.

I found Sandra's book a fascinating read. It's also a good account of how *not* to go about establishing a medical school.

By Joe VanderVeer



AMERICAN OSLER SOCIETY

Looking Forward to London, England

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boes.christopher@mayo.edu**Secretary**

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burkholder.david@mayo.edu**Treasurer**

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caius@caius.com**The Oslerian: Editor**

Michael H. Malloy

mmalloy@utmb.edu

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)

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