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A Message from the President

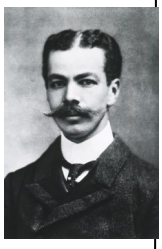
Christopher J. Boes

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

Great Medical Teachers I Wish I Had Met

In the three prior presidential messages, I've written about my teachers, Osler's teachers, and Osler as teacher. This one will focus on great, but lesser known, medical teachers I would have loved to have met. What follows is five biographies. Biography has a respect problem and has been considered by some a weed in the history of medicine field.[1] The academic status of biography has declined partly related to the rise of social history and the passing of the great man theory.[1] But researching the history of individual doctors has taught me much about the history of medicine and history in general and is very enjoyable. For example, I learned most of what I know about Irish history and the history of neurology in Ireland by researching the life of Irish and American neurologist Dr. Harry Lee Parker. Dr. Jacalyn Duffin has noted that biography "serves up history in human doses, which is the only dimension to which we can truly relate as individuals."[1] I used to rogue beans as a teenager in Nebraska and am a detail-oriented neurologist, so I'm used to working down in the weeds. This is a long essay so (depending on the time of day) grab some coffee, tea, or brandy and settle in.

James Samuel Risien Russell (1863-1939) (figure 1) was born to a Black mother of African descent and a Scottish father of European ancestry in present day Guyana in 1863.[2] He received his medical degree from the University of Edinburgh in 1886 and became a resident medical officer at the National Hospital, Queen Square, London, in 1888.[2] In 1896 he was named pathologist at Queen Square, and he became an assistant/attending physician in 1898.[2,3] Risien Russell did research with the father of British neurosurgery Victor Horsley on several topics including the cerebellum, the effects of lesions of various portions of the central nervous system on the knee jerks, the brachial plexus, the lumbosacral plexus, and innervation of the larynx. In 1894, he noted that some fibers from the fastigial nucleus left the cerebellum on the external edge of the superior cerebellar peduncle, crossed the midline, and passed into the contralateral fastigial nucleus.[2] This fiber tract became known as the hook bundle of Russell. Others called it the tractus uncinatus. In 1900 he published an important paper in *Brain* with colleagues Batten and Collier.[4] He described the clinical and pathologic findings of patients with subacute combined degeneration of the spinal cord. In fact, he was the first to use that term. Several of the patients had pernicious anemia.



Risien Russell was described by his colleague Gordon Holmes as "one of the most popular teachers who have served on the staff [at Queen Square]," and noted that "he was an equally popular teacher of general medicine at University College Hospital."[3] Holmes stated that "in the out-patient department, where each case presented a new and unexpected problem, his speed and thoroughness in examination, his skill in analysing symptoms into their simpler components, and his clear and precise presentation of conclusions and diagnoses attracted large numbers of students and graduates."[3] There was often a long line of trainees outside his door trying to hear what he was teaching to those in the room.[5] Risien Russell was a proponent of instantaneous or lightning diagnosis and did not examine his patients as painstakingly as other neurology colleagues at Queen Square.[6] After he had very quickly diagnosed

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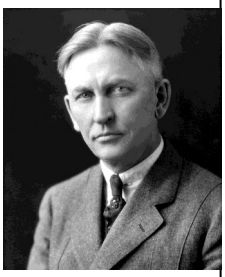
a patient with syringomyelia in the presence of his house physician Macdonald Critchley, he was asked how he knew the diagnosis.[6] He stated: "Here is a young man of 20 or 30, with wasting of his hands. The eyelid on one side is drooping, and the pupil of that eye is too small. His pain-sense must be reduced because there is a small scar of a cigarette burn between the tips of the nicotine-stained index and second fingers. What else could it be but syringomyelia?"[6] Risien Russell invited his residents to dinner parties.[5] He had a large private practice. Critchley wrote that Risien Russell could interview four patients in an hour, each one departing relieved and content.[6] His patients adored him.[2]

A one of the first Black British consultants, Risien Russell had to overcome racial bias.[7] In a 1954 book on the history of the National Hospital at Queen Square, neurologist Gordon Holmes stated that Risien Russell's Black ancestry was a "drawback" that he had to overcome in order to develop a large private practice.[3] Per a 1981 *British Medical Journal article* by Dr. James Purdon Martin, Queen Square neurologist James Taylor commented that Risien Russell laughed like a Black person.[5] That was the only unkind thing Martin had ever heard Taylor say about anyone.[5] From 1908-1918, he served in London as a Captain in the Royal Army Medical Corps.[2] He retired from Queen Square in 1928. Risien Russell died in his consulting rooms at age 75, in between seeing patients. I would have loved to have been taught by Risien Russell about how to observe patients, and to learn some tenacity from him, as he had to overcome racism to become one of London's leading neurologists.

Walter DeWitt Shelden (1870-1946) (figure 2) was born near Windom, Minnesota, grew up in Reedsburg, Wisconsin, and graduated from the University of Wisconsin in 1891.[8] He attended Rush Medical College in Chicago, Illinois, spent two years as an intern at Cook County Hospital in Chicago, and worked as a general practitioner in Reedsburg for four years. He then received internal medicine training at the University of Vienna for ~1.5 years and for the following 10 years had a lucrative private internal medicine practice in Minneapolis, Minnesota, and taught at the University of Minnesota Medical School. Shelden spent the greater part of his time in the charity wards of Minneapolis City Hospital (also called Minneapolis General Hospital). He was asked by William J. Mayo to start the neurology section at Mayo Clinic in 1913. He was head of the neurology section at the Mayo Clinic until 1930, and retired in 1943.[8]



Shelden enrolled in courses at the Viennese Medical Faculty as a so called frequentant (student) during winter term 1901-2, summer term 1902, and winter term 1902-3, staying in Vienna from September 1st, 1901 through February 1st,1903.[8] Approximately 10,000 Americans took some kind of formal medical study at Vienna between 1870 and 1914.[9] Almost the entire post-graduate work in Vienna was given in the Allgemeines Krankenhaus (2,250 beds in 1912).[9] It was written that "here one could do more eye operations, deliver more babies, treat more patients, and conduct more post-mortems in a week than would be possible in a year in many parts of the United States."[9] Viennese clinicians were quick to encourage and exploit the interest of foreign doctors. Short practical courses of 4-8 weeks were offered in the clinical branches of medicine, each limited to 10-12 students.[9] In addition, adjunct professors and instructors arranged private courses. The internal medicine course given by Kovacs was controlled by Americans through a self-perpetuating membership.

Shelden worked with Edmund von Neusser (internal medicine), Friedrich Kovacs (internal medicine), Lothar von Frankl-Hochwart (neurology), Ernest Finger (syphilology and venereology), and Alois Monti (pediatrics). According to one of his residents, Shelden "spent two years in Vienna, attending presentations of pathologic material and following von Neusser, whom he considered the greatest clinician he had ever known, in the wards of the Allgemeines Krankenhaus."[10] Shelden said "von Neusser 'couldn't write worth sour grapes,' that to learn from him one had to observe him examining patients."[10] Edmund von Neusser (1852-1912), professor of internal medicine at the University of Vienna, was a master of diagnosis and differential diagnosis.[11] Rumor had it that Neusser sent 140 patients to the deadhouse without an error in diagnosis.[12] Neusser had an active interest in diseases of the nervous system, and studied neurology in France, but did not become a specialist in neurology. He was "master of the whole of internal medicine."[11]

These trips to Vienna by Americans were criticized by some, but most of this criticism was directed at those without prior internship and practice experience who had short stays, partied too much, did not speak the native language, and/or came after World War I.[9] None of these things applied to Walter Shelden. Most courses for Americans in Vienna were in English, but Shelden learned German there. Learning the language was one of the reasons his mother encouraged him to go to Vienna. Shelden translated German articles for an American neurologic journal later in his career. Shelden's training in Vienna honed his clinical skills, exposed him to scientific medicine at the highest level, and had a significant influence on his subsequent medical career. His student Henry Woltman stated that "when the consultants gathered [around] the autopsy table in the deadly game of turning face-down on the table a card bearing their name and diagnosis, Doctor Shelden was almost always right,"[13] reminiscent of rumors of Neusser's diagnostic accuracy. Shelden exemplified the benefit of post-graduate training in Vienna before World War I for the well-prepared American physician.

Shelden taught University of Minnesota medical students from 1903 to 1913. When examining the chest of a patient with adhesive pericarditis, he demanded good light, uncovered the chest, and asked the students what they saw. He reviewed their responses, which included the heartbeat, then said "it's a movement you see, isn't it?"[13] He further clarified that the movement was retractile, commented that they did not really need to use their stethoscopes to make the diagnosis, and told them accurately what they would hear if they placed the bell over a certain area. After examining this patient, the students "knew we were in the presence of a master."[13] One of his students commented that "his ability to percuss areas of dullness, movements of borders, to demonstrate underlying structures by percussion front, back and side, from top to bottom, was impressive."[13] Shelden taught ~45 Mayo Clinic residents between 1919 and 1943. Paraphrasing Paracelsus, he advised the residents that "the patient is the book, study him."[14] One of his trainees commented:

> "By nature he was adapted to the graduate teaching of medicine. He had an instinctive appreciation of the essential characteristics of clinical entities and had developed a wide knowledge of what he liked to call 'the lim-

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itations of normal.'"[15]

Another noted:

> "Dr. Shelden might spend an entire conference hour in presenting a patient with tabes dorsalis. He would demonstrate the art of a careful sensory examination and illustrate the phenomena of delayed pain, butterfly sensory changes over the face, and possibly a Charcot joint."[14]

Mayo trainees and associates nicknamed him "Pop" because of his fatherly attitude. Regarding Shelden's feedback style, Henry Woltman reported that "when he suggested I read Gordon Holmes' article on the sensory changes of tabes dorsalis I knew just what he meant--I had missed sensory changes around the nose."[14] Despite often being ten days behind schedule, Shelden insisted on a thorough exam of every patient (including one hour of sensation testing).[16,17] He would tell the residents that "we leave our trouble on the other side of the door."[13] Shelden had several hobbies including golf, planting trees at his local golf course, and woodworking and taught his residents about work-life balance.

Mary Broadfoot Walker (1888-1974) (figure 3) was born in Wigtown, Scotland.[18] In 1913 she received her medical degree from the Glasgow and Edinburgh Medical College for Women.[19] During World War I, Dr. Walker was attached to the Royal Army Medical Corps as a civilian surgeon with the 63rd General Hospital in Malta and Salonika. Unlike male physicians doing the same work, female physicians did not receive rank.[20] In 1920, she became a salaried Poor Law Service medical assistant at the Greenwich Union Infirmary, which later became St. Alfege's Hospital. Dr. Walker carried out important clinical research on neuromuscular disorders in the 1930s in this non-academic setting, which is remarkable.[19]

In a June 2, 1934 *Lancet* article, she was the first to convincingly show that the weakness of myasthenia gravis responded to the acetylcholinesterase inhibitor physostigmine. She wrote:

> "I think that this effect of physostigmine on myasthenia gravis is important, though it is only temporary, for it improves swallowing and might tide a patient over a respiratory crisis. It supports the opinion that the fatiguability is due to a poisoning of the motor end-organs, or 'myoneural junctions,' rather than to an affection of the muscle itself. It may be significant that physostigmine inhibits the action of the esterase which destroys acetylcholine."[19]

An eminent male neurologist unsuccessfully tried to take credit for her therapeutic discovery.[21]

In April 1935, she reported in the *Proceedings of the Royal Society of Medicine* that a different patient with myasthenia gravis responded to neostigmine (also called Prostigmin), another acetylcholinesterase inhibitor. This was her second discovery. In 1932, she became a Member of the Royal College of Physicians and later in the 1930s was named a Fellow of the Hunterian Society and the Royal Society of Medicine. On December 20, 1935, she received a gold medal from the University of Edinburgh for her thesis titled "A contribution to the study of myasthenia gravis."[19]

Dr. Walker also did important research on a patient with familial periodic paralysis. In a *Lancet* 1935 letter, she was the first to appreciate the significance of hypokalemia in attacks of periodic paralysis.[19] In a 1937 paper, she noted low potassium with a glucose meal and treatment of attacks with potassium chloride.[19] In 1938, Walker declined an invitation to join the staff of the Elizabeth Garrett Anderson Hospital as a consultant. The main reason for this was financial as she needed a guaranteed salary. A colleague who worked with Walker in the 1940s described her as a "very experienced and very tactful physician."[18]

Despite being awarded the Jean Hunter Prize for the advancement of research into the treatment of nervous exhaustion from the Royal College of Physician in 1963, it is clear that Dr. Mary Broadfoot Walker did not get the respect she deserved. For example, she was never named a Fellow of the Royal College of Physicians. Her discovery of three therapeutic pearls (physostigmine & Prostigmin in myasthenia *and* potassium chloride in periodic paralysis) is far more than most physicians of her era can claim, and she made these discoveries in a non-academic setting. Despite her discoveries, she was not celebrated like a male colleague would have been. Dr. Mary Broadfoot Walker retired to Wigtown, Scotland in 1954 and died September 13, 1974. Thanks to scholarship by John Keesey and others in the 1990s, the name of Dr. Mary Walker *must* be included in any reasonable article on the history of myasthenia gravis.[18] Not much is written about her teaching prowess, but I have little doubt she could have taught me much about noting and recording the unusual, clinical research in an inhospitable environment, and perseverance.

Harry Lee Parker (1894-1959)(figure 4) was born in Limerick, Ireland, on February 20, 1894.[22] The Parkers were Protestants/ members of the Church of Ireland. Harry was admitted to Trinity College Dublin (the sole college of the University of Dublin, Dublin, Ireland) in 1913, where he studied medicine. Trinity College was founded by Queen Elizabeth in 1592 and was considered a Unionist institution. During the Easter Rising of 1916, when Irish republicans rebelled against their British rulers, Parker was involved in the armed defense of Trinity as a member of the Officers' Training Corps. He did so from a college building across the street from the General Post Office, very near Horatio Nelson's Pillar (which had a statue of the British was hero at the top). Family lore was that he shot off Nelson's other arm, revealing his mixed loyalties, although photos showed that arm was still attached after the dust cleared. Harry received a replica silver cup for his actions during the Easter Rising.[22]

In 1918, Parker earned his medical degree, and received the FitzPatrick Scholarship for getting the highest aggregate marks on his final exams. He joined the Royal Army Medical Corps in 1918 and served in France during World War I. He operated anywhere, anytime, with a bottle of chloroform on one hip and ether on the other. He developed influenza in 1919 and was discharged after a year of service.[22]

The medical profession was overcrowded in Ireland, so Parker took his cousin Sir Thomas Myles' advice and moved to America. Myles was a famous Irish surgeon and a good friend of the Mayo brothers. He helped get Harry a post-graduate training position in Rochester, MN, starting in November 1919. Harry was initially registered in the surgery residency program, but quickly changed to medicine and eventually neurology in 1921. Parker was a neurologic force of nature. His colleague Fred Moersch noted:

> "Dr. Parker was a powerful man, both physically and mentally … We frequently referred to him as the 'wild Irishman.' Harry was well-read, and gifted in the use of the written word. He was an untiring worker … In the

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> course of a day's work he was able to consult on more patients than any of us. He loved to teach the [residents] and had the gift of impressing his listeners with an appropriate anecdote … Harry's somewhat dramatic presentations had the effect of leaving a lasting impression on his audience."[22]

Parker was very academically productive and, in 1933, reported the third pathologically verified patient with paraneoplastic cerebellar degeneration. Parker married in 1923 and became a US citizen in 1927.

In 1934, internist-neurologist Frank Purser of the Richmond Hospital in Dublin died suddenly. Richmond Hospital neurosurgeon Adams McConnell, who had visited Mayo Clinic in 1923, offered Parker a job as a neurologist at the Richmond Hospital. Parker was probably a bit homesick, and the salary cuts implemented at Mayo Clinic during the Great Depression may have contributed to his return to Ireland in August 1934. The Richmond Hospital mostly served the poor. Unlike in Rochester where he mostly taught residents, he primarily taught medical students in Dublin. His Tuesday ward rounds were popular and drew large crowds of students who thought he had an American accent and nicknamed him "Buffalo Bill."[22]

Parker also had a private practice in Dublin, and saw some interesting patients. One such patient was a burglar whose work entailed climbing up the sides of buildings. The patient had progressive numbness of the hands, and Harry told him he needed to seek alternative employment. The patient then became a fence, handling stolen merchandise, and made more money than he had as a burglar. He subsequently gifted Harry a set of dueling pistols which are still in the Parker family. Family lore is that Harry proceeded to make his own gunpowder and shot a hole in his visitor's couch. Harry misdiagnosed a different patient, a streetcar conductor, with an incurable disease, and every time Parker boarded, the conductor would loudly proclaim "here is the doctor who said I'd be dead by now."[22] He did some legal work as an examiner of persons designated wards of the court and some outpatient psychiatry, both to pay the bills. His scientific output significantly decreased in his Ireland years. Parker had great knowledge of Irish and English literature and was friends with William Butler Yeats.[22]

By 1945, Harry had decided to move back to Rochester. He said he had seen all the neurological cases to be seen in Ireland![23] In addition, he felt scientifically isolated, did not like to practice any psychiatry, and his relationship with the neurosurgeon Adams McConnell soured. In response to his poor relationship with the neurosurgeon, Parker took refuge in drink. In addition, Ireland was neutral in World War II, and Winston Churchill placed a supply squeeze on the country. This caused some financial stressors for the Parkers, and his wife had to start working as his office manager and receptionist. He requested to return to Mayo Clinic, and their board of governors approved.[22]

Mayo colleagues noted he was a changed man upon his return to Rochester in August of 1945. The great drive was no more. He was moody, volatile, and unpredictable. He was still excellent clinically, and one resident described him as a "big burly sack of clinical brilliance and kindness to his patients."[22] His scientific output decreased, although he was the first to describe paroxysmal dysarthria and ataxia in multiple sclerosis, in 1946. His main academic achievement in this time period was his book *Clinical Studies in Neurology*, published in 1956.[24] It described his bedside teaching in Dublin in the 1930s. The book was filled with historical allusions and local color, was both scientific and witty, and received great reviews. Some memorable quotes include:

> "As I passed that famous tavern of Davy Byrnes in Anne Street this morning, I remembered a character here called Soapy Mouth Burke. He had a habit of chewing soap until a liberal froth was engendered. Then he would fall suddenly on the street corner nearest Davy's place of refreshment, convulse in a scientifically accurate fashion and surround himself with a crowd of helpful, sympathetic folk. Coming out of his fit he would gasp, 'Surgeon MacCarthy told me many a time that if I had one of them fits in the street, I was to be brought directly to Mister Byrnes' public house and *made* take three glasses of raw brandy!'"[24]
>
> "We can not be too rigid in this prognostication [of inherited disorders], for even, at times, the peas fooled Mendel."[24]
>
> [A patient with tabes dorsalis] "walks like a cat on hot sand, lifting his feet too high each time he takes a step."[24]
>
> [Advice to graduating medical students]: "You must remember one thing first, second and last, and that is to be kind, both to your patients and to your fellow craftsmen, above you, with you, or beneath you."[24]

Parker's tutelage of residents was described as pungent and unforgettable. He loved funny and lightly risqué stories and would laugh heartily as each was told. He smoked cigarettes in the staff room, and one resident had to leave every morning to use an inhaler of epinephrine.[22]

Parker and his wife converted to Catholicism in 1949. By the end of the 1940s, he had COPD, cardiac disease, gout, and Raynaud's (treated with sympathectomy).[22] Harry suffered from alcohol addiction and would sit in his basement drinking whiskey with beer chasers.[22] His family said time could be regulated by the sound of beer cans hitting the trash can.[22] He died March 1, 1959, of congestive heart failure secondary to hypertensive cardiovascular disease. Sister Mary Brigh, administrator of St. Mary's Hospital in Rochester, said "we have lost our most colorful friend and our best teacher."[22] He was buried at Calvary Cemetery, where his gravestone still lies. Parker told his students to "let your lives depend on what you do, day by day, and give no thought as to what is to be scratched on your tomb."[24]

Adolph "Ady" Louis Sahs (1906-1986) (figure 5) was born in Charles City, Iowa, on May 27, 1906.[25] He grew up in Salem, South Dakota, where he learned to operate a ham radio, and worked as a telegrapher for the Chicago and Northwestern Railroad from 1923-1925. He was introduced to medicine while working as a janitor for a South Dakota physician. Sahs' two older brothers attended dental school at the University of Iowa and persuaded him to attend college there, starting in 1925. He played varsity baseball and supported himself financially by working as a custodian at the university clinic. Sahs entered the University of Iowa College of Medicine in 1927, performed well, and was named to Alpha Omega Alpha.[25]

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After graduating from medical school in 1931, Sahs took an internship at the Cincinnati General Hospital. This was during the height of the Depression, and he could not find a private practice job after finishing the one-year internship. Sahs contacted Dr. Clarence Van Epps, head of the Department of Neurology at the University of Iowa, who gladly accepted him into the neurology residency. He trained in neurology and psychiatry from 1932-1935. He became an Instructor in the Department of Neurology at the University of Iowa in 1936. Sahs completed a Rockefeller Foundation Fellowship from 1938-1939, working with Drs. Tracy Putnam and Leo Alexander at Boston City Hospital and Dr. John Fulton at Yale University . He subsequently returned to Iowa. Dr. Van Epps retired when he reached the age of 70 in 1945, and Sahs served as acting head of the department. The university pondered whether to merge the department of neurology with the department of internal medicine for two years. Future AOS President Dr. William Bennett Bean was named head of internal medicine in 1948 and indicated he was not interested in absorbing neurology. Dr. Sahs was promptly and officially named Chair of the Department of Neurology at the University of Iowa in 1948 and held the post until his retirement in 1974.[25]

Sahs was a master clinician who thought that "it should be possible to make a fairly accurate analysis of the problem at hand in at least 75 percent of the cases by means of history alone," and commented that "laboratory data are of unquestioned importance in the practice of neurology, but they should be placed in the position of the servant rather than the master."[25] He had several clinical axioms: "If you have thirty minutes to see a patient, spend 29 on history, one on the examination, and none on the EEG and skull x-ray," and "If the patient wants to leave the hospital on the third day to buy a car, he doesn't need to buy a car, he needs to buy a drink."[25] Sahs did not like medical jargon, referring to it as insider lingo. To show his disdain for it he once wrote an entire history in Morse code.[25] He was devoted to his patients and noted "we must not abrogate our responsibility to recognize the person as such, and not a case or number… It should not be necessary to place signs around, saying 'I care.'"[25]

Sahs' research focused primarily on aneurysmal subarachnoid hemorrhage and stroke, but he was interested in the whole of neurology. His publications numbered over 175, and he attained the rank of Professor of Neurology. He served as president of the American Academy of Neurology (which he helped found), American Neurological Association, and the American Board of Psychiatry and Neurology.[25]

Sahs was an excellent teacher of medical students and residents, winning several teacher of the year awards. He trained over 50 neurologists, some of whom referred to themselves as "Ady's pupils."[25] He started a "Check Clinic," which met regularly at 1 pm for 1-1.5 hours, during which residents would present patients and the problems of the day would be discussed.[25] Sahs had a small repertoire of jokes which he regularly delivered to his trainees. Dr. Francis Forster, Chair of Neurology at the University of Wisconsin and an expert on reflex epilepsy, visited Iowa on one occasion. Sahs presented to his friend Forster a patient (actually a well-coached intern) with seizures precipitated by the baying of his basset hound. The patient also had "hyperstereognosis," which Sahs demonstrated by having the blindfolded patient correctly guess the denomination of paper money.[25]

Sahs died on December 6, 1986 after suffering a myocardial infarction. He was described as person devoid of selfish ambition who "stood above others as a teacher, colleague, friend, and inspirer."[25]

I hope you have tolerated these five doses of medical history/biography without serious side effects. In the past four newsletters, we have reviewed many educators. My presidential address will have something to do with one of Osler's London-based teachers. I look forward to seeing you all there!

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Meeting at a Glance

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

Sunday, May 21st

1:00-5:00 p.m.	Registration
Time to be determined	Tours
7:00-9:00 p.m.	Board of Governors Meeting

Monday, May 22nd

7:00 a.m.-5:00 p.m.	Registration
7:00-8:00 a.m.	Continental Breakfast
7:45-8:00 a.m.	Welcome & Opening Remarks
8:00 a.m.-Noon	General Session & McGovern Lecture
Noon-1:00 p.m.	Luncheon
1:00-5:00 p.m.	General Session
6:00-8:00 p.m.	Drink & Hors d'oeuvres Reception Royal Society of Medicine

Tuesday, May 23rd

7:00 a.m.-5:00 p.m.	Registration
7:00-8:00 a.m.	Continental Breakfast
8:00 a.m.-Noon	General Session
Noon-1:00 p.m.	Luncheon
1:00-5:00 p.m.	General Session
6:00-10:00 p.m.	Reception, Banquet, & Presidential Address Royal College of Physicians

Wednesday, May 24th

7:00-8:30 a.m.	Continental Breakfast
7:30-8:15 a.m.	Annual Business Meeting
8:20 a.m.-Noon	General Session
Noon	Adjourn

Greetings Everyone,

We wanted to let you know that the **American Osler Society YouTube channel** and **AOS Podcast** has launched and is now live! The first episode is an interview with Dr. Robert Mennel. Episode two is Dr. Mennel's Presidential address presented at last year's meeting in Galveston, Texas. Links are below and on the AOS website.

The **American Osler Society Interview Series** features interviews with members of the society as well as medical students, physicians, and others interested in Sir William Osler, medical humanities, and the history of medicine.

Please check them out when you have time, subscribe, and let us know what you think. We welcome all suggestions and want to keep improving for the future. Please send all comments to robsone22@gmail.com.

Links:

AOS YouTube Channel:
https://www.youtube.com/channel/UC-rom36qRk9iKoD9sskKWyw

Apple Podcasts:
Listen on Apple Podcasts: https://podcasts.apple.com/us/podcast/american-osler-society-podcast/id1665480656

Spotify Podcast:
https://open.spotify.com/show/4qWQ3drpxc1iB3Qwz9FWim?si=a6142e4fbba74b21

Let me know if you have any questions.
Best wishes,
Rob Stone

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

The Art of Surgery

Written and illustrated by
Stephanie Cohen
Edited by
Maria Baimas George

The surgeon enters the room, spinning with the circulator, as if performing a ritualistic dance as they fluidly don that uniformly blue sterile costume just in time for the opening performance of the day. A scalpel caressed in hand, like a calligraphy pen, as the first incision -or be it brush stroke- is made. All movements are both gracefully calculated and responsive--simultaneously planned and reactive. The systemic application of the acquired knowledge, which often becomes nearly innate, is seen in each operative step whilst synchronized with respectful awareness of unique anatomy and tissue planes. The surgery coalesces in the orchestrated harmony of the team – the surgeons, trainees, scrub techs, and circulating nurses. Where communication mishaps mimic symphonic dissonance; the violins screech, or the saxophones fall flat.

Surgery is clearly far from just a science or profession; it is an art. And it is no coincidence that Harvey Cushing and Theodore Billroth were prodigious artists and musicians whilst holding crowns in the shining stars of surgical history. It would be dismissive to say that the artistic nature of surgery is purely technical---as art itself is enticingly cerebral. While both medicine and art involve, and require, systematic data collection and interpretation, problem solving in these arenas also invoke formulation of unique plans based off personal experience and creativity. A smorgasbord unique to each individual surgeon or artist. No two operations can ever be identical just as no two paintings will ever be impeccably mirrored. The incorporation of medical students and residents serves to further these customized moments as physicians must teach whilst planning operative approaches and communicating true consent to patients.

At the end of high school, I began my foray into medically inspired artwork. Always surrounded by classical music with family member violinists and pianists, I found it quite familiar and soothing to draw musical instruments. When I first learned about the physiology of cancer during high school biology, cancer cells were described as "insensitive to their environment," and "replicating out of control." My imagination swirled with images of a rogue violinist breaking free from the coordinated symphony and becoming unresponsive to the conductor—musical chaos and dissonance ensuing! This inspired me to draw a series of images incorporating human anatomy within the inorganic shells of musical instruments, and this was my first time drawing the human body.

At first, my anatomical knowledge was rudimentary and the medium that I was comfortable with was colored pencil due to a lack of exposure. Just as knowledge and instrument preference mature in surgical training and growth, my art preferences propagated as I studied art formally as an undergraduate and after four years of medical school. Yet I revisited the same theme with fresh but more experienced eyes – how do I amalgamate or *anastomose* these themes of music, art, and anatomy in a body of artwork?

Remembering that nothing, including my eager and frenzied hands, were static, I realized it was permissible to revisit concepts and themes, in essence enriching my own work with new perspective. I again, produced drawings that combined art and music—and, after medical training, the anatomy's accuracy shined much brighter to my now qualified eyes. Simultaneously, I gained experience working with different mediums and found my preference and strength lay in ink.

The conceptual nature of my work did grow. I also began to incorporate eponyms into my artwork which too became more thoughtful as time went on. One of the first that I created featured an anatomical heart composed of cabbage leaves entitled "CABG," a readily apparent visual pun. More recently, I have created works such as "strawberry gallbladder," the eponym for gallbladder cholesterolosis and a large mouth bass swimming up to the duodenum to illustrate the "fishmouth ampulla" associated with intraductal papillary mucinous neoplasms. I found my artistic foundation; I now do artwork that I create for personal introspection, humor, and wellness, as well as for manuscript diagrams, for patient communication and consent.

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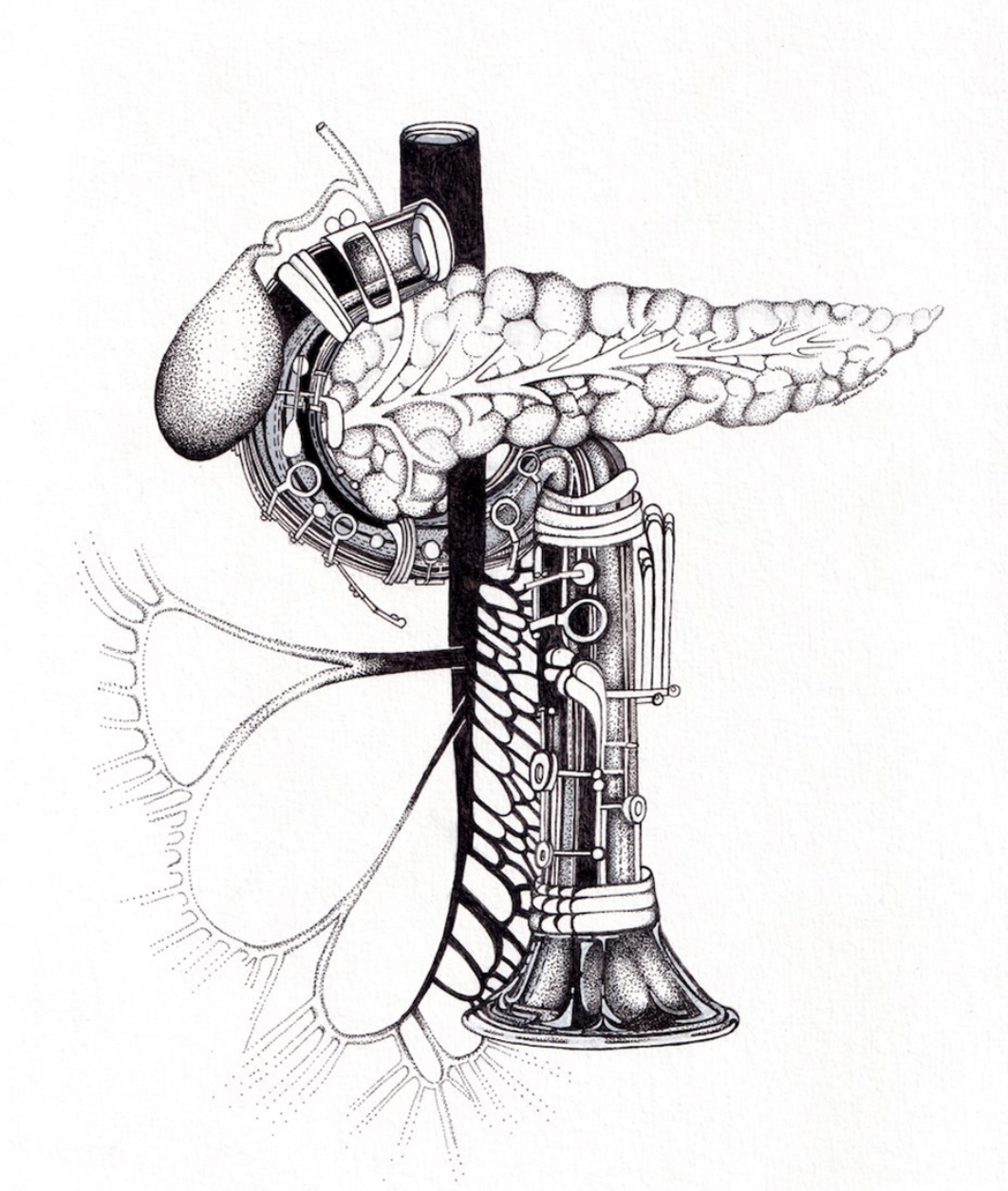
While we can't always see our own growth as physicians, I have been fortunate that art has given me a tangible path that I can reflect back on to see both my artistic and medical evolution. It forces me to pace my thoughts and be at peace with whatever takes shape as I begin to create ink lines on the white abyss of my Bristol board. If the work does not turn out how I envisioned it, it can be frustrating, but it is no mistake. While many parallels exist between art and medicine in terms transforming objective data to execute plans, in art, there is complete freedom without repercussion onto anyone else –which offers absolute freedom to experiment and to err.

Stephanie Cohen, MD *is a general surgery resident at Beth Israel Deaconess Medical Center and Harvard Medical School in Boston, MA. She is a professional illustrator and has illustrated multiple academic manuscripts and textbooks, and has participated in numerous local and national art shows. She is passionate about utilizing art to improve both medical trainee and patient education. See more* of her work at SCohenArt.com.

Maria Baimas-George MD MPH *is a chief surgical resident at Carolinas Medical Center in Charlotte, NC. She will be the abdominal transplant fellow at University of Colorado starting August of 2023. Her passions include the role of art in medicine, patient education, and health literacy which have culminated in her creation of a series of self-illustrated medical and surgical books entitled, the* Strength of My Scars (www.strengthofmyscars.com).



MEDICAL HUMANITIES

Journal of an Oslerian

Clockwise from upper left: Charles G. Roland (right) with Neil McIntyre, 2001; Roland with Pamela Miller, 2005; Roland receiving the AOS Lifetime Achievement Award from Claus Pierach, 2006; Roland with Alfred Henderson, 2006. Photographs by the author.

Charles G. Roland and the Founding of the AOS

Thy modesty's a candle to thy merit.
—Henry Fielding, *The Life and Death of Tom Thumb the Great* (1731), act 1, scene 3

The American Osler Society (AOS) arose from a symposium on "Humanism in Medicine" held 21–22 April 1970 at the Flagship Hotel in Galveston, Texas. Invitations to that event, and also the program booklet, highlighted the attendance of three persons who had known Osler as Rhodes Scholars at Oxford: Wilburt C. Davison (1892–1972), Emile F. Holman (1890–1977), and Wilder G. Penfield (1891–1976).[1,2]

Charles G. Roland (1933–2009), longtime historian of the AOS, later wrote an essay on "The Formative Years of the American Osler Society." He acknowledged John P. McGovern (1921–2007) and Alfred R. Henderson (1920–2019) as the primary movers behind the Galveston symposium and identified McGovern as "the principal founder of the American Osler Society."[1]

Roland, I suspect, was being modest. I suspect it was he who set in motion the chain of events that led to the Galveston symposium and the ensuing formation of the AOS. I suspect that neither of these would have happened had it not been for Roland's efforts. (This suggestion does not diminish the contributions of McGovern, Henderson, Chester Burns, and others.)

I drew this inference while reviewing my collection of symposium issues of medical journals devoted to perpetuating Osler's legacy. I have several copies of the 22 December 1969 William Osler Commemorative Issue of the *Journal of the American Medical Association*, including two sets of galley proofs given me by Chuck Roland when he was downsizing his library. My inference derives from his introduction to that issue.[3]

Roland explains that he began planning the commemorative issue two years earlier, which would have been during 1967, and that he sought out "a distinguished group of former pupils of Osler." There were eight of them: Davison, Holman, Penfield, Watson S. Rankin (1879–1970), Patrick C. Mallam (1900–1973), John Brett Langstaff (1889–1985), Arthur D. Gardner (1884–1978), and Henry R. Viets (1890–1969).

Viets died before completing his manuscript. Rankin was probably in poor health, since he died in September 1970. Mallam and Gardner were in Oxford. Brett Langstaff was an Episcopal clergyman. Thus, the trio highlighted in the invitations to the Galveston symposium were the only North American physicians left on Roland's list who might inspire others toward the formation of an organization of North American physicians dedicated to perpetuating Osler's legacy. And Davison, Holman, and Penfield were getting older. (None would survive the 1970s).

If the torch were to pass from physicians who had known Osler to a cohort of second-generation Oslerians on this side of the Atlantic, it was "now or never" for McGovern and Henderson.

Roland further explains that McGovern and Henderson first met in October 1967, at Davison's suggestion.[1] The 1969 commemorative issue of *JAMA* contains an article by McGovern and Davison entitled "Osler and Children."[4]

These facts suggest the following sequence: Roland began planning the commemorative issue in 1967; he invited Davison to contribute one or more articles; Davison proposed an article on "Osler and Children" coauthored by himself and his energetic former protégé, John P. McGovern; Davison arranged for McGovern and Henderson to meet; and McGovern, a superb organizer, took the ball and ran with it.

We should note that six of the thirteen articles in *Humanism in Medicine*—the volume that emanated from the Galveston symposium—had been previously published in the 1969 commemorative issue of *JAMA* edited by Roland.[5] Roland gave "pride of place" in

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MEDICAL HUMANITIES

(Continued from page 10)

that issue to the article by Penfield that broke the news that William S. Halsted never completely recovered from his opioid addiction.[6] The 1969 commemorative issue and the monograph on *Humanism in Medicine* stimulated "Osler studies" by such second-generation Oslerians as George T. Harrell (1908 –1999), Earl F. Nation (1910–2008), Jeremiah A. Barondess (b. 1924), and a host of others.

I knew Chuck Roland well enough to know that he would strenuously object to my hypothesis. He was an uncommonly kind, generous, and modest man who happened to be a world-class medical writer, medical editor, and medical historian.[7] I am proud to have known him and to have received his blessing in the form of the galley proofs to the 1969 Osler commemorative issue of *JAMA*.

I would welcome hearing from anyone who might have a different take on Chuck Roland's role in these events. In the meantime, his modesty illustrates for me the adage that one can accomplish just about anything if one is willing to let others get the credit.

Charles S. Bryan
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1. Roland CG. The formative years of the American Osler Society. In Barondess JA, Roland CG, eds. *The Persisting Osler—III. Selected Transactions of the American Osler Society 1991–2000.* Malibar, Florida: Krieger Publishing Company; 2002: 189–201.
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6. Penfield W. Halsted of Johns Hopkins: The man and his problem as described in the secret records of William Osler. *Journal of the American Medical Association* 1969; 210(212): 2214–2218.
7. Various authors. In Memoriam. Charles Gordon Roland, M.D., beloved founding member and AOS historian. *The Oslerian* 2009; 10(2): 6–8.

POETRY CORNER

OSLER AND SON

By John Walker-Smith
(Copyright 2014)

(On the occasion of visiting 13 Norham Gardens in 2014)

(Image courtesy of the Historical Collections of the National Library of Medicine)

Where now I am,
Revere with father,
Here did stand,
Army clad, so tall, severe.

Now
A hundred years on.
Reflect do I
Upon the love they shared,
So long ago.

Such love, so deep,
And yet not for man to see,
By death, asunder it was cut,
Far away,
On Flanders Field.

But can love ever die?
No,
But love does change,
And be transformed.

It is my belief and hope
That on another shore
Father and son,
Now, today
Together are

This will then,
Be seen by all,
Arising from their graves
On resurrection Day+.
Love triumphant in the end.

+Stanley Spencer Sandham Memorial Chapel

John Walker-Smith is an Australian graduate of University of Sydney. He is a pioneer of Paediatric Gastroenterology. He was Professor of Paediatric Gastroenterology, first at Medical College of St. Bartholomew's Hospital and Queen Elizabeth Hospital for Children in London and second at Royal Free School of Medicine.. He was President of the Osler Club of London 2008-2009.

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 London, England

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. 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).

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).

Death Notice:

Diane VanderVeer, beloved wife of ex-AOS president Joe VanderVeer passed away from respiratory syncytial virus in her sleep on January 18, 2023. They were married in 1999, he retired from practicing sur-gery in 2000. Thereafter they enjoyed many trips, often to AOS annual meetings, where he presented six papers.

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