



The Oslerian

A Message from the President

Christopher J. Boes

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

My Teachers

As your AOS president, I have the privilege of writing four newsletter messages and giving a presidential address. After contemplation, I've decided to focus on great teachers. In this message, I will highlight my most influential clinical and non-clinical teachers. In later messages, I will explore Osler's main teachers, Osler as teacher, and some great teachers I wish I had met.

My dad (**Figure 1**) ran a farmers' cooperative, which included a grain elevator, fertilizer plant, grocery store, and hardware store in my hometown of Elgin, Nebraska, as well as a



Figure 1. Mary Jane and Gene Boes.

few other grain elevators in neighboring towns. He was very direct and focused and was the hardest working person I ever met. I recall asking him which crayon to use on my portrait of the Virgin Mary, which I had been perfecting for a good hour on our orange formica-covered kitchen table. I was in fifth grade. He promptly told me that I was old enough to make my own decision on matters such as this, and I did not forget the lesson. My dad passed away in 2020. I find his teachings coming out of my mouth as I interact with my own three kids, and I have inherited his tendencies for hard work and focus.

My mom (**Figure 1**) sometimes worked as a bookkeeper with my dad, but mostly worked at home raising her six kids. She is a very kind person, always positive, very calm. She assumes good intent in others and is rarely disappointed. She did not reprimand me much. I recall one occasion when I complained about how much I hated my job cleaning bowling pins at our local bowling alley. The pay was low, the work boring, and after cleaning about 500 pins my buddy and I were told they were no longer usable due to being the incorrect weight. My mom listened and then told me (as I sat in the passenger side of our Ford LTD) that my brothers did not complain as much as I did. I got the message and did my best to stop complaining.

One of my brother's, Brian, was also a significant teacher in my earlier years (**Figure 2**). As a t-baller, we lost in the championship game of the Elgin T-ball Tournament. I was devastated, as I just never really imagined my team would lose, despite the fact that I needed a cut-off man for the ball to make it to first base from my third base position. I went home, sat on the air-conditioning vent, and started crying. Brian saw me there and inquired what was wrong. I told him,



Figure 2. Chris and Brian Boes.

President's Message (Continued from page 1)

and he subsequently told me to knock it off, as I was going to lose a lot in life and that I needed to find a better way to handle it. He was correct. We used to do a paper route together, delivering the *Omaha World-Herald* to homes in our town of 800. The Sunday papers were large, and since he was a few years older, he would carry more of them. Once, when I was in third or fourth grade, I swore as we were dividing up the newspapers. My brother, wearing the same ink stained canvas newspaper bag that I was, stated that if I was old enough to swear, I was old enough to carry half the papers. This had some influence on my future swearing but probably not enough. My oldest brother Steve encouraged me to read Mark Twain, try new foods, write for the school newspaper, act in school plays, juggle, and travel to Europe (all things he did well). When Steve was in high school, his newspaper column was called "Boes on Balls" (it was about sports), and mine was called "Boesically Speaking," clarifying that he also taught me the lowest form of humor. (We pronounce our late name "base.")

My sixth grade teacher, Mrs. Pinkerton (**Figure 3**), is likely my all-time favorite teacher. She was smart, funny, and railed against the wrong-minded people of the world. She taught me to diagram sentences and had us read *Bless the Beasts & Children* and *To Kill a Mockingbird*. I remember her crying when Scout said, "Hey, Boo," to Boo Radley after he had saved her. She introduced me to the experimental method, having our class take English tests with and without classical music playing in the background to see if it made a difference. She was passionate about teaching, cared about all of us, and had an unforgettable personality. Our science teacher in grade school, Mrs. Getzfred, first piqued my interest in medicine by making us learn the bones of the human body. In high school, Mr. Sweem taught us the classics and was brilliant.

I had some great teachers at Creighton University as an undergraduate, but no one in particular stands out. In medical school at the University of Nebraska Medical Center (UNMC), Dr. LeeRoy Meyer (**Figure 4**) taught me how to think like an internist. We saw patients with Dr. Meyer, but he also did lots of case-based teaching. He believed strongly in the Socratic method. He presented cases about five days per week to the third year students while we were doing our internal medicine clerkships. I remember him asking me many times, "why do you think that," even when it turned out I was correct. He wanted to know if I knew for sure *why* I was correct, and he educated me respectfully when I was just plain wrong. If you weren't thinking

clearly and could not figure out a case, he would say, "Mercy." In his fourth year course, we saw patients, but then he would also give us three cases per day to work on as a small group. The first was an "Augenblick." We were supposed to come up with the diagnosis quickly. The other two cases were more complicated. He would present some information on the history and exam, then ask what we were thinking, then ask what testing we wanted to do. Slowly he would present all the data if we asked the right questions. As a group we needed to come up with the diagnosis. I recall cases of leptospirosis, hepatocellular carcinoma, amyloidosis, giant cell arteritis, gonococcal arthritis, Crohn's disease, idiopathic hypertrophic subaortic stenosis, primary pulmonary hypertension, trichinosis, carcinoid, nitrate poisoning, syphilis, carbon monoxide poisoning, systemic mastocytosis, hemolytic uremic syndrome, Addison's disease, schistosomiasis, endocarditis, lead poisoning, arsenic poisoning, subarachnoid hemorrhage, myasthenia gravis, myotonic dystrophy, and others. After the fourth year course, he would have each medical student group over for drinks at his home. I will never forget him. Dave O'Dell from UNMC taught me all I know about ECGs, and his brother Jim O'Dell educated me on rheumatologic disorders and was my program director while I was an intern there. Jim didn't give praise when it wasn't due. He told me I was doing a great job as an intern at a time when I needed to hear that. Lynell Klassen taught me more rheumatology during my intern year, showed me the typical crystals of gout from the patient's knee I had just aspirated with his guidance, and taught me to always order Chateaubriand during visiting professor dinners as then you had a meal for the next day as well.

I completed neurology residency at Mayo Clinic in Rochester, MN, and met several great teachers. Al Aksamit was my main mentor (**Figure 5**). I think of Al when I ask trainees questions instead of just telling them what I know. I think of Al every time I examine a patient because he taught me the proper way to do a neurologic exam (down to the wooden stick that I scrape the foot with when checking the plantar responses and the direction that I move the pin when checking superficial abdominal reflexes). We spent many hours together at the bedsides of patients. I think of Al when I help a resident dissect an incorrect diagnosis in order to figure out how they were misled or

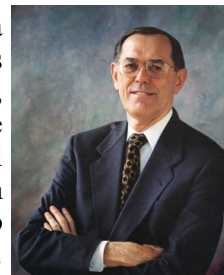


Figure 4. Dr. LeeRoy Meyer.



Figure 3. Mrs. Margie Pinkerton.



Figure 5. Dr. Al Aksamit.

President's Message (Continued from page 2)

where they went wrong, so that they can avoid those traps in the future. In diagnosing and managing patients, he advised me to “never say never, and never say always.” He made sure we did things the correct way, including telling the oncology team *exactly* how to taper dexamethasone in a patient with a brain tumor getting radiation. Al taught me how to think like a neurologist. John Noseworthy (**Figure 6**) also had a major influence on me. I recall him saying that he usually had the diagnosis figured out by the end of the history, and that he “could not wait” to examine the patient to confirm or refute that diagnosis. His enthusiasm and love for the diagnostic process was infectious. He used every minute of his time to educate you. Unknowns were presented to the residents and faculty members every Wednesday at a neurology hospital-based conference. Junior residents were called on first to make the diagnosis. After I got a few correct in a row, he said, “You are either smart, or lucky.” That pushed me to read even more about my patients. Once John became neurology department chair, he told me something I have not forgotten: “You can only be passionate about a few things. Choose wisely.” David Dodick, one of the brightest neurologists I have ever met, encouraged my interest in headache medicine and helped me decide between private practice and academic neurology.

During headache fellowship at Queen Square in London, England, Peter Goadsby taught me the art of the headache history and to ask why patients with migraine or cluster headache were having the symptoms they were. I came on staff at the Mayo Clinic in 2001, right around the time Bruce Fye (**Figure 7**) moved to Mayo from the Marshfield Clinic.

Bruce, one of America's foremost historians of medicine, helped me develop my own academic interest in the history of medicine. He gave selflessly of his time to mentor me and always provided wise counsel. He introduced me to the concept that history teaches humility. Later in my career at Mayo Clinic, Steve Rose taught me everything I needed to know about graduate medical education, and improved my ability to think critically.

I was exposed to new teachers after being elected to the American Osler Society in 2010. John Carson (**Figure 8**) was a model gentleman and scholar. I recall him going out of his way to thank me for cleaning up



Figure 6. Dr. John Noseworthy.



Figure 8. Dr. John Carson.

around the sink after washing my hands in the bathroom at one of my first AOS meetings. I was impressed that he bothered to do so to someone he did not know. Claus Pierach (**Figure 9**) rekindled my love of art, and taught me the impact of a thank you note or email after a talk well given. John Ward defined hospitality to me, as well as grace and wit. Gaby Frank impacted me with her infectious enthusiasm and happiness when discussing the history of medicine and other medical topics. Jim Wright taught me about having a welcoming nature by offering to write my colleague a letter of recommendation to get into AOS



Figure 9. Dr. Claus Pierach.



Figure 10. Dr. Clyde Partin.

after drinking beer with him for 30 minutes in Atlanta. Clyde Partin (**Figure 10**) educated me in the art of story-telling, in painting a picture with your words. Paul Mueller taught me about servant leadership. Jon Erlen encouraged my history of medicine research and invited me to talk at the University of Pittsburgh. Tom Benedek blew me away with his knowledge of the history of medicine and all things Osler. Jock Murray (**Figure 7**) impressed me with his academic approach to history of medicine and his deep love of the humanities. Mario Molina taught me about humility. I sat by him many times without knowing he was a big deal in health care. He reaffirmed that I would much rather sit next to someone and later find out that they were important than sit next to someone who made that fact clear in the first five minutes. Charley Bryan, the master communicator, taught me to be intensely dedicated to the AOS. Our administrator Renee Ziemer (**Figure 11**) taught me, by her actions, to put the needs of others above my own needs.

I've had many other teachers, but the night is late. In the next newsletter, I'll write about Osler's teachers. Until then, teach on. Your educational efforts matter.



Figure 11. Mrs. Renee Ziemer.

Respectfully submitted
Christopher J. Boes

Annual Business Meeting

American Osler Society Annual Meeting
April 14, 2022

Meeting called to order by President Bob Mennel. He expressed his appreciation to UTMB for their help in putting on this year's meeting.

A moment of silence was held for members who died in the previous year: Gert Briegert, Eric Cassell, Peter Dans, Arnold Einhorn, Jonathon Erlen, Edward Huth, John Kasstor, John Noble, James Toole, and W. Curtis Worthington.

Annual business meeting minutes from April 14, 2021 as published in *The Oslerian* were approved.

Secretary's report – David Burkholder

There are 192 members (113 active, 35 student, 40 emeritus, 2 honorary, and 1 charter). For this year's meeting, there are 91 in-person registrants and 40 virtual registrants, including 13 past presidents and 17 students.

Treasurer's report – Drew Nadell

The society is financially sound. Income for the year has been 56,622.43, lower than usual because there was no live meeting last year. Expenses were approximately \$59,000. The overall value of the investment accounts totaled \$923,053.86, with approximately \$10,000 additionally in a cash account separate from the Wells Fargo account (which had approximately \$38,000 as of April 5, 2022). The society reallocated stocks from 70% to 60%. The rate of return for 1-year remains 2.99%, with a YTD return of -6%. The return over 10 years has been 99.12%.

Finance Committee Report – Mario Molina

Investments have done well, doubling our accounts over the past 10 years. Currently investments are approximately 60% stocks after rebalancing. The society is looking to decide how to best use the money rather than let it all sit unused. A subcommittee has been formed to review options, and input will be solicited from membership via email and *The Oslerian*. Anyone interested in taking a position on the finance committee should reach out to Renee.

The Oslerian editor's report – Michael Malloy

The Young Oslerian section is new in *The Oslerian*. Michael Stanley has been heading that up and is actively recruiting members for it. They are anticipating putting together an anthology of poetry and prose for that. All members can submit to *The Oslerian* by providing their material to Dr. Malloy, with a minimum turn-around time of 4-6 weeks needed to make it into the quarterly publication.

Nominating Committee Report – Michael Jones

Members rotating off and staying on were reviewed (Clyde Partin, Thomas Frank, John Harris, and Mike Trotter). Committee recommendations for open positions were reviewed. Joan Richardson will be the incoming second vice-president. Susan Kelen, Sutchin Patel, and Michael Stanley are new members-at-large. Motion to approve was seconded and passed by the members in attendance.

Membership Committee Report – Rolando Del Maestro

Three candidates applied for active membership (Chad Wood, Matthew Dacso, and Bernard Karnath). Four candidates are being awarded membership through the Bean Award (Divyansh Agarwal, Moustafa Abdalla, Drew Davis, and Simone-Elise Hasselmo). Three student members are candidates (Christopher Chow, John Cravero, and Derek Soled). All members were approved by the board at the prior Board of Governors Meeting. Motion to approve was seconded and passed by the members in attendance.

Dr. Del Maestro noted the need to continue to recruit new and young members. This was seconded by Dr. Bruce Fye and Dr. Andrew Nadell, noting the need to grow and diversify membership perhaps with focus on amateur physician historians and book collectors. Dr. Charles Bryan pointed to *The Young Oslerian*, and suggested an award for best paper to encourage scholarly activity. Several other members voiced support for those concepts.

Program Committee Report – Christopher Boes

There are 48 abstracts for this year's meeting. Some of these are from prior years that were carried over due to the pandemic. Only a small number were not accepted. Next year's meeting will be face-to-face only without a hybrid component.

William B. Bean Student Research Award Committee Report – John "Skip" Harris

There were 19 applicants from 16 schools the coming year, with 5 awards approved for London 2023. Dr. Harris reviewed the topics of 5 award winners, noting considerable diversity among the winners' topics.

Historian-Archivist's Report – Herbert Swick

The move of the Osler collection back into the Osler Library is underway following the fire of 2018. It is anticipated that will be completed by the end of the summer, and ready to access at that point.

Publications and Media Activities Committee Report – Pete Travers

Dr. Michael Stanley will be spearheading social media. Rob Stone is putting together a documentary that should come out later this year.

President's Report – Bob Mennel

He expressed thanks for the year and being allowed to be president this past year. Dr. Mennel thanked Renee Ziemer for her tireless efforts in making the society run. Dr. Boes will provide an update upcoming for bylaws changes.

Old Business

None.

New Business

Bylaws changes were briefly reviewed, having previously been sent to members via email for detailed review. Membership structure changes were reviewed, with active membership being available to individuals who demonstrate interest in the principles and values of Osler and in history of medicine or the medical humanities, without other requirements. A fellow membership category would be available to individuals who had presented at one previous meeting or attended at least 2 meetings and must submit a letter detailing their interest and current CV and approved by a 75% vote of the Board of Governors. Current active members would automatically be appointed fellows. The motion to approve the new bylaws as written were seconded and ap-

proved. A second vote was specifically held to approve all current active members as fellows. The motion was seconded and approved.

Student membership designation was brought up as a potential future point of change as some student programs (e.g. MD/PhD) last for 7-9 years and they may want to be active members ahead of that. Dr. Swick pointed out that student membership allowed students to be members without paying dues, which may be an advantage.

Future meetings reviewed

London, May 21-24, 2023

Kansas City, May 5-8, 2024

Pasadena, 2025 TBD

Committee appointments as below. Barry Cooper would also like to rotate off of the finance committee, so interested parties in replacing him should contact Renee.

*Respectively submitted,
David B. Burkholder*

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

A Diction of Depersonalization Further Divorces Medicine From Healthcare

By Michael Stanley

There is an old saw admonishing us to watch our words lest they become our actions. I have a growing discomfort with a species of professional jargon popular in hospitals everywhere. The jargon menacing medical discourse deploys a figurative device akin to metonymy. Reaching back to high school English composition class, *metonymy* is when a thing is referred to not by its name but by something closely associated with it. “Wall Street soared today,” or “Toronto lost in the bottom of the 9th” are examples, but so are expressions like to “lend me your ears” or “give him a hand.” In the former examples, entities like the traders on Wall Street or the ballplayers are abstracted into references of locations or places, while in the latter collective actions or socially important responses are reduced to parts and pieces of the body. While the device can give color and flare to one’s conversation through its metaphorical power, its danger in healthcare lies in what such abstractions ultimately mean for the consultants made into airy concepts or the patients made into beds and numbers.

In adjusting to my role as a senior resident, one of my principal responsibilities is framing discussions on rounds. I recently found myself asking questions like: “Have you heard from Cardiology yet?” or “How can Psychiatry *not* think this is catatonia?” Questions like these were asked of me as a junior, and I gave answers like, “Rheumatology hasn’t written a note. I don’t know when Derm is doing that biopsy. Surgery is still dragging their feet!” But none of that’s true. Surgery, the vast field of applied anatomy, doesn’t have feet. Dermatology doesn’t do biopsies—as the discipline has no hands. For a profession that prides itself on its adoption of scientific precision, this inaccuracy and ineptness of language should strike us as being odd, though perhaps harmless. But it’s easy to slip into a mindset of: we’re consulting a Service—and shouldn’t it be at my service? The emotional and social risks at stake were not clear to me until one day, after ruminating over how my 8 o’clock consult to “Cardiology” had yet to leave recommendations, I was embarrassed to find my pent-up frustration was going to be outpoured onto a friend and former co-intern. He was the only cardiology consultant in that day, and it was a very busy service.

Expecting perfection from free-floating Platonic ideals is easy, as is the disappointment that sure-

ly follows. Forgetting the person consulting within the “concept” of consultant lowers the threshold to consult and divvies up the responsibilities of the patient. If we keep our language grounded than we recall that it isn’t a concept but a consultant that we’re asking to help. Do we need his help? We talk of stewarding resources like an MRI machine on rounds, but there are some hours of the night in which there are more MRI machines than neurologists. When we shift from a language of Services to a language of service, we may treat our colleagues better, and the system will be better for it.

This practice is an unfortunate and unintended consequence of team-based medicine. Shift work makes the individual consultant as a known entity less and less important. A patient enters a conveyor belt of specialist care as we this or that Service’s representative-of-the-hour rivets or welds this or that RVU-making suggestion or procedure. I don’t know if I’m more surprised that there is no longer a physicians’ lounge or that there is as yet no Services Station.

Another circumstance of a medical metonymy—or perhaps even a sinister synecdoche—is the ubiquitous shorthand transmogrifying patients into bed numbers. It is so pervasive that many a time as a consultant I have asked about a patient by name to the nurse or responding clinician and the healthcare worker cannot recall who that person (their patient) is. That patient is *thought of* as a where and not a who because that patient is *talked about* as a where and not a who. If I capitulate and say, “Bed 71,” then a flash of almost recognition, “Oh yes, Bed 71! Here for a hernia repair. Why is Neurology seeing her?” A chair is still a chair, but a bed is not a human being!

I have started to pause before speaking about a patient like a hotel room being cleaned, or a colleague as if she were a college course I’d never take again. This diction distances us from each other as individuals and devalues the unique position of stakeholders like colleagues and patients because the language depersonalizes. And it intends to depersonalize. In the case of bed numbers as names it is a misplaced effort at protecting patient privacy or thinking that to even whisper a name is HIPPA non-compliant. In the case of referring to consultants as concepts, it’s easier to get angrier at the abstract, to be inconsiderate towards *it* rather than *him*, *her* or *them*. At a time when healthcare worker burnout is at an all-time high, language that undermines the individual’s contribution and invalidates the identity of a person should be not the watchword but the curse word.

YOUNG OSLERIAN VIEWS

Looking Beyond the Frame

By Priya Dave



Frames come in all shapes and sizes. They may be physical, like the elaborate intricately carved, bronze and gold frames surrounding portraits at the art museum. We might create the frame with our own two eyes. Technology, such as the MRI or X-Ray may generate a frame of reference for us. As we look at an image, we are often blind to what lies beyond the frame. Thinking critically about the frame is just as important as thinking about the image inside.



As a poignant example, we can look at the three scenes presented above. Taken individually, the piece on the left shows a man and woman sitting in a dimly lit room. The image in the middle might evoke a family unit sharing dinner together. The image on the right, a lone woman washing dishes. These scenes may not seem connected in any way; Only when we ask ourselves what is beyond the frame, we can lay our eyes upon the more expansive image. The painting *Vigil*, by Zoey Frank, challenges the viewer to look beyond simply the margins presented.



As you can see, the scenes presented above were in fact one image, three frames. The three pieces together reveal one household, coping with the illness of a family member. The two characters at the very front are sitting with the ill patient, whose dinner lies untouched. Frank's piece points out to us the limits of the frame. It challenges us to ask, what is our frame of reference? What are we framing? While the frame is an ample starting point, it should catalyze and not contain our curiosity surrounding what lies beyond.

Just like art pieces come pre-framed, so do clinical encounters and medical histories. We see what lies in front. However, an astute clinician can perceive the salient features beyond what is presented inside the frame. We should train ourselves to use the frame effectively to pick up on these details that lie beyond. Art can be a metaphor to challenge us in this way; to look at, then beyond what is in front of us. Analyzing the frame itself can be an excellent reminder of this wonderful challenge. Only when we see beyond what is presented directly, we see the more comprehensive image.

Priya Dave is a rising fourth year medical student at Mount Sinai and bioethics master's student at Harvard University. As a former Bean Award Recipient, she researched the history of Libman-Sacks endocarditis. She has continued involvement with the AOS as a social media editor and a part of the anthology team. Priya looks forward to pursuing a career at the intersection of radiology, bioethics, and the humanities.

MEDICAL HUMANITIES

Journal of an Oslerian**Osler Houses**

The Osler name adorns buildings, clinics, libraries, special rooms, and roadways throughout the world, but, to my knowledge, no systematic tabulation of these eponymous recognitions exists. Briefly described here are four such attributions—a road and three houses—new to me since January 2020.



Figure 1. Osler Road in Oxford leads to the Osler House, the hub of social life for medical students and now situated on the grounds of the John Radcliffe Hospital. Nadeem Toodayan, Zaheer Toodayan, and I took turns photographing our profiles alongside that of William Osler's profile on the Vernon Plaque.

The story begins in Oxford on Saturday, January 25, 2020, when Nadeem Toodayan directed our taxi driver to let us—that is, Nadeem, his brother Zaheer, and me—out on Osler Road (Figure 1). The sidewalk led us to Osler House, a large building providing the social focus for students at the Oxford Clinical School. Dating to the 1940s, Osler House, according to the website, “remains exclusively for the use of clinical medical students ... to ease them through the tougher times.” It contains a game room, a bar, a gymnasium, and numerous spaces in which students congregate. It also provides a venue for lectures, alumni events, and interaction between students and Fellows on research related to health and human welfare. We asked a few students what they knew about

William Osler and drew blank stares. We attempted to rectify this situation with humor, a brief synopsis of Sir William Osler's significance, and a few of our favorite Osler aphorisms.



Figure 2. The Osler House at 30 South Street West, Dundas, Ontario. Top: The rectory in 1888, the year the Oslers left Dundas; Donna Mildvan, who brought to my attention its restoration as a bed-and-breakfast. Middle: The Osler House today, situated on one-and-a-half acres. Bottom: The dining room, a sitting room, and a parlor room. A copy of *Osler: Inspirations from a Great Physician* rests on the coffee table at the lower right.

In January 2022, my medical school classmate Donna Mildvan told me about her stay at a high-end bed-and-breakfast in Dundas, Ontario, named Osler House (Figure 2). Donna, who among other accomplishments became in 1981 the first to describe AIDS in New York City, highly recommends it. Built in 1848 for William Miller, a prominent attorney, this early Italianate-style building served the Osler family as a parsonage between 1857 and 1888, when the Reverend Featherstone Osler retired and moved to Toronto. “Exclusive rooms” bear the names of three Osler sons: William, Edmund Boyd (“E.B.”), and

MEDICAL HUMANITIES

(Continued from page 8)

Britton Bath ("B.B."). The manager, Mr. Gary Fincham, tells me he sold it recently to McMaster University, which will continue to operate it as a bed-and-breakfast and venue for events.

The Internet took me to a second Osler House in Dundas: the Ellen Osler Memorial Home, established in 1909 by the Osler children in memory of their mother (Figure 3). The initial purpose was to house and assist elderly Protestants living on limited means, suggesting the Osler children drew inspiration from their parents' ministry to the pensioners at Ewelme. Eventually it served only women. In 1973, the directors transferred the commodious Tudor-style building and its grounds to the Salvation Army. It is now a 12-bed facility for women referred either by a federal correctional facility or by a parole officer, serving as a halfway house for their reentry into the community.



Figure 3. The Ellen Osler Home at the corner of Hatt and Ogilvie Streets, Dundas, Ontario. Now operated by the Salvation Army with funding from the Federal Correctional Services Ministry, it serves as a halfway home for women released from prison to help them prepare for reentry into the community.

It is gratifying to note that these buildings address three interests of Sir William and Lady Osler: the welfare of medical students, hospitality, and ministry to the less fortunate.

Charles S. Bryan
cboslerian@gmail.com



POETRY CORNER



Memories of Galveston



*They came, they saw,
 They sung,
 The ancient and the young.
 Oslerians all,
 They answered the call,
 And enlightened and certainly
 enthralled.
 Thus, the Island sends
 Its Amens,
 And hopes you will come yet again.
 To enjoy the good life,
 Put behind all that is strife
 And sends blessings to one and to all.*

Anonymous Fool

(Photos courtesy of Rob Stone)

Memories of Galveston



Top row: Balconies at the San Luis resort provided vistas of Galveston Beach to attendees; AOS Administrative Director Renee Ziemer held court at the registration desk; Joan Richardson and Barbara Thompson assisted with local arrangements and purchased a copy of *Sir William Osler: An Encyclopedia*.

Second row: "COVID president" Mario Molina flew in from Pasadena; "COVID president" Mike Jones drove from Chapel Hill, North Carolina, with Becky and their dog, Osler; Mask-wearing attendees filled the banquet hall.

Third row: Pete Travers saw to it that the audiovisual equipment worked smoothly; Bob Mennel gave an inspiring presidential address; Bruce and Lois Fye enjoyed exhibits at the Bryan Museum.

Bottom row: UTMB medical students Corbyn Cravero and Leonard Wang presented and expressed interest in membership; Incoming president Christopher Boes adjusted the latchkey under the watchful supervision of outgoing president Mennel.

We came, we met, we departed. The 2022 annual meeting of the American Osler Society, occurring after a three-year hiatus necessitated by the COVID-19 pandemic, seemed like any other AOS save for the ubiquitous facemasks. Planning was meticulous, local arrangements superb, and unique events promoted meeting and greeting old friends and new acquaintances. Special ribbons enabled old-timers in-

cluding the seventeen former presidents in attendance to seek out new members and students. Oslerian values such as friendliness, generosity, and good fellowship were present in abundance.

More than ninety attendees heard fifty submitted papers, fifteen of which were by a total of sixteen medical students. Seven of these medical students were in combined-degree programs: Three sought both the M.D. and Ph.D., degrees while others pursued master's degrees in bioethics, business, public health, or surgery. Six of the students were from the University of Texas Medical Branch (UTMB) in Galveston, four were from McGill, three from Harvard, and one each came from Drexel University in Philadelphia, the Ichan School of Medicine at Mt. Sinai in New York City, and the Texas Tech University of the Health Sciences in Amarillo. It was such a pleasure to meet these students, most known to me only through e-mail correspondence.

Our major challenge, as I and others have talked and written about for decades, remains how to retain these students' interest in the AOS during the arduous years of residency training, establishing themselves in practice or academe, and building a stable life structure. My favorite analogy is to the loggerhead sea turtle who, along the beaches of South Carolina and elsewhere, lumbers laboriously from the surf to the sand dunes to lay her eggs. Most hatchlings quickly perish and the rest enter "the lost years" during which we have little idea of their whereabouts. Only about one in a thousand hatchlings returns to the same beach to repeat the cycle. I am pleased to report that, under the leadership of Michael Stanley at Harvard, we are rapidly developing social networks to keep up with our promising "hatchlings" for they are they represent the future of our society.

I was privileged to stay on in Galveston after the meeting as a Visiting Osler Scholar during which I gave Grand Rounds in Internal Medicine ("A Poor Man's Osler": Thoughts on Science, Race, the Future of Humanity from a Life in Medicine) and Pediatrics ("Save the Children": William Osler's Evolving Views on Science as a Force for Good or Evil"). The Galveston meetings were a welcome respite from the war in Ukraine. I keep returning to Osler's comment in his last public address ("The Old Humanities and the New Science" that "there must be a very different civilization or there will be no civilization at all." Osler still matters.

Charles S. Bryan
cboslerian@gmail.com

LETTERS –OBITUARIES–NOTICES

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Top row: Honorary AOS members Thomas G. Benedek, Gert H. Brieger, and Eric J. Cassell. **Middle Row:** Arnold H. Einhorn, Jonathon Erlen, and Edward J. Huth. **Bottom row:** John A. Kastor, John Noble, and James F. Toole.

In Memoriam

Nine Remarkable Oslerians

Presented here are memorials to nine Oslerians who died between January 2021 and March 2022. Memorials to W. Curtis Worthington (1925–2021) and Peter E. Dans (1937–2021) appeared in the February 2021 and August 2021 issues of *The Oslerian*, respectively.

Thomas G. Benedek (1926–2021) was born in Leipzig, Germany, and was 10 years old when his family escaped Naziism and emigrated to Chicago, where he grew up. He received his medical degree from the University of Chicago and trained in rheumatology before accepting a position at the University of Pittsburgh in 1956, where he remained the rest of his career. His articles and books on history mainly concern rheumatology. He served as president of the American Association of History of Medicine and regularly attended AOS meetings.

Gert H. Brieger (1932–2021) was born in Hamburg, Germany, and was five years old when he escaped with his parents on the last steamer from Hamburg Harbor on the day before the Kristallnacht (November 9–10, 1938). He grew up in San Francisco and received his medical degree from UCLA, followed by an M.P.H. from Harvard and a doctorate in the history of medicine from Johns Hopkins. He taught medical history at Hopkins, Duke, and UCSF before returning to Hopkins as the William H. Welch Professor and director of the Institute of the History of Medicine, which he transformed from a small department with occasional graduate students into a rigorous graduate program that advanced the history of medicine as an academic discipline.

Eric J. Cassell (1928–2021) was born in New York City and received his medical degree from NYU. He became one of the nation's foremost bioethicists, focusing especially on the nature of suffering and end-of-life decision making. His groundbreaking books include *The Healer's Art* (1976), *Doctoring: The Nature of Primary Care Medicine* (1997), *The Nature of Suffering and the Goals of Medicine* (1991), and *The Nature of Healing: The Modern Practice of Medicine* (2012). All the while, he maintained a private practice in New York City.

Arnold H. Einhorn (1923–2021) was born in Antwerp, Belgium.

He was seventeen when his family fled to France to escape Naziism only to be captured and interred in a concentration camp. He escaped, was smuggled across the Pyrenees, and joined the British Royal Army. He fought in Italy and helped rescue children from German concentration camps. After the war he received his medical degree from the René Descartes School of Medicine at the University of Paris. He later taught pediatrics at the Albert Einstein School of Medicine in New York and the George Washington School of Medicine in D.C., where he served as department chair and director of the residency program at Children's National. He was best known as an educator and trained more than 1,000 residents.

Jonathon Erlen (1946–2022) was born in Louisville, Kentucky, and received his doctorate from the University of Kentucky. He taught at several universities before becoming, in 1987, the History of Medicine Librarian at the University of Pittsburgh, where he spent the remainder of his career in various capacities. John published prolifically and was an active and energetic participant in numerous organizations including the AOS. He derived immense pleasure from making all the arrangements for the 2018 AOS meeting in Pittsburgh. He served the medical history community by cataloging doctoral dissertations and expressed concern that it would be difficult to find a replacement for him in this regard.

Edward J. Huth (1923–2021) was born in Philadelphia and spent most of his life in the environs of that city. He received his medical degree from the University of Pennsylvania and practiced medicine in Philadelphia while holding academic appointments at Penn and the Medical College of Pennsylvania (now Drexel University College of Medicine). In 1960 he became an associate editor of *Annals of Internal Medicine*, which marked the beginning of a long career as one of the world's most influential medical editors. He was an early champion of computers in writing, editing, and storing information, and wrote an influential book, *Writing and Publishing in Medicine: How to Write and Publish in the Medical Sciences*.

John A. Kastor (1931–2021) was born in New York City, where he pursued a career in radio and television before pursuing medicine. He graduated from New York University Medical School and, as a cardiologist, became a pioneer in electrophysiology. In 1984, John succeeded Theodore E. Woodward as chair of medicine at the University of Maryland. During his 13-year tenure in that position, the number of full-time faculty members more than doubled and the department's extramural funding increased by more than seven-fold. Later, he wrote several books on the complex governance of academic medical centers.

John Noble (1937–2021) was born in Boston, received his medical degree from Columbia University College of Physicians and Surgeons, and trained in internal medicine at the Massachusetts General Hospital. Following stints in the U.S. Public Health Service, where he specialized in virology, and in primary care, which he practiced in Massachusetts and North Carolina, he returned to Boston in 1978 as professor of medicine at Boston University School of Medicine and chief of general internal medicine at Boston City Hospital (now Boston Medical Center). He championed primary care internal medicine, wrote two leading textbooks, and addressed the care of disadvantaged persons both at home and abroad. He was a founder and president of the Society for General Internal Medicine and served as chair of the Joint Commission on Accreditation of Health Care Organizations.

James F. Toole (1925–2021) served in the Navy during World War II before receiving his medical degree from Cornell. He was recalled to active duty during the Korean War and received a Bronze Star with a V for valor after leading his surrounded battalion through enemy lines under fire. He taught and practiced at the Bowman Gray School of Medicine (later Wake Forest), wrote the first textbook on cerebrovascular disorders, pioneered several aspects of medical ethics, led a movement to develop guidelines for presidential disability, and served as president of the World Federation of Neurology, the International Stroke Society, the Academy of Neurology, and the American Neurological Association. He was one of the world's most respected neurologists.

Charles S. Bryan

AMERICAN OSLER SOCIETY

Looking Forward to London, England

President

Chris Boes

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.

New Members

John Corbyn Cravero is a fourth year medical student at the University of Texas Medical Branch (UTMB) who has been accepted into an Internal Medicine residency at Scott and White in Temple, TX. Corbyn is an accomplished musician and appreciator of the arts. He has presented at the AOS meetings on two occasions. He looks forward to continuing his interests in the history of medicine and medical humanities.



Bernard Karnath is a Professor of Internal Medicine at the University of Texas Medical Branch in Galveston and an Emeritus Oslerian Faculty Scholar in the John P. McGovern Academy of Oslerian Medicine. His interests include promoting Oslerian principles at UTMB and incorporating Oslerian medicine into his daily practice of medicine. He has presented now on two occasions at AOS meetings.



Matt Dacso is an Associate Professor at the University of Texas Medical Branch. He is an undergraduate of McGill University and he received his medical degree at UTMB. He is an Oslerian Scholar in the John P. McGovern Academy of Oslerian Medicine and is the Director of the Global Health Program at UTMB. He is very interested in the history of medicine and particularly the relationships between European colonialism, international aid and global health.

He presented at the AOS Virtual meeting in 2021.

(Presentation of New Members to be continued in the August Edition)



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.

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√ us out at: www.americanosler.org

Call for Abstracts for AOS 2023 Annual Meeting: More information will follow on the particulars for abstract submission for the 2023 London meeting in subsequent editions of the *Oslerian Newsletter*. Tentative deadline for submission is November 15, 2022.

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