



The Oslerian

A Message from the President

Rolando Del Maestro

President's Message

Pages 1-3

Looking Forward

Pages 4-5

Young Oslerians

Pages 6-7

Journal of an Oslerian

Pages 8-9

Poetry

Page 9

More Young Oslerians

Pages 10-11

Looking Ahead

Page 12

Preface

I am greatly honored and humbled to be the sixth Canadian to become the President of the American Osler Society. I follow in the formidable footsteps of Charles G. Roland (1986-1987), T. Jock Murray (2006-2007), Joseph W. Lella (2008-2009), J. Michael Bliss (2011-2012) and Pamela J. Miller (2013-2014). Interestingly all these Canadians who have held this prestigious position have also had significant roles with the Osler Library of the History of Medicine at McGill University. All these previous Canadian Presidents of the American Osler Society have been members of the Osler Library Board of Curators and Pamela Miller was also the Librarian of the Osler Library for many years. The present Osler Library Board of Curators includes Dr. Charles Bryan, Dr. Mario Molina, and Dr. Milton Roxanas all long-time members of the American Osler Society. The Osler Library contains the archives of the American Osler Society and is available to all researchers interested in exploring the history and accomplishments of the organization. The cultural and educational links between the Osler Library and the American Osler Society are deep and continue to flourish.

Illustrations and Four Themes

The Book

The first neurosurgeon to be President of the American Osler Society was Dr. Dee J. Canale (1999-2000), an esteemed historian of surgery who helped outline the role played by Sir William Osler in the development of neurosurgery (1). As the second neurosurgeon to lead this organization I thought it might be interesting to share some insights into the work of a Renaissance surgeon, Giovanni Andrea Dalla Croce (1515(?) - 1575), who had impressive experience and knowledge concerning neurosurgical procedures. In my personal

collection I have a copy of Dalla Croce's (1514-1575) book entitled: *Di Giovanni Andrea Dalla Croce Medico Venetiano, Libri fette (On Surgery by Giovanni Andrea Dalla Croce a Venetian Doctor in Seven Books)* published in Italian at Venice in 1574 by the publisher Giordano Ziletti (Figure 1). The humble subtitle of this Italian volume is *Ne'Vali Si Contene la Theorica et Vera Prattica (This Volume Contains Theory and True Practical Knowledge)* (2). The initial publication of this volume had appeared in Latin, a year earlier in 1573, but the demand for a vernacular Italian edition must have been high since only one year passed between these two editions. This initial 1574 Italian edition and the Italian editions of 1783, 1605 and 1661 along with the German and French editions are important as major transmitters of surgical knowledge to the surgeons of the Renaissance and beyond. Many, and I would venture most, surgeons at this time, had limited ability to read or understand Latin (3).

As a neurosurgeon what fascinates me about Dalla Croce's work is this author's systematic cognitive approach to the work of the surgeon and the illustrations of more than 500 woodcut images of instruments, many used in neurosurgical procedures. A significant number of these were created by himself along with careful depictions on how to use them (Figure 1). However, the most fascinating component of Dalla Croce's volume are three half page beautiful woodcut illustrations which are the first depict-

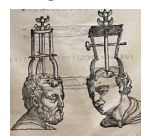


Figure 1. One of the many examples of instruments depicted to elevate depressed skull



**President
Rolando Del Maestro
54th AOS President
installed at the 2023 Annual
Business Meeting.**

President's Message (Continued from page 1)

ing neurosurgical operations actually being performed. This is an important focus of this paper (Figures 2, 3 and 4).

The first of the seven books in *Della Cirurgia* contains six essays outlining knowledge critical to the surgical specialty of neurosurgery in the latter part of the sixteenth century. This section concerns "tumors" (abnormal expansions of human tissues) outlined as "Apostemes". The first essay a general introduction, is followed by essays on apostemes involving the blood (abscesses, etc.) including methods for avoiding and limiting spread of the affliction, choleric apostemes (such as herpes and blisters), phlegmatic apostemes (i.e., oedema and nodules), melancholic apostemes (cancer, aneurysms, etc.), and the last dealing with cold growths like warts and calluses (4). The second book outlines traumatic penetrating injuries, many involving the head and face along with damage to the nerves and tendons. He made substantial improvements to the instruments used to trephine (open) the skull and thus allow easier exposure to the underlying damaged brain. Information is provided on how to deal with these complex wounds, particularly those caused by penetrating objects such as arrows and bullets. Dalla Croce writes:

Therefore, about these wounds, we shall make a brief digression because often, being in battles and skirmishes, at sea as well as on land, diverse sorts of balls, chains, scales of marble and similar things are shot against men by those evil tools such as muskets, rifles, guns, mortars, falconets, cannons (4). Bolded by author.

The modern neurosurgeon working in an active war zone deals with the same injuries if one replaces wounds caused by arrows with those caused by cluster bombs and shrapnel from modern weapons. The third book deals with ulcers and fistulas involving the skin. The fourth describes the many possible fractures to which humans are prone, while the fifth describes numerous medical procedures. In a sixth book, the medical history section, Croce outlines the surgical opinions of multiple previous authors ranging from Hippocrates to Abu al-Qasim also known as Abulcasis who wrote a comprehensive volume entitled *al-Tasrif* (On Surgery). The seventh book is a critical iconographic source illustrating a plethora of instruments employed for operative procedures used both before and during his career, many of his own design. Dalla Croce's seventh book was the first in medical history to show a gathering of all the known surgical instruments at that time.

Three Beautiful Illustrations and Four Themes

In the neurosurgical operating rooms of today the mastery of complex bimanual psychomotor surgical skills occurs in a dynamic operative room environment involving the continuous interplay between the surgical educator and the learner along with the constant interactions of numerous individuals focused on providing optimal patient outcomes. This real-time interplay is depicted in the three operative room illustrations in the Dalla Croce volume. These *Officina dell'cirurgia* (surgical laboratories) are presented over a 5-page span to increase impact. The artist who created the drawings which were the basis of the

three woodcuts is not known but must have been present during several different surgical procedures to observe and accurately outline what was occurring. Dalla Croce may have had drawings from many surgical scenes to choose from to illustrate his volume, but he chose three very similar neurosurgical scenes. Why three neurosurgical operative procedures?

On examination of these three woodcuts four themes emerge if one can strip away the background of the three different elegant operating rooms, fitted with beautiful canopied and carved beds. The first theme relates to the surgical educator and learner/apprentice interaction. This theme outlines the essential component of the continuous transfer of surgical anatomical knowledge, improvement of technical skills and avoidance of errors which can result in patient morbidity that occurs during the training of surgeons. In the first illustration an elegantly dressed surgical teacher can be seen using his hand to direct the learner/apprentice who is making a scalp incision and reflecting the periosteum (Figure 2). A well-dressed instructor uses a pointer to guide the use of a handheld trephine instrument in the second illustration (Figure 3). Only the surgeon is seen



Figure 2. First Operating Room Illustration: A surgical teacher can be seen using his hand to direct the learner/apprentice who is making a scalp incision and reflecting periosteum along with other assistants involved in aiding the operative procedure.



Figure 3. Second Operating Room Illustration: A well-dressed instructor uses a pointer to guide the use of a handheld trephine instrument.

utilizing a more complex trephining instrument to pierce the skull after the scalp has been retracted in the third illustration (Figure 4). The surgical instructor is no longer present in this illustration suggesting that educational mentoring is no longer necessary and the previous learner/apprentice who is (always depicted without a head covering) can now operate without instruction. The pedagogical goals of the surgical educator appear to have been successfully fulfilled.

The second theme involves depicting the importance of other specialized individuals



Figure 4. Third Operating Room Illustration: No teacher is present as the previous learner/apprentice is no longer in need mentoring and can use a complex trephine drill.

President's Message (Continued from page 2)

which are critical to the successful completion of any surgical procedure. Dalla Croce describes methods to control the profuse bleeding that can occur from the scalp, bone and brain involving the careful use of hot fluids, local pressure, and cautery with hot irons. In all three illustrations female assistants, are depicted, always close to the action, helping the operator. In the second illustration one of these individuals appears to be opening a container and in the third illustration delivering a cup possibly containing specialized material(s) needed to control bleeding, the clear forerunners of the specialized operative nurses. Other assistants can be seen preparing and transporting specialized bandages and towels along with instruments outlining the multiple areas of human expertise required in an operating room. The dynamic interactive environment of the modern operating room is foreshadowed in all three illustrations.

The third theme involves the control of pain critical to the successful completion of any operative procedure. The issue of pain during such operative procedures would have been difficult to contend with for both the surgeon and the patient. The human brain has no pain fibers and surgical manipulation of brain tissues would not have elicited pain. Dealing with pain elicited from the scalp, bone, and dura required significant attention if the patient was to remain still during the procedure. Dalla Croce provided important insights on mechanisms to control pain during operative procedures. These may include the burning of aromatic materials which may have included oak wood or well dried boughs of laurel, of myrtle, juniper, or other odiferous materials over warm coals (3). These aromatics can produce narcotic-like responses (inhalational anesthesia) during the procedures and could help induce a decreased level of awareness in the patient. During the Renaissance the burning of torches using aromatic components was also used to prevent the spread of disease such as the plague (3). In all three illustrations an assistant(s) can be seen carefully tending to this process with an open fire being present in what appear to be specialized containers. The fumes elicited from this controlled burn needed to be carefully controlled since these aromatic laced fumes could have significant unwanted influences on other individuals in the operating room environment. Careful control of the fumes elicited from these open fires was an essential role of the Renaissance "anesthetists". This is depicted during the neurosurgical operation in all three illustrations. These Renaissance "anesthetists" can be seen strategically placing towels to allow them to divert the fume flow into the operating room environment but not directed to the "anesthetists" themselves. It is unclear if Dalla Croce also realized that control of operating room temperature by this burning and thus patient temperature was important. The patients are all depicted with their head comfortably on pillows thus Dalla Croce may be suggesting that keeping patients warm using comfortable blankets during operations decreased patient stress and increased patient comfort allowing operations to be more successful. As a neurosurgeon who carried out many operative procedures on awake patients these techniques continue to remain essential. Cats, rats, and dogs are shown in the neurosurgical operative environment. In

the first illustration, a dog can be seen possibly killing an animal while in the second a cat can be seen devouring a rat. One suspects that the artist did not observe such events during operative procedures. Why did Dalla Croce ask for these animals to be included or allowed their inclusion? Since rats were related to environments which were not healthy for humans, and dogs were used for vermin control, Dalla Croce may be projecting the need for clean operating environments. Although these scenes are idyllic one must be reminded that most operative procedures did not occur in such locations. Renaissance surgeons had no ability to localize the problem in the brain unless there was a lesion that could be seen or palpitated on the surface of the skull. Even after a successful operation most patients would succumb to infection. Occasional patients would, however, survive the ordeal and this encouraged further experimentation using a variety of new surgical techniques.

The fourth theme involves the issue of hope exemplified by the role of family and prayer in patient outcomes. In the right of Figure 2 a female child can be seen praying to a painting of the crucifixion and what may be a wife also with hands clenched in prayer. In Figure 4 there is a small child with clenched hands who may be representing a son of the patient. He, along with a dog, seems anxious related to the patient's outcome along with a woman (wife?) who appears despondent and is being comforted.

The scenes in 1574 *Della Cirurgia* project four themes many of which are as relevant today as in the sixteenth century. The three operating room illustrations outline the importance of the teacher and learner interplay to accomplish technical skills transfer, the essential role of nursing and other health providers in patient successful operative outcome, the challenge that remains related to the adequate control of pain, and the role for family in patient wellbeing. The artistic, aesthetic, and medical impact of the 1574 *Della Cirurgia* continued to expand with the later editions. The artist who carried out the drawings has observed and documented a paradigm shift in surgical care. In three exquisite woodcuts, the artist has captured four ever evolving themes which remain relevant today.

The reason Dalla Croce chose to focus the illustrations on neurosurgical procedures may have been to emphasize that complex lesions involving the brain could be dealt with by well-trained surgeons and appropriate supporting staff.

Dalla Croce's volume speaks in a gentle voice reaching across four centuries to remind us of the capacity for surgery to continue to evolve to decrease human suffering. However, the road ahead for successful treatment of complicated traumatic and malignant cerebral lesions will continue to be long and arduous.

References

- 1) Canale, DJ: William Osler and "the special field of neurological surgery". *J Neurosurg* 70:759, 1989.
- 2) Dalla Croce GA: *Della Cirurgia Di Giovanni Andrea Dalla Croce Medico Veneto*, Libri fette, 1st Italian Edition, 1574, Venice, Giordano Ziletti.
- 3) Di Maio S., Discepolo F., Del Maestro RF. Il Fascicolo di Medicina of 1493: Medical and Anatomical Culture through the Eyes of the Artist, *Neurosurgery*, 58:187-196, 2006.
- 4) Di Matteo B, Tarabella V, Filardo G, Viganò A, Tomba P, Marcacci M. The Renaissance and the universal surgeon: Giovanni Andrea Della Croce, a master of traumatology. *Int Orthop*. 37(12): 2523-2528, 2013.

Looking Forward to Kansas City AOS Annual Meeting May 3-6, 2024

We are excited to welcome all AOS members next year to the 54th annual meeting in Kansas City, MO, May 3-6, 2024. For some of you, the last time you visited Kansas City was the Osler Society meeting here in 2002. Like last time, our hotel is in Crown Center in the large city of Kansas City, Missouri. This is worth noting as the KU School of Medicine is across the state line in the smaller berg of Kansas City, Kansas. You will fly into our brand-new airport -- still in Kansas City, Missouri like the old one. But much else has changed. Since 2002, our academic medical center built us a 170,000 square foot education building with extensive clinical simulation facilities. And we have an additional satellite campus now in Salina, KS, complementing the two existing 4-year campuses in Kansas City and Wichita. The affiliated University of Kansas Health System has developed as well, growing from a single 300-bed hospital to a system



New Education Building



of multiple hospitals across the state, anchored by the original hospital now grown to over 900 beds, with the newly designated NCI Comprehensive Cancer Center. If you were here in 2002, you might not recognize us initially. But tours will be available.

While in town, I hope you will take time to visit the wonderful Clendening Library at the heart of the Department of the History and Philosophy of Medicine. The library cannot

claim the rich associations with William Osler that you find at McGill, Oxford, or Hopkins, but it houses one of the finest collections of rare medical texts in the nation. Take down from the shelf your well-thumbed copy of Garrison and Morton's medical bibliography and open to a random page. It will work rather well as a shelf list for the Clendening. If you are able to visit, we will certainly bring out the pristine



Courtesy of KUMC Photo Services

copy of Vesalius's 1543, *De humani corporis fabrica*, as well as a hand-painted botanical, Leonard Fuch's *De historia stirpium*.

But you should also take the occasion to ask about foundational books in your area of interest. I gave a tour recently to a group from my ambulatory practice, on the occasion of our discus-



Courtesy of KUMC Archives

sion on a new laboratory protocol for syphilis screening. I was able to walk them through the putative Columbian connection for the disease, pulling off the shelves the Niccolò Leonicensis (1494), Hock von Brackenau (1514), Fracastorius, (1530), Juan de Almenar (1536) and the Ruy Diaz de Isla (1542).

There is, of course, more to see in Kansas City outside the library. Among the places you should hear about first are the spectacular National WW I Museum, the Nelson Atkins Museum of Art, and the 18th and Vine neighborhood for the American Jazz Museum, the Blue Room, and the Negro Leagues Baseball



WWI Museum

Museum. Each is more than worth the visit. Less obvious places that equally warrant the time are the rare books collections and private arboretum at the Linda Hall Library and the small gem of the Kemper Museum of Contemporary Art. Safe travels, and I look forward to see you in both of the Kansas Cities.

Chris Crenner
Local Arrangements Committee



Negro League Baseball Museum



Kemper Museum of Contemporary Art

COMMITTEE	CURRENT CHAIR	CURRENT MEMBERS	NEW CHAIR	ROTATES OFF	NEW MEMBERS
Bean Award	J. Harris	R. Colgan, S. Moss, T. Frank	J. Harris	R. Colgan	K. Klaas
McGovern Award*	B. Mennel	M. Jones, B. Mennel	C. Boes	M. Molina	None
Lifetime Achievement Award	L. Drevlow	J. Howell, F. Neelon	L. Drevlow	None	H. Swick
Nominating*	B. Mennel	M. Jones	C. Boes	M. Molina	None
Finance	F. Bernadett	F. Bernadett, A. Nadell, M. Stone	F. Bernadett	A. Nadell	M. Molina
History & Archives Committee	H. Swick	R. Del Maestro, M. Hague-Yearl, D. Kratz, R. Stone	No change	None	S. Arfaie, L. Wang
Membership#	J. Richardson	D. Burkholder, S. Patel, J. Young	J. Wright	D. Burkholder, J. Richardson, J. Young	TBD
Media & Technology Committee	P. Travers	G. Frank, J. Klaas, M. Malloy	No change	G. Huston	M. Abdalla, J. Crevero, M. Stanley,
Annual Meeting† – Program Committee	R. Del Maestro	J. Bullock, C. Crenner, R. Jones, J. Richardson	J. Richardson	J. Bullock, C. Crenner, R. Del Maestro, R. Jones, J. Richardson	J. Wright, TBD
Annual Meeting – Local Arrangements Committee	S. Peart	C. Boes, D. Burkholder (Executive Committee liaison), C. Partin	C. Crenner	S. Peart, C. Boes, D. Burkholder, C. Partin	TBD

* Chaired by the most recent living Past President and include the 3 most recent living Past Presidents

Chaired by the Second Vice-President

† Chaired by the First Vice-President

YOUNG OSLERIAN VIEWS

Bean Awardees 2023

The Bean Committee would like to announce the winners of the 2023 Bean Awards in hopes of stimulating further interest by “Young Oslerians” in applying for this special honor. To provide a bit of background on who this Award is named after and the intent of the Award a brief digression follows.

William Bennet Bean (1909-1989) was the son of Dr. Robert Bennet Bean (1874-1944) who was a resident under Sir William Osler. William, born in the Philippines and immigrated later with his family to Virginia where his father became Chairman of Anatomy at the University of Virginia (UVA) in Charlottesville. William graduated college and medical school at UVA. He interned at Hopkins on the Osler Service and spent time in Boston. His first academic position was at the University of Cincinnati moving to the University of Iowa in 1948 to become the Chair of Medicine and the William Osler Professor of Medicine. In 1974 he became the first Director of the Institute for Medical Humanities at the University of Texas Medical Branch in Galveston. He returned to Iowa in 1980 to accept the position of William Osler Professor Emeritus. Although his clinical research interests focused on nutrition, he was described as a “renaissance man” following the lead of Osler with interests in the classics and medical humanities. He was the first President of the American Osler Society from 1970-71.

Thus, the intent of this Award is to provide funding for work to be done in the history of medicine and medical humanities by current students in medical schools in the U.S., Canada, as well as international medical students. The award has been offered since 1987 offering 83 awards since its inception. Provision of one-half of the \$1500 Award will be at the time of the selection of the awardee. The remainder will be awarded upon review of an 800 word progress report describing what the awardee has done and learned. The report will be reviewed by the Bean Committee. An additional \$750 for travel may be awarded if an abstract derived from the work done on the project is selected by the Program Committee for presentation at the Annual AOS meeting. The number of Awards given annually may vary by quality of submission and availability of funds.

With no further adieu, listed below are the Bean Awardees selected for 2023, the title of their submission, their medical school and sponsor.

- **Neevya Balasubramaniam** (Class 2025) : The Central Nervous System in the 18th Century Japanese Dissection Scrolls: Art of Observation and Dissection. McGill. Sponsor: Rolando Del Maestro, M.D.
- **Alexandra Bartholomew** (Class 2026): Graphic Medicine: Comics as a Therapeutic and Teaching Tool in Gynecologic Oncology Clinics. LSU-NOLA. Sponsor: Ronja Bodola, PhD, MA.
- **Joshua Zev Glahn** (Class 2024): Constructing the Ideal Body in Early Twentieth-Century American Plastic Surgery. Yale. Sponsor: John Harley Warner, PhD.
- **David Gunderman** (Class 2026): The History and Ethical Implications of Using Black-Box Mathematical Models in Medicine. Indiana University. Sponsor: Colin Halverson, PhD.
- **Alexander Jacobs** (Class 2024): From the War on Poverty to “Safety Net of Last Resort:” The Evolution of Federally Qualified Health Centers. University of Minnesota—Minneapolis. Sponsor: Jole Shackelford, PhD.
- **Ben Teasdale** (Class ?): The Political Life of Dr. Morell Mackenzie. Stanford. Sponsor: Laurel Braitman, PhD.

The announcement for the 2024 Bean Awards will be issued in November 2023 with a submission deadline of March 1, 2024. For more information or to apply for the award, please visit the AOS Website: www.americanosler.org.

By Michael Malloy and Skip Harris

Train of Thought

By Sara Heide

Description:

This piece of digital art is titled, “Train of Thought”. The various train-related symbols represent different brain functions within their respective areas. The stop-light in the frontal cortex represents inhibition control while the passing train in the motor cortex represents movement control. The whistle in the temporal lobe symbolizes auditory processing. The “tracts” crossing in the medulla represent the decussation of the corticospinal tract fibers. The track switch and diverging tracts in the cerebellum symbolize motor coordination. Lastly, the train tracks represent the brain’s sulci.

YOUNG OSLERIAN VIEWS

What art means to me:

For as long as I could remember, I have marveled at the beauty of art and what it represents. Whether it be visual art, music, or poetry, I have always felt inspired by creating and delighted in viewing the creations of others. When I discovered the world of neurology, I definitively knew that this was the career I wanted to dedicate my life to because it inspired me in this same way.

For me, neurology is much more than the study of the nervous system. In order to best serve patients, we must understand who they are as people. Only by understanding their values, beliefs, and interests can we truly help them maintain their personhood and quality of life despite neurologic injury or illness.

In my opinion, there is no better window into the soul of a person than through their art. While the study of neuroscience allows me to appreciate the objective brain, the study of art allows me to appreciate the subjective mind. It is only through a balance of these two elements that we can truly begin to understand our patients. As an aspiring neurologist, I feel there is no greater method for practicing empathy and deepening my understanding of humanity than admiring and producing art as a pastime.



MEDICAL HUMANITIES



Top row: Susan Kelen made a late decision to come from Canada; Zaheer and Nadeem Toodayan also made a late decision to come from Australia; Rolando Del Maestro played Pied Piper to a bevy of talented young learners. **Middle Row:** Skip Harris told us that Osler’s first choice for a motto (for *Burke’s Peerage*) was not *Aequanimitas* but rather *Dii laboribus omni vendunt* (“work!”); Sarah (*née* Osler) Peart informed us about the South African Oslers; Matthew Edwards smiled for the camera; Richard Silver and Stephen Schabel from Charleston listened intently; Jeremy Norman displayed his new certificate. **Bottom Row:** Rob Stone videotaped Michael Stanley for the AOS archives; David Green was among the six Osler Club of London members who presented papers; Pete Travers and Clyde Partin relaxed after it was all over.

Journal of an Oslerian

***Diebus bis septenis mirabilis* (a remarkable fortnight)**

I cannot improve on Rob Stone’s account of the fifty-third annual meeting of the American Osler Society (*The Oslerian*, June 2023) beyond adding a few more photographs (above). My principal contribution to this year’s meeting was to provide a keepsake in the tradition of Earl F. Nation (1910–2008), whose keepsakes I still cherish. My keepsake, a pho-

tojournalistic review of the 1994 joint meeting of the AOS and the Osler Club of London (OCL), memorialized some of my all-time closest friends who have since joined Sir William and Lady Osler in the great beyond. The group photograph taken at the 1994 meeting reminds us not only of individual mortality but also of the impermanence of societies, for the Japan Osler Society (represented on that occasion by a large contingent) is no more. The cause of death: failure to recruit young members.

Our 2023 meeting suggests no immediate danger for the AOS in this respect. Thirteen of the 52 presentations (fully a quarter!) were by medical students,

MEDICAL HUMANITIES

(Continued from page 8)

supported by travel grants. We were told that students accounted for nearly half of the 109 abstract submissions. Also, members of the OCL accounted for six presentations and several OCL members indicated their intent to apply for AOS membership. These numbers evince effective leadership and increasing inclusiveness.

For Donna and me, it was a remarkable fortnight of Oslerian celebration rivaled only by the 2003 meeting in Edinburgh (which included a post-meeting tour of the Scottish Highlands). On Thursday, 18 May, we attended the OCL meeting where I was privileged to review my six-decade odyssey as “a poor man’s Osler.” On Friday, 2 June, we attended the all-classes reunion at the Johns Hopkins University School of Medicine, where two of my classmates unveiled a giclée of the Tarleton Blackwell portrait of Osler for my *alma mater*. My class—the class of 1967—was the



CSB and classmates Sam Shaker and Frank Scarpa, who unveiled a giclée of the Tarleton Blackwell portrait of Sir William Osler at the Johns Hopkins University School of Medicine, with Annabelle Tan, recipient of the Class of 1967 scholarship.

first to include Black students (there were two; one was a Kenyan, the other an African American). Today, whites are in a minority of the medical students at Hopkins, as are men! William Osler, I suspect, would have approved.

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POETRY CORNER



Composed Upon Westminster Bridge

By William Wordsworth

Earth has not anything to show more fair:
Dull would he be of soul who could pass by
A sight so touching in its majesty:
This City now doth, like a garment, wear
The beauty of the morning: silent, bare,
Ships, towers, domes, theatres, and temples lie
Open unto the fields, and to the sky;
All bright and glittering in the smokeless air.
Never did sun more beautifully steep
In his first splendour, valley, rock, or hill;
Ne'er saw I, never felt, a calm so deep!
The river glideth at his own sweet will:
Dear God! the very houses seem asleep;
And all that mighty heart is lying still!

With London a recent memory for those lucky enough to have made the trip across the “Pond”, a poetic vision to resurrect your memory of the City seems appropriate. Wordsworth supposedly wrote this poem as he and his sister Dorothy left London for France on September 3rd, 1802. Oliver Tearle explains that it is more likely that Wordsworth’s vision occurred on July 31st as he left London, but completed and issued the poem on September 3rd.¹ Tearle goes on to identify the rhyming scheme as Petrarchan, an eight-line set rhyming abbaabba followed by a six-line set of rhyming cddcd. What a gift to have been able to view in-person the Thames languidly flowing through the city as the city comes alive.

By Michael Malloy

¹Tearle, Oliver. <https://interestingliterature.com/2016/02/a-short-analysis-of-wordsworths-composed-upon-westminster-bridge/>

Young Oslerians Views

Time, misremembered

By Lili Ladner

Steven Johnson is a 90-year-old man who is visited today in his place of residence.

Due to his Alzheimer's diagnosis, he is not a good historian but all pertinent medical history has been obtained from his daughter.

He has a medical history of type 2 diabetes mellitus, Alzheimer's disease, heart failure, aortic valve repair, and transient ischemic attacks. Two months ago, he was hospitalized for altered mental status and subsequently diagnosed with a urinary tract infection and anemia of chronic disease. During this hospital stay, he underwent two blood transfusions to correct his Hemoglobin below 7 and received antibiotic therapy. He was incidentally found to have an intestinal fistula, but surgery was not indicated due to his high operative risk.

One month later, he presented to the emergency department with new-onset confusion and slurred speech. He was diagnosed with a transient ischemic attack and discharged with a Warfarin prescription.

One week later, he presented to the emergency department after a fall in his residence with bilateral periocular contusions and abrasions to the face. He had no evidence of intracranial hemorrhage on imaging. Several days later and following a risk-benefit conversation with his family, his Warfarin was discontinued to reduce risk of future fatal intracranial hemorrhage. His vitals and mental status have been at baseline.

At the time of my visit today, Steven Johnson is seated, watching TV, and in no acute distress. He appears his stated age and presents with bilateral pedal edema, healing periocular contusions, and a slight tilt to his head, as if caught in a daydream. I walk into his room, slowly, and observe. There are photographs in every corner, one of two toddlers in suspenders on rocking horses, one a portrait of a young, blonde woman with a pearl necklace. His bed is tidy, as if it was just made, but his counter is filled with handwritten letters, a Zabar's menu, and crumpled tissues. His room smells like cleaning solution but he doesn't look it. Bagel crumbs coat his lip creases which are well-defined from a lifetime of smiling, the skin on his face is crumpled like a tissue, dots and spots and scabs and scars pepper his hands like modern art. He wears a red

Phillies sweat shirt that almost hides his gut. He is watching the TV on megadecibel volume, neck craned upwards, eyes glazed in oblivion.

I sit down across from him and he looks towards me. As he turns, we lock eyes. His are glassy, not like he has been crying but like he is neither here nor there, like he is trapped inside that windowed soul clawing to get out. A confused smile erupts, like he remembers me from another life, as I reach for the remote. Once the TV volume no longer floods his tiny room, we begin.

I start, "Hi, it's Lili. How are you doing?"

He replies, "Did I tell you.. about Chicago? I did my.. training there. We.. didn't have.. a..uh..a car, we hitchhiked there.. and back. It was.. good. It was.. good." He speaks slowly and his words are both fragmented and blended, one word impregnating the next until he can't recall where he began.

I am all at once overwhelmed by a deep, throat-closing love and eye wetting sadness for this man. My fists clench with the self-pity of, "God I wish I would've listened more when I saw him last." I feel deeply guilty. While I've been away at school, he's been here, waiting and forgetting.

I think of my assignment, my purpose here: to learn from a patient about their diagnosis. How am I to learn from this man about his current diagnosis if he is perpetually frozen in the past? My mind drifts as I think of finding another patient, a more well versed patient. But then I reevaluate. Steven Johnson's memories of his past are so vivid in his present that they may as well be his reality. So I listen.

He continues, "Chicago was a tough.. time but we had.. a good time. We.. spent a lot of.. time in the.., in the ..uh, hospital. So.. we learned a lot." I can sense his memories of Chicago are vivid, bright stars in a foggy slush of time misremembered. Steve went to Chicago Medical School at a time when quotas in the US prevented Jewish students from attending most programs. Ironically, his parents immigrated to Newark, New Jersey from Russia, with the hopes that their children wouldn't face religious persecution. And yet they did.

While at medical school, Steve spent an hour too many hunched over a patient, his first patient, in a

Young Oslerians Views

Continued from page 10

dark, musty basement cadaver lab. He was an avid singer, so when he realized he could make a song to remember all the never-ending names of the aerobic bacteria, he convinced his classmates to join in. And when the exam started, they were all singing under their breaths, “Oh, E Coli, Citrobacter, Klebsiella and Proteus.”

As I sit across from him, I long to hear this song, this story told over and over and over to my rather annoyed former self. The last time I heard this song, it was foreign to me. Now, two years into medical school, I just might understand. I ask, “Do you remember the song that you made for your Microbiology class?”

Steve looks down calmly, taking a moment to file through the archives. His hands are relaxed, placed gently on the edge of his arm rests as he pauses in this moment. He almost appears stoic, frozen in time yet lost in the past. His gaze shifts up to me, “No, I don’t..remember”.

I try again, “The bacteria song that you sang while taking a test.”

“No, no I don’t.”

I smile as tears spill down my cheeks. When I was young, he would bellow this exact song so often I could predict his next lines. It was utterly annoying at the time. Now, I long for nothing more than to hear him retell this story, or any story for that matter. But it seems that he is so trapped within himself, so lost in his maze of memories, that he can hardly get a word out. I am saddened by this life of disorientation, this haze of patchwork memories, but not he.

He appears tranquil. At peace with his slipping grip on reality. Not fearful that he cannot recall the pivotal moments that make him the teddy bear of a man he is today. The joy of seeing his children for the first time, rage of losing his wife, bellowing laughter with his medical school classmates, exhaustion of slumping onto the sofa after a draining week of work. These are all patches of his quilt, fragments in his foundation, yet hardly accessible to their creator.

My grandfather is a patient with Alzheimer’s. He was born in Newark New Jersey but currently resides in his memories. As his story fades away from recall, I

cherish the light that he brought to my childhood and the ripple of lives he has blessed with a heart larger than his chest wall could safely contain. The shell that he is today does not reflect the luster of his narrative.

Steven Johnson is a 90-year-old man who is visited today in his place of residence. Problem list includes:

Fading memory of his own narrative.
A life well lived.

Liliana Ladner is a third-year medical student at the Virginia Tech Carilion School of Medicine. She is former president of her school's Humanism in Medicine club and enjoys exploring the intersection of healthcare and humanity. Outside of medicine, she is an avid runner, reader, and bagel connoisseur.

Bodily Autonomy

By Liliana Pelligrini



“Bodily Autonomy” is a reflection and rumination on the legislation of vulnerable bodies in the wake of the overturning of Roe v. Wade. It is an assessment of the bondage by the legal and healthcare systems on bodily autonomy and serves as a reflection on our lack of control to make decisions that intimately affect our health. Drawing on motifs of religion and justice, this piece implores the viewer to think about the ways in which the political and healthcare entities bind the medical decisions of patients.

Liliana is a second year medical and MPH student from Frisco, TX with a background in biochemistry, painting, and ceramics. My time at UTMB has allowed me to explore the humanities and arts as they relate to medicine. My aspirations are currently in OB/GYN with interests in medical model making and simulation construction, an area where I can combine arts, medicine, and engineering.

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Save the dates of May 3-6, 2024 for the AOS meeting in Kansas City, Missouri.

Call for Abstracts for 2024 Annual Meeting in Kansas City Missouri, May 3-6, 2024

Abstracts should be sent by e-mail to: aosrenee@gmail.com and must be **received** by **15 November 2023**. Abstracts submitted by e-mail will be acknowledged. The **abstract should be no longer than one page**. It should begin with the complete title, the names of all co-authors, and the corresponding author's mailing address, telephone number, and e-mail address. This should be followed by a two to three sentence biographical sketch indicating how the author would like to be introduced. (This will probably be your entire introduction. Don't be modest!) The text should provide sufficient information for the Program Committee to determine its merits and possible interest to the membership. The problem should be defined and the conclusions should be stated. Phrases such as "will be presented" should be avoided or kept to a minimum. Only one abstract per person will be accepted.

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

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

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



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