



The Oslerian

A Message from the President

Rolando Del Maestro

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

Preface

It has been almost six months since I was honored to become the President of the American Osler Society, indeed this has been a very interesting time dealing with challenges and new opportunities. I felt it was important at this point in my presidency to outline some of these challenges and particularly some new initiatives to AOS members and others interested partners who have similar goals. So, let's start.

My major goals as the President of the American Osler Society are to increase the engagement of medical students and residents in the medical humanities and secondly to increase the engagement with other organizations interested in the medical humanities. To help accomplish these goals the Board of Governors of the AOS has made several significant changes in how the AOS functions. These important changes and initiatives are outlined below.

Increasing the engagement of medical students and residents in the medical humanities:

Date Change of Future AOS Meetings from Saturday to Monday: I am sure all AOS members have witnessed that attendance decreases during Tuesday at annual AOS meetings and the Wednesday morning sessions had significantly fewer AOS members and very few medical students and residents present. At the Galveston meeting discussions began as to how to

improve attendance, particularly among medical students and residents at future meetings. A decision was made to change the date of AOS meetings from Monday to Wednesday to Saturday to Monday. It was felt that changing the dates of the London, England meeting would be difficult due to logistical concerns. These changes have been instituted for the 2024 annual AOS meeting in Kansas City. The major role of the vice-president of the AOS is to chair the platform committee and along with platform committee members develop the program for the next meeting. Last year the medical student member of the platform committee Lilly Groszman provided important insight and in all coming years medical students will be essential members of the platform committee. Preparing for the May meeting of the AOS meeting in London, England included new challenges, but my role as chair was made much easier when one hundred and nine abstracts were submitted, a record. Fifty-three abstracts were from medical school students (49%) and 2 from residents while 45 abstracts (50%) were submitted by other individuals including 40 from the US (74%), 10 from England (18.5%), 2 from Canada, 1 from Australia and another from Malta. All abstracts were scored between 5 (best) to 1 (less applicable) by the six members of the platform committee with raters not scoring abstracts from their institutions. Fifty-nine abstracts scored 3.8 out of 5 and above and were informed that their abstracts were accepted for presentation. Unfortunately, 7 medical students and other individuals who

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submitted abstracts which scored 3.8 or higher could not attend. The reason given by medical students and others was that they were not able to get time off from their classes, surgical rotations, clinical services, or teaching for that length of time during weekdays. Since several medical students and AOS members could get 1 or 2 days off, the program was continually modified to try to accommodate both the medical students and AOS members so they could attend. However, attending the AOS meeting for 1 or 2 days certainly limits attendee engagement and enjoyment of the meeting.

The 2024 AOS meeting in Kansas City will take place with registration starting Friday May 3 and continuing to Monday May 6 with medical student and resident presentations being predominately on Saturday May 4 and Sunday May 5 in order that these trainees will not have to miss significant time to attend the AOS meeting. This change in the date of meetings will be carefully monitored at Kansas City and future meetings and other modifications may need to be made to deal with the large number of abstracts submitted.

Medical students moderating AOS scientific sessions: At the London meeting Ali Fazlollahi, a second-year medical student from McGill, was the first medical student to have this role. The platform committee will consider asking more medical students to moderate future scientific sessions to continue to foster engagement not only by presenting at AOS annual meetings but to be actively involved in the process of selecting abstracts to be presented as well as to moderate the meeting sessions.

A series of new initiatives involving medical students and residents related to their presentations at AOS meetings has been proposed and adopted by the Board of Governors as outlined below.

Best Medical Student and Resident Presentation Awards: At the London, England meeting, prizes were awarded for the best 3 medical student and resident presentations. The winners were Yoel Yakobi, from McGill, Emily Rodriguez from Johns Hopkins, and Jose Maldondo from University of Texas Medical Branch in Galveston. Yoel's reflective essay is published in this edition of the Oslerian provides insight as to how doing the research, presenting an abstract, and participating in the AOS meeting has enriched their interactions with multiple components of the medical humanities. Please take time to read his comments. I believe these reflective pieces provide evidence as to why the AOS continues to offer an important platform for the enrichment of medical students and residents. This program awards, a first prize

of \$1000, a second prize of \$750 and a third prize \$500 for the best 3 medical student and resident presentations and will continue for upcoming AOS meetings. The expectation is that these prizes will help encourage more medical student and resident participation and increase the quality of medical trainee presentations. Judging of the best presentation awards will be carried out by AOS members who attend AOS meetings employing a rotating system that will allow many AOS members to be involved over the years.

The Molina Travel Awards: The AOS is aware that many medical students have difficulty funding travel to AOS meetings. Dr. Mario Molina has provided funding to create an AOS endowment which will provide 10 Molina Travel Awards for the 10 best graded medical student abstracts as discussed in the section above. These awards will be \$500 each. The expectation is that having these awards available to medical students will encourage more medical students to not only submit abstracts but be able to attend AOS meetings.

Resident Travel Awards: The AOS is aware that many residents have even more difficulty finding time and funding for travel to AOS meetings. This year the AOS is providing 2 Resident Travel Awards for the 2 best graded resident abstracts. These awards are \$500 each.

Revised American Osler Society William Bean Award for Student Research: In the Autumn, Oslerian Dr. Skip Harris and the Bean Award Committee members outlined this year's 6 Bean Award winners. Dr. Skip Harris, Dr. Pete Travers and Renee Ziemer have been working diligently to improve the information available on the AOS website concerning the history of the Bean Award, the application process, changes in funding and the responsibilities of supervisors and medical students. Please see: [AOS Bean Award material](#). I suggest that all AOS members acquaint themselves with these revised requirements and obligations. Please forward this information to medical students and prospective supervisors interested in applying for the Bean awards.

Medical students and residents on AOS committees: Over the last 2 years, medical students and residents have been appointed to several AOS committees including the AOS Board of Governors. Their input has been especially valuable, and this process is continuing so that all AOS committees will have representation from these groups.

Increasing the engagement of organizations interested in the medical humanities with each other: Two questions for those of us who are interested in

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encouraging medical students having an interest in the humanities:

1) Can we depend on medical schools and their administrators to provide sufficient resources and time in the medical curriculum for students who have an interest in the humanities and to encourage engagement with topics involving the history of medicine?

2) If one assumes that medical schools do not feel they have the resources and/or humanities are not critical to their mission are their alternate programs and initiatives that can be developed that students could utilize to engage with the humanities including the history of medicine?

To begin to address the above questions several Task Forces have been set up by the AOS Board of Governors as outlined below.

The AOS/AAHM Task Force. As President of the AOS, I was asked by the AOS executive committee to reach out to Dr. Barron Lerner, the president of the American Association of the History of Medicine (AAHM) and Dr. Mary Fissel, the incoming AAHM president related to developing an AOS/AAHS task force to explore interest in developing mechanisms to increase co-operation between our two organizations. This initiative was very well received by the AAHS since both groups have significant interest in expanding the role of the medical humanities among their respective medical student and graduate student communities. The AOS/AAHM task force has therefore been created and approved by the AOS and the AAHM. This task force includes 6 members with the AOS component of this task force led by Dr. Joan Richardson, vice-president of the AOS, Dr. Jim Wright, second vice-president of the AOS and Dr. Mario Molina, past president of the AOS. The AAHM component of the task force is led by Dr. Scott Podolshy, treasurer of the AAHS, Dr. Laura Hirshbein, Editor of the Journal of the History of Medicine and Allied Sciences and Dr. Bruce Fye who has served as president of both organizations. The working group was asked to assess methods of fostering co-operation and to make specific proposals. The AOS/AAHM Task force has had a first meeting and a series of recommendations have been proposed which are to be discussed at upcoming meetings of respective boards.

The AOS/OCL Task Force: I was asked by the AOS executive committee to reach out to the Daniel Sokol, president of the Osler Club of London (OCL), related to developing an AOS/OCL task force to explore how to increase communication and interaction between the AOS and the OCL along with the specific proposal of assessing the possibility of developing an International Medical Student Scholarship Program. This scholarship would help fund medical students from

North American to carry out primary research in the history of medicine and the humanities in England and English medical students to carry out similar research in North America. The OCL Board was very enthusiastic concerning this initiative and the 6 members of this task force include 3 AOS members with the AOS component led by myself along with Dr. Andrew Nadell, treasurer of the AOS and Dr. Tino Bernadett, an AOS Board of Governors member. The 3 OCL members are led by Daniel Sokol, the OCL president, Dr. Anjna Harrar, the past president of the OCL along with Dr. Sean Hughes, past president of the History of Medicine Society. During the first meeting of the AOS/OCL task force several initiatives to increase communication were put forward and a pilot plan was suggested to model an International Medical Student Scholarship Program to assess the program's utility in achieving its goal of increasing international cooperation between our organizations. These proposals will be discussed at upcoming meetings of the respective boards.

Librarians, Archivists, and Museum Professionals in the History of the Health Sciences (LAMPHHS).

Two members of the AOS received the LAMPHHS Merit Awards at the May 11, 2023, meeting of the LAMPHHS. Dr. Mario Molina and I were both humbled to be given these awards. These merit awards have focused our discussion on the essential role of the librarians and archivists and other museum professionals play in the ability of AOS members, and for that matter, any researcher interested in the humanities to successfully carry out research. It would appear appropriate for the AOS to begin to consider forging stronger contacts with the LAMPHHS, libraries which contain Osler materials as well as other worldwide organizations with similar goals.

As President of the American Osler Society, I would very much appreciate feedback on new AOS programs, revised programs, along with the development of task force initiatives. Our desire is to improve the ability of the AOS to have an impact on the lives of medical students, residents, and all AOS members.

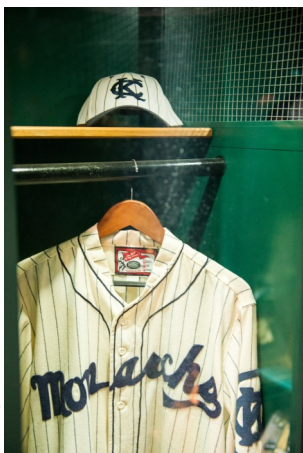
The AOS is striving to improve communication and outreach. The AOS Board of Governors indeed appreciates your input on how best to accomplish our specific goals. We look forward to your input.

*Respectfully submitted,
Rolando Del Maestro*

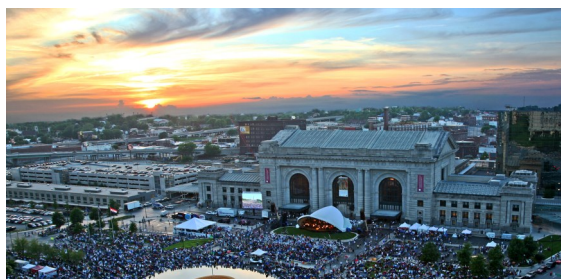
Looking Forward to Kansas City AOS Annual Meeting May 3-6, 2024

Nine Days in Kansas City!

For attendees at the 2024 meeting in Kansas City, you might consider lingering on a few days longer in our fair city. A true smorgasbord of history of medicine activities. The American Hospital Association will meet starting May 7 in the hotel across the street for its 2024 Accelerating Health Equity Conference. They have extended an invitation to historians of medicine through our department to attend a special event on Wednesday, May 7: <https://equityconference.aha.org>. There will be a discussion of historical perspectives on health equity held downtown in Kansas City's famous Negro Leagues Baseball Museum in the historic 18th and Vine Jazz District. Tour of the museum included. The event runs from 4:30 to 5:30pm. Just let them know at the door that you are an historian of medicine invited by the Department of History and Philosophy of Medicine. And if you are in town that Wednesday, registration is open now for the annual meeting of the LAMPHHS, a group you may know as the national association for librarians, archivists,



Jersey of the Kansas City Monarchs at the Negro Leagues Baseball Museum



Kansas City celebrates at the Union Station across from the hotel

and museum professionals who work in the history of the health sciences. This is the group you want to talk to about those special collections you have long wanted to visit. And the week then

winds up with the annual meeting of the American Association for the History of Medicine. We anticipate about four hundred enthusiasts for the history of medicine to be descending on the Westin Crown Center on Thursday and Friday for two-and-a-half days of the latest scholarship in the history of medicine. Consider making it a week plus in Kansas City!

Chris Crenner

AOS Local Planning Committee 2024

Reflection on AOS London Meeting: A Student Perspective

It was some hundred years after Sir William Osler founded the Royal Society of Medicine's History of Medicine Society that I found myself enroute to London for the 53rd annual American Osler Society conference. For a figure so revered in the medical world, I knew surprisingly little of Osler's accomplishments prior to my acceptance to McGill University. Yet, the more I've learned, the more intrigued I become by his life's work and the intellectual legacy he left behind for this next generation of medical historians – a millennia-long legacy for the pursuit of knowledge which I had the honour of embracing alongside the globe-trotting physicians of the American Osler Society.

My presentation was scheduled for the second day of the conference, permitting me the first day to savour the talks and discourse between speaker and audience. These initial talks did well in setting the tone of the event by demonstrating the members' collective effort to uphold the principles of scholarship; though it could be intimidating, the vast and varied expertise in that hall was less of an overbearing inquisition on the speaker as it was an eager invitation to open and thoughtful discussion. The topic of conversation may have been ever-shifting – from explorations of painting and literature to biographies and reports of scientific discoveries – but always was there a member who could pose a question from her own unique angle or challenge the speaker with some new bit of knowledge. Such a sharing of ideas, which I would soon take part in with my own work, was to be celebrated.

My presentation, entitled "Concessions, Coercions, and Coveted Conversions," centred around Pope Gregory XIII's papal bull from 1584, which confirmed the decrees of Paul IV and Pius V prohibit-

ing ailing Christians from employing Jewish physicians. Of note, Osler had acquired this bull himself and referenced it in his 1914 article “Israel and Medicine.” The bull was only mentioned in passing among Osler’s many other points recognizing the role of Jewish physicians in the preservation of ancient knowledge through the Middle Ages despite their constant persecution, but it assured me that my project – which discussed that very persecution – had taken after Osler’s own sensibilities. I had last given my talk six months prior in McGill’s Osler library to an audience of perhaps twenty, but the fivefold increase in attendance in London did little to intimidate me – not with my prior revelation on the audience’s masterful sharing of ideas, and not when I was standing on the shoulders of Sir William Osler himself. If anything, this was my chance to embrace my role as a student of history, medicine, and the arts, a veritable member of the American Osler Society standing before those of a similar mind.

As any attendee would know, there was much more to offer at the American Osler Society’s conference in London than the presentations alone, and many more ways to connect with the members. Much to my dismay, I arrived in London too late to attend the many interesting tours and events over the weekend, but I was just in time for the reception at the famed Royal Society of Medicine. I met up with my fellow colleague and the only other McGill student attending the conference, Ali Fazlollahi (who was the first student to

from around the world, bonding over our interests in medicine, the humanities, and beyond. Having forged these connections, exploring London became that much more rewarding; personally, it was my first time in the United Kingdom, and I loved exploring it with my peers from Texas, New York, and more. Walking along the Thames, through the Natural History Museum, and about the Tower of London was that much better for the discussions and banter we had along the way.

Now, months after my return to Montreal, what can I profess other than my desire to return? The conference in London was more than I could have hoped for – a brief respite for the sake of knowledge, discovery, and connection for which I’ll be eternally grateful to the many people who made it possible. I would first like to thank Dr. Faith Wallis and Anna Dysert, my steadfast mentors who guided me on my journey through the Middle Ages. Next, I would like to thank Dr. Mary Hague-Yearl, for presenting me with the papal bull, and Dr. Rolando and Pam Del Maestro, for supporting the medical student essay contest, all of whom made my adventures in London possible in the first place. As my introduction to the American Osler Society, this conference couldn’t have done better, and I can’t wait to see where Osler’s great legacy will lead me and my peers next.

*Yoel Yakobi
McGill University
M.D., C.M. Class of 2025*



Yoel Yakobi (left), A winner of the best medical student presentations at the AOS London, England Meeting and Ali Fazlollahi 1st medical student to moderate a session at an AOS meeting.

moderate a general session for the American Osler Society and made excellent work of it, too) and we quickly made friends with physicians and students



YOUNG OSLERIAN VIEWS

Report on the Humanities in Medicine Lecture Series at The University of Texas Medical Branch

By Varesh Gorabi and Tracy Tang

In recent years, the role of the humanities in medicine has become more widely recognized. It can assist students and physicians in the development of listening and communication skills, reflection, insight, self-expression and the practice of empathy (Ramai & Goldin, 2013). As Sir William Osler so candidly put it, “The education of the heart – the moral side of man – must keep pace with the education of the head. Our fellow creatures can not be dealt with as man deals in corn and coal.” We cannot adeptly treat patients if there is an indifference and disregard of their humanity. Osler spoke of the value of literature, “to keep [the] mind sweet”, to help maintain a balance between rationality and emotionality, a balance that can be difficult to attain.

Striving to heed Osler’s wisdom and believing in the multitude of benefits the arts carry, the Humanities in Medicine Lecture Series (HMLS) was created. University of Texas Medical Branch (UTMB) Osler Student Scholar Tracy Tang founded this program to incorporate the humanities into medical education over the course of the academic year. Students who fulfilled the program requirements received a certificate and a specially designed pin for their white coats. Around 140 medical students self-enrolled and actively participated.

The HMLS Committee developed and hosted three sessions throughout the year: Music in Medicine, Art in Medicine and Literature in Medicine. To complete the program, students needed to attend at least two of these three sessions, as well as one Oslerian Luncheon event reflecting on Oslerian principles and one ethics webinar from UTMB’s Institute for Bioethics and Health Humanities. In March 2023, we had a ceremony to award the certificates and pins.

Students enjoyed each session, saying they were inspired by what they saw and experienced – inspired to write, draw, play music – and inspired to incorporate the humanities into their practice as physicians. They wanted to encourage patients to explore these avenues as an adjunct to their medical treatments, as a way to process their illness.

Following the program, students stated that they would use the humanities to broaden their perspective, to become more compassionate and understanding, to better communicate with patients, and to reconnect with themselves, for their own well-being. Sam Franklin, a current second year medical student, wrote a poem for the literature session. It had a profound impact on him, and he shares that, “The poetry night was a soothing ex-

perience for my soul, and one of humanistic connection with my peers, who turn out to be as talented of poets as they are of students and scholars.”

In response to the art session, students commented that illustrations can be used to facilitate patient understanding of disease processes and were able to recognize the major role art plays in medical education.

Reflecting on Music in Medicine, students relayed that music can be used to process emotions authentically as they develop professionally, and that it provides an opportunity to re-energize. They noted that through music they can support and learn from one another. Students also appreciated the “power music holds in the healing and grieving process for patients.”

There is a thread that connects us together, and that thread was made visible through HMLS. The humanities can ease and revive the mind and uplift the spirit. We are reminded again of what is important and what brought us to this path. We aim to heal when we can, and even when we cannot, to offer our empathy, words of comfort, and discuss ways forward. There are limits to known science but there are no limits to compassion.

These events were spaces where we heard each other’s voices, each other’s lives and stories, personal challenges and strength. These were evenings spent in exploration of our human selves and our experiences while on this journey, evenings that demonstrated a true intertwining of medicine and the arts. As committee members, we were amazed by the volume of students interested in our program and delighted to see even faculty participating. They attended our events and even performed at our music session along with the students.

We set the stage, both literally and figuratively, and the students sprang and shone – engaging and conversing, writing and singing and learning from guest speakers, faculty, and their peers. It was incredible to witness how much these events meant to the students in real time, and to receive all their positive feedback on the program. They stated they now feel better connected to the arts and bioethics. At the same time, we created a platform for students’ voices and in doing so, celebrated our shared humanity. Together we took Osler’s words into fruition, ensuring the education of our hearts as well as that of our minds.

References:

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YOUNG OSLERIAN VIEWS

Pathos & Praxis: Seeing ourselves in the arts to better see ourselves in our patients

By Michael P.H. Stanley

One day, when I was at the death-bed of my wife... I caught myself ... in the act of mechanically analyzing the succession of appropriate color gradation which death was imposing on her immobile face. ... This is the point I had reached. Certainly, it was natural to wish to record the last image of a woman who was departing forever. But even before I had the idea of setting down the features to which I was so deeply attached, my organism automatically reacted to the color stimuli, and my reflexes caught me up in spite of myself, in an unconscious operation which was the daily course of my life."

The epiphany in Claude Monet's epistolary confession to friend Georges Clemenceau rings true for many artists, regardless of the field – including medicine. Command of technical acumen becomes habit and routine, a second-sight that, when not kept in check, seems coolly detached. Doctors are well known for pathologizing pedestrians (many of James Parkinson's descriptions in his 1817 paper on the Shaking Palsy were just sidewalk observations). The Arts & Letters are often trotted out as a panacea for the dehumanization and disenchantment that doctors-in-training experience through their education, but as we can see – to be a great artist requires observations and calculations that depersonalize even the most cherished loved one, and need to in that moment of inspection, if the intent is to do something practical with that observation. Foucault's *Birth of the Clinic* talks about our clinical gaze and its sociological importance. We see through the person's illness to the disease within, a visual artist might see the surfaces for what they are: blobs of color and borders of shades. But neither the artist nor the physician, when operating as technicians, is principally engaged on the patient or the model as people, for the object of inquiry is something other than the person. Pressing the arts and letters into service for medical pedagogy may be appropriate for skill acquisition like inspection, but merely shifting the object of our attention from patient to model doesn't on its own protect or inspire our humanity—as Monet's guilt testifies to. Penfield remarked that Osler taught his Oxford students, "The motto of each of you as you undertake the examination and treatment of a case should be 'put yourself in his place.' Realize, so far as you can, the mental state of the patient, enter into his feelings." If physicians-in-training are taught to see their patients only through the lens of disease, and we put ourselves in their place, no wonder we are seeing in ourselves a rising despondency and depression.

Then a psychiatry resident, Eric Avery com-

posed a photographic exhibit called *Healing Hands*, choosing as its subject a hand surgery. The effect that viewing the exhibit had on participants of the surgery holds I think the key principle to how the humanities can live up to protecting the pathos in our education while we sharpen our technique. After viewing these images, the plastic surgery resident began to cry, expressing the feeling that she had been unaware that she "was doing anything so beautiful." Furthermore, despite five years of residency training, she said, "it was on the day she was photographed she felt she became a surgeon," because the aesthetic moment through into relief a vision of herself participating in, as Osler put it, "The work of charity in a Jovian way." So profound was the experience of seeing herself and her work through an aesthetic lens that, to Avery's surprise and the resident's dismay, "she was having difficulty in the operating room detaching herself from elements she had seen in the photographs. ... over the next few weeks, she had moved through this reaction and felt her experience in surgery had only been enriched by what had happened with the photographs. ... Now when she is in the operating room, she can attend to what [Avery had] seen and show her about surgery, or she can remain detached from it." Avery as photographer had to restrain his humanity in order to permit his technical acumen to take the photos of a female resident herself restraining her humanity in order to permit her technical acumen to cut and peel and sew a man back together. By means of an aesthetic lens, however, she could for the first time see her work and herself in a photograph that developed in her a sense of personal identity and societal purpose which nothing in our medical education had done for her.

Our work as Oslerians is the promotion of a kind of humanism that can be experienced best when the arts & letters are considered from the perspective of the humanities that bore them and not merely as an attractive handmaiden for technical skills—if only because in placing ourselves in light of the beautiful, we can carry that torch to patients shadowed by disease.

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Georges Clemenceau, *Claude Monet: cinquante ans d'amitie* (Paris: La Palatine, 1965). As translated in Linda Nochlin, *Realism* (Baltimore: Penguin Books Inc. 1971).

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Left: CSB with Larry R. Kirkland (1937–2020) circa 2010. Right: CSB and AOS member S. Robert Lathan with Larry in 2014. CSB and Bob are wearing neckwear of the Pithotomy Club of the Johns Hopkins Medical School, of which Larry was also a member. Larry is wearing an American Osler Society necktie, having been deemed worthy of unofficial honorary membership. Larry was paraplegic during the last 45 years of his life as the result of a fall probably caused by narcolepsy. Among his favorite memories was a tour of Europe with Bob during the summer of 1962 in a 1947 MG TC Roadster when they were studying at Guy's Hospital in London.

Journal of an Oslerian

An Alabama Student

Although born and raised in Columbus, Georgia, Larry R. Kirkland (1937–2020) had solid credentials as “an Alabama student.” He went to the University of Alabama (UAB) on a basketball scholarship, graduated Phi Beta Kappa with a major in chemistry, and, during his later years, served on the board of the prestigious John Ramsey–Great Ideas Tour Award, a scholarship for UAB students for academic excellence and community service. He followed the Crimson Tide and grieved when they lost. I fondly remember comparing notes on the 109-yard return of a missed field goal by Auburn’s Chris Davis, on 30 November 2013, that threw Nick Saban’s team out of the national championship mix. Larry was Crimson Tide through-and-through.

Our friendship began in July 2006 after Larry asked the editors of the *Bulletin of the History of Medicine* if “Reviewer A” would be willing to disclose

his/her identity. Reviewer “A” had given the manuscript a long, sympathetic review. The following story emerged during the first of many telephone conversations.

Larry had narcolepsy. He could not stay awake during noon lectures. He completed the third year of medical school at Johns Hopkins only to be called into the office of Alfred Blalock (1899–1964), who told him he had failed the surgery rotation due to a bad attitude. Larry pleaded his case to no avail. The administrators at Hopkins required him to pay tuition for a full year, just to repeat the surgery rotation.

After breezing through the rotation, he needed to find something to do with the remaining thirty weeks of the academic year.

Larry had a keen interest in the history of medicine. He approached Victor McKusick (1921–2008) for suggestions. McKusick proposed a study of the medical records at the Johns Hopkins Hospital from its founding in 1889 through the year 1900, looking especially for unusual cases and entries by William Osler or other Hopkins luminaries.

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Larry, to his astonishment, found these records incredibly skimpy.

He selected two boxes of charts at random, removed the manila covers from each chart, and measured the height of the stacked contents. He determined the height of 332 charts from the year 1892 to be only 17.5 centimeters, or about 48 charts per inch. The thickness of the charts more than doubled after medical students arrived on the wards in 1896, but the charts were still skimpy by today's standards. Thus, the height of 172 charts for the year 1898 measured only 22.5 centimeters, or about 19 to 20 charts per inch.

Moreover, the charts seldom if ever contained a detailed history and physical examination, discussion of differential diagnosis, formulation of a treatment plan, monitoring of the clinical course apart from routine vital signs, assurance of continuity of care, or framing the meaning of illness and suffering in the patient's life. There were no signed entries by Osler, William Sydney Thayer, or other Hopkins luminaries. The "Oslerian medical writeup" has no historical basis, at least judging from the charts!

McKusick lost interest. He failed to recognize that the significance of Larry's study lay in the *absence* of good documentation by Osler or anyone else!

Larry retained his interest in the history of medicine and tried, from time to time, to write up the findings from his thirty months studying records in the basement of the William H. Welch Medical Library. The records were later destroyed to repurpose the space. Larry was thus the last person to study them!

Larry did an internal medicine residency and a fellowship in cardiology at Emory and joined the faculty. He established and ran the Employee Health Program at Emory Medical Center. Then, in 1975, narcolepsy struck again.

Larry was restoring the back porch of an old house when, probably because of narcolepsy, he fell from the roof and broke his spine. J. Willis Hurst (1920–2011) was among the first to see him in the emergency room. Although wheelchair-bound, Larry continued to teach medical students and serve Emory in various capacities until his retirement.

Our conversation in July 2006 resulted in a friendship that lasted until Larry's death. I helped him rewrite his manuscript and published it in the 2007 supplement issue of the *Journal of Medical Biography*,¹ but that was just the beginning.

His home was a marvel. He had installed an eleva-

tor lift, which would take him in his wheelchair up to his study on the second floor. His shelves overflowed with Osleriana, items related to the early history of the Johns Hopkins Hospital and Medical School, and English literature, to name just a few of his interests. He loved his books.

Larry's spirit seldom flagged despite a horrendous sacral decubitus ulcer and little social contact aside from a few friends like Bob Lathan, attentive cats, and, of course, his wife, Lyn.

Of all the wonders that I yet have seen in this transitory life, none surpasses the love and devotion of a spouse to his/her neurologically impaired partner. Lyn, a dietician, steadfastly cared for Larry during his 45 years as a paraplegic. She sublimated through painting, constantly experimenting with the styles of the more important French Impressionists.

Lyn now takes advantage of her ability to travel and see places she and Larry could never see together. She has visited major parks in the American West, and she has taken a Viking River Cruise in Europe. We stay in touch.

My own library and the library of the University of South Carolina contain many donations from Larry and Lyn, but mostly I enjoy the items that document our exchanges and the memories of visits to their home in Atlanta.

Thinking of Larry alone in his study, immersed in his books, I am reminded of the closing paragraph of Osler's essay on "An Alabama Student." It reads in part, "To have striven, to have made an effort, to have been true to certain ideals—this alone is worth the struggle."²

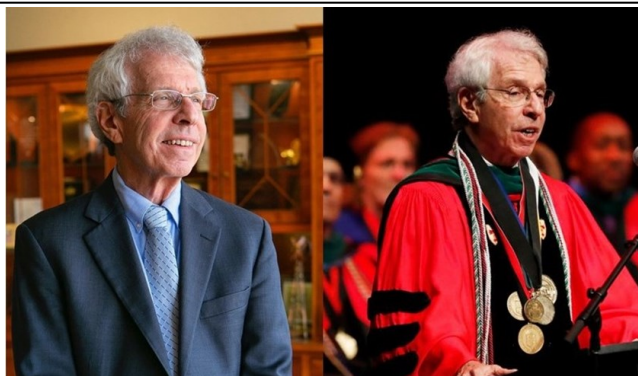
Larry Kirkland remained true to certain ideals until the end.

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Obituaries



Steven L. Berk (1949–2023) in his office; Steve addressing students at the Commencement Ceremony of the Texas Tech University Health Sciences Center on 19 May 2023, just seven days before his unexpected death.

Steven Lee Berk (1949–2023) was born in New York City, received his medical degree from Boston University, and trained in internal medicine and infectious diseases at Boston City Hospital (now Boston Medical Center). He spent twenty years at East Tennessee State University in Johnson City, rising to become chair of the Department of Internal Medicine.

Steve moved to Texas in 1999 and became one of the longest serving medical-school deans in the U.S., first at the Texas Tech University Health Science Center (TTUHSC) campus in Amarillo (1999–2006) and later at the main campus of TTUHSC in Lubbock (2006–2023), where he also served as Executive Vice President for Clinical Affairs. He also served 12 years as co-chair of community-based deans at the Association of American Medical Colleges (AAMC) Council of Deans.

Steve was a beloved teacher, role model, and mentor, especially to students from underserved populations and international medical graduates. He championed primary care and geriatric medicine and contributed seminal papers to the literature on pneumonia in the elderly, *Moraxella catarrhalis* infections, and disseminated infestation with *Strongyloides stercoralis*.

His memoir, *Anatomy of a Kidnapping* (2011), recounts his surviving abduction at gunpoint in Amarillo, a testament to his career-long devotion to the Oslerian ideal of *aequanimitas*. Among his many contributions to the history of medicine, is his book *In Search of the Animalcule* (2022), a fictionalized account of the conquest of infectious diseases during the nineteenth century.

By Anand Karnad
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John S.G. Blair (1928–2023); Ailsa and John Blair at their home (“The Brae”) in Perth, Scotland, 2003.

John S.G. Blair (1928–2023): John Blair’s death on 12 June will sadden many Oslerians. He was a longstanding member of the Osler Club of London and gave the Oslerian Oration in 2007, and he was an emeritus member of the American Osler Society, having been elected in 2003.

John was educated at Dundee High School, where he was dux (that is, valedictorian) in 1946 and studied medicine in St Andrews as a Harkness Scholar, graduating MB; ChB in 1951. He began his surgical career in England but later practiced in Scotland, first in Dundee and then, for 26 years, as a consultant at the Perth Royal Infirmary. It was there that, as a student medic, I met John in 1969, the beginning of a long friendship.

John did his national service in the Royal Army Medical Corps. Thereafter, he spent many years in the Territorial Army commanding local groups and later chairing the armed services committee of the British Medical Association, which honoured him with fellowship in 1991.

John became seriously interested in the history of medicine after retiring from surgery. He held honorary positions at St. Andrews and Dundee. His literary output was large with multiple articles and books. His magnum opus was entitled *In Arduis Fidelis: Centenary History of the Royal Army Medical Corps 1898–1998*, but he also wrote histories of medicine in St. Andrews and Dundee and on Tayside doctors. His last book was a novel, *How They Broke Baxter* (2014), written after the death of Ailsa, his delightful wife of sixty years.

John’s medical historical work included distinguished presidencies of the British and Scottish medical history societies and vice-presidency of the International society. His successful running of conferences and meetings, which were financial successes led to the establishment of “The John Blair Trust” which promotes the study of the history of medicine

Obituaries

Continued from page 10

to undergraduate students of medicine and allied sciences. I was a trustee for several years.

John was a kirk elder for over 50 years, a keen football and rugby enthusiast and devoted golfer who was a member of the Royal and Ancient in St. Andrews, the Royal Perth Golf Society, and the Blairgowrie Golf Club. Since 1965, he lived in Glasgow Road, Perth, where I stayed with John and Ailsa when I lectured in Dundee. They were delightful hosts and my visits always included 18 holes at the Old Course in St. Andrews.

By John W.K. Ward
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William Clifford Roberts was born in Atlanta on September 11, 1932 and died in Dallas on June 15, 2023. When Bill was born his father Stuart Roberts was president of the American Heart Association. After graduating from Emory University School of Medicine in 1958, Bill completed an internship at Boston City Hospital, a three-year residency in anatomic pathology at the NIH, a year as a medical resident at Johns Hopkins Hospital, and a year as a cardiology fellow at the National Heart Institute. From 1964 until 1993, he was head of the Pathology Section of the National Heart, Lung, and Blood Institute. He spent the last three decades of his career at the Baylor University Medical Center in Dallas.

For more than a half-century Bill was acknowledged as one of the world's leading cardiac pathologists. He authored or coauthored more than 1,600 articles, including several hundred editorials. Bill published more than 150 oral history interviews that focused on influential figures in cardiovascular medicine, surgery and science. These long interviews will be invaluable to anyone interested in the history of modern cardiology and cardiac surgery. He was editor of the *American Journal of Cardiology* for four decades and the *Baylor University Medical Center Proceedings* for three decades. In his capacity as an editor Bill oversaw the publication of more than 30,000 peer-reviewed articles. He had a passion for preventive cardiology, which was the subject of more than sixty publications.

Bill became a member of the American Osler Society in 2000. The last time I saw him was at the 2022 AOS meeting in Galveston. Shortly after that Bill learned that he had renal cell cancer. Bill had a profound impact on cardiology and cardiac surgery as a result of his sixty year career as a prolific researcher and author, an efficient and effective editor, and a dedicated teacher and mentor. A humble and gracious man, he exhibited the characteristics of a classic Southern gentleman. Bill was married to the late Carey Roberts for 34 years and had four children and eleven grandchildren.

By W. Bruce Fye
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POETRY CORNER



Sonnet XII

When I do count the clock that tells the time,
And see the brave day sunk in hideous night;
When I behold the violet past prime,
And sable curls, all silver'd o'er with white;
When lofty trees I see barren of leaves,
Which erst from heat did canopy the herd,
And summer's green all girded up in sheaves,
Borne on the bier with white and bristly beard;
Then of thy beauty do I question make,
That thou among the wastes of time must go,
Since sweets and beauties do themselves forsake,
And nothing 'gainst Time's scythe can make defence,
Save breed, to brave him when he takes thee hence.

By William Shakespeare

AMERICAN OSLER SOCIETY

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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, FAX, and e-mail address. This should be followed by a two to three sentence biographical sketch indicating how the author would like to be introduced. (This will probably be your entire introduction. Don't be modest!) The text should provide sufficient information for the Program Committee to determine its merits and possible interest to the membership. The problem should be defined and the conclusions should be stated. Phrases such as "will be presented" should be avoided or kept to a minimum. Only one abstract per person will be accepted.

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

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

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



The AMERICAN OSLER SOCIETY exists to bring together members of the medical and allied professions, who by common inspiration are dedicated to memorialize and perpetuate the just and charitable life, the intellectual resourcefulness, and the ethical example of Sir William Osler, who lived from 1849 to 1919. The OSLERIAN is published quarterly.

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