



The Oslerian

A Message from the President

Rolando Del Maestro

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Dear members of the American Osler Society:

Renee Ziemer has informed the Executive Committee that she will be leaving her role as Administrator of the American Osler Society for a new position.



Our beloved Renee Ziemer

First, I along with the members of the Executive Committee, the Board of Governors and all the members of the American Osler Society would like to thank Renee for her continued devotion to the American Osler Society and all its members and activities for the 14

years that she has been the Administrator of the AOS. "Administrator" is not the correct word since without Renee's guidance the AOS would not be the active organization it is today. The joy and devotion that Renee has brought to the position will be very much missed. Second, thank you for your decision to stay on till June to help guide the American Osler Society through the Kansas City meeting and offering to help train another individual for the position.

I have asked several of the American Osler Society members to share their thoughts concerning Renee and her contributions.

"The best decision I ever made as Secretary of the American Osler Society was to hire Renee as our administrative partner. Her impact on the Society has been tremendous and will be long-standing. Always smiling, gracious and organized, she embodies the Oslerian spirit of cultivating a "cheerful equanimity" while managing an international society, its members, meetings and publications, and the widely varied challenges associated with them. The AOS and its members are better because of Renee Ziemer." *Paul Mueller.*



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

President’s Message (Continued from page 1)

“Renee is one of the most positive individuals I have ever known. Regardless of the request or the challenges associated with it, Renee has a "can do" attitude and exhibits attention to detail that is unusual. She is a true "people person" who brings warmth and vitality to every context. She has great respect for the AOS and admiration for its leaders and members.”

Bruce Fye.

“Renee Ziemer stands out as an exceptionally thoughtful, kind-hearted, and pragmatic individual. Her unwavering positivity and equitable treatment of everyone, always coupled with a warm smile, truly set her apart. Her contributions to AOS have been not only admirable but transformative, enhancing its overall quality. God bless our friend Renee!”

Christopher Boes



Thank you, Renee

Two Fires and Approaching Flames

As I sit in front of the fire in the midst of winter in Montreal, I ponder the role that ever-changing flickering flames have had on the development of the human condition for both good and evil. From the fascination of the earliest of our homo sapiens line to the large blast furnaces that powered the industrial revolution to the sliver of fire that erupts from each gunshot that has ended the lives of so many individuals, young and old. On April 15th, 1907, a fire consumed a significant component of McGill University. Along with the structural damage, books along with many of the pathological specimens that Osler had carefully prepared, were destroyed in the blaze. All lost in the smoke of time.

Fire would again attempt to destroy another Osler legacy, the Osler Library of the History of

Medicine at McGill. On July 13th, 2018, a hundred and eleven years after the first sea of flames, fire raged on the Osler Library roof. The Osler Collection was spared but several volumes sustained the ravages of smoke and water. A consequence of this fire resulted in the inability of American Osler Society members to visit the Osler Library during the 2019 Montreal meeting. The fire prevented medical students and researchers from roaming the bookshelves of the Osler for 4 long years. An irreparable loss in the “historical memory of Osler” for almost 1000 McGill medical students. Happily, the Osler Library is now open and flourishing .



Osler Library, McGill University

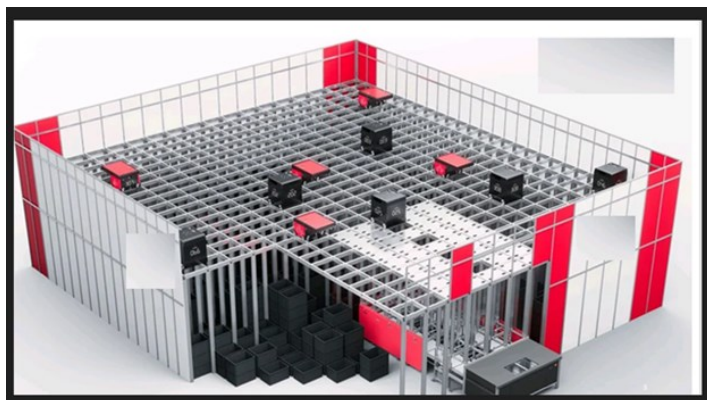
Is it really a loss to not have the opportunity to explore the many human creations housed in a history of medicine library? For the AOS meeting in Montreal, I curated an exhibition entitled *Sir William Osler’s Leonardo da Vinci Collection: Flight, Anatomy and Art*. In the exhibition volume I wrote “The Osler Library of the History of Medicine is not only a repository of quintessential books collected by one of the great doctors of his time but a cultural institution at the critical interface between medicine and the humanities. It defines the commitment of McGill to academic excellence. For generations, medical students, and students in multiple other disciplines have feasted on its knowledge. The Osler Library of the History of Medicine is one of the world’s great libraries and carries on a tradition of excellence. Each student visiting the library, surrounded by Dr. Osler’s books and in the presence of his ashes, feels in tune with the rhythm and poetry of medicine and the slow but progressive advancement to eradicate disease and make the world a better place. Between its walls one can

President's Message (Continued from page 2)

appreciate the palpable and consuming interest of the intellect of humanity and its books, delve deeply into the human condition, and understand its needs, textures, and nuances.”

My answer based on the assessment above would suggest that I, and I suspect many, believe that libraries are part of the poetry of one's medical school education and our lives that follow. Indeed, I believe that these “living” libraries are not only important but essential to one's cognitive and emotional growth.

A new, more complex and nuanced “fire” is now before those individuals interested and passionate about “living” libraries. At McGill, and many other universities, new projects are evolving that include placing millions of volumes in storage. These projects are moving ahead very quickly. Space, a luxury of librarians of the past, is lost to the future. This new book repository system involves placing volumes in square buildings housed in industrial parks many



Book Repository Building

miles from vibrant university halls.

Books placed in colored boxes wait to be retrieved by robots, “their masters” racing over their herds of volumes. They are tasked with locating a particular box containing the book requested. The process involves sending a coded message to a filing system which results in robots moving boxes to find one possessing a specific volume. Humans play a role by sifting through that box to find the requested book and preparing the book for transport by truck to the university. On book return, volumes journey back, handled again by humans placed into any available box, never to see its initial neighbors again. Commonly requested books are rewarded by being close to the top while those not called for descend into the various parts of Dante's *Inferno*, never to see light again. Rare material is handled differently and is placed on repository shelves in order that they are not damaged by continued box movement.

So, what is lost in this new robotic organism of fire? All of us have experienced the pleasure of search-

ing through the unending rows of books, huddled back-to-back on shelves to find one of interest and then mine its sisters and brothers of similar fame living close for intellectual benefit. Is this a loss of consequence? Will the delay in being able to obtain a specific volume result in students to simply deciding to ask ChatGPT for answers. Data will be forthcoming on the use of libraries utilizing these repositories. Books may no longer relate to a particular library but will simply be books in the “Repository.” Will this be a loss of cohesion and closeness? Each book will have a carbon footprint based on its popularity. Interestingly, the most desired, and one would hope, useful volumes, will have the largest carbon footprint. The most desired volume now has the most adverse environmental impact.

I have no answer to this third fire. The Osler Library has been spared from these flames. Makes one want to keep a little more “life” in the poems that are our libraries. Maybe a reasonable goal is to keep some libraries alive rather than in boxes, even big boxes. After all, robots neither laugh nor cry.

Utility of Books and Libraries in the Age of Digital Technology According to ChatGPT

In the age of digital technology, books and libraries continue to play a crucial role in society, offering unique and enduring value. Despite the proliferation of electronic media, books remain indispensable as reservoirs of knowledge, proving in-depth exploration of subjects that may be challenging to replicate in digital formats. The physicality of books fosters a tangible connection with information, promoting deep engagement and cognitive retention.

Libraries, evolving with the digital era, serve as dynamic hubs for information access. They offer not only printed volumes but also electronic resources, bridging the gap between traditional and modern learning. The curated collections in libraries provide a structured and reliable source of information, helping users navigate the vast digital landscape with discernment.

Moreover, libraries serve as communal spaces, fostering a sense of community and intellectual exchange. They are cultural institutions that promote literacy, education, and democratic access to information. Public libraries, in particular, bridge socio-economic gaps by providing free and open access to resources for people from all walks of life.

While digital technology facilitates instant access to information, books and libraries remain vital for promoting deep learning, critical thinking, and community engagement. The co-existence of traditional and digital resources ensures a holistic approach to knowledge dissemination, catering to diverse leaning preference in our technologically advanced society.

Chat.openai.com

Perhaps there is still hope if even the machines see the utility of books and libraries

Michael Malloy

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

The official conference hotel is the [Westin Kansas City at Crown Center](#), 1 East Pershing Road, Kansas City, MO 64108. It is located in Crown Center, a shopping and entertainment district adjacent to the single KC streetcar line, the National World War I Memorial, Union Station, and the Crossroads Arts District.

You can reach the hotel at (816) 474-4400 (press 1, then ask to speak to an associate).

American Osler Society Room Block

Start Date: Friday, May 3, 2024

End Date: Monday, May 6, 2024

Last Day to Book: Friday, April 12, 2024

Hotel(s) offering your special group rate:

The Westin Kansas City at Crown Center for \$189 USD per night, plus taxes

[Book your group rate for American Osler Society Room Block](#)

Other hotels in the area include:

- Home2Suites Kansas City Downtown
- Hotel Indigo Kansas City – the Crossroads

Most folks traveling from out of town will reach Kansas City through the [Kansas City International Airport \(MCI\)](#), which is situated in Missouri about 20 miles north of downtown, Kansas City. The new airport building just opened in February 2023 with thoroughly up-to-date facilities, naturally. MCI is served by several major airlines, including Air Canada, American Airlines, Delta, Frontier, JetBlue, Southwest, and United Airlines.

There is no shuttle from KCI Airport to the Westin Crown Center. The hotel suggests using a taxi or app-based ride service such as Lyft or Uber (\$25-\$60), or a shuttle service such as [SuperShuttle](#) (\$46-\$55). Additional options can be found at the [Visit KC](#) website.

For those considering rail travel, both the Southwest Chief and Missouri River Runner stop at

Union Station Kansas City—just a 4 minute walk from the Westin Crown Center. More information can be found at the [Amtrak](#) website.

For those driving, on-site parking at the Westin Crown center is \$25 per day.

Chris Crenner

AOS Local Planning Committee 2024



Westin Crown Center



Crown Center Conference Room



Negro League Museum

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World War I Museum

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	L. Geldenhuys, S. Kelen, P. Kernahan, E. Rodrigues, D. Wolf, Y. Yakobi,
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	G. Jackson, M. Malloy, R. Mamlock, B. Thompson, J. Wright
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 comprised of the 3 most recent living Past Presidents

†Chaired by the Second Vice President

#Chaired by the First Vice-President

YOUNG OSLERIAN VIEWS

Rodin and Charcot*By Mattia Rosso*

Few subjects have captured the human imagination as much as the descent into Hell. Infamous among these is Dante's *Inferno*. The gates of Hell described so poignantly by the Italian poet became an iconic artwork amongst Auguste Rodin's endeavors. Rodin's sculptures and the role of neurology within them was the topic of our November Neurohumanities event led by Dr. Cederic Pimentel from Emory. Pimentel analyzed the relationship between Art and Medicine, taking us to turn-of-the-century Paris where the renowned sculptor and neuroscience pioneer Charcot met.

The subjects of Rodin's *Gates of Hell* are depicted in plastic poses, which eschew realism to fully embrace the pain and beauty of the denizens of Dante's *Inferno*. These sculptures defy the Classical Artistic dogma of Greco-Roman beauty represented by "perfect" proportions. Pimentel showed us how this shift was informed by the drawings and early photographs of patients in the throes of hysteria. These drawings by Paul Richer expertly depicted these patients in a multitude of unnatural poses. Rodin and Charcot's works in art and science, respectively, captivated the public imagination, fueling a new understanding of and curiosity toward these neuropsychiatric disorders.



Rodin's, *The Thinker from the Gates of Hell*.

This change in public perception parallels a much larger societal power shift from the Clergy to the State and Science, which catalyzed numerous technological breakthroughs. With the birth of the modern clinic, Charcot pioneered the clinicopathological method, characterized by a thorough and complete clinical description of his patients.

The conversation took us to a reflection on our society's approach to disease. As medical providers and scientist, pathology evokes both fascination and fear. Further, de-emphasizing stigma surrounding disease is key to the healing process. While Charcot's and Rodin's time certainly contributed to an initial acknowledgement of neurologic and psychiatric disease, these stories were still told by those in power. As shown in the famous painting "*Une leçon clinique à la Salpêtrière*," the patient was still a silent bystander. A hope to have patients tell their own stories reminded our group of two fantastic neurohumanities events with artists Kate March and Priya Rama. Kate March is a performance artist and patient with endometriosis – she uses an intricate blend of dance and painting to express the pain provoked by endometriosis. Priya Rama is a patient with chronic migraines and a talented Cincinnati-based painter. She uses her art to express the auras and pain induced by her migraines. The process of sublimation is key for coping with their disorder, as well as an act of self-advocacy.

While progressive for its time, 19th-century France was very much still riddled with challenges to patient care. Charcot's conception of hysteria, though advanced for its time, was plagued with paternalism. Reflecting on the role of power dynamics, we acknowledge that we, as physicians, must remain vigilant about those who hold power as we strive toward patient-centered care. Physicians must recognize their own influence, their roles within the community, and their duties for patient advocacy.

The conversation ended with a reflection on turn-of-the-century Paris as a catalyst for the exchange of ideas between the humanities and medicine – what a masterful example of the feats achievable by this blend, which we like to call Neurohumanities.

Mattia is neurology resident at Medical University of South Carolina and is the co-developer of a neurohumanities program at MUSC.

Reframing*By Ninad Bhat*

It's midnight, and I have just told a shaken family that their nonagenarian matriarch would likely pass before the sun rose. She has had a devastating brain hemorrhage and despite being on a ventilator and other medical interventions, we already see signs

YOUNG OSLERIAN VIEWS

that it is insufficient to keep her body functioning. One of my patient's daughters does not fully understand; her mother has been hospitalized many times before and always pulled through with the support of her doctors. What was different this time? She tearfully repeats the question, again and again. Though I do have a concrete, scientific answer for her, I wonder the same thing - what was different?

I am relatively early in my training as a neurologist, but I have often found myself asking this question when delivering end of life news to my patients' families. I have come to believe the difference is less that the science has changed and more that we are intercepting people at a different part of their story. Often, I borrow from the metaphor of the hero's journey or monomyth, popularized in narratology by Joseph Campbell. The model describes how many stories from around the world follow a specific pattern. The hero or heroine receives a call to adventure, traverses an abyss of challenges, grows in some way, and then returns home transformed. It is not a perfect model, and has been justifiably criticized both for its vagueness and the cherry-picked stories Campbell drew upon to develop it. Nonetheless, it has been an apt metaphor for trials that people face, both in fiction and reality. Others have written about how the monomyth describes their own journeys as patients or med-

sis and chronic pain. I find myself using it when talking about the end-of-life.

Many people see death as the end of the journey - a return of sorts to whatever state they believe they or others will exist in once life leaves their bodies. It therefore makes sense to see death as the enemy. No one wants to see the end of their own story, let alone that of a loved one.

That night, I asked to hear about my patient's story. I asked not only because it mattered who she was or because hours of palliative care didactics recommended I do so. I asked because I have seen that allowing a dying person's family to explore their journey grants a perspective that I as a stranger cannot. It allows people to see their loved ones not as victims or losers but as protagonists, taking the next step forward. For those who see death as an ending or return home, the metaphor allows them to draw the lens back and see the whole journey rather than focus on this moment. For others, it allows them to reframe the end of life as yet another challenge that their loved one would face and pass through. The cyclical nature of the monomyth brings some people comfort as well. They can redirect the energy from their battle against grief towards a celebration of an ongoing journey.

In my case, reframing allowed me to answer the question posed by my patient's daughter. What was different this time? In this case, my patient's hemorrhage was not another challenge to overcome before returning home. This was, in fact, the return. That was what her family believed. They believed that the patient would want a palliative extubation, and chose that option to help her on her journey. Reframing her death did not make it joyous or nullify the grief. In some ways, it only magnified it. But just as the patient was passing through the stages of her journey, so too were her family members. I wondered where and when I was arriving in their stories. Was I a helper, early in their tale? Or did I represent the abyss that they must pass through, my reflex hammer a poor facade for the scythe I secretly brought into the room?

After completing his undergraduate studies at UC Berkeley, Niran Bhat matriculated to UCSF for medical school. He is currently a first year pediatric neurology resident.



The Monomyth of the Heroic Journey.

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ical professionals, especially with regards to diagno-

OSLERIAN VIEWS



Clockwise from upper left: Robert P. Hudson (1926–2014) and Robert L. Martensen (1947–2013) made local arrangements; President John C. Carson (1927–2019) enjoyed the banquet with friends and relatives in attendance; Second vice-president Chester R. Burns (1937–2006) took notes; Richard L. Golden (1929–2016) and Earl F. Nation (1910–2008) conversed outside the Clendening Library; Claus Pierach found something amusing; Kenneth M. Ludmerer and Peter E. Dans (1938–2021) enjoyed a coffee break; William S. Haubrich (1923–2012) and his wife, Eila relaxed in the Clendening Library; Paul S. Mueller (center, with John L. Granger and John Carson) gave a brilliant analysis of Osler’s study of the act of dying; brothers Barry D. Silverman and Mark E. Silverman (1939–2008) took it all in from the back row; Cristin McKenna and Chris Pittinger gave memorable William B. Bean–AOS Student Research Lectures.

Journal of an Oslerian

Memories of Kansas City, 23–25 April 2002

The thirty-second annual meeting of the American Osler Society took place on the Missouri side of the “Big Muddy” except for a visit on the last day to the Clendening History of Medicine Library at the University of Kansas Medical Center. Twenty-seven papers were presented. Each speaker received a 25-minute time slot. Especially memorable papers included Paul Mueller’s analysis of Osler’s data on the act

of dying, Herbert Swick’s paper on “Oslerized” (a musical response to Osler’s “Fixed Period” address), Philip Leon’s analysis of Robert Browning’s “Rabbi Ben Ezra,” Peter Dan’s talk on “Osler’s aphorisms as reflected in the movies,” and John Carson’s presidential address entitled “A Personal Oslerian Odyssey.”

Ten of the fifteen AOS members shown in the above photographs (the group photographs aside) have left us, and, of these, eight touched my life in important ways. Bob Hudson and Peter Dans propelled me forward as an amateur historian before I

OSLERIAN VIEWS

(Continued from page 8)

met them in person. My friendships with Earl Nation and John Carson were sufficiently close that I flew from South Carolina to California for their memorial services. I was privileged to visit with Earl Nation, Dick Golden, Bill Haubrich, and Mark Silverman in their homes, and I spent time with Chester Burns and Peter Dans in their home institutions. Other departed friends shown in the group photograph include Billy F. Andrews (1932–2019), Robert C. Kimbrough, III (1941–2010), Joseph W. Lella (1936–2020), Philip W. Leon (1944–2012), Lawrence D. Longo (1926–2016), Cynthia D. Pitcock (1933–2016), and Charles G. Roland (1933–2009). *Lacrimae rerum*.

The fifty-fourth annual meeting, scheduled for Kansas City, Missouri, 3–6 May of this year, will feature more papers with shorter time slots and, in all likelihood, a larger attendance with more demographic diversity and more students compared with its 2002 predecessor. It would be my hope that attendees will pause to honor those who went before.

Charles S. Bryan
cboslerian@gmail.com

Students and the Humanities

This edition of the *Newsletter* is highlighted by two essays that incorporate glimpses of how medical humanities affect our views of patients. Mattia Rosso, a neurology resident reviews the relationship between Rodin and Charcot suggesting how Rodin's figures in his sculpture, *Gates of Hell*, may have been informed by drawings from some of Charcot's patients in the "throes of hysteria." Likewise, Ninad Bhat, a first year pediatric neurology resident, reflects on the power of myth and how that may allow for the reframing of a patient's condition into the cyclic nature of an heroic journey.

Where do students and residents get opportunities to explore the medical humanities? A 2022 paper by Howick, et.al. reviewed curricula in 18 medical schools in Canada, 41 in the UK, and 154 in the US. Among these 56% of Canadian, 73% in the UK, and 80% in the US provided at least one medical humanities course other than medical ethics.¹ Of the courses in the US one third were compulsory. Of the non-compulsory classes the rate of solicitation was not determined. Of the courses in the US 23% related to "history." A 2021 paper by Moniz, et.al. conducted a scoping review of arts and humanities literature in medical education from 1991-2019.² They identified 769 articles related to the use of the arts and humanities in medical education. The authors conclude that their review

"demonstrate at a high level the extent, range, and nature of the published scholarship on the uses of the arts and humanities across the medical education continuum." A third paper from 2023 evaluated the medical humanities curriculum in 31 of the top-ranked medical schools in the US.³ The authors observed that "65% of schools offered 10 or more paracurricular medical humanities events annually, while 68% of the institutions had more than 5 medical humanities student organizations. While elective, non-credit courses are available, only 3 schools required instruction in the arts and humanities, and comprehensive immersive experiences in the medical humanities were present in only 29% of the schools."

Thus, it seems, according to these papers, that the medical humanities are being put forward and made available in the medical education of this new generation of physicians. Perhaps not as required course work in most cases, but made available to those students who want to indulge/pursue them. The fact that many students are taking advantage of these opportunities is made evident by the increasing number of submissions of abstracts from medical students for the AOS Annual Meeting. Of the 92 abstracts submitted this year, some 52 were from medical students or residents. It appears that at least to some extent, opportunities to think about the medical humanities are available and students are taking advantage of those opportunities.

The humanities in medical education enriches the learning experience by providing a broader understanding of the human aspects of healthcare. As Nikki Piemonte suggests, "future physicians might be brought back to themselves through a pedagogy that values the cultivation of the self, openness and humility, and a fuller conception of what it means to be a healer.cultivation of new ways of understanding and interpreting the world and the lived experiences of others can be taught—not didactically but "maieutically" - that is, by indirection, the way we learn from reading literature and poetry."

1. Howick J, Ahaio L, McKaig B, et.al. Do medical schools teach medical humanities? Review of curricula in the United States, Canada and the United Kingdom. *J Eval Clin Pract* 2022;28:86-92.
2. Moniz T, Golafshani M, Gaspar CM, et.al. How are the arts and humanities used in medical education? Results of a scoping review. *Acad Med* 2021;96:1213-1222.
3. Anil J, Cunningham P, Dine CJ, et.al. The medical humanities at United States medical schools: a mixed method analysis of publicly assessable information on 31 schools. *BMC Med Ed* 2023;23:620-31.
4. Piemonte NM. *Afflicted: How Vulnerability Can Heal Medical Education and Practice*. The MIT Press, Cambridge, MA. 2018. p.xxiv.

By Michael Malloy

Letters

Response to Pathos and Praxis

Michael Stanley, in his article “Pathos and Praxis: Seeing ourselves in the arts to better see ourselves in our patients” (*The Oslerian*, 24.3:7, 2023), addresses the important issue of the emotional relationship between physician, patient, and the act of healing. I recall that during my medical school training, as we were introduced to working in the hospital setting, we were urged to “listen to the patient.” This implied that we were not to view our patients as physical specimens, but to truly listen their personal narratives and to connect with them on a more human level. However, in practice, I observed that most physicians either remained so emotionally detached from their patients that they avoided any feelings of empathy, or were so sensitive to the suffering of their patients that they seemed to endure terrible emotional suffering themselves. Neither approach seemed optimal to me. From the patient’s perspective, the entire experience was often overwhelming, leading to anxiety, miscommunication, and negative feelings about the interaction with the healthcare system. In my later experiences as both physician and patient, I often felt that something was missing in the patient-doctor relationship.

Dr. Stanley offers a third perspective, in which the act of treating a patient is viewed from that of an external observer, which provides its own aesthetic value. This third dimension of patient care contributes an important component to the overall healing experience which may be as vital to the physician as to the patient. Empathy and listening skills may not be enough to bridge the communication gap, and do not address the ability of the patient to be an effective partner in the process. The emotional state of the patient and physician can be influenced by many external factors, including the physical appearance, manner of dress, tone of speech, physical proximity and posture, degree of privacy, ambient lighting, background noise, odor, room temperature, amount of bodily exposure, seating comfort, and the presence or absence of artwork or music. All these, and probably many other environmental aspects, play important roles in setting the stage for the act of healing, and may affect the outcome of treatment. Many of these issues concerning the aesthetics of the healthcare environment are discussed in the recent book, *Your Brain on Art*, by Magsamen and Ross.

Dr. Stanley urges us to pay attention to the beauty inherent in the healing arts. Perhaps greater

attention paid to the aesthetics of medical practice would enhance the experience and outcome for patients and physicians alike.

David S. Weinberg, M.D., Ph.D.

Reference: S. Magsamen and I. Ross. *Your Brain on Art. How the Arts Transform us*. Random House, N.Y. 2023.

Osler and My Education

By Richard Sherwood

Sir William Osler’s effect on medical education may be well put by Dr. Cushing’s dedication to his two-volume edition of *The Life of Sir William Osler*. He dedicates this work to medical students, “lest it be forgotten who it was that made it possible for them to work at the bedside in the wards.” Osler spoke liberally of this new idea in medicine and made no small noise against the laxity and inconsistency of the standards of medical education. Little separates my studies from a time when a student might enter medical school without an undergraduate degree or with varying study and labor for their years’ medical education perhaps without ever seeing a patient. It is to Sir William that my fellow students and I must give our thanks.

He has the eminence of the mighty dead, who live again in minds made better by his presence; and we strive in modern practice to temper our scientific disposition with the tender characteristics of the Nazarene. Osler’s Wisdom, not unlike that of Solomon, stands as an encomium to the devoted medical acolyte, as it might to any who comes with gray cells sufficiently plastic to withstand the stretch. I share with Sir William the thought that the perfect life may be led in a very simple and quiet way and that, to borrow from Stillé, only two things are essential: to live uprightly and to be wisely industrious. I have sought to do so such since my arrival here.

I have volunteered my time at St. Vincent’s Student clinic. It is a much-needed break from the intellectual funnel of medicine, cultivating purpose and reminding me of why I am here at UTMB. This work is important to me; it is a chance to learn at the side of my peers and faculty, cultivate a generous spirit and nurture a career founded in service, lending aid to those who need it most.

I was an active member as a freshman in my Osler society and thereafter chosen as a coordinator. It

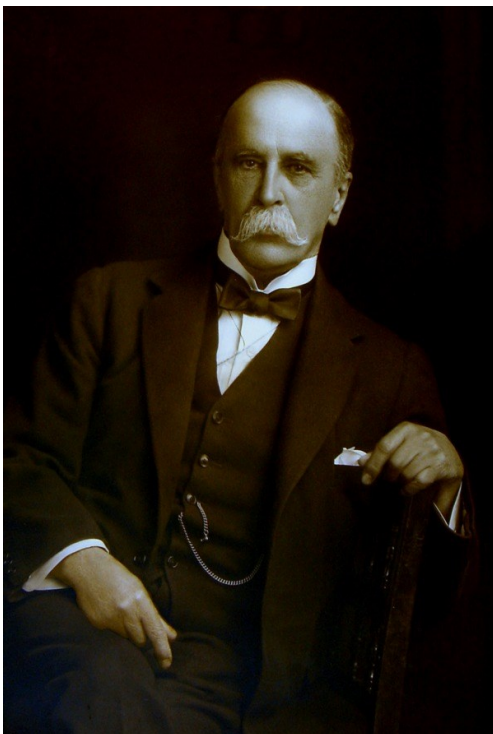
Letters and Poetry

Continued from page 10

has given my education vitality it might otherwise lack: literary scholarship and companionship within my class and the class that follows. Attendance at the Osler club meetings, whetting the historical appetite, has left me much to think on for the physicians, living and dead, who weaved the fabric that is the history of this profession and this school. How necessary it is to cultivate relations beyond my own small sphere. I have warmed my hands by the fires of other's virtue and so rededicated myself to the ongoing work.

These activities, a portion of my work, may evidence what is written on my heart: an inculcation in charity, mercy and forbearance that did not occur in a single day, or many days. Nor did it occur without the touch of others. It has been the sum of labors as a pupil in a life-long course, daily-devoted and daily-renewed. These few principles guide me to practice, to teach, to serve. Though my edition of Robbins will fall out of date and technology changes, the emotion and connection that exists between patient and privileged physician, or individual to individual, persists today as unchanged as from the Hippocratic days.

Richard Sherwood is a second year medical student at the University of Texas Medical Branch in Galveston, Texas. He did his undergraduate work at the University of Texas in Austin graduating with a B.S. in mechanical engineering. He volunteers at St. Vincents Clinic in Galveston (a free clinic for underserved) and plays the clarinet in the Galveston Healing Arts Orchestra (an orchestra composed of UTMB students and faculty).



POETRY CORNER



Photo IDs and MD Degrees

By Constance Chen

I received my first hospital badge today,
Mere months into medical school.
The shiny new plastic held my, then, shiny new joy,
A photograph taken moments after I donned that white coat.

Cupping the silly little thing in my hands,
I gaze.
I scraped at the badge with my cut nails,
Hoping to give it a more used look.
Hoping to make it look how I now feel.

Yet, vibrant eyes stared back at me.
Eyes I did not recognize.

I clipped the badge to my white coat,
Hoping no one would notice the stranger in the photo,
Took a deep breath,
And knocked to enter my OSCE room.

Smile? Check. Sanitize hands? Check.
"Hello, my name is...."

We connect, we laugh, I suddenly remember why I'm here.
My patient, though standardized, shares and trusts in me.
I extend,
Safety, vulnerability, all my effort.
The hair lifts on my arms, I am riveted.
Listening, so intently that it feels real. Let it be real.

There isn't enough time,
Crackling over the loudspeaker,
"Five minutes remaining for your interview."
I need more. Please? Tell me more. Tell me more.

"The examination is now over. Please leave the room."

"Thank you for your time", I say earnestly.
I leave the room.
As I walk past the maze of doors leading all to the same patient,
I catch a glimpse of my reflection in the window facing the cloudy day.
Oh? Hello.
There she is.

Constance Chen is a first year medical student at the University of Minnesota Medical School. She graduated with a Bachelor of Science from the University of Notre Dame where she first discovered her passion for the intersections between art and medicine. Since starting medical school, she has resolved to document her academic and personal journey through poetry to share with others. Please reach out with any questions to chen6345@umn.edu.

AMERICAN OSLER SOCIETY

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

MEETING AT A GLANCE

Friday, May 3rd

1:00-5:00 p.m.	Registration
3:00-5:00 p.m.	Literary Gathering
7:00-9:00 p.m.	Board of Governors Meeting

Saturday, May 4th

7:00 a.m.-5:00 p.m.	Registration
7:00-8:00 a.m.	Continental Breakfast
7:45-8:00 a.m.	Welcome & Opening Remarks
8:00 a.m.-Noon	General Session & McGovern Lecture
Noon-1:00 p.m.	Lunch
1:00-5:00 p.m.	General Session
6:00-8:00 p.m.	Reception University of Kansas Medical Center

Sunday, May 5th

7:00 a.m.-5:00 p.m.	Registration
7:00-8:00 a.m.	Continental Breakfast
8:00 a.m.-Noon	General Session
Noon-1:00 p.m.	Lunch
1:00-5:00 p.m.	General Session
6:00-10:00 p.m.	Reception, Banquet Presidential Address World War I Museum

Monday, May 6th

7:00-8:30 a.m.	Continental Breakfast
7:15-8:00 a.m.	Annual Business Meeting
8:00 a.m.-Noon	General Session
Noon-12:30 p.m.	Lunch
12:30-2:50 p.m.	General Session
2:50 p.m.	Adjourn



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

We're on the Web!

√ us out at: www.americanosler.org

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