DRAFT

56th Annual Meeting of the American Osler Society

IT ALL BEGAN HERE

Friday, May 1 – Monday, May 4, 2026
DoubleTree by Hilton Downtown Hotel
108 Chestnut St, Toronto, Ontario, Canada

DRAFT

A group photo at the Perram farm, a neighbor to the Oslers, in 1855 or 1856. From left to right, William, Francis, Edmund, Edward, Ellen Mary and Charlotte E Osler, with Ellen and Lydia Perram, Henrietta Gaviller, Mrs. Perram and Walter Perram. This photo was taken by Mr. Perram. *Courtesy of The William Osler Photo Collection, McGill University*.

Cover Illustrations: William Osler's early life was in Canada West (upper right). He was born in the Anglican Rectory at Bond Head in 1849 (1897 sketch, below). His parents were Reverend Featherstone Lake Osler and Ellen Free Pickton Osler (upper left). He spent his late childhood and early adolescence in Dundas, before attending boarding schools at Barrie and eventually Weston, now part of Toronto.

Image Credits: Upper right - *Sir William Osler: An Encyclope*dia, Charles Bryan, ed.; Upper left and below - The William Osler Photo Collection, McGill University.

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John Dirks
Jacalyn Duffin
Peter Kopplin
Susan Lamb
Vivian McAlister

Program Committee

John Harris Jr., Chair
Charles Bryan
Jacalyn Duffin
Ronald MacKenzie
David Wolf

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Program Schedule

Friday, May 1

1:00 - 5:00 pm Registration (Hotel Lobby)

3:00 - 5:00 pm Literary Gathering (Vancouver Room)

6:00 - 9:00 pm Board of Governors Meeting (Vancouver Room)

Saturday, May 2

7:00 am - 5:00 pm Registration (Mandarin Ballroom Foyer)

6:45 - 7:45 am Hot Breakfast (Toronto Ball Room)

7:50 am Welcome & Opening Remarks (Mandarin Ballroom)

Oh Canada!? – Moderator John (Skip) Harris Jr. (Mandarin Ballroom)

8:10 am Herding Cats? The Quebec Chapter of the Canadian Medical Association's Osler Memorial Committee - Mary Hague-Yearl (page 22)

8:30 am Sir Edmund; An Osler Brother & Health Care Building in Toronto: From Sick Kids Hospital to Connaught Labs @ U of T - Christopher Rutty (page 39)

8:50 am The History of the Toronto Medical Historical Club: an update - Peter Kopplin (page 30)

9:10 am Wicked Wounds and Wretched War: Reframing Antimicrobial Resistance through World War I Writings by Canadian Medical Personnel - Samy Amghar (Trainee) (page 9)

9:30 am BREAK

Evolution – Moderator David Wolf

10:00 am Science vs. Religion: Centennial of the Scopes Trial – Rob Stone (page 43)

10:20 am The Culture of the American Osler Society – Intelligent Design or Natural Selection? – John (Skip) Harris Jr (page 24)

10:40 am The Enduring Relevance of Osler's Pedagogy – Frank Neelon (page 38)

The John P. McGovern Award Lectureship – Moderator David Wolf

11:00 am HIV/AIDS: Science, Policy, and a 45 Year Personal Journey – Anthony Fauci

12:00 – 12:55 pm Hot Lunch (Toronto Ball Room)

Primary Sources – Moderator Charles Bryan

1:00 pm Look into My Heart: Cardioscopes, Technology, and Heart Surgery in the 20th Century -- Justin Barr (page 10)

1:20 pm The Many Lives of Dr. Ranyard West: Curare, Conscience, and Curiosity in Medicine -- Reda Hessi (Trainee) (page 25)

1:40 pm Presentation Inscriptions on Silver Objects: Primary Source Documents in the History of Medicine – Andrew Nadell (page 37)

2:00 pm A Private Practice in Baltimore: What Can Be Learned Transcribing Osler's Daybooks into a Database? – Jacalyn Duffin (page 16)

2:20 pm Quantifying the McKenzie Leucotomy: Psychosurgery in Ontario, 1941-73 - Jonathan Harper (Trainee) (page 23)

2:40 pm Tuberculosis Patient Voices from the Early Twentieth Century - Eric Story (page 44)

3:00 pm Aphasia & American Idiom: William Carlos Williams's Strokes – Michael Stanley (page 42)

3:20 pm BREAK

More Canada – Moderator Jacalyn Duffin

3:50 pm Ellen Free Pickton Osler to William Osler: The Continuum of Mentorship - Bradley Campbell (page 13)

4:10 pm Frederick Banting's "Great Idea" Pursued with Dogged Determination Precipitated the Discovery of Insulin in Toronto – Jim Wright (page 47)

4:30 pm "'You Can Tell Your Mother': Families and the Early Treatment of Diabetes Mellitus, 1922-1930 - Alyssa Firth (page 18)

4:50 pm Ernie Mastromatteo: Toronto's Champion of Global Occupational Medicine - Tee Guidotti (page 21)

5:10 pm The Duchess of Connaught Canadian Red Cross Hospital and the Beginnings of Pediatric Rheumatology - Richard Silver (page 41)

6:00 – 9:00 pm Reception, Drinks, Hors d'oeuvres, and Museum tour: The Royal Canadian Military Institute (426 University Ave) – 5-minute walk from hotel

Sunday, May 3

7:00 am - 5:00 pm Registration (Mandarin Ballroom Foyer)

6:45 – 8:00 am Hot Breakfast (Mandarin Ballroom Foyer/Mandarin Ballroom)

7:00 – 7:55 am AOS Business Meeting (Mandarin Ballroom)

Navigating Racism – Moderator Peter Kernahan (Mandarin Ballroom)

8:00 am Holistic or Radical? How James McCune Smith Redefined Health and Justice - Aditya Kandarpa (Trainee) (page 28)

8:20 am The Courage of Robert Wilson Jr., South Carolina's Osler – Charles Bryan (page 12)

8:40 am Alexis Carrel and Wound Management in WWI: The Carrel-Dakin Method, a Clinical Research Unit, and the Standardization of Wound Management - William Wood (page 46)

9:00 am Lectures to the Laity [NYAM]: with reference to Alexis Carrel – Ronald MacKenzie (page 33)

9:20 am From World War II to Post-Apartheid South Africa: A Historical Case Study of the Students' Health and Welfare Centres Organisation - Leonard Wang (Trainee) (page 45)

9:40 am Reconciling the Fallibility of Our Heroes: A Medical Student's Analysis of "'A Vile Custom'" - Katherine Sheffield (Trainee) (page 40)

10:00 am BREAK

Moments in Med Ed – Moderator Ron MacKenzie

10:20 am Photographing the Truth: Charcot's *Iconographie Photographique de la Salpêtrière* and the Mediation of Clinical Observation - Djalica Diallo (Trainee) (page 15)

10:40 am Medical & Epidemiological Uncertainty in 1800 and 2025: "Uncertainty is Ubiquitous in Clinical Medicine [& Epidemiology]" – Richard Kahn (page 27)

11:00 am Could the Johns Hopkins "Big Four" Have Been Even Bigger? - Graham Kyle (page 31)

11:20 am Osler, White, and the Re-emergence of Osler-Weber-Rendu at Johns Hopkins - Daniel Goodenberger (page 19)

11:40 am Osler's Textbook Revised – Mario Molina (page 36)

12:00 – 12:55 pm Box Lunch (Mandarin Ballroom Foyer/Mandarin Ballroom)

12:00 - 12:55 pm – Mentoring Working Group (Mandarin Ballroom)

Books and Bios – Moderator Mary Hague-Yearl

1:00 pm "The Moral Discourses of Epictetus": Sir William Osler's 1911 Christmas Gift to Dr. Julius Friedenwald: Two Friends and a Book - Sheldon Gottlieb (page 20)

1:20 pm Touring the Atlas: Maude Abbott's California Journey - Annmarie Adams (page 8)

1:40 pm Dr. Eugene Cordell and Dr. William Osler's Role in the Publication of The Medical Annals of Maryland 1799-1899 - Meg Fielding (page 17)

2:00 pm Dr. Earle P. Scarlett (1896-1982), Charter Member of American Osler Society - John Jarrell (page 26)

2:20 pm Neurologist Alexander MacLean: Winnipeg Roots, Cortisone, and Disability - Chris Boes (page 11)

2:40 pm BREAK

Neat Stuff - Closing Bell – Moderator Kelsey Klaas

3:00 pm Hitler's Architect, Albert Speer and the Führermuseum: Prologue for Celebrity - Rolando Del Maestro (page 14)

3:20 pm Incubator Baby Side Shows: The History and Future of Neonatology - Michael Malloy (page 34)

3:40 pm "The Prime Minister Receives Us at Four O'clock!" William Mayo and the Origins of the Royal Australasian College of Surgeons - Peter Kernahan (page 29)

4:00 pm "New Words Should Be Used for New ideas" and the Discovery of the Autonomic Nervous System at Cambridge University - Robert Lemery (page 32)

4:20 pm Marcel Proust's Research of Wasted Time - Vivian McAlister (page 35)

6:00 -7:00 pm Reception with pianist Saman Arfaie, McGill neurology resident (Mandarin Ballroom Foyer) – See Appendix (page 52)

7:00 - 9:30 pm Banquet and Presidential Address (Mandarin Ballroom)

Monday, May 4

9:00 am - 10:00 am Optional exhibit at University of Toronto Trinity College Archives (6 Hoskin Ave) – short taxi, Uber, or Lyft ride or 30-minute walk from hotel

10:00 am - 12:00 pm Optional exhibit at University of Toronto Thomas Fisher Rare Book Library (120 St George St) < 5-minute walk from Trinity College Archive

2:00 - 4:00 pm Optional guided discovery of insulin walking tour on University of Toronto Campus (starting point is FitzGerald Building 150 College St) – 15-minute walk from Fisher Library

Tuesday, May 5

9:00 am – 6:00 pm Optional full-day post-meeting bus tour to Bond Head and Banting House Historic Site (Registration and prior payment required)

Continuing Medical Education

Upon conclusion of this program, participants should be able to:

- Communicate with and treat patients humanely and professionally.
- Think critically about the diagnosis and treatment of contemporary diseases by learning how physicians diagnosed and treated diseases in the past.
- Incorporate into practice new research findings and treatments via the evolution of treatment of various diseases and conditions.

Intended Audience

The target audience includes physicians and others interested in Osler, medical history and any of the medically oriented humanities who research and write on a range of issues. Attendees will acknowledge the diversity of topics discussed and the spectrum of research techniques employed to investigate hypotheses, frame arguments, and draw conclusions. The themes addressed are comprehensible to all health care providers, making the content and conclusions accessible to the participants regardless of their main professional identity.

CME Accreditation and Designation Statement

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of The University of Arizona College of Medicine, Tucson and the American Osler Society. The University of Arizona College of Medicine, Tucson is accredited by the ACCME to provide continuing medical education for physicians.

The University of Arizona College of Medicine, Tucson designates this live activity for a maximum of 14.33 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Relevant Financial Relationships Statement

None of the presentations of this activity will discuss any products or services produced, marketed, sold or distributed by an ACCME-defined ineligible company. Therefore, there are no relevant financial relationships for anyone in control of content.

Touring the Atlas: Maude Abbott's California Journey

Annmarie Adams, PhD

Architectural historian Annmarie Adams is the Stevenson Chair in the Philosophy & History of Science, including Medicine, at McGill University, Montreal. She is jointly appointed in the Peter Guo-hua Fu School of Architecture and the Department of Social Studies of Medicine. Her research focuses on the cultural landscapes of homes and hospitals. She is currently writing a book on the life of physician and museum curator Maude Abbott.

This illustrated paper explores how travel shaped the late career of pioneering Canadian physician Maude Abbott (1868–1940), best known for her work on congenital heart disease and as a model curator of medical museums. While her early European trips for study and exhibition are well known, a 55-day journey to California in 1936—when she was 68—has largely escaped attention.

Drawing on her vivid diaries, I argue that this trip marked a culmination in Abbott's life and work. Although she never described it this way, Abbott's California journey was what we might now call a book tour, offering medical readers the chance to meet a beloved author. The invitations, colleagues she met, and talks she delivered closely mirrored her Atlas of Congenital Heart Disease, published just months earlier. Her hosts included several women physicians, revealing the enduring strength of gendered professional networks that sustained her career. Abbott's travels unfolded against a remarkable historical backdrop: the opening of the Oakland Bay Bridge, the abdication of King Edward VIII, and the golden age of Hollywood, where she even met Clark Gable and Myrna Loy. Through this journey, the paper shows how Abbott "toured" her Atlas across time and place—connecting medicine, mobility, and memory—and how professional women's networks linked distant geographies and lasting legacies.

Learning Objectives

1) Understand the experiences of women physicians
2) Link the history of medicine to tourism and everyday life
3) Appreciate the value of archival documents such as diaries

Wicked Wounds and Wretched War: Reframing Antimicrobial Resistance through World War I Writings by Canadian Medical Personnel

Samy Amghar

Samy Amghar is a third-year medical student at McGill University with a strong interest in global health and medical anthropology. His work explores how histories of medicine shape present-day clinical and ethical understandings. Last year, he presented his research on the first Algerian woman doctor in the Pam & Rolando Del Maestro Essay Contest. This year, as a recipient of a Molina Foundation Osler Library Medical Student Research Award, he explored how WWI inform contemporary understandings of antibiotic resistance.

Antimicrobial resistance (AMR)—the acquisition of resistance to existing drug regimens by microorganisms—is often framed as a modern problem. Yet, recent microbiology and medical anthropology research demonstrates that antibiotic resistance predates the introduction of antibiotics and was shaped by major historical events, such as World War I (WWI). For example, analysis of a Shigella Flexneri sample from WWI soldier Ernest Cable showed resistance to penicillin and erythromycin, despite the sample being collected years before their introduction.

This paper provides a fuller account of antibiosis by placing historical sources at the centre of analysis, particularly the war diaries of Canadian Nursing Sister Clare Gass. Her detailed accounts of wound infections and the challenges of wartime medicine provide an essential window into the ecological conditions under which resistance to antibiotics emerged. These diaries are complemented by medical officers' notes and WWI journal articles on the management of war wounds. Drawing on these sources, this essay argues how AMR emerged at the intersection of conflict, fragile medical systems, environmental instability, and population displacement. Gass frequently recorded how weapons, like machine guns and shrapnel from exploding shells, caused catastrophic injuries that introduced environmental pathogens deep into tissues. This concentration of heavily infected wounds in crowded wards created ideal conditions for microbial spread and genetic exchange. Her entries also highlight the limits of wartime practice: insufficient personnel, insufficient training, and scarce resources left nurses and physicians struggling against infections, fostering the emergence of resistant strains. Wartime articles recommended the use of the Carrel-Dakin solution—a sodium hypochlorite disinfectant, later shown to drive ampicillin resistance in Pseudomonas aeruginosa via expression of the MuxABC-OpmB efflux pump. Environmental conditions—flooded, unsanitary trenches and heavy metal contamination from munitions—exposed bacteria to persistent stressors, including sublethal chemical and metal exposure, which selected for strains capable of surviving harsh conditions. Gass documented cases where these conditions worsened wound infections, sometimes leading to gas gangrene or trench foot.

By analyzing Clare Gass's diary and other frontline records, this paper demonstrates that AMR must be understood as the genetic footprints of human vice. Integrating historical evidence with modern microbiology offers a richer perspective on the origins of resistance and underscores the role of conflict medicine in the history of infectious disease.

Learning Objectives

1) Analyze Clare Gass diaries and wartime records to understand WWI clinical practices
2) Connect historical and microbiological evidence to mechanisms of antibiotic resistance
3) Appreciate AMR as a process shaped by ecological and sociopolitical determinants

Look into My Heart: Cardioscopes, Technology, and Heart Surgery in the 20th Century

Justin Barr, MD, PhD

Justin Barr is an Assistant Professor of Surgery at the Ochsner Clinic where he focuses on abdominal transplant and hepatopancreaticobiliary diseases. Passionate about the history of medicine, he earned his PhD in the field and published the book "Of Life and Limb: Surgical Repair of the Arteries in War and Peace." He continues to write on the history of surgery and history of military medicine and is thrilled to join and participate in the Osler Society.

Mitral stenosis was a fatal disease. The valve ossifies, preventing blood from flowing through the heart to receive oxygen from the lungs. In the 1950s, a few pioneering surgeons attempted a solution: they would cut a hole in heart and use their finger to fracture the valve calcifications blindly. It was crude and only worked some of the time, but in an era preceding cardiopulmonary bypass, this antediluvian solution remained the only option. Surgeons recognized the limitations and searched for improvements. Just being able to see the operative field would be of tremendous benefit.

Enter the cardioscope. Invented by a pair of scientists at Washington University in the 1920s, this device resembled a mini-telescope inserted through the atrial appendage of a beating heart. It both conceptually and technically followed the ophthalmoscope, laryngoscope, otoscope, and cystoscope – all developed in the preceding decades, all designed to look inside a previously inaccessible space, and all catalyzed the formation of a surgical specialty. Unlike its predecessors, the cardioscope languished for decades until the mitral valve surgery of the 1950s created a clinical demand for the instrument. It helped. Visualizing the operative field allowed for more precise interventions. But the challenge of precisely seeing tissue through blood in a beating heart limited the device's utility. Thus, while the other scopes remain in daily use, the cardioscope was soon eclipsed by bypass machines that allowed surgeons to open the heart and try to fix any pathology through direct visualization.

Researching the invention, clinical utilization, and downfall of the cardioscope through archival collections at WashU, the Canadian National Archives, and the National Library of Medicine, this paper discusses the role of technology in medicine and especially surgery. Interestingly, the rise of robotic surgery has stimulated a return to cardioscopes. While today's devices differ from those of the 1920s, the intellectual foundation persists: how can surgeons best visualize and intervene on heart disease? The cardioscopes of yesteryear proved of limited benefit while early data on recent iterations remain mixed, but both the original manifestation and its recent recrudescence highlight surgery's abiding search for technological solutions to treat disease.

Learning Objectives

1) develop critical thinking about the nature and limits of medicine
2) understand the dynamic history of medical ideas and practices
3) to critically appraise clinical management from a historical perspective

Neurologist Alexander MacLean: Winnipeg Roots, Cortisone, and Disability

Christopher Boes, MD

Chris Boes is a Professor of Neurology and Professor of History of Medicine at the Mayo Clinic in Rochester, MN. He is medical director of the W. Bruce Fye Center for the History of Medicine at the Mayo Clinic, the designated institutional official in the Mayo Clinic School of Graduate Medical Education, and a past president of the American Osler Society.

Alexander Robinson MacLean, M.D. (1908–1977), a neurologist raised in Winnipeg who later practiced at the Mayo Clinic, made important contributions to autonomic neurology and became an early participant in one of the most influential therapeutic trials of the twentieth century. In 1940, MacLean and colleagues introduced head-of-bed elevation as a treatment for orthostatic hypotension and postural tachycardia syndrome, an intervention that remains in use today. MacLean developed severe rheumatoid arthritis in the late 1940s. He became the fourth patient to receive cortisone during the pioneering Mayo Clinic trials led by Philip Hench and colleagues. His clinical response was dramatic but temporary, with rapid recurrence of symptoms after each course and significant side effects. While on cortisone, MacLean likely completed his epidemiologic study of multiple sclerosis in Olmsted County, Minnesota, one of the earliest population-based neurology investigations and a precursor to the Rochester Epidemiology Project.

As his illness progressed, MacLean became disabled, ending his clinical practice at age 44. This premature loss of productivity curtailed what had been a promising academic career. Without his salary, his family was left financially vulnerable, requiring his wife to enter the workforce to support their six children. His later years were marked by increasing disability, repeated hospitalizations, and long-term residence in a care facility. MacLean's career illustrates the intersection of medical innovation, therapeutic limitations, and the personal consequences of chronic disease for physicians. He contributed to advances in autonomic neurology and participated directly in the earliest human trials of cortisone, while also demonstrating the impact of disabling illness in the early days of structured disability protections. His legacy is that of a physician who advanced clinical practice, but whose career and family life were profoundly altered by disease.

Learning Objectives

1) Explain MacLean's pioneering contributions to autonomic neurology
2) Discuss his experiences as one of the earliest cortisone patients
3) Examine how illness and disability shaped his career, family, and legacy

The Courage of Robert Wilson Jr., South Carolina's Osler

Charles Bryan, MD

Dr. Bryan is Heyward Gibbes Distinguished Professor of Internal Medicine Emeritus at the University of South Carolina School of Medicine. He was the American Osler Society President from 2010-11 and received the Society's Lifetime Achievement Award in 2010. His co-author, Mason Schroeder, is a second-year medical student at the University of South Carolina School of Medicine.

The Gay Nineties and the Progressive Era (roughly 1890 to 1918) in U.S. history were anything but gay and progressive for Black Americans. In 1896 the U.S. Supreme Court in Plessy v. Ferguson solidified racial segregation. That year, statistician Frederick L. Hoffman published Race Traits and Tendencies of the American Negro to the delight of white supremacists, since the data supported their "Black Extinction Hypothesis." Diseases, notably tuberculosis, would contribute to the extinction of Blacks in the U.S. within a century or two according to the social Darwinian principle of "survival of the fittest" developed by philosopher Herbert Spencer. Robert Wilson, Jr. (1867–1946), the fourth in a line of six Robert Wilsons to practice medicine in South Carolina, served as dean of the Medical College of the State of South Carolina from 1908 until his retirement in 1943 when he was the oldest medical school dean and oldest active professor of medicine in the United States. He was the de facto dean of the South Carolina medical profession, contributing, like Osler, to most aspects of medicine including public health. Wilson's role in the continuing saga of racial reckoning has been largely overlooked. Wilson used data from the Charleston Department of Health and elsewhere to: Destroy the "Black Extinction Hypothesis" by showing that mortality rates among Blacks did not justify the sweeping conclusions of some of his closest colleagues, Discredit the idea that Blacks were uniquely susceptible to tuberculosis, becoming one of the first physicians to make a strong correlation between TB and the social determinants of health, Point out that Blacks were disproportionately susceptible to kidney disease as a cause of excess mortality (he was perhaps the first physician to do so) as well as cardiovascular diseases.

His conclusions presaged current data pertaining to health care disparities. In addition, Wilson publicly acknowledged that Blacks did not receive justice in the American South (or elsewhere in the U.S.), blamed whites for Blacks' substandard housing, and pledged to keep an open mind regarding Blacks' potential at a time when nearly all white physicians and scientists (as historians such as John S. Haller, Jr., have shown) assumed Black inferiority.

Learning Objectives

1) Describe white physicians' attitudes and opinions toward Blacks from 1865 through 1904.
2) Situate Dr. Wilson's contributions to the idea of social determinants of health.
3) Provide at least three definitions of moral courage.

Ellen Free Pickton Osler to William Osler: The Continuum of Mentorship

Bradley Campbell MD

Dr. Bradley Campbell is a graduate of Purdue University (1979) and the University of Illinois Collage of Medicine (1984). Dr. Campbell presently serves as Medical Director of Home-Based Primary Care at the Veterans Healthcare Center of the Ozarks. He is active in teaching and clinical research, serving as an Adjunct Assistant Professor of Internal Medicine at the University of Arkansas for the Medical Sciences Northwest in Fayetteville, Arkansas.

My presentation examines the influence of Ellen Free Pickton Osler (1806–1907) on the formative character and philosophy of her son, Sir William Osler. Drawing on archival correspondence from the McGill Osler Library (1865–1873) and narrative evidence from Records of the Lives of Ellen Free Pickton and Featherstone Lake Osler (1915), the presentation argues that Ellen's domestic pedagogy—expressed through informal instruction, moral counsel, and community education—established the ethical and emotional framework that Osler later articulated as Aequanimitas and embodied in his leadership at University of Toronto, Penn, Johns Hopkins and Oxford.

This analysis highlights five recurring themes in Ellen's letters to her son: moral steadiness, constancy in study, gentle authority, vocational conscience, and the shaping of character through daily discipline. These themes parallel Osler's mature teachings in "Aequanimitas," "The Student Life," and "Teacher and Student." Ellen's parish-based instruction of women and girls in sewing, reading, and "social graces" is interpreted as an early model of experiential, example-based mentorship that prefigured Osler's bedside teaching and open-door intellectual hospitality exemplified by "latchkeyers" at Hopkins and "Open Arms" at Oxford. By tracing the continuity between maternal instruction and professional ethos, the presentation reframes Oslerian humanism not solely as a product of classical education or institutional culture, but as the transposition of a domestic moral tradition into modern medical practice.

The study underscores mentorship as inheritance—an intergenerational transmission of character shaped as much by the hearth as by the hospital—and invites contemporary educators to reconsider the foundational role of early relational influences in the making of humane physicians.

Learning Objectives

1) Understand the generational and situational legacy of mentorship.
2) Understand the role of maternal influence on Osler's writing and teaching.
3) Explore the foundational role of mentorship in the making of humane physicians.

Hitler's Architect, Albert Speer and the Führermuseum: Prologue for Celebrity

Rolando Del Maestro MD, PhD

Dr. Rolando Del Maestro is the William Feindel Professor Emeritus in Neuro-Oncology, Professor, Department of the Social Studies of Medicine and Director of the Neurosurgery Simulation and Artificial Intelligence Learning Centre, at McGill. His interests include the History of Medicine with a particular interest in Leonardo da Vinci. He is the Honorary Osler Librarian, Chairperson of the Standing Committee, member of the Board of Curators of the Osler Library and Honorary President of the McGill Medical Student Osler Society

In 1907 and 1908, Adolf Hitler (1889-1945) applied to a Vienna art school, the Akademie, and was rejected. In Mein Kampf, Hitler, the aspiring artist, wrote that rejection came "as a bolt from the blue." He later conceived the idea of a "German National Gallery" in Berlin with himself as director. Refocusing his vision, the Führermuseum was to be constructed in his "hometown" of Linz, Austria. He directed his architect Albert Speer (1905-1981) to design this art complex which included 36 kilometers of galleries filled with Renaissance masters obtained by Nazi raids. In 1937 Hitler appointed Speer General Building Inspector which involved demolishing neighborhoods. Labor shortages resulted in utilizing inmates from concentration camps. Speer stated: "The Yids got used to making bricks in Egyptian captivity". Appointed Minister of Armaments and War in 1942 Speer improved industrial output again employing slave labor.

Charged with "crimes against humanity" and found guilty at Nuremberg, Speer was sentenced to death, later commuted to 20 years in prison. After release he published books claiming, he was unaware of these atrocities becoming the "Good Nazi". Using letters in my collection, the above prologue allows exploration of how Speer was able to financially and personally capitalize by becoming a "Nazi" celebrity because of his relationship with Hitler. Speer, having stolen and hidden Hitler drawings including those of the Führermuseum, began selling these drawings to international collectors with his assurance of their authenticity. His intimate knowledge of Hitler allowed him to become an authenticator of Hitler's works and signature cementing his position of the guardian of the Hitler legacy. His association with the proposed contents of the Führermuseum resulted in letters in which he expounds his art knowledge of artists like Leonardo da Vinci and which paintings would grace its halls. In letters and film, he advocated for the release of fellow convicted Nazi leader Rudolf Hess (1894-1987) still incarcerated in prison and serving a life sentence. A Speer letter comments "Perhaps you'll …see an American television program about Hess, in which I also took part pushing for his release". The question that pervades this presentation involves an inquiry of how in a democracy does one guilty of "crimes against humanity" be allowed to profit from these crimes?

Learning Objectives

1) To outline Adolf Hitler and Albert Speer dream of the Führermuseum,
2) In letters profile Speer's development of celebrity status after prison release
3) To explore the complex issue of crime and profit.

Photographing the Truth: Charcot's Iconographie photographique de la Salpêtrière and the Mediation of Clinical Observation

Djalica Diallo

Djalica Diallo is a fourth-year medical student at McGill University intending to pursue psychiatry alongside graduate studies in anthropology. She is passionate about the foundational questions of medical practice, examining how we conceptualize disease and the cultural forces shaping clinical understanding. Her exploration of these themes was recognized as a winner in the 2025 Pam & Rolando Del Maestro William Osler Essay Contest. Her essay on Charcot's Iconographie explores the co-constructive relationship between medical observation and the definition of illness.

In 1876, Jean-Martin Charcot initiated publication of the Iconographie photographique de la Salpêtrière (1876–1880), a photographic atlas edited by Désiré-Magloire Bourneville and photographed by Paul Regnard. This project aimed to document la grande hystérie through photography's presumed objectivity, creating what Bourneville called a visual record freed from the “fantaisie” of artistic interpretation.

The Iconographie serves as a primary source to understand how nineteenth-century physicians sought to define disease entities through emerging technologies. Analysis of the photographic plates – particularly the canonical series of “Augustine” (Louise Gleizes), whose images of arc-en-cercle and attitudes passionnelles became famous – reveals the complex relationship between documentation and clinical recognition. Producing these images required patients positioned before cameras, careful lighting, and poses held during long exposures. The accompanying case histories by Bourneville document how specific moments were selected from extended clinical episodes, rendering fluid phenomena as reproducible images. Augustine's case history notes that "the camera likes her" and describes her as the patient "whose plastic poses and passionate attitudes have the most regularity" – demonstrating how the collaborative work between physician, patient, and photographer produced the atlas's most influential images. The published plates and text illuminate a historical process in which photography, championed as objective, became integral to defining clinical phenomena in visual terms. These standardized images created a visual vocabulary that Charcot’s students used to recognize and diagnose the disease. They functioned as diagnostic reference points, establishing a recognizable symptom pool for la grande hystérie. The Iconographie stands as documentation that both recorded clinical observations and established standards for recognizing the disease. For physician-historians, this case study illuminates Osler's emphasis on both "exactness of eye" and humility before illness complexity. The Iconographie demonstrates how Charcot and his team worked to define hysteria's symptom pool through photographic documentation – an endeavor particularly revealing because hysteria's manifestations lacked the material markers visible in other diseases. The project reveals how physicians participate in shaping the very disease entities they observe: through selecting which moments to photograph, which patients to feature, and which images to circulate, the Iconographie established what counted as hysteria's characteristic signs. Understanding this historical process enriches our appreciation of the intricate relationship between clinical observation and the definition of illness itself.

Learning Objectives

1) Analyze how the Iconographie standardized a visual vocabulary for hysteria.
2) Evaluate the clinical team’s performative role in constructing visual evidence of hysteria.
3) Relate the Iconographie to Osler’s “exactness of eye” in medical documentation.

A Private Practice in Baltimore: What Can Be Learned Transcribing Osler's Daybooks into a Database?

Jacalyn Duffin MD, PhD

Hematologist and historian, Jacalyn Duffin is Hannah Professor Emerita of Queen's University, Kingston Canada, where she taught medicine, history, and philosophy for three decades. She is the author of 11 books and more than a hundred articles and currently serves as Editor-in-Chief of Oxford Bibliographies online module for medical history.

Osler's manuscript daybooks are an almost complete daily record of the names and numbers of private patients seen over 45 years from 1874 in Montreal until his 1919 death in England. These annual paperbacks were piously bound in 14 volumes by librarian and relative, W.W. Francis. The boxed set resides in the Osler Library at McGill University. They indicate patients, their geographic locations, and payment and have been consulted by Harvey Cushing, Michael Bliss, George T. Harrell who analyzed Osler's income, and by other historians wishing to confirm a claim or a date. But they have not been examined in their entirety.

This proposal emerges from my ongoing project to transcribe the entire collection as a searchable database, using photographs kindly permitted by the Osler library where my completed database will eventually reside as a searchable index. While the entire collection documents more than 15,800 visits, this paper will analyze the 9,836 patient visits from the Baltimore years, 1889 to 1905. During that time, Osler's reputation soared, as a founder of Johns Hopkins medical school and author of a most influential textbook. Situated in the context of secondary scholarship, I will examine statistics on numbers of patients, gender, addresses, consulting colleagues, distances traveled, fees charged, and days missed for meetings, illness, and vacations. Clinical details are scant except for occasional diagnoses relevant to his new textbook. Incidentally, the study reveals some surprising and previously unnoticed contacts with politicians, titans of industry, clerics, scholars, and feminists. Beyond the new information about the practice of an elite physician, the paper also explores the potential of database methods for historical analysis.

Learning Objectives

1) To trace the evolving nature of an elite practice in late-19thC America.
2) To recognize the social and political sphere defined by an individual practice.
3) To identify the challenges and potential of database methods in medical history.

Dr. Eugene Cordell and Dr. William Osler's Role in the Publication of *The Medical Annals of Maryland* 1799-1899

Meg Fairfax Fielding BA

Meg Fairfax Fielding is the Director of the History of Medicine in Maryland at MedChi, which was founded in 1799. She has explored nearly every inch of MedChi's historic buildings in Baltimore, and the four-story stacks with its 55,000 books. She opened the MedChi Museum of Maryland Medical History, located in the Faculty's historic headquarters building. In her spare time, she teaches architectural history, and is writing her third book, one with an Osler connection.

There were two well-known librarians who played important roles in Osler's life. He hired Marcia Noyes to be librarian at the Medical & Chirurgical Faculty (Faculty) in Baltimore, and his second cousin, W. W. Francis, who curated his medical library and wrote the Bibliotheca Osleriana. However, there was a lesser known third librarian, Dr. Eugene Fauntleroy Cordell. He was Librarian of the Faculty; co-editor of the Maryland Medical Journal; and most significantly, the author of *The Medical Annals of Maryland*, 1799-1899, published in Baltimore in 1903. Osler and Cordell both loved the history of medicine and worked together on the Book and Journal Club at the Faculty. They delighted in sharing books which they'd discovered and treated them as beloved friends and long-time companions.

As the Faculty's centennial approached, Cordell was asked to write the Annals, documenting the Faculty's first century. A committee was appointed, including Osler, and subscriptions to the book were solicited. The work took years longer than anticipated and is a testament to Cordell's skill as a historical researcher that the book detailed nearly 2,400 physicians active in Maryland in the 1800s, along with a year-by-year accounting of the history of the Faculty. *The Annals*, which was intended to cover its own costs, ended up having a deficit of several thousand dollars. Printing the nearly 900-page book was expensive, and Harvey Cushing writes that Osler made up the difference of the printing. It was Osler's intention that the sales of the Annals be used to support Cordell. Osler always regretted that the low volume of sales was not a great financial reward for Dr. Cordell. As an acknowledgement of Cordell's extensive research, Osler commissioned a portrait of Cordell by the artist known as Dieterich. The painter posed Cordell in academic robes, with his hand on the *Annals*, his magnum opus. *The Medical Annals of Maryland* has been digitized and is still used by medical historians to research the evolution and history of medicine in Maryland.

Learning Objectives

1) Explain Cordell's role in documenting the history of medicine in Maryland.
2) Name three librarians who played a key role in Osler's legacy.
3) State Osler's role in the publication of the Annals

“‘You Can Tell Your Mother’: Families and the Early Treatment of Diabetes Mellitus, 1922-1930”

Aly Firth BA History; MA History

Aly Firth is a historian of Canadian gender, sexuality, and disability. Firth earned a master’s degree at Wilfrid Laurier University in 2025, where they focused on masculinity in the First World War Canadian Expeditionary Force, highlighting how disability and wartime female impersonation shaped gender. Firth also focuses on the history of disease treatment in Canada during the twentieth century.

Before the first successful treatment of diabetes with purified insulin in 1922, families faced the reality that their child’s diagnosis of diabetes mellitus was fatal. The only available treatment was exercise and starvation, ridding the urine of glucose. However, the synthetization of insulin, which allows the body to properly process glucose, gave newfound hope to families that their child could survive. The literature examining diabetes in the early-twentieth century remains limited, mainly focusing on the discovery of insulin and the affordability of treatment. However, family perspectives have been overshadowed by figures such as Frederick Banting, J.J.R. Macleod, and Eli Lilly, Jr.

This paper examines the relationship between Dr. Frederick Banting, his patients, and their families. As children began to receive treatment, parents, uncles, and other family members wrote to Dr. Banting, describing their child’s experience with diabetes and the course of their treatment. Using archival correspondence, this paper investigates how family members understood the process of treatment in the early years following the successful synthetization of insulin. Dr. Banting’s treatment of his patients offered family members with more affordable care options for families who were struggling to afford medical care. These letters also reveal how Dr. Banting’s affordable care offered families a sense of relief after being previously informed that their child’s disease was fatal.

Learning Objectives

1) Understand relationships between doctors and patients in early stages of disease treatment.
2) Discuss how class impacts access to new medical treatments.
3) Recognize the emotional labour of diabetes treatment.

Osler, White, and the Re-emergence of Osler-Weber-Rendu at Johns Hopkins

Daniel Goodenberger M.D.

Daniel Goodenberger is professor of medicine at Washington University in St. Louis. Trained in pulmonary and critical care, his super-subspecialty interests are in neuromuscular pulmonary disease and pulmonary vascular disease. He founded two HHT centers of excellence, first at Washington University and the second at the University of Texas Southwestern.

William Osler's initial paper on the syndrome was published in 1901, though he described it in the 1899 edition of his textbook. He published 2 additional papers and touched on it briefly in subsequent editions of his textbook. Publications "discovering" the priority of Babington and Rendu give the impression that this was not known to Sir William, but his paper makes clear that he was aware of their papers. It has not been possible to identify the first use of the eponym, or whether it was used before Osler's death, but it is clear that Dr. Weber was not in favor of eponymous designation either with his name or with that of Dr. Hyman Goldstein, who lobbied rather strenuously for recognition under his name.

Little progress was made in understanding or treating the disease for nearly 80 years after its description by Osler until the fortuitous involvement of another Hopkins physician, Robert I. White. Trained in medicine on the Osler service and as a cardiologist at Hopkins and UCSD, his career progressed as one of the earliest interventional radiologists. His interest and contributions in embolotherapy led to a renewed interest, and he created the first HHT center of excellence. His work contributed directly or indirectly to the creation of the HHT foundation, treatment of the single largest cohort of patients, the international scientific board, the elucidation of the genetic bases of the disease, and the establishment of 23 international and 32 North American centers of excellence. The author will discuss this from his point of view as the founder of two of these centers and as a physician who has treated more than 500 patients with the disease.

Learning Objectives

1) Understand the history of the discovery and description of HHT
2) Understand the nature and causes of advance stagnation for nearly 80 years
3) Understand the contributions in understanding and treatment of HHT by Robert White

"The Moral Discourses of Epictetus": Sir William Osler's 1911 Christmas Gift to Dr. Julius Friedenwald: Two Friends and a Book

Sheldon Gottlieb MD

Sheldon Hersh Gottlieb, M.D., F.A.C.C., is Associate Professor of Medicine Emeritus, Department of Medicine, The Johns Hopkins University School of Medicine. He has published highly cited articles in the fields of electrophysiology, team management of heart failure, and palliative care in heart failure. His photography, which illustrates an appreciation of caring in the practice of geriatric medicine, may be accessed at: https://frailtyscience.org/gottlieb-gallery-aging-caring-dignity/#1.
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In 1975, I stopped at the Poe Bookstore, just around the corner from the Johns Hopkins Hospital. When I asked the proprietor if he had any books about Dr. Osler, he enthusiastically pulled out from under the counter – as if waiting for someone to request it – a small pale green book: "The Moral Discourses of Epictetus". Inscribed on the book's title page, in Osler's distinctive hand, was: "With Xmas greetings from WmOsler 1911". On the front endpaper was the bookplate of Osler's friend, Dr. Julius Friedenwald. The Hebrew motto at the top of the bookplate, flanked on the left by the Shield of David and on the right by the Bowl of Hygeia, was from Proverbs 12:18: "לְשׁוֹן חֲכָמִים מַרְפֵּא" ["Words of the wise heal"]. The central image depicted the Talmud's chapter regarding the obligation to visit the sick: Here, the visitor is Asclepius, the god of medicine. He stands at the right side of an invalid's bed, feeling the invalid's pulse with his left hand and warding off the Angel of Death with a serpent-entwined rod in his right hand.

When Osler left Baltimore for Oxford in 1905, he bequeathed the desk at which he wrote the "Practice of Medicine" to Friedenwald, who donated the desk in 1935 to what is now the Osler Textbook Room in the Johns Hopkins Hospital. Friedenwald's legacy includes the Julius Friedenwald Medal, the highest honor bestowed by the American Gastroenterological Association. Friedenwald also was a founding trustee of Princeton's Institute for Advanced Study, where scientific and technical discoveries were made that helped bring an end to WWII. This little green book, "The Moral Discourses of Epictetus", is a unique artifact. It spans the arc of Osler's life and philosophy, from the biblical motto on Friedenwald's bookplate, through Epictetus and Stoicism, to the year of 1911 when he became a Baron, to his friendship with Dr. Friedenwald, and the end of WWII. Although Epictetus is the 6th of 10 authors in Osler's bed-side Library for Medical Students, I understand that there is currently no volume of Epictetus in McGill's Osler Library of the History of Medicine. This book will now find its place in Osler's cherished Bibliothèque.

Learning Objectives

1) Understand the centrality of friendship in the life of Sir William Osler
2) Appreciate the role of Julius Friedenwald, M.D., in preserving the "Oslerian Tradition."
3) Appreciate how bibliophilia helps to preserve the cultural heritage of medicine

Ernie Mastromatteo: Toronto's Champion of Global Occupational Medicine

Tee Guidotti MD MPH DABT FRSC

Tee Guidotti is a Fellow of the Royal Society of Canada and a retired professor of occupational and environmental medicine in Canada and the US.

Few protected so many people at high risk from harm for so long as Ernest Mastromatteo (no middle name), 1923 - 2016. Ernie had a long career as a practitioner, teacher, and thought leader in North America, the World Health Organization, and worldwide. His story is one of steadfast commitment to protecting workers and their families and putting occupational health standards on a scientific basis against relentless pressure to weaken standards and politicize the process. Uncountable workers and their families worldwide owed their lives and security to his work to reduce the risk of fatality, acute toxicity, and especially chronic disease, including cancer. Ernie's global leadership was crucial to deriving protective, evidence-based occupational exposure guidelines through a systematic evidence-based process based on toxicology and epidemiology and moving away from fragmentary data and anecdotal case studies, often extrapolation from fatalities, and setting actionable risk-based guidelines that are reliably protective of worker health. This took on new urgency when, after its creation in 1970, regulatory standards adopted by the new Occupational Health and Safety Administration (OSHA) became widely recognized as already inadequate, obsolescent, and often inadequately protective.

From 1986, when he assumed leadership of the Threshold Limit Values Committee (TLV©) of the American Conference of Government Industrial Hygienists (the misleading name of which has had unintended consequences), he became the pivotal figure in a parallel universe of alternative and more protective guidelines. Leading companies often adopted TLVs as contractual requirements for contractors and vendors. TLVs have been highly influential worldwide, probably more so than OSHA standards. Ernie's legacy placed occupational health protection squarely in the domain of evidence-based public health rather than labor-management negotiation.

The tragedy of Ernie's career was that this commitment to excellence and evidence almost became his undoing. He took a position as a corporate medical director expecting to be given a free hand in creating a model occupational health service in industry by virtue of his reputation. That independence disappeared overnight when senior management changed. Throughout it all and in the face of professional disappointment, he demonstrated aequanimitas.

Learning Objectives

1) Give five reasons why occupational health and safety standards are contentious.
2) Describe evidence-based risk models and their similarity to predictive PBPK models.
3) Explain why naming matters for professional organizations and their mission.

Herding cats? The Quebec Chapter of the Canadian Medical Association's Osler Memorial Committee.

Mary Hague-Yearl MPhil, MA, PhD, MLIS

Mary Hague-Yearl is the Head Librarian, Osler Library of the History of Medicine, a position she has held since 2017. Prior to that, she was Archivist at Wellesley College in Massachusetts. She trained as a historian of medicine at Cambridge and Yale.

On November 18, 1927, Maude Abbott sent a letter to J. Heurner Mullin, Chair of the Osler Memorial Committee of the CMA (Canadian Medical Association). Her letter makes clear that she wanted to ensure that the Quebec Provincial Unit of the Osler Memorial Committee would contribute substantially to a national effort to honour the late Sir William Osler. Chief among Abbott's complaints to Heurner was that Léo Pariseau, member-elect who was behind efforts to recruit interest from the francophone community, had yet to receive any reports from the national committee. This exchange was one of many over the next couple of years that reflected a degree of anxiety about the involvement of Quebec in the celebration of William Osler. The Quebec unit of the CMA's Osler Memorial Committee was responsible for organising the first Osler Oration, to be delivered at the 1929 meeting of the CMA in Montreal. Despite this key role in inaugurating the memorial, archival records indicate that the Committee's work did not always go smoothly and that many discussions centred around a perceived lack of involvement by members of the medical profession in Osler's adopted province of Quebec, especially in contrast with the province of his birth, Ontario.

Via the lens of the Osler Memorial Committee, this paper will look at the legacy of Osler in the decades immediately following his death, including consideration of his standing in anglophone and francophone communities. The work of the CMA's Osler Memorial Committee will offer a lens by which to examine Osler's legacy in Canada beyond the close network of his former colleagues and students.

Learning Objectives

1) To describe how community politics influenced celebrations of William Osler within Canada.
2) To appreciate currently underutilised resources about the history of the medical profession.
3) To understand the role of Quebec's francophone community in commemorations of Osler.

Quantifying the McKenzie Leucotomy: Psychosurgery in Ontario, 1941-73

Jonathan Harper MA History of Medicine

Jonathan Harper is a PhD Candidate in History of Medicine at McGill University. His work focuses on the histories of surgery, psychiatry, and clinical transitions in 20th century Canada.

Most published work on the origins of North American psychosurgery has focused on the United States, with only a handful of published articles and book chapters discussing the Canadian context. Yet Canada was an active participant in this global surgical technique. This talk will use new archival materials from across the province of Ontario to analyze the extent and nature of lobotomies within that jurisdiction from 1941 to 1973. These findings contribute to a growing international interest in lobotomy as a phenomenon whose scope extended well beyond the United States.

Rather than focusing on the procedure's emergence – which is already well-trodden ground within the global literature – the emphasis will be on gaining an appreciation for features of the procedure's broader clinical lifespan. Particular attention will be paid to aspects which rendered the Ontario lobotomies distinct from their American counterparts, as well as the extent to which the procedure evolved over time to suit the needs of local clinical conditions. In particular, lobotomies in Ontario were a strictly neurosurgical procedure linked to the work, teaching, and professional network of leading Toronto neurosurgeon K.G. McKenzie, which contrasts with the work of American neurologist Walter Freeman in promoting the procedure among general surgeons and psychiatrists.

In addition, several observations which can be drawn from the Ontario context raise important questions about the ways in which medical historians have accounted for lobotomy's decline in the United States and elsewhere. In particular, lobotomy in Ontario had an impressive longevity sustained by active clinical enthusiasm and procedural refinement, rather than simply institutional inertia. The fact that the surgery's lifespan extended nearly two decades after the introduction of chlorpromazine suggests that a simple narrative of binary substitution – whereby major tranquilizers rapidly supplanted lobotomies due to their clear clinical superiority – cannot fully account for the procedure's endurance.

Learning Objectives

1) Describe what distinguishes Ontario lobotomies from those in the U.S.
2) Rethink assumptions about what processes inform clinical transitions.
3) Challenge simplistic myths about defunct clinical practices.

The Culture of the American Osler Society – Intelligent Design or Natural Selection?

John Harris Jr MD, MBA

Dr. John (Skip) Harris Jr. is the Vice President of the American Osler Society. Skip has worked as a general internist, a managed care medical director, and CEO of an online continuing medical education company. He is the author of two published medical biographies. He was inspired to think about the AOS in Darwinian terms by a visit to the Galapagos Islands.

Historian Michael Bliss described the American Osler Society as a "fan club cum learned society" in 2001. Was this a fair description of AOS culture? If so, is it still accurate? Is the AOS cultural identity predetermined by its founders' "intelligent design" or is it evolving, perhaps following Darwinian principles of natural selection?

Stanford anthropologist William Durham argues that human cultures change in ways that mirror biologic evolution, meaning they are not static and they preserve features that offer survival advantages. With apologies to Durham's scholarship, I studied the cultural evolution of the AOS from 1971 to 2025 by examining its annual programs and changes in governance. I looked for measures of AOS "exclusivity," "fan club," and "learned society," as reflected in the types, volume, and presenter categories of oral presentations. I also studied changes in its bylaws and reviewed previous discussions of AOS culture.

There is clear evidence of evolutionary trends, suggesting a shift from "fan club" to "learned society." There are now far more oral presentations per meeting, and these presentations have moved from Osler minutiae and hagiography to broader topics. During the first 10 years there were 64 presentations and 81% mentioned Osler. During the most recent 10 years (excluding 2020) there were 545 presentations and only 30% mentioned Osler. As the AOS has downplayed Osler-worshipping over time, it has become less exclusive. Students gave no presentations in the first 10 years and 119 (22% of total) in the most recent 10. Bylaws changes also demonstrate organizational cultural evolution. The original AOS membership was limited to 75 notable and prestigious persons "…united by a common purpose of keeping alive the memory of William Osler and keeping ourselves vigilantly attentive to the lessons found in his life and teaching." The current membership is open to all, "physicians, medical historians, members of related professions, and trainees united by the common purpose of keeping its members vigilantly attentive to the lessons found in the life and teachings of William Osler."

The AOS' organizational focus has evolved from Osler-worshipping to Osler value-pushing. This is manifested by looser membership requirements and member-supported financial incentives for student projects that demonstrate and promote Oslerian values.

Learning Objectives

1) See changes in AOS culture as successful adaptations to environmental pressures.
2) Apply cultural anthropology to medical organizational development.
3) Help decide future directions for AOS growth.

The Many Lives of Dr. Ranyard West: Curare, Conscience, and Curiosity in Medicine

Reda Hessi

Reda Hessi is a second-year medical student at McGill University with a passion for the humanities. A 2024 recipient of the Molina Foundation Osler Library Medical Student Research Award, he presented his work at the previous AOS meeting. As one of the inaugural recipients of the Bernadett Family International Medical Student Scholarship, he conducted research in the United Kingdom, notably drawing on the rich collections in the history of medicine at the Wellcome Collection in London.

Curare, an ancient Amazonian paralytic arrow poison, has long been familiar to Western researchers. Aside from scattered attempts to find clinical purpose, it was relegated to animal research. However, in the late 1930s, clinical interest was rekindled with improved understanding of its pharmacological and physiological properties.

At the center of curare's clinical emergence stands the often-overlooked Dr. Ranyard West (1900–1986), whom Sir Henry Dale described as "largely responsible for arousing interest in the subject." Letters, journals, and personal notes consulted at the Wellcome Collection (London, UK) reveal a colorful, unconventional figure. Initially a general practitioner at the Seamen's Hospital in London, West turned to treating "neurological tetany" In 1931. After administering curare to parathyroidectomized dogs, he reported the abolition of tetany without paralysis—what he termed the "lissive effect". His attempts to reproduce these results in patients with spastic disorders were thwarted by the heterogeneity and scarcity of curare.

At the time, curare of various formulations circulated through non-standardized, often colonial channels. Expeditions for raw material proved difficult and old samples were frequently reused. West's efforts to obtain reliable specimens and establish Amazon contacts exemplified the chaotic scramble for material that preceded biochemical standardization. His work catalyzed new efforts and dovetailed with bench research – then the general approach in the UK. Notably stimulating his collaborator, Harold King, to isolate the alkaloid d-tubocurarine. West's unorthodox public appeals for tetanus patients in extremis and failed human trials attracted sensational headlines such as "Death's Door Doctor Strikes Again."

Disheartened, West abandoned curare research by 1937 and turned toward psychiatry and psychoanalysis. He found his niche in social psychology, writing on the psychological origins of war and the necessity for an impartial world government. A conscientious objector during World War II, he later embarked, after a short-lived political career, on a transatlantic lecturing tour and explored psychosomatic medicine. In his final years, West returned to his unfinished business with curare, seeking in the alkaloid diaboline the key to the elusive lissive effect – with inconclusive results.

West's work illuminates how access to material and institutions shape medical discovery. He embodied a rare intellectual breadth and a restless, enterprising spirit, inviting reflection on the value of wide-ranging curiosity in an era of increasing subspecialisation.

Learning Objectives

1) Reconstruct Dr. Ranyard West's role in curare research.
2) Examine West's wide-ranging pursuits spanning physiology, clinical medicine, and psychology.
3) Reflect on the value of curiosity and interdisciplinarity in medicine.

Dr. Earle P. Scarlett (1896-1982), Charter Member of American Osler Society

John Jarrell MD, FRCSC

Robert J Lampard MD, MSc, MBA, is an Adjunct Professor of Community Medicine at the University of Alberta and the University of Calgary. He is author and co-author of books and articles on the University of Alberta and the University of Calgary Faculties of Medicine and Alberta's Medical History. John Jarrell, MD, MSc, FRCSC is Emeritus Professor of Obstetrics and Gynecology, University of Calgary and Author of The Biography Dr. Robert Battey, Who Removed Ovaries to Treat Women's Pain.

Earle P. Scarlett (1896-1982) was a prominent Canadian physician recognized for his work as a medical specialist but also for his life of writing and contributions to Canadian health care and advanced education. Graduating from medical school at the University of Toronto in 1924, he worked briefly in Iowa and moved to Calgary, Alberta in 1930, where he joined the Calgary Associate Medical Clinic and became the first physician in western Canada with an ECG machine.

He initiated The Bulletin of the Associate Clinic on Medical History; the first medical history journal in Canada (and the only one before 1980). The Bulletin ran continuously from 1936 to 1958, with a monthly run of 1000-3000 copies. On retirement, he had authored 66 articles in and edited 88 editions of The Bulletin. Scarlett was a lifelong student and writer of medicine and the humanities, with more than 450 career publications in his personal bibliography. He published articles in the Canadian Medical Association Journal and wrote the Zebulun column for the Archives of Internal Medicine in close association with the editor, William B. Bean for six years. Charles G. Roland, a charter AOS member, edited the book “In Sickness and In Health”, an anthology of twenty-two of Scarlett’s prior publications. A lifelong Oslerian at heart, Scarlett became a Charter Member of the American Osler Society in 1971. Later honors included a biography by F. W. Musselwhite, naming the Earle P. Scarlett High School in 1970 and induction as the Chancellor of the University of Alberta 1952-58.

Our presentation is based on access to abundant primary historical sources, including an extant commonplace book that served as a source of material for his ideas, quotes and references. Using Scarlett’s writings, we will show that the works demonstrate a wide scope of interests in the human condition with a reflective tone, dignity for the patient and doctor alike, exploration of moral issues in health and disease and a celebration of human endeavour in the arts. It is evident Scarlett’s writing style was a true avocation, patterned after Osler and profoundly humanistic.

Learning Objectives

1) Name the first medical history journal in Canada
2) Define Scarlett's commonplace book of 1800 entries
3) Analyze Scarlett's writing from a humanistic perspective

Medical & Epidemiological Uncertainty in 1800 and 2025: “Uncertainty is Ubiquitous in Clinical Medicine [& Epidemiology] . . . "

Richard Kahn MD

Richard Kahn, a retired internist, is the author of "Diseases in the District of Maine 1772–1820: . . .", Oxford University Press, 2020. His present manuscript, "Noah Webster, Proto Epidemiologist: Pedant, Pestilence, Politics,” is being reviewed by a publisher. He is an Oslerian Octogenarian and former AOS president. He has been Patty’s husband for 60 years so far. They live in midcoast Maine, USA.

The quotation, “Uncertainty is Ubiquitous in Clinical Medicine [& Epidemiology] . . . uncertainty cannot be eradicated from clinical practice [or epidemiology] . . .” comes from an article by J. S. Ilgen and G. Dhaliwal entitled "Educational Strategies to Prepare Trainees for Clinical Uncertainty." It was published in the New England Journal of Medicine on October 23, 2025, and it made me think about Noah Webster and uncertainties related to the cause and prevention of yellow fever and the associated benefits and risks of quarantine.

The terms certainty and uncertainty appear 26 times in his 1799 "Brief History of Epidemic and Pestilential Diseases." Webster, a Federalist editor and author, was trying to make sense out of the medical, social, economic, and political ramifications of quarantine. Although he did not think quarantine was useless, he did believe that cleaning up the cities would be a better way of decreasing morbidity and mortality than quarantining ships. Many others, such as Dr. William Currie, were certain that quarantine was the best approach. Writing to Currie in 1797, Webster said, “Is it not an obvious truth, that human life is constantly a victim to the ancient and absurd mode of building cities, and that this evil, annually preying on our citizens, is infinitely more destructive than imported diseases? Yes, no doubt; the crowded manner of living in cities destroys fifty lives, to every one that falls prey to imported infection. . . The principal source of danger is at home, it is in our cities; at our doors, and in our houses,” though epidemics caused more social disruption over a short period.

Paraphrasing comments on uncertainty by Ilgen et al: Teachers can help students and practitioners handle uncertainty by discussing its sources and types, including epistemic (in which information can reduce uncertainty), and aleatoric (in which outcomes are inherently variable). This approach helps students to understand, manage, and communicate uncertainty. There are many medical procedures that were once considered of “certain” benefit and were subsequently disproven. Controlled studies and humility are required regarding what is fairly well proven and not so well proven. Terms such as “rare,” “common,” and “unusual” are safer and more appropriate than absolutist terms such as “never” and “always.”

Learning Objectives

1) Describe two sources of uncertainty: epistemic and aleatoric.
2) Did Webster feel YF quarantine was less useful than cleaning up cities?
3) What can a Swan song teach us about certainty?

Holistic or Radical? How James McCune Smith Redefined Health and Justice

Aditya Kandarpa BS

Aditya Kandarpa is a first-year MD/MPH student at The University of Texas Medical Branch at Galveston. He received his Bachelor's of Science in Biology at the University of Texas at Dallas, where he also studied societal prejudice and healthcare policy. He is engaged in voter empowerment and aspires to improve healthcare provision through continued advocacy as a future physician.

James McCune Smith (1813-1865) is best known as the first African American to receive an M.D., and as a prominent Antebellum abolitionist, but he also practiced “medical abolitionism:” the idea of using medical knowledge to counter inaccurate pseudosciences that justified racism and slavery.

Born enslaved and freed at age 14, Smith excelled academically but was excluded from American medical schools. He studied at the University of Glasgow for his BS, MA, and MD (1832-1837). He returned to his hometown of New York City to combine his medical expertise with social critique to produce humanistic essays and lectures that challenged phrenology and other pseudosciences. In 1837, Dr. James Macdonald attributed high mortality at the Colored Orphan Asylum (COA) to “the particular constitution” of African Americans. Smith refuted this claim through statistical analysis and soon became the institution’s attending physician. When mortality rates later decreased, he recognized that this reduction was greater than what could be attributed to his interventions. He traced the issue to a policy against admitting sick children to the COA and successfully proposed - and oversaw the creation of - a hospital for “colored orphans.” Smith also utilized epidemiological statistics to refute bias-driven interpretations of health data regarding medical outcomes for African Americans. In 1840, when Secretary of State John Calhoun cited census data to claim enslaved people were healthier than freedmen, Smith exposed methodological errors and instead linked poor health to socioeconomic disadvantages. He also identified systemic poverty and alcoholism - and debunked race - as social determinants of health. His New York Journal of Medicine publication on opium’s effects on menstruation was the first scientific paper in a major medical journal by a Black physician, addressing social bias against prostitutes in medicine. Yet, systemic exclusion limited his access to mainstream medical societies, forcing him to publish largely in smaller medical and abolitionist periodicals - many rediscovered only recently by medical historians.

These papers serve as key primary sources for this project. Smith exemplified Oslerian values - holistic care, compassionate medicine, and social responsibility - decades before they were articulated. An analysis of how he integrated evidence-based science with moral advocacy demonstrates how physicians can challenge cultural prejudice and identify social determinants of health, improving medical care from within and beyond healthcare environments.

Learning Objectives

1) Compare Smith's epidemiological analysis strategy with contemporary public health research approaches.
2) Evaluate the medical implications of prominent societal biases towards populations.
3) Examine the reciprocal relationship between Smith’s medical work and his abolitionist activism.

“The Prime Minister Receives Us at Four O’clock!”: William Mayo and the origins of the Royal Australasian College of Surgeons

Peter Kernahan MD PhD

Dr. Kernahan is an adjunct associate professor of surgery at the University of Minnesota where he has taught in the Program in the History of Medicine. He is the chair of the History and Archives Committee of the American College of Surgeons and co-author of "A Century of Surgeons and Surgery: The American College of Surgeons, 1913-2012."

In 1925, William J Mayo and Franklin H Martin, respectively the past president and the executive director of the American College of Surgeons (ACS), traveled to New Zealand and Australia. They were accompanied by their wives and two other couples. The purpose of the voyage was to attend the British Medical Association meeting in Auckland and then visit leading surgeons in the major cities of the two countries. These international exchanges featured prominently in the lives of elite surgeons of the time. For Mayo and Martin, this was their second international trip together – the first having been to South America in 1921. Martin, a born proselytizer, sought to engage international surgeons with the ACS and spread his gospel of hospital standardization. For Mayo, it was an acknowledgement of his stature as an internationally renowned surgeon and, at 64, a respected elder statesman. In addition to their surgical colleagues, the pair were received by the Governors-General, Prime Ministers, and other dignitaries of both countries.

The trip produced, in addition to many happy memories, three significant results. It strengthened ties between the surgical communities of the three English-speaking nations. It led to the secondment of Dr. Malcolm MacEachern, head of the ACS hospital standardization program, to the NZ Ministry of Health and then to the Victoria, Australia, state government to report on hospital services. Finally, and most lastingly, it served as a catalyst for the creation of the Royal Australasian College of Surgeons in 1927.

Learning Objectives

1) Understand the significance of international exchanges in the history of surgery
2) Understand the early history of hospital quality improvement in the international context
3) Understand the role of contingency in the creation of surgical institutions

The History of the Toronto Medical Historical Club: an update

Peter Kopplin MD FRCPC

Peter Kopplin graduated from the University of Toronto Faculty of Medicine in 1963. Following internal medicine training, he taught and practised in the faculty. He has authored On Call in the Heart of the City and co-authored Making History: Toronto Medical Historical Club 1924-2018. He has been the secretary of the club since 2009.

The Toronto Medical Historical Club (TMHC) has existed for 101 years. Its first meeting on a cold, January evening in 1924 was in the living room of a Tb specialist's home. Until recently the living room venue constrained the size of the club. While not officially an Osler Club, the spirit of Sir William has deep roots in it. Members gathered pinewood from the remains of the manse of his birthplace and fashioned gavels. The club erected a cairn in 1963 in honour of Osler on the same site with financial support from the AOS. The cairn required repairs in 2012, and the club could only muster up 400 dollars. Once again, the AOS filled the financial gap. Members over the years have included Sir Frederick Banting, Dr Arthur Gryfe, and historian, Professor Michael Bliss.

In this century, the club has ventured further into the public square. At the time of its 500th meeting, a scientific symposium marked the occasion. The invitations went out to the public. Two larger historical symposiums organized by the TMHC took place on the centennial anniversaries of the discovery of insulin and the subsequent awarding of the Nobel Prize. Arising from presentations came a greater recognition of the role of J.J.R. Macleod in insulin's discovery. The public square enlarged when the club responded to an invitation to a University of Aberdeen hosted symposium in Aberdeen, Scotland that paid tribute to Professor Macleod. Marking the occasion was the unveiling of historical plaques at the public park site of statuary honouring Macleod.

Learning Objectives

1) Understand the growth trajectory of a small medical history club
2) Appreciate the possibilities of moving medical history into the public square
3) Consider and meditate on the value of medical history clubs

Could the Johns Hopkins ‘Big Four’ Have Been Even Bigger?

Graham Kyle MB, FRCSEd

Graham Kyle is a retired ophthalmic surgeon interested in medical and social history. He was President of the Osler Club of London, 2019-2021 and President of the History of Medicine Society of Wales, 2022-2023.

The ‘Big Four’: Osler, Kelly, Welch and Halstead, made a great contribution to medical education and practice as foundation professors at the Johns Hopkins medical school. Could their influence have been greater with different personnel?

Halstead was not first choice for the chair of surgery and was only offered it after William Macewen of Glasgow had declined the offer. Macewen had an impressive list of achievements in his career to date. He had moved on from the antiseptic surgical practice of his teacher, Joseph Lister, to using an aseptic technique. He described osteotomy to correct lower limb deformities secondary to rickets and reported the first cases of successful neurosurgery for meningioma and subdural haematoma. Bone removed at osteotomy was successfully implanted as a bone graft to another patient. He invented the oropharyngeal tube to avoid tracheotomy in diphtheria, subsequently using it in anaesthesia. He described the different pupil response in alcohol-induced coma compared with other intracranial causes of pupil dilatation … Macewen’s pupil. Originally approached in 1889, and although honoured and tempted by the offer, Macewen drove quite a hard bargain. Most of his requests were granted, apart from being given complete control over the training and selection of his nursing staff … this to prove the final sticking point and the cause of his refusal of the chair. Macewen was appointed Regius Professor of Surgery at Glasgow in 1892 and went on to have an illustrious career.

Dr Walter Dandy of Baltimore reported that Halstead had stated that whatever his own contributions to Johns Hopkins may have been, the school would have progressed still more notably under the direct control of Sir William Macewen. References: Bowman, A. K. (1942) Sir William Macewen. Glasgow: Hodge at p311

Learning Objectives

1) List Macewen’s contribution to medical and surgical science.
2) List Macewen’s concerns about moving to America
3) Outline his main reason for rejecting the offer.

"New words should be used for new ideas" and the discovery of the Autonomic Nervous System at Cambridge University.

Robert Lemery MD, MA

Dr. Robert Lemery is from Montreal, Canada. He specialized in cardiovascular diseases at the Mayo Clinic, and in cardiac arrhythmias in Maastricht (Netherlands) and in London (UK). Dr. Lemery obtained a Masters in History of Medicine from Johns Hopkins University (Faculty of Medicine) and from McGill University (Faculty of History). Dr. Lemery has performed basic and clinical research in the field of rhythm disorders and interventional cardiac electrophysiology. He has also published on the history of cardiology and neurocardiology.

Bichat's description of the ganglionic nervous system and his notions of animal life and vegetable life in early 19th century France were the first true attempts to depart from long established teachings of the central nervous system by Galen in ancient times. Robert Remak, in his thesis at the University of Berlin in 1838, introduced novel neuroanatomic observations, describing white and gray rami communicans. Michael Foster's new laboratory of physiology at the University of Cambridge, highlighted so elegantly in Gerald Geison's book on the great rattrapage needed in the UK to compete with the European continent, would focus on the origin of the heartbeat and nerve transmission.

Walter Gaskell, having spent time in Ludwig's laboratory, quickly embarked on trying to determine if the neurogenic or myogenic theory accounted for the origin of the heartbeat. His anatomical and physiological experiments led to the myogenic explanation of the heartbeat but also resulted in a similar approach to study neurological transmission. In 1886, Gaskell reported on the sympathetic system, originating from the thoraco-lumbar ventral root of the spinal cord, and on the opposite actions of the vagus (inhibitory) and sympathetic (accelerator) nerves. He referred to "motor cells to involuntary structures". Gaskell would eventually publish a book summarizing his research, posthumously in 1916, entitled "The Involuntary Nervous System". John Langley, also working alongside Gaskell in Foster's laboratory, used a pharmacological approach to study electrical transmission. Having demonstrated that nicotine selectively blocked transmission of sympathetic ganglia, Langley proposed neurological transmission as pre-cellular (or pre-ganglionic) and post-cellular (or post-ganglionic). Both Gaskell and Langley wrestled with three levels of neurological transmission, i.e. the cranial, thoracolumbar and sacral regions, separate from the central nervous system.

Confronted with multiple regions of transmission, chiefly the enteric and cardiovascular systems having their own local physiological needs, Langley boldly proposed "new words for new ideas", adopting the "Autonomic Nervous System". He referred to "the nervous system that governs the organic functions of the body". In 1903, Langley would entitle the lead article in the Journal Brain as the Autonomic Nervous System, while he used the term "Parasympathetic Nervous System" as somewhat of an afterthought in another publication a few years later. In 1921, Langley published his book, entitled "The Autonomic Nervous System".

Learning Objectives

1) Discuss how the concept of the nervous system evolved after Bichat.
2) Outline the historical contribution from Cambridge University in the Autonomic Nervous System.
3) Understand how Gaskell and Langley differed in researching the Autonomic Nervous System.

Lectures to the Laity [NYAM]: with Reference to Alexis Carrel

C Ronald MacKenzie MD

Dr C. Ronald MacKenzie is an internist and rheumatologist at the Hospital for Special Surgery where he holds the C Ronald MacKenzie Chair in Medicine and Ethics. He remains actively engaged in his medical practice and serves as Chair of the institution's Institutional Review Board and Ethics committee. His textbook, the Perioperative Care of the Orthopedic Patient, is its second edition.

Lectures to the Laity was a long-running series of public lectures presented by the New York Academy of Medicine [NYAM] organized in the 1930's with the purpose of explaining complex medical and scientific topics in simple terms to the general public. Featuring physicians and scientists of renown, the series was an early attempt at public education with a broad range of topics presented including humanism in science, public health, the history of medicine, pediatrics, and psychiatry.

This presentation will focus on one such lecture, The Mystery of Death, of Alexis Carrel. Born in Lyons, France, Carrell graduated with a degree in medicine in 1900. Specializing in surgery, he remained at the Lyon until 1904 when he accepted a position at the University of Chicago followed two years later by an appointment at Rockefeller Institute where he remained until his retirement when he returned to France assuming the directorship of Carrel Foundation for the Study of Human Problems established by the Vichy Government. An extraordinary scientist, indeed, the youngest Nobel Prize winner of his time [age 39], the prize was awarded for his ground-breaking method of blood-vessel anastomosis. Other achievements are remembered including the Carrel-Dakin antiseptic solution and an organ perfusion pump developed with Charles Lindbergh. Although not forgotten, Carrel's [and Lindbergh's] memory was ultimately tainted for his beliefs presented in his book Man, the Unknown [1934], an account in which he presents a path for humanity advocating concepts of eugenics and euthanasia. Carrel, who was not on the initial list of invitees for the lectureship [replacing Simon Flexner who had declined the opportunity] presented his lecture the "Mystery of Death" on December 13th, 1935. The 7th contribution in the first edition of the lecture's publication, "Medicine and Mankind", the talk was open to the public and press and proved a major event with over 5,000 New Yorkers attempting to squeeze into the 700 seat NYAM auditorium. Likened by the New York Times to "a fight crowd at Madison Square Garden", 3000 citizens jammed into the building some listening on loudspeakers in the lobby; 2000 were sent home by policeman waving nightsticks. This unanticipated and extraordinary response [some critical] and the social context in which it arose will close this presentation

Learning Objectives

1) Review an early attempt to educate the public concerning science of medicine.
2) Review the life and work of the controversial scientist Alexis Carrel.
3) Recall Carrel's contribution to Lectures to the Laity and the public response.

Incubator Baby Side Shows: The History and Future of Neonatology

Michael Malloy MD, MS

Dr. Malloy is a neonatologist and Professor at the University of Texas Medical Branch, Galveston and Emeritus John P. McGovern Chair in Oslerian Education.

Although Osler had little to say about the care of newborns, he lived in a time period that saw the introduction into the care of infants new technology that would save many. The care of infants, nevertheless, has a somewhat sordid history not without its side-show elements, political intrigues, and amazing success.

Abandonment of infants and outright infanticide was not uncommon in ancient times. One estimate suggests that 30 to 40% of Roman infants suffered this fate. Yet the Roman Church began accepting foundling babies as early as 500 CE and had foundling wheels installed in major cities to receive unwanted infants by 1200. In 1670 Louis XIII created l'Hopital des Enfants-Trouves in Paris for foundlings and in 1802 the first hospital for infants and children was established in Paris, the Hopital des Enfant-Malades and the first Maternite hospital in 1814. The French physicians Auvard and Tarnier truly began the technologic advance with the development of different types of incubators. Pierre Budin, a student of Tarnier, further developed the contraption and developed techniques to care for pre-term infants. It was Martin Couney, an apprentice of Budin's who popularized the use of incubators through his "Incubator Baby Sideshows" and brought the technology to the United States between 1898 and 1940. The implementation of neonatal intensive care units since 1960 have seen miraculous technologic innovations and the resultant pushing of the limits of viability of preterm infants down to close to 22 weeks gestation.

Yet a most miraculous and controversial innovation lies in the near future. That is the partial gestation of a fetus outside the human body. The development of an artificial womb or placenta has been a dream of scientific medicine for over 60 years. Contemporarily, researchers have devised two technologies that support lamb fetuses ex-vivo. It is anticipated that these technologies would be limited to periviable infants of 22 weeks gestation or greater and birth weights of 500 grams or more. The ethics of using these technologies in human periviable fetuses are challenging at best and dystopian at worst. Currently the ethics of how to obtain informed consent in proceeding to human trials of these technologies is a major issue.

Learning Objectives

1) To review a brief history of care of the newborn.
2) To describe recent technological advances in the care of pre-term infants.
3) To understand the ethical dilemmas in implementing these technologies.

Marcel Proust's Research of Wasted Time

Vivian McAlister MB

Vivian McAlister, a professor emeritus at the University of Western Ontario, is an adjunct professor in its department of history and a member of the history of medicine program.

William Osler advised patients with asthma to use medicated cigarettes for spasms and room fumigations to 'ward off nocturnal attacks.' Marcel Proust relied on these remedies. Asthma was one of the reasons that Proust lived with his parents for most of his life, where they maintained a smoking room for him. The Prousts were a medical family. His father, Adrien, was France's leading infectious disease physician. Working from home, he published many important texts and received a parade of famous physician visitors. Marcel's younger brother, Robert, became a very successful surgeon.

While his parents were disappointed that Marcel did not choose medicine as a career, they supported his ambitions in literature. Marcel also worked from home. His mother, Jeanne, helped him with several early projects, while his father hoped he would achieve election to L'Académie française. Family reminiscences characterize Marcel as a charming idler. His parents would frequently tell him to stop wasting time, or worse, his time.' By then, Robert was also writing medical treatises. Marcel's magnum opus can be traced to discussions with his mother. He had read the secret diaries of the Goncourt brothers regarding the fading French aristocracy. Onto it, he grafted events from his own and his family's lives. He included many of his father's medical friends as characters. Proust's investigation of involuntary associative memory is written in a clinical style.

When the first volume won the 1919 Prix Goncourt, his place in French literature was assured. Proust was introduced to CK Scott Moncrieff, who became his English translator. Volumes in English were as eagerly awaited as in the original. Robert oversaw publication of the later volumes, as Marcel's literary executor. Proust's title, *À la recherche du temps perdu*, echoes Milton's great poem, signaling his ambition. Moncrieff chose a line from Shakespeare, Remembrance of things past, to capture Proust's intent. Proust hesitatingly accepted Moncrieff's suggestion but warned that the meaning was layered. Modern interpreters have tried to revert to a literal translation, In search of lost time. I will argue that Proust rejected this title. Another translation is on the research of wasted time. Marcel was humorously telling his deceased parents that he was not idling, he was working on his [medical] study of memory.

Learning Objectives

1) Understand the medical basis for Marcel Proust's magnum opus.
2) Review the evolution of asthma treatments.
3) Consider the role of family in individual ambition.

Osler's Textbook Revised

J. Mario Molina MD

Dr. Mario Molina is a past president of the American Osler Society, former health insurance executive, Curator of the Osler Library, and is active on several nonprofit boards.

Osler published a “single author” textbook of medicine in 1892 that became the most influential textbook of its era committing him to revisions for the next 27 years. How he did this, and who helped him is an untold story. To write the book, he dictated to his secretary and received help or advice from: H. Thomas, Thayer, Cushing, Welch, S. Flexner, Barker, W.W. Francis, and Thomas McCrae. He had an interleaved copy made with blank pages on which to make revisions. After McCrae became co-author, two interleaved copies were produced, one for each author, The first revision used the second printing of the first edition. In the process, changes were made, errors corrected and new errors crept in. Early editions had letters from readers tipped in advising revisions or pointing out errors. Later, only Osler and McCrae’s notes are found, but often references to cases the authors saw, or citations of journal articles appear. The second edition was the most influential edition because it was read by Thomas Gates who recommended, based on his reading, that Rockefeller fund medical research. The last revision for the 9th edition was the most extensive. McCrae noted in his copy who was responsible for each section. Osler rewrote whole sections notably on asthma and made extensive changes to cardiology and neurology. After Osler’s death, McCrae took over the textbook but maintained Osler’s system for revisions. Comparing different states of the textbook allows one to follow Osler’s thinking and shows that he did not wait for a new edition to update his recommendations. The use of antisera to treat pneumonia shows this. In the 7th edition (1911), Osler thought antisera was not useful; he remained doubtful in the 8th edition (1912) but by 1918 (still 8th edition) he notes that good results were seen when treating type I pneumococcus with large doses of antisera. I used Richard Golden’s A History of William Osler’s The Principles and Practice of Medicine (2004), the interleaved textbooks themselves, and the Cushing fonds in the Osler Library for my research.

Learning Objectives

1) Describe the method Osler used to revise his textbook.
2) Explain how comparative bibliography tracks Osler's thinking on pneumonia
3) List three people that Osler relied on for help with his textbook.

Presentation Inscriptions on Silver Objects: Primary Source Documents in the History of Medicine.

Andrew Nadell MA, MSc, MD

Dr Andrew T. Nadell is a semi-retired psychiatrist who was formerly a member of the clinical faculty at Stanford University School of Medicine. He is vice-president of the International Society for the History of Medicine, where he has served as the National Delegate of the United States since 2008. He is a collector of early printed books on medicine as a profession, and latterly on professions and occupations more broadly. He is the treasurer of the American Osler Society.

Historians of medicine have long examined artifacts connected to the profession. For centuries, important silver hollowware objects were presented to distinguished physicians and medical organizations. The nineteenth-century vogue for inscribing silver objects as marks of gratitude and achievement, however, reached a much greater proportion of the accomplished population. This included more of the practicing medical profession than ever before. As expected, Sir William Osler, perhaps the most important public intellectual doctor of his time, received silver objects, some now in the Osler Library at McGill.

This paper offers examples of silver inscribed and presented to physicians who were local practitioners but whose patient died; who ventured to remote areas of the British Empire and did good works, who cared for the poor in workhouses, who treated their patients during the 1834 cholera epidemic, as well as those who founded medical schools and remain famous to our day. An honourable local Canadian physician received a silver-plated inkwell, and Osler received a gold one. There are also silver objects given to celebrate the opening of hospitals in India, and new medical school teaching facilities in northern England. Doctors were also donors of silver, sometimes for personal service such as to the tutor of their children. In short, I contend that these objects constitute a useful resource for medical history. They are, in effect, manuscripts written not on paper or vellum, but on silverware.

Learning Objectives

1) Describe the role of silver and other recognition of doctors.
2) Explain the doctor-patient relationship reflected in these marks of achievement.
3) Define the extent of such expanding acknowledgements in the nineteenth century.

The Enduring Relevance of Osler's Pedagogy

Francis Neelon MD

Divyam Goel is a second-year student at Duke University School of Medicine with a long-term interest in transplant surgery. Frank Neelon is associate professor emeritus at Duke, and former president of the American Osler Society.

William Osler wore many hats—pathologist, physician, author, historian, antiquarian, bibliophile, jokester — but most importantly, teacher. We look at three Osler quotes and how they pertain to the education of today's doctors.

WE EXPECT TOO MUCH OF THE STUDENT AND TRY TO TEACH HIM TOO MUCH. Osler flagged the pitfalls of trying to "teach everything"; 100+ years later, there's vastly more to teach, but once beyond "too much," how far doesn't matter. Rather than "pumping knowledge at high pressure into passive receptacles," Osler emphasized fostering "good method and a proper point of view": 1) Careful observation of patients. 2) A quizzical regard that leads to deep inquiry. NO TEACHING WITHOUT A PATIENT FOR A TEXT. Osler taught from the particular (this sick person) to the general (the abstractions from many sick individuals we call disease), "using books and lectures as tools, as means to an end." He insisted "that the student shall follow [the patient's case] to the finish . . . [including a home] visit at least once a week." Today, curricula may reserve time for "scholarly pursuits," but rarely encourage students to follow patients across multiple months, even years. I TAUGHT MEDICAL STUDENTS IN THE WARDS. Osler saw himself as "the only English-speaking teacher to combine facets of the English system (where students worked in hospital but with only haphazard and chaotic teaching} and the Continental system (with specialized units for studying and teaching about specific diseases). Today, ward teaching rarely happens at the bedside of the patient, and there are no labs in which students can carry out microscopic or chemical tests pertinent to their patients or sequentially study their patients— activities that strengthen students' development as scientific observers.

Is Osler's pedagogy still valuable in an era of corporatized medicine (with time-limited patient visits, silos of clinical focus, a "slough of a specialism so narrow that it has depth but no breadth")? when students devote time to residency-pressure-driven research rather than at the bedsides of patients themselves? Henry Christian thought Osler's Hopkins a veritable Brigadoon of medical education, but Osler himself thought its replication was possible—with "difficulties, of course, but they are not insuperable, [with] the chief in full control, responsible for the teaching".

Learning Objectives

1) Review the principles that guided Osler's instruction of students.
2) Categorize the effects of Osler's methods on medical students.
3) Discuss whether Osler's pedagogy remains valid and applicable today.

Sir Edmund; An Osler Brother & Health Care Building in Toronto: From Sick Kids Hospital to Connaught Labs @ UofT

Christopher Rutty PhD

Christopher J. Rutty is a professional historian of medicine, public health, infectious diseases and biotechnology in Canada, providing historical services through his company, Health Heritage Research Services. He is also an Adjunct Professor at the University of Toronto's Dalla Lana School of Public Health. He earned his Ph.D. in History at U. of T., his thesis on the history of poliomyelitis in Canada, supervised by Michael Bliss, author of The Discovery of Insulin and William Osler: A Life in Medicine.

While this Society focuses on Sir William Osler and his role in building modern medicine and health care, his older brother, Sir Edmund Boyd Osler (1845-1924, and knighted in 1912), also played a significant role in building medicine, but perhaps more literally. Indeed, without the personal, networking, and financial support of Sir Edmund Osler, several key medical and health care institutions based in Toronto, particularly the Hospital for Sick Children, Toronto General Hospital, and Connaught Laboratories in the University of Toronto, would likely not have been built.

Sir Edmund's involvement with the building and growth of Sick Kids (starting in 1878) and then the new Toronto General (opened in 1913) are publicly known, as is his prominent role in building the Royal Museum of Ontario (opened in 1912). However, his critical and more behind-the-scenes role in facilitating the birth of Connaught Laboratories, originally the Antitoxin Laboratory in the Department of Hygiene of the U of T Faculty of Medicine, in 1913-14, is less known and appreciated; this story will be the main focus of my presentation. At a time of imported lifesaving diphtheria antitoxin at prices beyond the means of families most vulnerable to "the strangler," Edmund's support of a bold public health vision led by Dr. John G. FitzGerald, enabled the birth of a domestic and self-supporting biotech production capacity at a critical time on the eve of the start of World War I. This modest biologicals production, as well as research and development capacity, would grow sharply during the war and beyond, without which, most notably, there would have been no insulin in the 1920s, no polio vaccine in the 1950s, and likely no global eradication of smallpox in the 1970s. Connaught Labs would remain part of UofT until 1972, its 110+ year Canadian legacy continuing today at the Sanofi Toronto site at the city's northern border. If not for this Osler's support for health care building in Toronto at such a critical time, things may have been very different. The main part of this presentation is based on primary documents related to the origin and early years of Connaught Laboratories, held at the University of Toronto Archives, as well as at the Archives of Sanofi Toronto.

Learning Objectives

1) Broader understanding of Osler's impact on building health care institutions.
2) Broader biographical appreciation of the life/work of Sir William's brother, Sir Edmund.
3) Understanding the origin of public health biotechnology in Canada.

Reconciling the Fallibility of Our Heroes: A Medical Student's Analysis of "'A Vile Custom'"

Katherine Sheffield BS

Katherine "Nikki" Sheffield is a third-year medical student at UTMB in Galveston, Texas interested in psychiatry, neurology, and trauma-informed care. As an unabashed history nerd, she is dedicated to learning stories of the past in order to inform the future.

Sir William Osler (1849-1919) believed strongly in living by the truth and in searching the self for one's weaknesses to inform and enhance our compassion for the weaknesses of others. Both of these values are the beginning steps of reconciling with the mistakes made by our heroes of the past which can become minimized or downplayed after centuries of hero-worship. It is with this intent "'A Vile Custom': The Strange Career of William Osler's 'Professional Notes'" by Jenna Healey, Ph.D., was read, analyzed, and evaluated.

Published in April 2025, "'A Vile Custom'" discusses the history of "Professional Notes among the Indian tribes about Gt. Slave Lake, NWT," the first work of Egerton Y Davis, MD, the alter ego of Sir Osler. Split into four sections – The Prank, The Parody, The Hoax, and The Inside Joke – "'A Vile Custom'" analyzes the relationship between Osler and William Alexander Molson (the "target" of the joke), the societal context during which "Professional Notes" was written, the contents of "Professional Notes", and the life of "Professional Notes" after Osler's death, respectively. This article is quite provocative, both in subject and in literary technique. Dr. Healey portrays "Professional Notes," its author, and the medical field as racist, exclusive, and contemptuous for those who don't "get the joke." It contains both hard-to-stomach accurate statements and numerous unfounded suppositions, and, overall, is inherently biased in its own story – that Osler's "Professional Notes" perpetuates racist Indigenous tropes (which is accurate), was intended to play a mean-spirited prank on Molson (which is not fully accurate) and was purely written to strengthen his standing amongst the "medical elite" and guarantee exclusivity (which is not at all accurate). Cross-referencing this article with its citations is revealing; Dr. Healey excludes numerous examples that would temper her own argument against this work's purpose and Sir Osler's motivations.

How does one reconcile with the harsh reality of the faults of our heroes? It starts with seeking the full, impartial truth and taking inventory of one's own weaknesses to find compassion for the weakness of others, just as Osler instructed, but it also relies on upholding accountability and seeking restoration. This presentation will attempt to reconcile the fallibility of Sir William Osler.

Learning Objectives

1) Discuss and analyze "'A Vile Custom and its subject "Professional Notes."
2) Compare and contrast contextualism and presentism with respect to historical analysis.
3) Discuss the posthumous reconciliation of the mistakes and bias of Sir William Osler.

The Duchess of Connaught Canadian Red Cross Hospital and the Beginnings of Pediatric Rheumatology

Richard Silver MD

Dr. Richard (Rick) Silver, Distinguished University Professor at the Medical University of South Carolina (MUSC), received his medical degree from the Vanderbilt School of Medicine and completed Internal Medicine Residency at the University of North Carolina. Dr. Silver trained in Pediatric Rheumatology before completing a Fellowship in Adult Rheumatology at the University of California, San Diego. In 1981, he joined the MUSC Faculty where he serves as a clinician, teacher, and clinical translational researcher.

The Duchess of Connaught Canadian Red Cross Hospital (DCCRCH), fondly referred to as "Taplow" for the nearby English village, played significant roles in both war and peacetime, not the least of which was its place in the dawning of rheumatology as a new pediatric subspecialty. The hospital opened in 1915 on the grounds of Cliveden, the estate of Lady and Lord Astor, where it was established to provide care for Canadian soldiers injured in the First World War and where they could be nursed back to health by the Canadian Military Nursing Sisters. Sir William Osler (SWO) traveled weekly to Taplow from Oxford, serving as consultant in medicine. In 1916, SWO suffered significant personal distress stemming from "the Taplow scandal" or "the Taplow affair," when he became embroiled in the political turmoil around alleged mismanagement, inappropriate behavior and dishonesty at the hospital. A larger 600-bed hospital opened on the grounds of Cliveden in 1939, supported by the Canadian Red Cross and designated for the treatment of Canadian servicemen injured in the Second World War. At the conclusion of the war the hospital was transferred to the National Health Service (NHS), functioning as a general hospital but with 100 beds reserved for children with rheumatic fever and chronic arthritis. Professor Eric Bywaters was appointed director of the unit at Taplow. In 1952, Bywater recruited Dr. Barbara Ansell, his former registrar at London's Hammersmith Hospital, to serve as consultant rheumatologist. Under their leadership the unit at Taplow emerged as a major center for treatment and research in rheumatic diseases of childhood. Other centers were opening in the United States, Europe and Scandinavia around the same time.

I was fortunate to be among many to train under Dr. Ansell at Taplow, just when pediatric rheumatology was emerging as a subspecialty. On the beginnings of pediatric rheumatology, Bywaters remarked, "I think I can say I saw it arrive, although I cannot specify its birthday or place, and I am damned if I can read the father's signature on the birth certificate." Taplow is certainly one of the birthplaces, and the names Bywaters and Ansell certainly belong on the birth certificate.

Learning Objectives

1) Describe important roles played by the Canadian Red Cross Hospital at Taplow
2) Know that Sir William Osler served as Medical Consultant at Taplow
3) Be informed about the emergence of Pediatric Rheumatology at Taplow

Aphasia & American Idiom: William Carlos Williams's Strokes

Michael Stanley MD

Dr. Michael Stanley is director of the cognitive division in the department of neurology at Tufts Medical Center. He is a field-builder in the neurohumanities and has written and spoken extensively about the interaction between culture and the existential elements of neurology. He is a Bean Award recipient and recent Board Member.

The most prominent physician-poet of the 20th Century, William Carlos Williams, his imagist and modernist style evolved in pursuit of incorporating the uniquely American idiom into his work. However, the voice of the poet changed dramatically after a series of strokes beginning in 1951, that changed the course of his compositions, beginning with "The Desert Music." The stroke presented with a left-hemispheric syndrome with right side weakness and non-fluent aphasia. He would have two more strokes which additionally affected his vision too, and later transient ischemic attacks throughout the remainder of his days making him increasingly dependent upon his wife. In addition to convalescence and accommodation at home, he received speech rehabilitation. He could no longer practice medicine and relied increasingly on his public recitations as a means of income, and yet the sequelae of his cerebrovascular injuries interfered increasingly with the ability to be understood.

To ascertain whether there were any explicit features of aphasia in his post-stroke poems, we presented stroke and non-stroke poets to speech and language therapists to sort into pre-stroke or post-stroke categories and provide commentary as to what elements influenced their decisions. They were unable to reliably sort his poems and were inconsistent on features attributable to aphasia. However, further descriptive analysis identified that there were differences in the poet's fluency reciting his pre-stroke and post-stroke poetry. This is attributed to several stylistic features like longer lines and ambiguous phrasing that allows for hesitations of speech, for example. And more importantly, the content of his later poetry included themes of muteness, mental paralysis or torpor, and other subjects frequently experienced by stroke survivors. This project approaches the interaction between a poet and his pathology both from a humanities and clinical lens, and this stereoscopic methodology enables us to better perceive the effect of disease on a writer and permits new perspectives on approaching similar historical case studies, as well as perhaps how one might explore with one's own patients the existential impacts their diseases bear on their arts & crafts.

Learning Objectives

1) Describe how aphasia shaped the content & style of William Carlos Williams
2) Consider how doctors might approach better the creative plight of patients
3) Appreciate the complications and complementations of empiric aesthetics and medical humanities

Science vs. Religion: Centennial of the Scopes Trial

Marvin and Rob Stone MD

Rob Stone is a documentary filmmaker who produced and directed Sir William Osler: Science and the Art of Medicine Marvin J. Stone is a past president of the American Osler Society and recipient of its Lifetime Achievement Award

In 1859, Charles Darwin published *On the Origin of Species*, the epoch-making work that transformed biology and challenged traditional religious explanations of life's beginnings. Darwin's work has provoked mixed responses ever since.

In 1925, the Tennessee legislature passed a law making it a crime to teach evolution in public schools. A young teacher, John Scopes, was arrested in Dayton, Tennessee, for violating this statute, setting the stage for one of the most celebrated courtroom dramas in American history. The trial pitted the renowned fundamentalist orator William Jennings Bryan against the agnostic attorney Clarence Darrow. Darrow had been engaged by journalist H. L. Mencken. The small town of Dayton was soon crowded with reporters, spectators, and lawyers as the proceedings—dubbed "The Trial of the Century"—captured national attention. The dramatic highpoint came when Darrow called Bryan to testify in court. Scopes was convicted and fined $100. Bryan died five days later. Yet the Scopes Trial lived on in public memory, inspiring the 1955 Broadway play *Inherit the Wind*—which premiered in Dallas and ran for 855 performances in New York. It also led to the 1960 film adaptation starring Spencer Tracy, Fredric March, and Gene Kelly. Edward J. Larson's book, *Summer for the Gods*, reexamined the Scopes trial and won the Pulitzer Prize for History in 1998.

Our presentation revisits the Scopes Trial on its centennial through these historical and artistic lenses, exploring how the tension between science and religion continues to shape modern discourse. Viewed through an Oslerian lens, the Scopes Trial raises enduring questions about the harmony between empirical truth and moral belief. Sir William Osler championed both intellectual rigor and humility—virtues essential to navigating today's scientific and ethical controversies. The Scopes Trial's legacy reminds us that the struggle to balance scientific understanding with deeply held beliefs is ongoing and as relevant today as it was a century ago.

Learning Objectives

1) Explain the historical context and significance of the Scopes Trial.
2) Analyze the trial's influence on science, religion, and public debate.
3) Reflect on Oslerian principles when addressing conflicts between belief and evidence.

Tuberculosis Patient Voices from the Early Twentieth Century

Eric Story PhD

Eric Story is Historian-in-Residence at the Schulich School of Medicine & Dentistry at Western University and Adjunct Professor in the Department of History at Wilfrid Laurier University. He is the author of many articles on the legacies of war and medical trauma in the 20th century.

Tuberculosis has shaped human life for millennia, yet our understanding of how patients themselves lived with and endured the disease is constrained by the limited records they left behind. While physicians produced extensive documentation on tuberculosis, firsthand accounts from patients are far rarer, leaving most historical narratives filtered through the lens of medical observers.

Recently, I located two exceptional sets of early twentieth-century patient correspondence that provide a much-needed alternative perspective through the eyes of those suffering firsthand. This presentation examines the letters of two Canadians treated for tuberculosis in the early twentieth century. The first was from an upper-middle-class Ottawa man in the early 1910s; the other, a working-class woman from northern Ontario who underwent treatment in the 1920s. Their correspondence offers rare insight into the social, emotional and gendered dimensions of treatment and reveals how individuals from different socio-economic backgrounds navigated life as tuberculosis patients.

Learning Objectives

1) Recognise how historical context influences medical knowledge, care and authority
2) Analyse how patient narratives and institutional cultures shaped care practices
3) Integrate gender and class as tools to understand differing patient perspectives

From World War II to Post-Apartheid South Africa: A Historical Case Study of the Students' Health and Welfare Centres Organisation

Leonard Wang MSc

Leonard K. Wang is an MBA student and Rotary Global Grant Scholar at the University of Cambridge. He completed an MSc in Health and Social Policy at the University of Strathclyde through a US-UK Fulbright Award. Leonard is an Osler Student Scholar in the John P. McGovern Academy of Oslerian Medicine and a rising fourth-year MD/MPH student at the University of Texas Medical Branch in Galveston, Texas.

The Students' Health and Welfare Centres Organisation (SHAWCO), founded in 1943 by University of Cape Town medical students, is the largest student-run non-profit organization in Africa today. During World War II, SHAWCO free health clinics arose in response to poor health conditions in informal settlements created by wartime migration.

SHAWCO's history is inseparable from South Africa's broader political history. Under apartheid, health systems were racially segregated, with resources concentrated in White urban centers and Black and Coloured communities relegated to the periphery. For decades, student volunteers provided primary care to marginalized communities excluded from formal services. In the democratic era, despite South Africa's constitutional commitment to health care as a right, SHAWCO continues to serve 5,000 patients annually in clinics that bridge gaps left by a fragmented public healthcare system.

This project employs mixed-methods research, drawing on primary and secondary sources in the University of Cape Town Bongani Mayosi Health Sciences Library and ethnographic research at a SHAWCO mobile free health clinic in an informal settlement, to interrogate SHAWCO's role in South African society. I argue that SHAWCO functions not only as a service provider but also as an informal policy actor—filling voids in public care, shaping local expectations of health care provision, and symbolically negotiating state responsibility. Within this context, SHAWCO represents both the promise of grassroots care and the troubling persistence of "band-aid" interventions that mask deeper systemic inequities. This dual role raises pressing questions about accountability, sustainability, and the ethics of relying on volunteer models for essential services. SHAWCO's trajectory also reflects the geopolitics of health in postcolonial contexts. Its clinics—staffed by volunteer students and faculty—stand at the intersection of grassroots service and structural inequity. By stepping into roles left vacant by the state, SHAWCO highlights the possibilities and limitations of civic actors in transforming inequitable systems. Above all, SHAWCO's history reminds us that student-run clinics and the provision of healthcare are never neutral: they are shaped by, and in turn shape, the moral and political landscapes of society.

Learning Objectives

1) Outline SHAWCO's historical development and role during apartheid in South Africa.
2) Interrogate SHAWCO's functions as both service provider and informal policy actor.
3) Evaluate ethical concerns of student-run clinics replacing state responsibility.

Alexis Carrel and Wound Management in WWI: The Carrel-Dakin Method, a Clinical Research unit, and the Standardization of Wound Management

William Wood MD

Dr. Wood is a fellow of the American Osler Society and is a retired cardiologist who lives in North Carolina. He spent 4 years at the Medical College of Virginia in Richmond, Virginia, as a surgery resident, then returned to the University of Tennessee to complete training in internal medicine and cardiology. He maintains an active interest in medical history and military history and is a volunteer teacher at the Brody School of Medicine, East Carolina University, Greenville, North Carolina.

Alexis Carrel, one of the best-known international physicians in the early part of the twentieth century, was the recipient of the Nobel Prize in Physiology or Medicine in 1912, becoming the first recipient of this honor for accomplishments within the United States. This honor represented recognition of his extensive advancements in vascular surgery and his work in transplantation.

Carrel served in the French military in World War I, and directed a hospital at Compiegne, France (March,1915 – January,1918) adjacent to the battle lines. The World War I battles in northern France occurred in an environment of soil contaminated with bacteria, and the many cases of necrotizing infection (“gas gangrene”) became a major problem in casualty management. In association with Henry B. Dakin, Carrel developed a method of managing contaminated wounds using perfusion of the tissues with a bleach-like solution (sodium hypochlorite). In performing these activities, Carrel created one of the first clinical research units deployed in wartime. Carrel and the Compiegne hospital received significant backing from the Rockefeller Foundation, representing an intriguing military-private research and treatment relationship. Further, Carrel’s organization of the deployment of this method of treatment was implemented along managerial lines consistent with the management science organizational movement of this time period, representing a medical application of Taylorism principles.

Wound management in the First World War generated considerable controversy and discussion. The Carrel-Dakin wound management method represented an effective technique for treatment of specific types of wounds but was superseded as the war progressed and improvements in casualty care permitting earlier wound management were implemented. Carrel’s later years, during and after his retirement from Rockefeller employment in 1938 were filled with controversy regarding his views on medicine and politics. This presentation will focus on his activities at his Compiegne research unit during the First World War.

Learning Objectives

1) Discuss the challenges of management of necrotizing soft tissue infections. in WWI.
2) Examine the application of scientific management principles to WWI wound care.
3) Contrast WWI wound management in research facilities to that in clearing stations.

Frederick Banting's "Great Idea" Pursued with Dogged Determination Precipitated the Discovery of Insulin in Toronto

James R Wright Jr MD, PhD

Jim Wright received his MD, PhD (Experimental Pathology), and MA (Medical History) from The Ohio State University and was the recipient of the AAHM William Osler Medal. After completing residency and post-doctoral research training at Washington University (St. Louis), he moved to Dalhousie University, practiced as a pediatric-perinatal pathologist, and established an active islet xenotransplantation research laboratory. In 2005, he moved to the University of Calgary as Head of Pathology & Laboratory Medicine; he is now Professor Emeritus.

The story of the discovery of insulin is well known but poorly understood. Insulin histories written before 1982 promoted a fairy tale-like "Banting and Best myth" -- essentially that a young war hero surgeon with a novel idea, but little research training, and a student discovered insulin while working unsupervised in a University of Toronto physiology laboratory -- while the laboratory's director was on vacation. Fred Banting and some highly influential friends unwaveringly promoted this narrative. Banting viciously maligned JJR Macleod, the supervisor, at every opportunity and, with Charles Best's help, portrayed Macleod as a villain who had unjustly usurped credit for his trainees' work. In 1982, Oslerian Michael Bliss's *The Discovery of Insulin* showed that Banting and Best's work during the summer of 1921 was no more convincing than prior work done elsewhere and that the Toronto breakthrough was the successful treatment of 13-year-old Leonard Thompson with Bert Collip's purified extract. It established that there were four discoverers, and that the roles of Macleod and Collip had not only been previously underestimated by historians but had also been actively suppressed by Banting and Best.

During the Covid-19 pandemic, and in anticipation of the centennial of the discovery of insulin, I published a dozen papers on either the history of the discovery or the history of diabetes, focusing only on the decades immediately before and after the discovery. While this abstract does not represent original research *per se*, it is a synthesis based upon seven of my original and novel research publications.

In this talk, I will weigh Banting's vs. Macleod's contributions, making the case that Banting, based upon a flawed premise, got the ball rolling and that Macleod orchestrated the events leading to the discovery. Neither Banting nor Macleod was sufficient, and both were necessary; so, the Nobel Committee was correct to name them as co-recipients in 1923. This topic seems fitting for an AOS meeting in Toronto, in the immediate wake of the centenaries of both the discovery and Canada's first Nobel Prize. At the end of the meeting, we will be visiting the Fisher Rare Book Library to see materials related to the discovery and then participate in an Insulin Walking Tour on the University of Toronto campus.

Learning Objectives

1) Describe Frederick Banting's roles in the discovery and dissemination of insulin.
2) Describe JJR Macleod's roles in the discovery and dissemination of insulin.
3) Compare the relative importance of Charles Best's and Bert Collip's contributions.

Presidents of the American Osler Society

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William B. Bean*	1970-1971	Richard J. Kahn	1998-1999
George T. Harrell*	1971-1972	Dee J. Canale	1999-2000
Thomas M. Durant*	1972-1973	Mark E. Silverman*	2000-2001
John P. McGovern*	1973-1974	John C. Carson*	2001-2002
Edward C. Rosenow, Jr.*	1974-1975	Lawrence D. Longo*	2002-2003
A. McGehee Harvey*	1975-1976	Marvin J. Stone	2003-2004
Raymond D. Pruitt*	1976-1977	Chester R. Burns*	2004-2005
Martin M. Cummings*	1977-1978	Claus A. Pierach	2005-2006
Earl F. Nation*	1978-1979	T. Jock Murray	2006-2007
Irving A. Beck*	1979-1980	Francis A. Neelon	2007-2008
Peter D. Olch*	1980-1981	Joseph W. Lella*	2008-2009
William C. Gibson*	1981-1982	John Noble*	2009-2010
R. Palmer Howard*	1982-1983	Charles S. Bryan	2010-2011
Jeremiah A. Barondess	1983-1984	J. Michael Bliss*	2011-2012
K. Garth Huston*	1984-1985	Sandra W. Moss	2012-2013
William B. Spaulding*	1985-1986	Pamela J. Miller	2013-2014
Charles G. Roland*	1986-1987	Herbert M. Swick	2014-2016
Robert P. Hudson*	1987-1988	Paul S. Mueller	2015-2016
W. Bruce Fye	1988-1989	Joseph B. VanderVeer, Jr.	2016-2017
Richard L. Golden*	1989-1990	Laurel E. Drevlow	2017-2018
Jack D. Key*	1990-1991	Clyde Partin, Jr.	2018-2019
Paul D. Kligfield	1991-1992	J. Mario Molina	2019-2020
Alvin E. Rodin*	1992-1993	H. Michael Jones	2020-2021
Robert E. Rakel	1993-1994	Robert G. Mennel	2021-2022
Kenneth M. Ludmerer	1994-1995	Christopher J. Boes	2022-2023
Charles F. Wooley*	1995-1996	Rolando Del Maestro	2023-2024
Billy F. Andrews*	1996-1997	Joan Richardson	2024-2025
Eugene H. Conner*	1997-1998	James R. Wright, Jr.	2025-2026

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* Deceased

Year(s)	Treasurer-Historian	Secretary
1971-1972	Alfred R. Henderson*	John P. McGovern*
1972-1973	Alfred R. Henderson*	Edward C. Rosenow, Jr.*
1973-1974	Alfred R. Henderson*	A. McGehee Harvey*
1974-1975	Alfred R. Henderson*	Raymond D. Pruitt*
1975-1976	Alfred R. Henderson*	Martin M. Cummings*
	Secretary-Treasurer	
1976 - 1985	Charles C. Roland*	
1986 - 1989	Jack D. Key*	
1990 - 2000	Lawrence D. Longo*	
2001 - 2009	Charles S. Bryan	
	Treasurer	**Secretary**
2009 - 2012	R. Dennis Bastron	Paul S. Mueller
2012 - 2014	R. Dennis Bastron	
2012 - 2017		Christopher J. Boes
2014 - 2019	C. Joan Richardson	
2017 - 2020		Douglas J. Lanska
2020 - 2021	J. Gordon Frierson	
2020 – 2023		David B. Burkholder
2021 – present	Andrew T. Nadell	
2023 – present		Maria G. Frank

The John P. McGovern Lectureship

1986	Albert Rupert Jonsen
1987	Edward Janavel Huth
1988	Joanne Trautmann Banks
1989	John Nicholas Walton
1990	E. A. Vastyan
1991	Daniel Michael Fox
1992	William C. Beck
1993	Anne Hudson Jones
1994	David Hamilton
1995	Sherwin B. Nuland
1996	David J. Rothman
1997	Roger James Bulger
1998	Paul Potter
1999	John David Stobo
2000	Gert Henry Brieger
2001	Kenneth M. Ludmerer
2002	James K. Cassedy
2003	Sir Richard Doll
2004	William F. Bynum
2005	Karen Hein
2006	Joseph Jack Fins
2007	Abraham Verghese
2008	Charles E. Rosenberg
2009	Patrick A. McKee
2010	Nuala P. Kenny
2011	Rosemary A. Stevens
2012	C. David Naylor
2013	Bert Hansen
2014	Sir Donald Irvine
2015	Rolando Del Maestro
2016	Mark G. Dimunation
2017	Carlos del Rio
2018	K. Patrick Ober
2019	Marie Wilson
2020	No Lecture
2021	Jonathan D. Haidt
2022	Jeremy Norman
2023	Shawna D. Nesbitt
2024	Michael Emmett
2025	Annmarie Adams

Recipients of the Lifetime Achievement Award

2005	Earl F. Nation
2006	Charles G. Roland
2007	Lawrence D. Longo
2008	Richard L. Golden
2009	W. Bruce Fye
2010	Charles S. Bryan
2011	Michael Bliss
2012	Jeremiah A. Barondess
2013	John C. Carson
2014	T. Jock Murray
2015	Marvin J. Stone
2016	Kenneth M. Ludmerer
2017	Richard J. Kahn
2018	Pamela J. Miller
2019	Joseph W. Lella
2020	Francis A. Neelon
2021	Claus A. Pierach
2022	Herbert M. Swick
2023	Joseph B. VanderVeer, Jr.
2024	Mike Jones
2025	Robert Mennel

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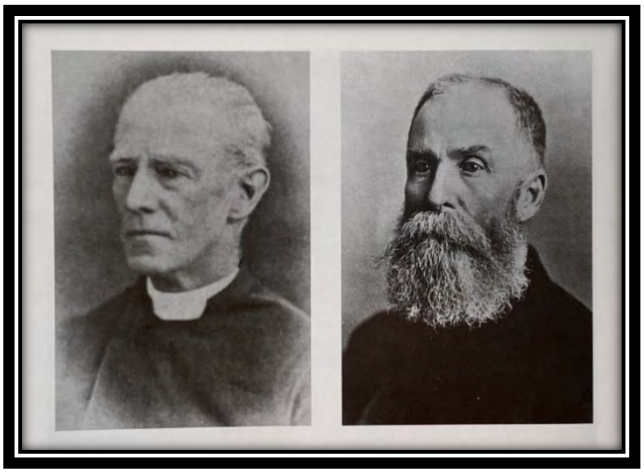
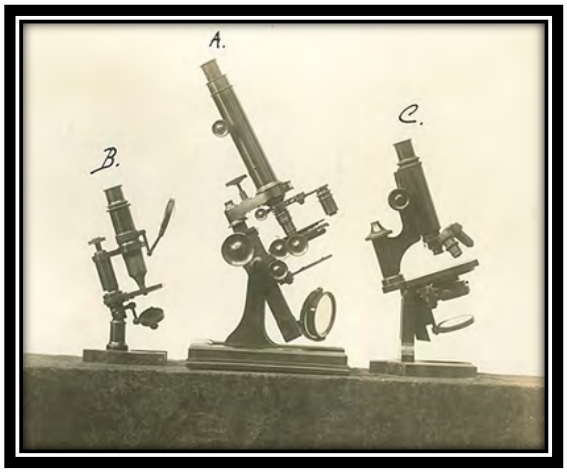
Toronto Memories





William Osler's teenage mentors were Anglican minister William Arthur Johnson and Trinity Medical College professor Dr. James Bovell (upper left). Both introduced William to microscopy (upper right image shows three microscopes young William used; the center one belonged to Johnson). Johnson was the founder and warden of Trinity College School in Weston (lower left), where Osler served as a prefect in 1866-1867 (lower right).

Image Credits: upper left – *William Osler: A Life in Medicine*, Michael Bliss; upper right – The William Osler Photo Collection, McGill University; lower left and lower right – The William Osler Photo Collection, McGill University.

Appendix – Schubert Piano Recital

Dr. Saman Arfaie, McGill University

DRAFT

Echoes of Time & Memory: The Late Piano Works of Schubert

Dr. Saman Arfaie is a published researcher, classically trained pianist, thought leader, nationally recognized TEDx speaker, author, and award-winning neurology resident physician/M.Sc. candidate at McGill University. His work at the crossroads of science, medicine, and the arts has received both national and international recognition. Saman earned his Doctor of Medicine and Master of Surgery degrees from McGill University. He also completed degrees in Neurobiology and Persian Literature, with minors in chemistry and music at the University of California, Berkeley, and conducted brain tumor research at the University of California, San Francisco. He has received over 30 academic and national awards and has published more than 30 peer-reviewed papers. As a pianist, he has performed in Vancouver, Berkeley, Montreal, and recently recorded a lecture-recital at TEDx McGill University. Along with Professor Phillip Pearl of Harvard University, Saman is the author of 'Music, Medicine and the Neurobiology of Creativity,' published by Cambridge University Press in 2026, and is the forthcoming author of COVID-19 Contextualized.

The late works of **Franz Peter Schubert** (31 January 1797 – 19 November 1828) reveal a rich metaphysical depth in the ways structure, time, and rhythm are treated. In them, form becomes less a vehicle for triumph, but a vessel for return, where repetition is never mere reiteration, but the audible inscription of memory. Schubert understood this with unusual clarity, and in his final years, he built an entire musical language around that truth. Schubert's late piano works differ from other works of Romanticism in that they are purely about time itself. With his illness and the awareness of his impending death by 1827– 1828, Schubert made a choice that eschewed victory rhetoric and instead presented works that unfold, return, hesitate, and recall.

Themes come back, yet never intact. Harmony shifts sideways through mediant relationships, avoiding the gravitational certainty of classical resolution. Rhythm persists even when tonal ground alters beneath it. The pulse persists while identity transforms. In this sense, the repetition that occurs does not occur for the purpose of reiteration, but rather as a form of memory. Each cadence has a provisional quality, rather than a conclusive one. Schubert's late style is characterized by a constant struggle between change and decay. On the surface, it appears stable, though the processes that occur beneath the surface are those of change, drift, and recontextualization. The listener can never hope to understand the theme as it exists, for it is always becoming something else.

The **Four Impromptus, Op. 90 (D. 899)** were composed in 1827, a year before Schubert's death at the tragically young age of thirty-one. Vienna at that time was emerging from the shadows of Beethoven, whose late works had already redefined the expressive and structural ambitions of orchestral, chamber, and solo piano works. Where Beethoven intensifies structure toward transcendence, Schubert diffuses it toward interiority. The impromptu, a genre associated with spontaneity and lyrical charm, becomes in Schubert's hands a vessel for philosophical reflection.

Impromptu in *C minor,* Op. 90 No. 1 opens the cycle in the gravity of the *C minor* with a firm stance. The dotted rhythm suggests a collective statement, though underlying this choral presence, the pulse moves in a quiet, flowing undercurrent. The lyrical section in *A flat major* shifts to a more song-like plane, and the harmonic language relaxes into warmth. But the earlier chorale does not disappear. It remains in memory, shaping how we hear its tenderness. When the material returns, it is transformed by what has intervened. The chords are the same, yet they no longer sound declarative. They carry an inward weight. The left-hand motion, which once seemed secondary, now feels essential, as if time itself has been working beneath the surface. The

piece closes not in triumph but in altered stillness, and the awareness that identity survives only through transformation.

In the **Impromptu in *E flat major*, Op. 90 No. 2,** motion drives the structure. The opening triplet figure establishes continuous flow in the right hand. Harmony shifts through mediant colour and subdominant warmth, creating lateral expansion, in a world where the brightness of E flat is ever so resonant. As the piece proceeds further into the middle section, there is a marked acceleration of harmonic rhythm. Instead of lateral mediant color, there is a stronger sense of directionality and increased chromatic tension. The texture becomes slightly deeper, and the melody becomes more angular. The triplets continue, but their meaning changes. The *coda* is one of Schubert's most unsettling gestures. After the return of E flat major and the restoration of surface brightness, he does not crown the piece with affirmation. Instead, the music thins. Schubert closes not with triumph, but with inward absorption. Motion continues until it fades into a darker stillness. The final sonority suggests that brightness was never secure, only passing.

After the restlessness of the first two Impromptus, time slows in **Impromptu in *G flat major*, Op. 90 No. 3.** Marked *Andante* in *dual cut time*, melody unfolds in extended arches, supported by a rocking accompaniment reminiscent of the medium of life itself. This piece has often been heard as a confession of love, and not without reason. The *cantabile* line seems to offer itself without defense. Yet Schubert protects it from excess through harmonic subtlety. Inner voices shift the light constantly. Chromatic inflections tint the serenity. Nothing is static. The beauty is alive because it is unstable. The middle section introduces darker colouration and greater density, but even here the fundamental pulse remains steady. When the opening returns, it no longer carries the same innocence it once held. It returns changed, softened by what has passed. The final measures dissolve rather than resolve. It is perhaps the most famous of the set because it feels inevitable and allows love to pass through time without holding it.

With the final **Impromptu in *A flat major*, Op. 90 No. 4,** Schubert turns outward. The perpetual sixteenth-note passages drive the entire structure, demanding clarity, buoyancy, and control. Unlike the inward cantabile of the G flat major, this piece demonstrates kinetic brilliance. Sudden modulations by thirds and unexpected turns toward remote tonal areas destabilize what might otherwise feel like straightforward exuberance. From a technical standpoint, the writing demands transparency. The right-hand phrases must articulate rapid passagework without heaviness, allowing harmonic color to register beneath velocity. The left-hand passages anchor the dance without adding thickness to the sound. The central section offers harmonic deepening and thicker sonority. The tonal field darkens briefly, as if the dance pauses to introspect inward. But the rhythmic engine never fully stops. As the final movement of the Opus 90 set, it completes a trajectory from gravitas to radiance, but never toward permanence. Even brilliance, here, passes.

The **Drei Klavierstücke (D. 946)**, written in May 1828 but published posthumously, extend this late style further. Though less frequently performed as a unified set, this collection is a hidden triptych: grandly conceived, structurally daring, and harmonically adventurous. Taken together, these works reveal a composer who had absorbed Beethoven's structural weight but filtered it through a uniquely Schubertian lens.

The most radical element of **Klavierstück No. 1 in *E flat minor*, D. 946 No. 1** is not harmony, but rhythm. This is a key that invites overt pathos with controlled tension and an interior gravity that is unique amongst the triptych. Underlying the surface, a steady temporal grid is maintained in the left hand, which only infrequently wavers, even as the harmonic foundation traverses a series of mediants and deflected dominants. This is the essential design. Schubert provides a foundation for temporal progression while simultaneously undermining tonal space. Continuity is felt, not through cadential resolution, but through a constant pulse.

As the lyrical section in G-flat major materializes, its warmth is not felt to cancel the modality of the piece, but remains suspended above the same underlying rhythmic inevitability, like light passing through an unaltered current. The piece, therefore, raises a philosophical question: if harmony is in a constant state of flux and identity remains constant, then perhaps it is duration, and not key structure, that provides the essential sense of continuity.

Klavierstück No. 2 in *E flat major*, D. 946 No. 2, with its three flat key signature and flowing 6/8, begins in a pastoral openness that seems almost untroubled, with the rocking meter giving the first pages a wide breathing horizon. Yet the heart of the piece lies in what interrupts that ease. The middle section darkens the tonal field and tightens harmonic rhythm, and Schubert's most unsettling move is to destabilize the ear through abrupt third-related turns and chromatic inflections. The same 6/8 movement continues, but no longer as a landscape, rather as a compulsion, a movement that continues to propel forward even as the harmonies become strange, denser, more inward. Then follows a retrospective movement, a sense of the music surveying its original creation with a newfound awareness. The return of E flat major is not restoration but memory, the pastoral light now filtered through time lost. The light of the landscape is now seen through a perspective of time lost. Melodies extend, become more complex, reaching a beauty almost too rich, too painful, a sense of the music gathering its richest material at the very time that it knows this cannot be sustained. But the final pages do not end in affirmation. Rather, they recede with a quiet, melancholic clarity, a sense of movement continuing, but of innocence no longer.

Klavierstück No. 3 in *C major*, D. 946 No. 3 opens with a blank page harmony in a zero accidentals key signature, and Schubert uses that apparent simplicity as a philosophical trap. The theme arrives with luminous directness, but it is quickly complicated by modal shading, chromatic inner motion, and excursions that cast shadow across the surface. The design is not about conflict and resolution. It is about how clarity can be disturbed, and then returned to, without ever becoming innocence again. Episodes move into darker regions and thicken the texture, but the return of the opening does not sound like triumph. It sounds like recollection, as if C major has become reflective rather than declarative. The most important structural idea is that Schubert treats the return as an ethical event rather than a formal requirement. The theme comes back carrying the weight of what it has passed through, and the ending releases rather than concludes. In performance, the challenge is to keep the opening genuinely plain without being empty, to let the later chromaticism read as a change in consciousness, and to shape the final return with restraint so the listener feels that the piece ends not because it has solved its question, but because it has learned how to live inside it.

Over the past year, as I have listened more inventively to my own sound at the keyboard, I have repeatedly returned to the genius of a man whose birthday and age I share, bringing his works to life. It is not sentimentality, but a strange structural kinship, as if the same questions about time arrive at the same threshold. His untimely death robbed the world of creative potential that may have been without precedent. Yet it also leaves us with something concentrated and complete, a late style that seems to think in time rather than merely unfold within it. In that sense, the Schubert that remains offers a deeply personal philosophy of life. After all, we measure life in time, but we remember it in space.

The American Osler Society was founded for the purpose of bringing together members of the medical and allied professions who are, by their common inspiration, dedicated to memorialize and perpetuate the just and charitable life, the intellectual resourcefulness, and the ethical example of Sir William Osler (1849-1919). This, for the benefit of succeeding generations, that their motives be ever more sound, that their vision be on ever-broadening horizons, and that they sail not as Sir Thomas Browne's Ark, without oars and without rudder and sails and therefore, without direction.