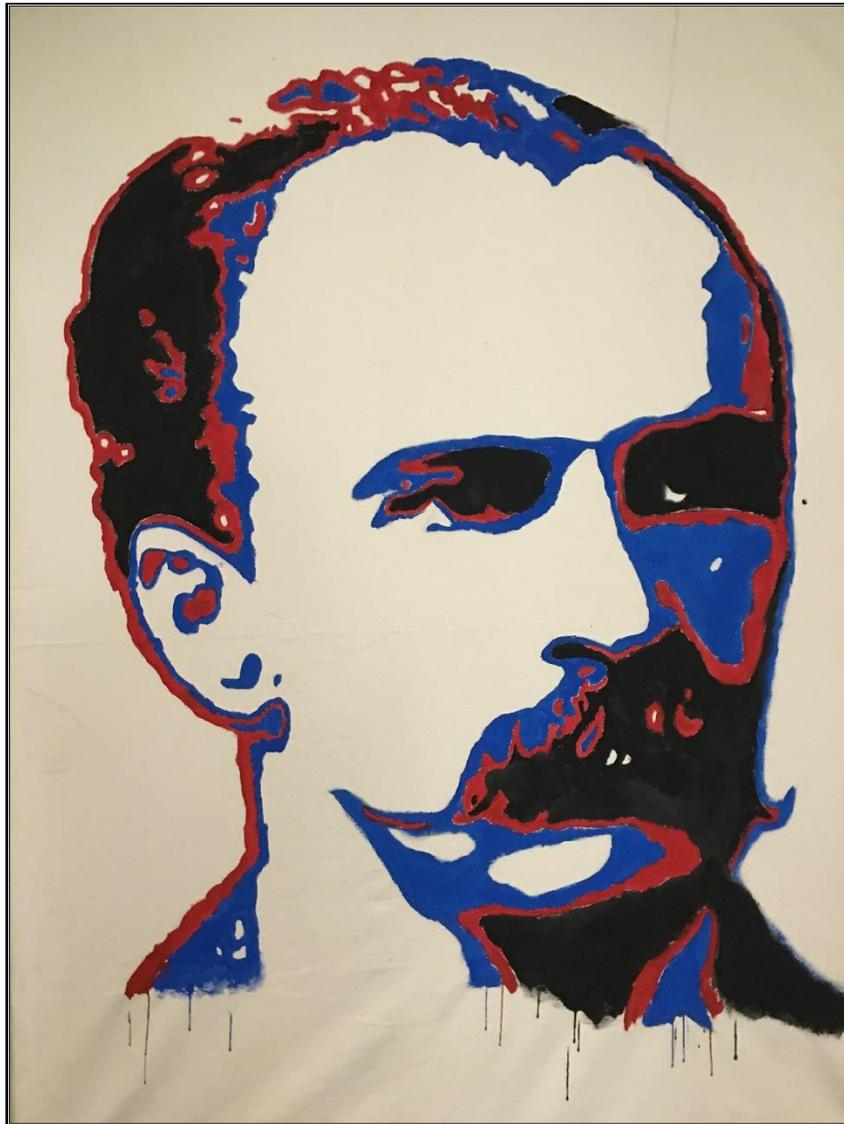


**47th Annual Meeting  
of the  
American Osler Society**



**Sunday, April 9th – Wednesday, April 12th, 2017  
Emory Conference Center Hotel  
Atlanta, Georgia**

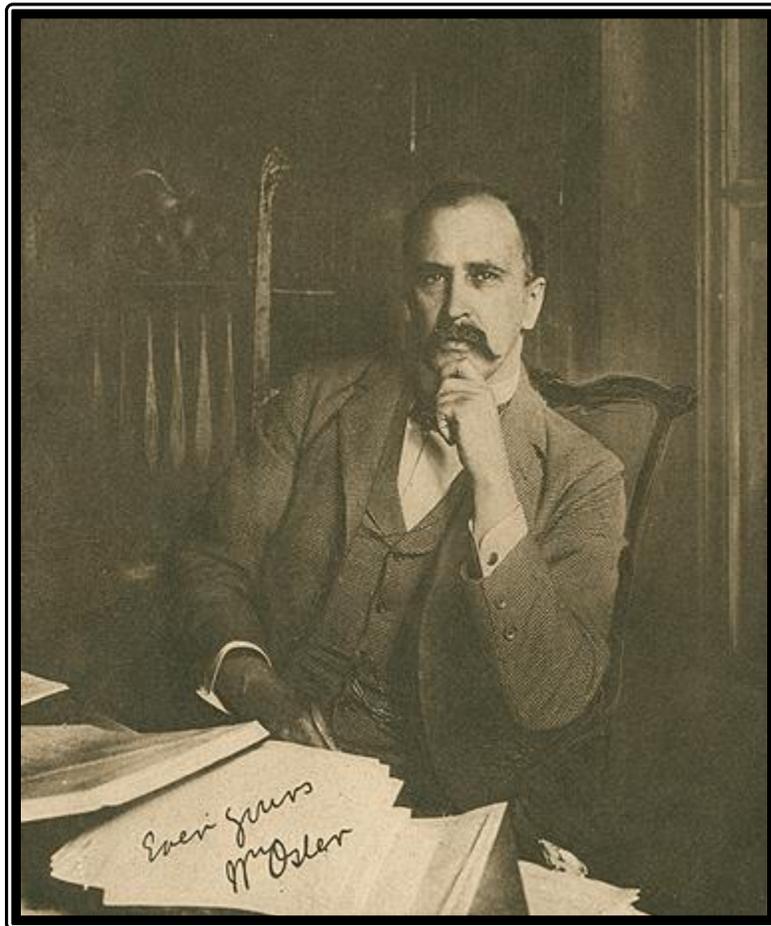
The image on the cover is of Sir William Osler and is on display on the Emory University campus in the James B. Williams Medical Education Building. The artist and history of the piece is unknown.



*47th Annual Meeting of the*  
**AMERICAN OSLER SOCIETY**

Sunday, April 9<sup>th</sup> - Wednesday, April 12<sup>th</sup>, 2017

Emory Conference Center Hotel  
Atlanta, Georgia



*Photo courtesy of Osler Library of the History of Medicine, McGill University*

## ***Course Objectives***

---

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

- Describe new research findings in the history of medicine.
- Outline the evolution of medicine in a particular disease.
- List professional contributions made by others in medicine.

## ***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***

---

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 15 AMA PRA Category 1 Credit(s)<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

## ***Disclosure Information***

---

All Faculty, CME Planning Committee Members, and the CME Office Reviewers have disclosed that they have no financial relationships with commercial interests that would constitute a conflict of interest concerning this CME activity.

Atlanta metal worker Charles Calhoun created this sculpture from trolley tracks from Emory Village. The Emory Village trolley line was built between 1902 and 1912. The Emory line (Route 28), was discontinued on December 28, 1946, and was replaced by a trackless trolley.

Source: Emory Village Alliance website



# American Osler Society

## OFFICERS

Joseph B. VanderVeer, Jr.  
President

Laurel E. Drevlow  
First Vice President

Clyde Partin, Jr.  
Second Vice President

Christopher J. Boes  
Secretary

C. Joan Richardson  
Treasurer

Michael H. Malloy  
Editor, Oslerian

## BOARD OF GOVERNORS

(Expiration of Term)

James O. Ballard (2019)  
Christopher J. Boes (2017)  
W. Bryant Boutwell (2018)  
David K.C. Cooper (2017)  
Laurel E. Drevlow (2021)  
J. Gordon Frierson (2019)  
Michael H. Malloy, ex officio  
Eric L. Matteson (2019)  
Vivian C. McAlister (2019)  
Pamela J. Miller (2017)  
Michael E. Moran (2017)  
Paul S. Mueller (2019)  
Clyde Partin, Jr. (2022)  
C. Joan Richardson (2017)  
Herbert M. Swick (2018)  
Joseph B. VanderVeer, Jr. (2020)  
John W.K. Ward (2018)  
James R. Wright, Jr. (2018)

# Appreciative Acknowledgements

## Local Arrangements Committee

Clyde Partin, Jr., chair  
Christopher Boes (Executive Committee Liaison)  
William Jarrett  
Barry Silverman

## Program Committee

Laurel Drevlow, chair  
James Bailey  
Clyde Partin, Jr.  
Steven Peitzman  
Henry Travers  
Margaret Wardlaw

## Supported in part by the following:

Faustino Bernadett  
David Cooper  
John P. McGovern Academy of Oslerian Medicine University of Texas Medical Branch at Galveston  
Michael Malloy  
Robert Mennel  
Ben and Valarie Milazzo  
J. Mario Molina Advised Family Foundation, an advised fund of Silicon Valley Community Foundation  
Clyde Partin, Jr.  
Joan Richardson  
Barry Silverman  
Barbara Thompson  
Joseph VanderVeer, Jr.  
Sara Walker  
Allen Weisse

The depot was constructed in 1916 as a station for the Seaboard Air Line Railway. Until 1947, the official name of the station was "Emory, Georgia." That year it was changed to "Emory University" to better reflect its ties to the school. At one time, travelers could board the Silver Comet at Emory's small-town station and get off in the bustling megalopolis of New York City without ever having to switch trains.



Passenger service from the depot was discontinued in the fall of 1969, and the following year parcel service was stopped. For a short time, the long, narrow red brick building was used as a student art gallery, and then in 1972 it was converted into the Emory Employees Federal Credit Union. In 1982, the building became The Depot restaurant.

Source: *Emory Magazine*, Autumn 2000

# Program Schedule

---

## Sunday, April 9, 2017

- 11:00 am – 5:30 pm Registration | Hotel Lobby
- 11:00 am Walking Tour of the Emory University Campus  
Meet in hotel lobby
- 1:15 – 3:45 pm Civil War Tour  
Board bus outside hotel lobby
- 1:30 – 4:00 pm Oakland Cemetery Tour  
Board bus outside hotel lobby
- 3:00 – 5:00 pm The Frank Neelon Literary Gathering | Mountain Laurel Room  
Moderators: Joseph Lella & Clyde Partin
- 5:30 – 6:30 pm Past Presidents’ Dinner Meeting | Basswood Room
- 7:00 – 9:00 pm Board of Governors Meeting | Mountain Laurel Room

## Monday, April 10, 2017

- 7:00 am – 5:00 pm Registration | Salon Foyer
- 7:00 – 8:00 am Continental Breakfast | Break Area
- 8:00 am – 5:00 pm Art Exhibit | Salon 4
- 7:50 am Welcome & Announcements | Salons 1-3  
Joseph VanderVeer, AOS President

***“The Master-Word in Medicine” – An Osler Way of Life***  
**Joseph VanderVeer, Jr., Moderator | Salons 1-3**

- 8:00 am Clyde Partin, Jr. (page 44)  
William Osler and the American Osler Society: Journeys to the Deep South
- 8:20 am John C. Carson (page 18)  
AEQUANIMITAS 1932-1953
- 8:40 am K. Garth Huston, Jr. (page 31)  
Lawrence D. Longo: A Man Whom Followed the Oslerian Traditions

# Program Schedule

---

## Monday, April 10, 2017 (continued)

- 9:00 am            Jacob Moran (page 39)  
Modern Techniques Emphasizing Oslerian Principles - Motivational Interviewing
- 9:20 am            Nicholas Palmeri (page 43)  
A Tale of Two Mentors: What Harvey Cushing Learned from Sir William Osler  
and William Stewart Halsted and How His Story Informs Our Own Mentor  
Relationships
- 9:40 am            BREAK | Break Area

### *“The Student Life” – Medical School, Medicine and More* Laurel Drevlow, Moderator | Salons 1-3

- 10:00 am            *WILLIAM B. BEAN STUDENT RESEARCH AWARD LECTURE*  
Natalie Stokes (page 52)  
Morgagni, Morgan and Contemporary Anatomy Curriculum
- 10:20 am            *WILLIAM B. BEAN STUDENT RESEARCH AWARD LECTURE*  
Lee Eschenroeder (page 21)  
Virchow and the Sewers of Berlin: The Debate Between Social and Biomedical  
Models of Medicine in 19th Century Berlin, with Implications for Today
- 10:40 am            *WILLIAM B. BEAN STUDENT RESEARCH AWARD LECTURE*  
Anna O’Kelly (page 42)  
Practicing What He Preached: The Role of Humility in Sir William Osler’s  
Thought and Practice of Medicine
- 11:00 am            *THE JOHN P. MCGOVERN AWARD LECTURESHIP*  
Carlos del Rio
- 12:00 pm            LUNCHEON | Dining Room, Garden Level

# Program Schedule

---

**Monday, April 10, 2017 (continued)**

***“Chauvinism in Medicine” – Lessons Learned and Yet to be Learned***

**William Evans, Moderator | Salons 1-3**

- 1:00 pm Michael A. Flannery & Peggy Balch (page 23)  
Reconstructing the Consumptive: Dr. Robert F. Speir Looks at the New South
- 1:20 pm Hayley Rogers (page 47)  
A History of Sexual Orientation and Gender Identity in Medicine: A Lesson in Trust
- 1:40 pm *WILLIAM B. BEAN STUDENT RESEARCH AWARD LECTURE*  
S. Alison Kraemer (page 33)  
In Vitro Insubordination: Harvard Stem Cell Science and Government Control During the Bush-Obama Era
- 2:00 pm Sarah Tapp & Hughes Evans (page 54)  
“Mothers, Mongols, and Mores”: An Analysis of Parent and Physician Narratives on Newborns with Down Syndrome, 1945-1960
- 2:20 pm Leslie S. Leighton (page 35)  
The History of the "Cardiac Chair" and Resistance to Its Use in Patients With Myocardial Infarction, 1950-1961
- 2:40 pm Kate Penziner (page 45)  
Only One Osler: R.R. Kime and the Everyman Physician
- 3:00 pm BREAK | Break Area

***“Doctor and Nurse” – Practitioners and Practices***

**Michael Malloy, Moderator | Salons 1-3**

- 3:20 pm C. Ronald MacKenzie & Mark Cripps (page 37)  
Isabel Hampton Robb: A Life in Nursing
- 3:40 pm James R. Wright, Jr. (page 59)  
The Radicalization of Breast Cancer Surgery: Joseph C. Bloodgood’s Role in William S. Halsted’s Legacy
- 4:00 pm David K.C. Cooper (page 19)  
Christiaan Barnard – Outside Of Medicine

# Program Schedule

---

## Monday, April 10, 2017 (continued)

- 4:20 pm Charles S. Bryan (page 15)  
Claribel Cone: Physician, Art Collector, Osler Admirer
- 4:40 pm Christopher J. Boes (page 14)  
Walter Shelden M.D. (1870-1946), the Rochester Golf and Country Club, and the Results of His Work-Life Balance
- 5:00 pm ADJOURN
- 6:00 pm RECEPTION | Silverbell Pavilion
- 7:00 pm BANQUET | Silverbell Pavilion
- PRESIDENTIAL ADDRESS  
Joseph VanderVeer

## Tuesday, April 11, 2017

- 7:00 am – 5:00 pm Registration | Salon Foyer
- 7:00 – 8:00 am Continental Breakfast | Break Area
- 8:00 am – 5:00 pm Art Exhibit | Salon 4

### ***“Teacher and Student” – Educators and Education*** **Herbert Swick, Moderator | Salons 1-3**

- 8:00 am Dennis M. Kratz & Marvin J. Stone (page 34)  
Osler’s Life and Thought as The Foundation of a Medical Humanities Course
- 8:20 am Barry D. Silverman (page 50)  
Medical Education: from William Osler to J. Willis Hurst - Current Challenges
- 8:40 am Michael H. Malloy (page 38)  
Oslerian and Hopkins Connections at the Birth of the University of Texas Medical Branch
- 9:00 am William N. Evans (page 22)  
Clifton Briggs Leech: Harriet Lane’s First Children’s Heart Clinic Director

# Program Schedule

---

## Tuesday, April 11, 2017 (continued)

9:20 am Robert M. Beazley (page 13)  
The New England Female Medical College 1848-1874

9:40 am BREAK | Break Area

### ***“The Leaven of Science” – Public Health Policy and Pathology from the Past*** **Christopher Boes, Moderator | Salons 1-3**

10:00 am John M. Harris, Jr. (page 29)  
America's First Closed Formulary - and Other Life and Death Battles

10:20 am David Hamilton (page 28)  
The Interwar Surgical Hesitation: Surgical Trends in the 1920s

10:40 am Michael C. Trotter (page 56)  
Lewis Grizzard and His Bicuspid Aortic Valve

11:00 am Carol A. Stamm & James Trussell (page 51)  
Felicia Stewart MD: The Forgotten Legacy of a Women's Health Advocate for  
Emergency Contraception

11:20 am Stephen I. Schabel (page 49)  
The Boys of Lea Cottage - “Taking the Cure” - Tuberculosis, Tetralogy and Mao  
Tse-Tung

11:40 am Kaylee Davis (page 20)  
The Opiate Epidemic: Addiction and the Physician

12:00 pm LUNCHEON | Dining Room, Garden Level

### ***“Books and Men” – Art, Artistry and Achievements*** **C. Ronald MacKenzie, Moderator | Salons 1-3**

1:00 pm Dennis K. Wentz (page 58)  
Is There an Affinity Between Music and Medicine?

1:20 pm Marvin J. Stone & Richard L. Golden (deceased) (page 53)  
Another First Edition of Osler's Textbook

1:40 pm Luis Nicolas Gonzalez Castro (page 25)  
On the Significance of the Circle of Tugo

# Program Schedule

---

## Tuesday, April 11, 2017 (continued)

- 2:00 pm J. Gordon Frierson (page 24)  
St. Anthony's Fire: Art and Medicine
- 2:20 pm Mark Morel (page 41)  
An Oslerian View of the Mona Lisa and its Edification for Examining Patients
- 2:40 pm Joseph W. Lella (page 36)  
William Osler's Poetic Soul and the Dismal Swamp
- 3:00 pm BREAK | Break Area

### ***“Medicine in the 19<sup>th</sup> Century” – Doctors and Diseases, Then and Now*** **C. Joan Richardson, Moderator | Salons 1-3**

- 3:20 pm Michael E. Moran (page 40)  
In Osler's Wake: The Legacy of Archibald Garrod
- 3:40 pm David R. Haburchak (page 27)  
What would have Osler Taught about Medicine from Syphilis in 2017?
- 4:00 pm Raghav Govindaraja (page 26)  
Functional Neurological Disorders and their Evolution from Reflex Hammer to Functional Magnetic Resonance Imaging
- 4:20 pm George Sarka (page 48)  
Hirsutism, Hypertrichosis, Hyperandrogenism and Birth of Polycystic Ovary Syndrome
- 4:40 pm Nadeem Toodayan (page 55)  
Sir Victor Horsley (1857-1916): A Heart of Gold
- 5:00 pm ADJOURN
- 6:00 pm RECEPTION | Rollins School of Public Health, 8<sup>th</sup> Floor
- 7:00 pm DINNER | Rollins School of Public Health, 8th Floor
- PRESENTATION  
Eric J. Solberg

# Program Schedule

---

## Wednesday, April 12, 2017

- 7:00 am – Noon      Registration | Salon Foyer
- 7:00 – 8:30 am      Continental Breakfast | Break Area
- 8:00 – 9:00 am      Annual Business Meeting | Salons 1-3

***“After Twenty-Five Years” – Tales Both Ancient and Recent***  
**Clyde Partin, Moderator | Salons 1-3**

- 9:00 am              John D. Bullock (page 16)  
Were Moses and Aaron the First Bioterrorists?
- 9:20 am              Bruce Hoekstra (page 30)  
Sir Thomas Browne's Religio Medici, 21st Century Rendition
- 9:40 am              Charles S. Roberts (page 46)  
The Honey Metaphor to Explain the Contribution of William Harvey
- 10:00 am             BREAK | Break Area
- 10:20 am             John W.K. Ward (page 57)  
Friendship, Philanthropy and Fish Sauce: Sir William Osler and  
Charles W. Dyson Perrins
- 10:40 am             Richard J. Kahn (page 32)  
Peter, Principles, Printers, Petticoats and Politics
- 11:00 am             David B. Burkholder (page 17)  
Trigeminal Neuralgia and Multiple Sclerosis: A Historical Perspective
- 11:20 am             *PAM & ROLANDO DEL MAESTRO WILLIAM OSLER MEDICAL STUDENT  
ESSAY AWARD LECTURE*  
Maria Barrett (page 12)  
Contrarian Contraception: Radical Feminism and The Birth Control Handbook in  
late 1960s Montréal
- Noon                  ADJOURN

**PAM & ROLANDO DEL MAESTRO WILLIAM OSLER MEDICAL STUDENT ESSAY  
AWARD LECTURE**

**Contrarian Contraception: Radical Feminism and *The Birth Control Handbook*  
in late 1960s Montréal**

Maria Barrette

*Maria Barrette is a second year medical student at McGill University. Before starting medical school she completed an undergraduate degree in Arts and Science with a major in Biomedical science and a minor in Women's studies. It was during these studies that her interest in women's health blossomed. She has continued to develop this interest through her involvement in the Medical Student Society's Equity Committee and through volunteer work at an organization serving immigrant women. Although early in her medical training, she aspires to work in the field of palliative care. She was the winner of the 2016 Pam and Rolando Del Maestro William Osler Medical Students Essay Award from the William Osler Library of the History of Medicine at McGill University.*

In 1968 at McGill University, student activists frustrated by the lack of access to sexual and contraceptive health resources published *The Birth Control Handbook*. This little-known yet wildly successful publication served both an informative and political purpose. On the one hand, it provided women with vital information on sexuality, contraception, and abortion. On the other, it defied the Criminal Code under which the sale and distribution of such information was illegal. Two years later, English-Canadian feminists united with the radical Québécois women's movement to produce a French version of the handbook. Although the two groups worked together for a short time, the languages and political convictions distinguishing each movement proved too difficult to reconcile. In 1971, the Québécois women's group voted to cease collaborations and expel Anglophone members from their group. This paper will trace the emergence of the handbook and elaborate how it joined and subsequently disconnected the radical English-Canadian and Québécois women's liberation movements. In doing so, it will explore how *The Birth Control Handbook* reified a defining moment in English-Canadian and Québec history. To conclude, it will examine how this fleeting attempt to unify over women's health issues was an early manifestation of the fractionated advocacy that characterizes feminist associations today.

**Learning objectives:**

1. To introduce listeners to the history of second wave feminism in Canada and Montréal as it relates to *The Birth Control Handbook*
2. To emphasize the role of *The Birth Control Handbook* as a unifying and subsequently dividing force between the English-Canadian and Québécois women's liberation movements
3. To develop how this attempt to unify over women's health issues was an early manifestation of the fractionated advocacy that characterizes feminist associations today

## The New England Female Medical College 1848-1874

Robert M. Beazley

*Robert Beazley is an Emeritus Professor of Surgery at Boston University and advisor to the Boston University School of Medicine History Society.*

The 1848 Women's Rights Convention raised sentiments concerning the lack of educational opportunities for women. Social shifts associated with urban migration and industrialization fueled desires for previously denied opportunities for women. Boston, with its burgeoning population, offered many possibilities to new arrivals.

Samuel Gregory left his large Vermont farm family to attend Yale eventually settling in Boston. A strong Congregationalist, he was disturbed by the loss of morality and values associated with the urban life. He joined the YMCA, wrote tracts concerning the risks and dangers of city life and lectured on sexual reform. He began a campaign against "man midwifery" which he declared an outrage on decency and grossly immoral. As a result he started the New England Female Medical College in 1848 providing instruction to 12 women in midwifery.

The objective of the College was "to provide for and promote the education of Midwives, Nurses, and female Physicians, and diffuse among women generally a knowledge of physiology, and the principles and means of preserving and restoring health."

Acceptance of the College was mixed and contentious with many letters to the editor and editorials pro and con. After several years the rhetoric mellowed and the College thrived, turning out its first MDs in 1852. The Female Medical Education Society was formed to assist the Trustees but Gregory kept a strong hand on all parts of the organization.

The School acquired land from the City of Boston, and began a building program, adjacent to the newly constructed Boston City Hospital, which the women were not permitted to use for clinical instruction.

The Boston fire caused donations to dry up and Gregory died of tuberculosis in 1870. The Trustees felt that they should combine with another institution, Harvard being the first choice. Harvard was willing to do so, if 50,000 dollars were put up. Boston University stepped in picked up all the debt and the School became the Boston University School of Medicine in 1875. From that date until early in the 20<sup>th</sup> century it was a school of homeopathy.

The New England Female Medical College graduated 98 physicians including the first black female physician.

### **Learning objectives:**

1. Examine the conditions for education of women in the mid-18<sup>th</sup> century
2. Discuss the genesis of the New England Female Medical College
3. Understand how difficult it was for the first female physicians in getting clinical experience and joining the medical field

## **Walter Shelden M.D. (1870-1946), the Rochester Golf and Country Club, and the Results of His Work-Life Balance**

Christopher J. Boes, M.D.

*Chris Boes is a Professor of Neurology at the Mayo Clinic in Rochester, MN. He is secretary of the AOS, medical director of the W. Bruce Fye Center for the History of Medicine at the Mayo Clinic, chair of the American Academy of Neurology History of Neurology Section, and an Associate Dean in the Mayo School of Graduate Medical Education.*

Walter Shelden was head of the neurology section at the Mayo Clinic in Rochester, MN from 1913-1930. He became an emeritus professor in 1938, retired fully at the end of 1943, and died on February 13, 1946. His ashes were spread under the trees at the Rochester Golf and Country Club, which he helped found in 1916. In 1922, Mayo physician Philip Brown married Elsie Tillinghast, the daughter of golf architect Albert Warren (A.W.) Tillinghast. Tillinghast agreed to design a new 18-hole course for the fee of carfare back and forth to Rochester, and the new course opened in 1927.

Walter Shelden won the first club championship and several other tournaments in Minnesota. He also loved trees, and after playing a course near Texarkana, which was virtually cut out of a dense pine forest, decided to plant more trees on the Rochester Golf and Country Club. After drawing detailed planting plans for each hole, Shelden transplanted 30,000 evergreens to the course in the 1930s and early 1940s. Current country club members debate whether Shelden ruined Tillinghast's original design with all the pine trees. Letters from Tillinghast to the president of the Professional Golfers' Association (PGA) help answer this question. Tillinghast toured over 500 golf courses for the PGA from 1935-1937, and made recommendations for improvement. Accompanied by Shelden, he examined the course at the Rochester Golf and Country Club three times. He wrote on October 19, 1936 that "all of the tree planting scheme, which I suggested last spring, is being followed and it will be continued even to a greater extent." After Shelden's death in 1946 (the same year that Atlanta native Bobby Jones played the course), neuropathologist James Kernohan carried out the remainder of Shelden's tree planting plans. In 1947, an annual golf tournament was established and named after Shelden "as an enduring tribute to [his] foresight and generous spirit."

In addition to golfing and planting trees, Shelden also devoted many hours to woodworking. He had a happy family life, getting married in 1906 and raising two boys, both of whom completed residency training at Mayo Clinic. Shelden achieved work-life balance at a time when few physicians were able to do so. In the late 1930s, William J. Mayo commented that Shelden was "only good when he want[ed] to be." Although this was an ambiguous statement, it probably related to the fact that in his later years, Shelden was referred to as the "rainy day" consultant. During and after WWII, when the weather was nice, Shelden was working at the country club. This balance, and extensive clinical demand, likely explain why he published only 15 papers. Shelden's obituary writers commented on his ability to mingle "proper proportions of diligent endeavor and healthful recreation" resulting in "emotional balance."

### **Learning objectives:**

1. Outline Walter Shelden's biography
2. Discuss his contributions to the Rochester Golf and Country Club, and his relationship with golf architect A.W. Tillinghast
3. Describe the effects of his work-life balance on the opinions of those he worked with at Mayo Clinic

## Claribel Cone: Physician, Art Collector, Osler Admirer

Charles S. Bryan

*Charles S. Bryan is Distinguished Professor of Internal Medicine Emeritus at the University of South Carolina and a past secretary-treasurer and president of the American Osler Society.*

William Osler's attitude toward women in medicine draws mixed reviews. He looked forward to "the advent of the modern Trotula," a woman "of the first rank," and a few women (notably, Maude Abbott and Esther Rosencrantz) numbered among his most ardent admirers. However, his endorsement of women students at Johns Hopkins came reluctantly, and in a 1907 address to women medical students in London he came across as so patronizing that it made the national press. Against this background, let us consider unusual praise of Osler from a most unusual woman, Dr. Claribel Cone (1864–1929).

Claribel Cone and her sister Etta (1870–1949)—two of the 13 children of Herman and Helen Cone, German-Jewish immigrants who prospered in the United States—are best known as art collectors whose social circle included Gertrude and Leo Stein. Financially independent, the sisters lived in Baltimore in adjacent apartments but spent much of their later years abroad. They were among the first Americans to appreciate then-little-known artists such as Picasso and Matisse. Under-appreciated during Claribel's lifetime, their collection at the Baltimore Museum of Art is now valued at more than \$1 billion. (There is a second major collection in Greensboro, N.C., where the Moses H. Cone Memorial Hospital bears the name of their highly-successful younger brother.) Less well-known is Claribel's career in medicine.

In 1897 Claribel Cone graduated valedictorian of her class at the Woman's Medical College of Baltimore, the only school south of the Mason-Dixon Line where women could receive a medical degree. She did graduate work at the Woman's Medical College of Pennsylvania, practiced and taught at the Blockley Almshouse in Philadelphia, and returned to Baltimore to become professor of pathology at her alma mater. She intermittently did research at Johns Hopkins and also abroad with such luminaries as Karl Weikert and Elie Metchnikoff. Her 1896 "Introductory Address to the Medical Class of the Woman's Medical College" contains strong prescriptive advice for "the woman doctor." Her interest in medicine waned around 1915 as she began collecting art more seriously and spending more time abroad.

Her 1926 essay on "Making Ward-Rounds with Dr. Osler" (in the Sir William Osler Memorial Number, commonly known as "the Maude Abbott volume") conflates her dual interests in medicine and art. It reads in part: ". . . he was the artist, and with master-stroke he would limn for us case after case. In words rare as they were beautiful, in phrases pregnant with meaning, in manner. . . he would assemble the essential facts of each case and create a masterpiece as rich in suggestion, as universal in appeal as a Giotto, a Rembrandt, or a Giorgione." What a wonderful summing-up of Osler's desired epitaph, "I taught medical students on the wards!"

### **Learning objectives:**

1. Trace the history of the largely-forgotten Woman's Medical College of Baltimore
2. Describe the contrasting personalities of Claribel and Etta Cone, and sketch their lives as art collectors, bon vivants, and members of the literati
3. Comment (using the language of art appreciation) on some of Claribel Cone's purchases such as van Gogh's *A Pair of Boots*, Courbet's *The Shaded Stream*, Matisse's *Blue Nude*, and Cézanne's *Mont Sainte-Victoire Seen from the Bibémus Quarry*

## Were Moses and Aaron the First Bioterrorists?

John D. Bullock

*Dr. Bullock is a retired ophthalmologist, infectious disease epidemiologist, and forensic scientist who has investigated numerous historical events from these perspectives.*

The exodus of the Israelite slaves from Egypt was momentous in religious history. The Pharaoh had refused to free them from bondage until a series of ten plagues occurred. Biblical and scientific scholars have been fascinated by these events and numerous theories have been proposed. Theologians believe that the cause of the plagues was the supernatural power of God, while Sigmund Freud called the Passover story “a pious myth.” Scientists offer more naturalistic mechanisms. *In Miracles: A Preliminary Study*, C. S. Lewis wrote that the cause of a miracle is the activity of God but its results follow according to natural law. During the fifth plague, death of livestock occurred from an un-named infectious disease and during the sixth, boils appeared upon humans and animals. A variety of infections have been suggested as the causes of plagues 5 and 6, including, but not necessarily limited to: malaria, cholera, glanders, African horse sickness, bluetongue disease, West Nile fever, Rift Valley fever, and anthrax. In Exodus 9:3, “Behold, the hand of the Lord is upon thy cattle which is in the field, upon the horses, upon the asses, upon the camels, upon the oxen, and upon the sheep: there shall be a very grievous murrain (plague).” Most warm-blooded animals, especially hooved herbivores, are susceptible to anthrax. In Exodus 9:6, “And the Lord did that thing on the morrow, and all the (livestock) of Egypt died.” Presumably, the dead animals were either buried or burned. During WWII, Winston Churchill ordered the development of tens of thousands of anthrax bombs dropped over every city and town in Germany in the event of an invasion of Great Britain. A small anthrax bomb was tested on Gruinard Island, in the Hebrides, off the northwest coast of Scotland. Thirty sheep were taken to the island and tethered. A 25 pound bomb was dropped and all the sheep died within a week. The project was stopped after an anthrax outbreak in cattle and sheep occurred on the Scottish coast that directly faced Gruinard Island. This small island was still contaminated with anthrax until 1986, when tons of top soil were removed and incinerated. Because the highly heat resistant spores persisted, formaldehyde mixed with sea water was then used to complete the clean-up. Thus, anthrax spores are not eliminated with burning. In Exodus 9:8, “And the Lord said unto Moses and unto Aaron, Take to you handfuls of ashes of the furnace, and let Moses sprinkle it toward the heaven in the sight of Pharaoh.” The carcasses of the animals that died during the fifth plague were probably incinerated in a “furnace” with resultant “ashes.” The blood of the animals would have contained as many as 1 billion bacilli/ml which sporulate on exposure to air. Thus, the “ashes” would have contained countless anthrax spores. In Exodus 9:9, “And it (the anthrax contaminated ashes) shall become dust in all the land of Egypt, and shall be a boil breaking forth with blains (sores) upon man, and upon beast, throughout all the land of Egypt.” Cutaneous anthrax is described as a “boil-like” lesion that ruptures (“breaks forth”) into an ulcer (“sore”), affecting humans and animals. In conclusion, this study agrees that anthrax was the most probable cause of the fifth and sixth plagues of Egypt, and suggests a novel interrelationship and transmission mechanism between the two plagues.

### **Learning objectives:**

1. Examine the causes of the 5<sup>th</sup> and 6<sup>th</sup> plagues of Egypt
2. Explain the transition from the 5<sup>th</sup> to the 6<sup>th</sup> plague
3. Discuss the application of contemporary scientific knowledge to remote historical events

## Trigeminal Neuralgia and Multiple Sclerosis: A Historical Perspective

David B. Burkholder, Peter J. Koehler, & Christopher J. Boes

*David Burkholder is an Assistant Professor of Neurology at the Mayo Clinic in Rochester, MN and Mayo Clinic Health System in Owatonna, MN.*

Trigeminal neuralgia (TN) is an uncommon, but well-described phenomenon in patients with multiple sclerosis (MS). Despite being indistinguishable in clinical characteristics from typical TN, the medical community has been aware of the co-occurrence of these two diseases for more than 120 years. While credit for the first description is often given to Hermann Oppenheim, the timing of this varies. Also, some notable physicians either disagreed with the potential pain-generating mechanism, or more explicitly stated Oppenheim's proposed mechanism could not be the culprit.

Hermann Oppenheim noted trigeminal sensory disturbances without TN in cases of MS in 1887. Later, with the publication of his influential textbook *Lehrbuch der Nervenkrankheiten für Ärzte und Studierende*, Oppenheim first described a case of MS-associated TN, including a post-mortem drawing of a demyelinating plaque at the trigeminal nerve root entry zone. Future German-language editions of *Lehrbuch* retained this clearly stated association, but their respective English-language counterparts in 1900 and 1904 contained only a passing reference to the association within the 'Neuralgia' section of the text, and eliminated it completely in the MS discussion. In 1911, the English-language version reinstated the more descriptive account.

More clinical accounts surfaced through the early part of the 20<sup>th</sup> century, but pathologic corroboration was sparse. Otto Marburg outlined a case in 1906, and commented that the pathologic findings were the same as Oppenheim's description citing his 1905 *Lehrbuch*. In 1928, Harry Lee Parker, an Irish neurologist practicing in the United States, described 4 cases and included a post-mortem report of demyelination at the trigeminal root entry. Parker cited the 1911 English-language version of Oppenheim's text, and credited him with first describing the finding. Other physicians were more skeptical of this potential pathophysiology, including Wilfred Harris and Samuel Alexander Kinnier Wilson. Harris felt that trigeminal nucleus, not root entry zone, demyelination created more sensitization. In his textbook *Neurology*, Wilson acknowledged Oppenheim's description, but wrote "the lesion can scarcely account for the symptom."

The publication history of *Lehrbuch* may help explain why some earlier versions were not cited as containing relevant material. The English-language editions largely minimized MS-associated TN until the 1911 third edition, which was more true to the earlier German editions. That said, it is unclear why at least some authors did not reference the original description in the 1894 first edition. The presence of relatively few pathologic descriptions may have fueled some skepticism; however, the development of MRI has allowed in vivo evaluation, and has resulted in lending more credence to the theory that demyelination at the entry root zone may serve as a pain generator for MS-associated TN.

### Learning objectives:

1. Examine Hermann Oppenheim's original description of MS-associated TN
2. Compare later reports of MS-associated TN in the early 20<sup>th</sup> century with Oppenheim's original report
3. Outline competing theories regarding MS-associated TN through the early 20<sup>th</sup> century

## AEQUANIMITAS 1932-1953

John C. Carson

*Dr. Carson is a retired cardiologist, Emeritus Clinical Professor of Medicine at UCSD, and a former AOS president.*

The Eli Lilly Company gift of AEQUANIMITAS to every graduating medical student in America between 1932 and 1953 was discussed in the London meeting of the American Osler Society in 1995 by our late colleague, Robert C. Kimbrough. His presentation was printed in The Journal of the South Carolina Medical Association in August, 1955: *The Good Gift: a Comparison of the Eli Lilly Presentation Copies of AEQUANIMITAS*. In the same issue was Charles S. Bryan's *AEQUANIMITAS Revisited* - a scholarly summary of what the essays were really about. In April 2016, I spent three days at the Lilly Library in Bloomington, Indiana, and realized that the Lilly Company was really unaware of the tremendous impact their gift of more than 150,000 copies over a twenty-one year period had and continues to have to this very day. Michael Bliss in *The Discovery of Insulin* has pointed out the accomplishments of the Lilly Company - their devotion to research, their high ethical standards and enviable reputation even among physicians who have never read Oslerian Essays. My interest has been: who conceived of the gift of AEQUANIMITAS, why was it terminated and what replaced it. There are fascinating stories at every stage and new Oslerian vistas are opened. I make evident what an important bit of public relations from the Lilly Company started in 1921, was boosted in 1932, and is very much alive today.

### **Learning objectives:**

1. How was the decision to present AEQUANIMITAS reached & who was involved in 1932
2. How was the decision to terminate AEQUANIMITAS made & who was involved in 1953
3. Has the Lilly Company been unaware of the magnitude of their contribution to the history of American medicine?

## Christiaan Barnard – Outside Of Medicine

David K.C. Cooper

*David Cooper, a graduate of Guy's Hospital Medical School in London, trained in cardiothoracic surgery in the UK, and followed an academic career focused on heart transplantation before devoting himself fulltime to research in organ transplantation.*

South African surgeon, Christiaan Barnard, carried out the world's first human-to-human heart transplant on December 3<sup>rd</sup>, 1967, an event of which we shall celebrate the 50<sup>th</sup> anniversary in 2017. Although remembered for this pioneering operation, Barnard was a man with many other less well-known interests. He was an outstanding speaker to both medical and lay audiences. He could pitch his presentation at the right level for erudite physicians or young schoolchildren.

Although he had little interest in water-skiing himself, when others pointed out that his 11 year-old daughter was showing an aptitude for the sport, he threw himself into coaching her with great enthusiasm and energy. At her first attempt, at the age of 12, she became the South African senior women's champion and, with Barnard as the national team manager, represented her country in the European championships. By the age of 14, she was ranked second in the world.

For several years, Barnard contributed a weekly newspaper column that was syndicated throughout South Africa. It was almost always stimulating and entertaining, with topics ranging from aspects of health to political commentary. He penned several books on health care for the lay person, e.g., on preventing heart disease or dealing with rheumatoid arthritis, from which he suffered personally. He had strong views on the potential place of euthanasia, which he discussed in one of his books, and he also published his personal views on the political situation in his homeland, troubled as it was by the government's apartheid policy. With professional collaboration, he wrote four novels.

He participated in several business ventures, including the part ownership of four restaurants in Cape Town. He also purchased farms, which he converted to a game reserve that attracted tourists to South Africa. His most controversial business activity was his involvement with the Clinique La Prairie in Switzerland, which provided 'rejuvenation' therapy to those believing they could benefit from the injection of sheep fetal cells. This led him to participate in the promotion of a cream, *Glycel*, that reputedly prevented 'aging' of the skin, e.g., wrinkling. This damaged the good reputation he had gained from his work in heart surgery.

In summary, although perhaps not a true 'Renaissance man', Chris Barnard was a man of several talents.

### **Learning objectives:**

1. Review Christiaan Barnard's contributions to heart surgery
2. Learn of his talents as a public speaker, journalist, writer, coach, and businessman
3. Understand why he was distracted from building a heart center of lasting academic excellence in Cape Town

## The Opiate Epidemic: Addiction and the Physician

Kaylee Davis

*Kaylee Davis is a medical student and at the University of Texas Medical Branch in Galveston, TX. She is proud to be an Osler Student Scholar in the John P. McGovern Academy for Oslerian Medicine, as well as a leader in her Student Osler Society.*

Opium was recognized for its potential medicinal purposes by Hippocrates as early as 460 B.C. By the 1800's the addictive properties of the drug had become apparent. Over the course of history, physicians have been more susceptible to opioid addiction than the general population. The father of American surgery and Sir William Osler's good friend and colleague, William Stewart Halstead, is only one example of physician opioid addiction. In light of the current opioid epidemic of the last 15 years, how have physicians been affected? What may be done about opioid addiction in general and physician opioid addiction in particular?

Opioid addiction affects people from all walks of life regardless of education or socioeconomic status. Prescription opioids have been the primary contributing factor in the current epidemic. According to the Center of Disease Control, physicians wrote 259 million prescriptions in 2012 and up to two million Americans develop opioid dependency each year. As opioid abuse has been on the rise, we must be aware that not only are physicians not immune to addiction, but are more at risk than the general population. It has been shown that physicians abuse prescription opioids more than five times as often as the general population. It seems counterintuitive that physicians would be at higher risk given their awareness of the adverse effects and addictive potential. Contributing factors may include specific personality characteristics of physicians since these individuals tend to be high achievers, independent, and most importantly, uncomfortable with asking for help. These traits, along with a stressful work environment, various responsibilities, and easy access to prescription opioids, can become a recipe for addiction. Therefore, we must take steps necessary to ensure physicians' well-being and patient safety.

This paper explains why opioid-addicted physicians are difficult to identify and the barriers that impede help seeking behavior. Colleagues frequently fail to identify impaired behavior, and when impaired behavior is recognized, many are reluctant or ill prepared to effectively intervene. Physician Health Programs are a source of confidential, non-punitive treatment, which, in many cases, allow a safe return to the practice of medicine. These programs work in parallel with the medical boards and are available to those physicians who self-identify or who are identified by colleagues as having a problem. Effective medical and behavioral interventions are available and can be used to help physicians safely return to the practice of medicine while maintaining sobriety and reducing risks to patients.

### **Learning objectives:**

1. Describe the current opioid epidemic and compare and contrast the current epidemic to the use of opioids through history
2. Describe physician susceptibility to prescription opioid abuse, contributing factors, and outcomes of those who do and do not seek treatment
3. Discuss the ethical and legal obligations of physicians to address addiction or other impairment among their colleagues, and the steps a physician should take if they suspect that a colleague is impaired

## WILLIAM B. BEAN STUDENT RESEARCH AWARD LECTURE

### Virchow and the Sewers of Berlin: The Debate Between Social and Biomedical Models of Medicine in 19<sup>th</sup> Century Berlin, with Implications for Today

Lee Eschenroeder

*Lee Eschenroeder is a fourth-year medical student at the University of Virginia (UVA) School of Medicine. Originally from Lynchburg, Virginia, he received his BA from UVA in 2011, majoring in Bioethics. After graduation, he moved to Colorado and spent two years in the classroom at STRIVE Prep as a member of Teach for America. Influenced by his studies, teaching, and personal experiences, including a cross-country bicycle tour, he returned to Virginia for medical school, with interests in underserved populations and the health of communities. He has held leadership positions in UVA programs and student groups related to medical education, humanistic medical practice, and community dialogue. He has been inducted into the AOA medical honor society and Gold Humanism Honor Society, and is the 2017 recipient of the Leonard Tow Humanism in Medicine Award at UVA. He will pursue a residency in internal medicine and hopes to incorporate education and public health into his future clinical practice.*

In the second half of the 19<sup>th</sup> century, Berlin was in a state of upheaval. Industrialization and urbanization had created new physical landscapes and societal classes that destabilized old economic and political orders. Medical science, too, was changing. As cholera and other epidemics ravaged urban centers, the contagionist-anticontagionist debate raged, with many in medicine reluctant to accept the notion of microscopic organisms over groundwater miasmas as being causative of disease. Into this arena of human suffering, scientific uncertainty, and powerful political and economic incentives stepped Rudolf Virchow, father of cellular pathology and a prominent figure in German politics. His charge was to provide for the health of the people by designing a sewage system for Berlin and, in doing so, to elucidate the true origins of disease.

Is the cause of epidemic disease primarily social or biological? Should cures be sought in the laboratory or the legislature? How and to what extent do the built environment and political structures influence health outcomes? The scientific disagreements and political pressures of the 19<sup>th</sup> century made answers to these questions anything but certain. Today, discussions of 21<sup>st</sup>-century epidemics of obesity, diabetes, and metabolic syndrome involve persuasive yet unsubstantiated theories that are as numerous and diverse as those Virchow contended with 150 years ago. While we now speak of the gut microbiome and food deserts rather than fetid air and feces removal, the essential questions remain the same: Why are we sick? And how do we get better?

This paper presents the story of Rudolf Virchow and the evolution of his scientific and political views amidst the discovery of germ theory and his design and construction of Berlin's first centrally planned sewage system. By tying this historical analysis to the narrative of one man, the paper highlights the genuine moral and scientific conflicts that characterized Virchow's time and shaped the management of epidemic disease through both political and public health means. This exploration also offers a connection with contemporary efforts to address the causes of epidemic disease through innovations in epidemiology, medicine, and policy. Virchow and his political and public health accomplishments are not now well known. By bringing this history forward, the paper argues for renewed consideration of a model of disease that acknowledges the shared contributions of social and biological factors to states of illness and health, rather than relying exclusively on biomedical explanations.

#### **Learning objectives:**

1. Identify the predominant epidemic diseases affecting European cities such as Berlin in the late 19<sup>th</sup> century and the social and political structures contributing to their spread
2. Describe the scientific, historical, and political arguments for and against contagionism circa 1860
3. Apply the historical narrative of Virchow's use of epidemiology, science, and politics to address epidemic disease to present-day efforts in public health, policy, and medicine to do the same

## **Clifton Briggs Leech: Harriet Lane's First Children's Heart Clinic Director**

William N. Evans

*William Evans is professor of pediatrics at the University of Nevada School of Medicine, and he is the founder and director of the Children's Heart Center – Nevada. His interest is in the history of congenital cardiology and cardiac surgery.*

The history of Helen Taussig is well known. Contrary to popular belief, however, she was not the first director of the pediatric cardiology clinic at the Harriet Lane Home for Invalid Children. She was second director, succeeding Clifton B. Leech. Edwards A. Park, Chief of Pediatrics at Johns Hopkins, appointed Leech the first director of the pediatric cardiac clinic in the fall of 1928. Clifton Briggs Leech played an important part in the early history of pediatric cardiology; nonetheless, Leech's contributions have become shrouded over time. Stimulated by the passion of Edwards Park to establish specialty clinics in pediatrics at Johns Hopkins University, Leech was recruited to develop the first pediatric cardiac clinic within the Harriet Lane Home, separate from the general outpatient dispensary. In my research, I sought to add new information by emphasizing his contributions made through published works about the era, his own published works, and from archived primary sources. Primary sources provide objective historical information that may affect historical long-standing "historical" lore. I have found such primary sources to be invaluable in understanding the contributions of Clifton Leech to pediatric cardiology. Further, I will highlight the importance of early 20<sup>th</sup>-century children's rheumatic fever clinics, as the critical milieu from which the clinical interest in congenital heart disease arose, and ultimately the specialty of pediatric cardiology.

### **Learning objectives:**

1. Discuss the early children's rheumatic fever clinics
2. Highlight Edwards Park's passion for differentiating specialty pediatric clinic from the general outpatient clinic at Johns Hopkins
3. Examine the early professional life of Clifton Briggs Leech and his work as the first director of the children's heart clinic at Harriet Lane

## Reconstructing the Consumptive: Dr. Robert F. Speir Looks at the New South

Michael A. Flannery & Peggy Balch

*With longstanding interests in southern medicine, Michael A. Flannery has worked in the history of medicine and pharmacy for more than 25 years. Most recently he has contributed articles on medicine and healthcare to volumes 20 and 22 of The New Encyclopedia of Southern Culture (UNC Press, 2012) and published “‘Frauds,’ ‘Filth Parties,’ ‘Yeast Fads,’ and ‘Black Boxes’: Pellagra and Southern Pride, 1906-2003,” The Southern Quarterly vol. 53, no. ¾ (Spring/Summer 2016): 114-140. Peggy Balch has her MLIS from the University of Alabama and MA in history from the University of Alabama at Birmingham. She has been with the Reynolds-Finley Historical Library at UAB for more than a decade. During that time she has provided educational outreach at undergraduate and graduate levels. Ms. Balch has demonstrated the versatility of a special collections librarian, public historian, rare book and manuscript curator, and educator in a position that links faculty and students with the past in meaningful and productive ways.*

Ever since C. Van Woodward’s path breaking work *Origins of the New South, 1880-1900* (1951, rev. ed. 1981), the historical dynamics of publicists and promoters of a newly envisioned South by “boosters” such as Benjamin Harvey Hill (1823-1882), Henry W. Grady (1850-1889), and Richard Edmonds (1857-1930) have been well known. In many ways built upon misconception and myth, the New South movement was nonetheless real. Although often regarded largely as an effort for southern industrialization, George Washington Cable (1844-1925) and Thomas Nelson Page (1853-1922) impressed it with a distinct literary stamp. Less well known are the medical and health components of this postbellum phenomenon. Robert F. Speir (1834-1896), a physician from Brooklyn Heights, New York, provides a unique opportunity to do so with his *Going South for the Winter: with Hints for Consumptives* (1870, 3<sup>rd</sup> ed. 1873). In part, we will argue that in spite of failed Reconstruction political policy, at least some of the medical profession sought to “reconstruct” the consumptive more productively within the South with a more realistic appraisal of its costs and benefits.

This 15-minute Power Point presentation will highlight Speir’s work within the larger context of the New South movement. Included will be the prevailing understandings and misunderstandings of pulmonary tuberculosis during the period and some discussion of how Speir fits in with the “fresh-air and restorative” treatment launched with Hermann Brehmer’s Görbersdorf sanitarium in 1854 and continued in America with Edward Trudeau’s Adirondack Cottage Sanitarium of 1885. Also, important clinical context is provided in William Osler’s *Principles and Practice of Medicine* (1892) with his comparative perspective following Robert Koch’s discovery of the tubercle bacillus in 1882. Thus Speir’s *Going South for the Winter* offers valuable insights into the New South, medical geography, and the development of clinical aspects of tuberculosis during this watershed period of modern medicine.

### **Learning objectives:**

1. Examine the medical aspects of the New South movement through Dr. Robert F. Speir’s *Going South for the Winter*
2. Compare and contrast pre- and post-Koch era understandings of consumption or pulmonary tuberculosis
3. Evaluate the South as a therapeutic region for “consumption” and our emerging knowledge of pulmonary tuberculosis

## St. Anthony's Fire: Art and Medicine

J. Gordon Frierson

*Dr. Frierson was engaged in the private practice of internal medicine and infectious diseases for 35 years. He served as attending physician at the Tropical Medicine Clinic at the University of California San Francisco for many years and operated a private travel medicine clinic for 16 years. He is currently retired pursuing his interest in the history of medicine.*

In the small city of Colmar, in Northeastern France, a famous sixteenth century altar is on display that has intimate connections to medicine. The artist, Matthias Grünewald, a contemporary of Albrecht Dürer, painted several panels that open and close to show different scenes for different occasions. Fully closed, the scene shows an extremely realistic crucifixion, flanked by paintings of St. Anthony and St. Sebastian. Saint Anthony, is a central theme of the piece. The altar was originally housed at the monastery of the Order of St. Anthony at Isenheim, near Colmar, an Order that was established in 1095 and was particularly associated with healing “St. Anthony’s Fire”.

Legend has it that a French nobleman’s son was afflicted with St. Anthony’s Fire in southeastern France. He prayed to St. Anthony, his son was cured, and in gratitude he founded the Order of St. Anthony. The order, characterized by monastery-hospital combinations, was supported by the Pope and spread rapidly through Europe. The Antonite monastery (with hospital) at Isenheim was established in the late 13<sup>th</sup> century.

The term “St. Anthony’s fire” relates to the “fire” in the distal extremities due to ergot poisoning and its frequently attendant peripheral gangrene. St. Anthony is often depicted either standing in fire or associated with sufferers shown with fire in their hands or missing a distal extremity. Such victims sought out the monastery, where amputations were commonly performed. A text of 1517 by a surgeon, Hans von Gersdorff, at a nearby Antonite hospital describes and illustrates amputation procedures for St. Anthony’s fire. Amputated limbs were preserved in the monasteries as votives.

Epidemics of ergot poisoning were relatively common in France, Germany, and Switzerland. Suspected outbreaks date from as early as the tenth century, though the descriptions are more detailed and identifiable by the fifteenth. The fungus containing ergot resembles dark “spurs” and flourishes on rye in wet springs followed by dry summers. Epidemics have occurred up to the twentieth century.

Knowledge that the brown spurs on rye were causative only came in the late 17<sup>th</sup> century, after which epidemics were less frequent. The life cycle of the fungus was worked out in the nineteenth century. Ergotamine was isolated in 1910 and widely used as medication for migraines and inducing delivery. Later LSD was synthesized from the basic molecule.

The Isenheim Altar opens a window onto medical (and surgical) thought and practice of the sixteenth century. The altarpiece contains a number of references to disease, drugs, and dying. The neurologist Charcot viewed it and wrote about it. Plants specifically used as medicines are depicted. It is also artistically powerful and was an influence on several artists, including Otto Dix, Max Beckmann, and Pablo Picasso.

### **Learning objectives:**

1. Review the history of ergot poisoning
2. Describe the interplay between religion and medicine
3. Show the impact of medical problems on contemporary art

## **On the Significance of the Circle of Tugo**

Luis Nicolas Gonzalez Castro

*L. Nicolas Gonzalez Castro, MD, PhD is in the Harvard Neurology Residency Program.*

The content of the presentation was divulged earlier this year in publication form on the winter issue of *The Pharos*, the journal of the Alpha Omega Alpha Honor Medical Society.

This presentation will tell the story of Private Oscar C. Tugo, the first enlisted American to die during World War I, in the larger context of the activities of the American Expeditionary Force Base Hospital No. 5 (Harvard Medical Unit), which operated in northern France from 1917 to 1919. Additional information will be provided regarding Dr. Harvey Cushing, commander of the unit, and his involvement in the care of 2<sup>nd</sup> Lt Edward Revere Osler who would die from wounds received at the Third Battle of Ypres (Battle of Passchendaele).

### **Learning objectives:**

1. Provide a biographical outline of Private Oscar C. Tugo
2. Explain the role of the base hospital system during World War I
3. Discuss the involvement of Dr. Harvey Cushing in the care of 2<sup>nd</sup> Lt. Edward Revere Osler during the Battle of Passchendaele, and on updating his parents, Grace and Sir William Osler

## **Functional Neurological Disorders and their Evolution from Reflex Hammer to Functional Magnetic Resonance Imaging**

Raghav Govindarajan

*Dr. Raghav Govindarajan is a neurologist/neuromuscular physician, medical director of neurology clinic with a strong interest in Oslerian tradition of humanism and patient centered care. He is interested in history of medicine/neurology especially in functional neurological disorders. Dr. Govindarajan is a member of Gold Humanism Honor Society, Alpha Omega Alpha, Sigma Xi and fellow of College of Physicians of Philadelphia. He is a clerkship director and have a passion for teaching and has been awarded more than 15 teaching awards both locally and nationally including the AMSA Golden Apple award, AMA's best teacher award and AMWA's mentorship award.*

Functional disorders are a frequent challenge in neurology/medicine and are as old as the humanity itself. From the Greek concept of 'wandering uterus' compressing different organs and causing different clinical manifestations to Charcot's description of 'arc-de-cercle'; there has been much discussion about them in medical literature and approach to their clinical care. The advancement of medical technology has led to greater understanding of pathophysiology but their impact on functional neurological disorders has been unclear.

A search on Pubmed, Embase, Scopus with MeSH terms 'functional', 'psychogenic', 'conversion', 'hysteria' was done. The publications were hand searched and only those relevant to current discussion were included. In addition historical newspaper clippings and classic books such as Osler's The Principles and Practice of Medicine, Silas Weir Mitchell's Doctor and Patient were reviewed. A p value of <0.05 was considered statistically significant.

Fifteen different terminologies have been used functional neurological disorders. There was a 15% increase in publications on functional disorders following the invention of knee hammer which increased to as much as 60% in the next four decades. Since 1970s there has been decline in the number of publications on functional neurological disorder with a pathologic cause being described to many previously described functional disorder ( $p < 0.05$ ). A word soup analysis found that commonly used words/phrases associated with functional neurological disorders during 19-20<sup>th</sup> century were mental weakness, auto stimulation, affliction, sexual excess. These pejorative terms have declined in use after 1960s and were completely eliminated from medical literature after 1980s. Management has changed from rest therapy, massage chairs and even 'threats' to understanding the underlying pathophysiologic process.

While the terminology of functional neurological disorders has changed over time, their diagnosis remains challenging. There was an explosion of publications on hysteria and other neurological conditions considered 'functional' following widespread use of the reflex hammer, which continued until the clinical application of advanced imaging after which many functional disorders were found to have a pathologic cause. The care of these patients has changed from being dismissive of their symptoms and at times condescending to one of greater understanding, compassion and even caution.

### **Learning objectives:**

1. List various terminologies used for functional neurological disorders from late 19<sup>th</sup> century and 20<sup>th</sup> century
2. Evaluate the publications on functional neurological disorders and define the trend of their publication from three important timelines in the field of clinical neurology –the inventions of reflex hammer, X-ray skull and advanced imaging (CT, MRI and functional MRI)
3. Define the evolution of care of patients with functional disorders during these three periods

## What would have Osler Taught about Medicine from Syphilis in 2017?

David R. Haburchak

*Dr. Haburchak is Professor of Medicine, Division of Infectious Diseases at the Medical College of Georgia-Augusta University.*

Osler's famous aphorism, "to know syphilis is to know medicine" seems at first glance to be outdated in the current era of both molecular medicine and healthcare. Twice since Osler's death, there have been predictions of the conquest of syphilis by penicillin, only to have it rise like a phoenix. What did he know and how did he advocate treating patients 100 years ago that might assist all patients suffering from "lifestyle" diseases in 2016?

Osler's clinical expertise is exemplified in his 18 page description of the disease manifestations in *The Principles and Practice of Medicine*, although most now believe incubation to the primary chancre to be 3 rather than 6-12 weeks. Because of the protean nature of the three stages of syphilis, the disease does appear to describe a broad sampling of clinical-pathological manifestations, making the aphorism appropriate even today. Diagnosis was facilitated by the Wasserman test in 1909, and therapy with penicillin in 1943, but confidentiality, reporting, and treatment issues described by Osler still pertain.

For the past ten years, syphilis has made a remarkable worldwide comeback, particularly among young men who have sex with other men. Syphilis is now appreciated as a consequence of concurrent and unprotected sexual activity among social networks, facilitated by technology. Patients have numerous psychological and social characteristics that have been described as a "syndemic" by concerned outsiders: childhood adversity, mental illness, drug abuse, co-morbid sexually transmitted diseases and HIV. Often stigmatized externally and internally, many appear to be complacent about risk and unmotivated to engage medical care despite extensive knowledge.

While Osler strongly advocated scientific advancement of medicine, he espoused its application to the patient as a person based on medical humanism, an art learned about human beings from classical sources, literature, arts, and humanities.

The classic humanities of Osler now are crowded by "scientific" disciplines of psychology, sociology, anthropology, neuroscience, network theory and systems theory and are all being applied to "management" of individuals and populations with syphilis and other diseases such associated with "lifestyle." For Osler, truth evolves (*The Growth of Truth*), so he would not be surprised at the breadth and scope of stimuli and circumstances that shape human behavior and disease, nor the arena of intervention.

What continues to make Osler pertinent is his advocacy of ethics, especially temperance, not only to students as *A Way of Life*, but also specifically to syphilis patients as a group ("Go and sin no more") in his lecture to the London Medical Society, May, 1917. Might Osler be a model yet today for us to humanely advocate ethical behavior and moral responsibility by our patients? How would Osler manage a new patient with syphilis and HIV in 2017? What are the prerequisites for physicians to give moral advice?

### **Learning objectives:**

1. To describe syphilis as a psychological, sociological, and ethical disease
2. To consider the role of willful unhealthy patient behaviors in the pathogenesis of disease
3. To consider Osler as a humanist and ethicist in the flourishing of students and patients

## The Interwar Surgical Hesitation: Surgical Trends in the 1920s

David Hamilton

*Dr. Hamilton's historical works include The Monkey Gland Affair (1986), A History of Organ Transplantation (2013) and The First Transplant Surgeon: the Flawed Genius of Alexis Carrel (2016).*

Surgical practice in the two decades between WW1 and WW2 consolidated after the earlier advances based on anaesthesia and antisepsis; rapid progress was renewed from mid-20th century.

During the interwar hesitation, leaders in the surgical world moved in some unproductive directions and the work at that time of two surgeons, René Leriche (1879-1955) and Alexis Carrel (1873-1944) can be studied. Both Frenchmen trained in Lyon, and though they were the 'fathers' respectively of vascular and transplant surgery, both altered direction in the 1920s.

Leriche (and others like Cushing and George Crile) enthused about the new findings on the autonomic nervous system (ANS), apparently showing antagonistic control of much of the body by its two divisions, sympathetic and parasympathetic. It was suggested that autonomic nerve 'imbalance', originating in the central nervous system might cause disease, and that surgical section of the appropriate nerves could be therapeutic. Leriche and others announced 'a new type of surgery' for endocrine, heart and vascular disease which would use nerve section to deal with these disorders. In this strategy, they would not deal with heart valve or vascular obstructive lesions directly.

Carrel, though not in clinical practice, was under the influence of the new holistic Groupe Lyonnais d'études médicales, and now taught in his writings that kidney disease was the result of an autonomic imbalance, secondary to a central disturbance, itself under psychic influence. He now considered that instead of kidney replacement by transplantation, the primary, central, neural cause should be sought and remedied.

This mind-set in surgery mirrored similar inter-war attitudes in internal medicine, notably the return to favour of holistic Hippocratic practice, seeking to restore 'balance.' Added to this, the rise in psychosomatic medicine attempted to re-join linkage between the mind and the body, rejecting the primary role of local pathology. These approaches were reactions against mechanistic thinking in general and the pre-WW1 dominant German leadership in medicine in particular.

After WW2, direct vascular surgery and organ transplantation soon flourished, using a return to earlier Carrelian surgical methods.

### **Learning objectives:**

1. Examine innovations in interwar surgery
2. Explain the trends at this time
3. Evaluate the contributions of Leriche and Carrel

## America's First Closed Formulary - and Other Life and Death Battles

John M. Harris, Jr.

*John M. Harris Jr., MD is the former Executive Director of the Office of Continuing Medical Education at the University of Arizona. In his career he has worked as an internist in the US Army and private practice, an executive in managed care, and a medical educator and researcher.*

On July 22, 1961 the Journal of the American Medical Association advised the medical profession of the AMA's strong objections to the Kefauver-Harris amendments to the Food Drug and Cosmetic Act. The AMA's position was that no government agency should interfere with a physician's right to prescribe a drug simply because the agency had decided that the drug did not work as it was intended to. The AMA eventually lost this battle.

One hundred years earlier, to the day, the painful evidence of another lost battle straggled back to Washington, DC. The First Battle of Bull Run had ended with a Confederate victory on July 21, 1861. On July 22 Lincoln appointed George B. McClellan as Union Army Commander. Interested civilians, including several well-known physicians, worked with McClellan to completely revamp the unprepared and undermanned Army Medical Department. One of their first successes was the unprecedented promotion of Dr. William Hammond from First Lieutenant to the Union Army's Surgeon General.

Within Army Medicine the subsequent accomplishments of William Hammond and his colleague, Jonathan Letterman are legendary. These two and many others, including the man who recruited Osler to Hopkins, John Shaw Billings, revolutionized battlefield medicine while laying the foundations for many of nineteenth-century America's advances in medical science and public health.

Yet Hammond, who was lionized by the medical profession upon his appointment in 1862, was castigated in 1863 and wrongly court-martialed out of the service in 1864. His primary offense in the eyes of his medical colleagues was that he sought to restrict Army physicians' use of two toxic and widely abused drugs, calomel (mercury) and tartar emetic (antimony). Some physicians defended him as a man of science, but to most others, including the AMA, he had committed the unforgivable crime of interfering with a physician's right to prescribe a drug, even if the physician was a soldier in uniform.

In hindsight, and even by the standards of the times, Hammond's actions were reasonable, measured, and justified. The story of William Hammond's failed efforts to implement America's first closed formulary exemplifies conflicts over 19th-century medical therapeutics, but it also reveals a deeper and still unresolved narrative, the ongoing battle over the attempts of anyone, no matter the circumstances or need, to manage physician behavior.

### **Learning objectives:**

1. Describe the contributions of Civil War medicine to later civilian accomplishments
2. Anticipate physicians' objections to the implementation of a closed formulary
3. Manage difficult conflicts between medical science and medical economics

## Sir Thomas Browne's *Religio Medici*, 21st Century Rendition

Bruce Hoekstra

*Dr. Hoekstra is a member of the senior staff at the College Station Clinic and a member of the clinical faculty of the Texas A&M School of Medicine. He is also a bibliophile.*

Sir William Osler considered Sir Thomas Browne's *Religio Medici* the most treasured book in his library. An avowed bibliophile, Osler collected every edition published during the author's lifetime. A Ticknor and Fields 1862 edition, the second book Osler ever purchased, was ever present at his bedside. It was the only book of his extensive 8000 volume collection that he intended to hold back from his bequest to McGill, intending instead to pass it and its wisdom to his son, Revere.

Sir William quoted the *Religio* often and extensively. He read and reread it, and, uncharacteristically, made few notes in the margins, preferring instead to glean new knowledge from it with each reading. He recommended it to his students and it is on his list of essential reading. To this day it is the closest book to him, at the very heart of the Osler niche in the McGill Library of the History of Medicine.

Although its wisdom is timeless, the *Religio Medici* sadly is inaccessible to most readers today. Its prose was challenging ("tough sledding" according to Osler) in its own time. Although there are those of a certain vintage and educational attainment who relish Browne's literary voice, for most it seems to be written in a foreign language.

A 21st rendition from the best collation of original edition texts has been completed. This new rendition will introduce Browne, in modern English, to a new generation of readers. A synopsis of the historical background of the late 16th and early 17th century and how it influenced young Dr. Brown, the introduction, first section, and examples of the eloquent, lyric, thought provoking passages of the *Religio Medici* will be considered.

### **Learning objectives:**

1. Examine Browne's credo in modern English
2. Evaluate the utility of Browne's premise for fledgling physicians
3. Explain why the *Religio Medici* was so important to Sir William Osler

## Lawrence D. Longo: A Man Whom Followed the Oslerian Traditions

K. Garth Huston, Jr.

*K Garth Huston, Jr, is a practicing Anesthesiologist at Scripps Memorial Hospital in La Jolla, CA. He has been attending the American Osler Meetings since 1984 and became a member in 1992. He has interests in the history of anesthesia, history of resuscitation, Sir William Osler, history of swimming, and other items. He was born and raised in Southern California. He attended Loma Linda University for medical school, LA County+USC Medical Center for a rotating internship, and UC San Francisco for anesthesia residency. Larry Longo has been a family friend.*

This will document the life and scientific accomplishments of Lawrence D. Longo. There is a wealth of material gathered from his family, from his long-time association with K. Garth Huston, Sr. and from the Longo Collection of nearly 6,000 rare books and pamphlets covering the history of obstetrics from the late 15<sup>th</sup> to the 20<sup>th</sup> century donated to the Huntington Library. I anticipate that in the years ahead there will be a number of presentations outlining his contributions to the American Osler Society, history of perinatology, history of obstetrics, and how the social factors of women's health has changed over the centuries. This will show how his life impacted his family, friends, and colleagues in a manner similar to Sir William Osler.

### **Learning objectives:**

1. Examine the qualities of living an exemplary life
2. Discuss the contributions to the history of perinatology
3. Explain the context of the collected material to the changes in women's health
4. Evaluate the similarities of Lawrence D. Longo and Sir William Osler

## Peter, Principles, Printers, Petticoats and Politics

Richard J. Kahn

*Richard is a practicing internist, a lifelong Oslerian, former AOS president, and Patty's husband. Patty is a medical librarian and Richie's wife, lo these many years (almost 52 years: "it was the eighth of August in '65, hardly a man is now alive who remembers that famous day and year")*

You may remember the letter Abigail Adams wrote to her husband John dated March 31, 1776: ". . . and by the way in the new Code of Laws which I suppose it will be necessary for you to make I desire you would Remember the Ladies, and be more generous and favourable to them than your ancestors. Do not put such unlimited power into the hands of the Husbands. Remember all Men would be tyrants if they could. If perticular care and attention is not paid to the Laidies we are determined to foment a Rebellion, and will not hold ourselves bound by any Laws in which we have no voice, or Representation." (spelling per transcription)

Having just completed a course at Rare Book School, "The Printed Book in the West since 1800," I was reading about early Maine printers and discovered Peter Edes (1756-1840), about whom the De Burians of Bangor, Maine published a biography in 1901. His father Benjamin Edes had been publishing the *Boston Gazette* since 1755 and was a leading voice favoring American independence. Peter apprenticed under his father, and was present when a group of patriots dressed as Indians gathered at his house before throwing tea overboard.

Benjamin Edes published the poems of Martha Wadsworth Brewster, 1757-58, one of the first American female literary figures. Peter had his own print shop, first in Boston, then Newport, RI, and in finally Augusta, and Bangor, Maine. It should not come as a surprise then that in 1792 Peter Edes would print the first American edition of *A Vindication of the Rights of Woman* by Mary Wollstonecraft. She wrote that women should have the same rights as men and that they should be educated rationally to give them the opportunity to contribute to society. Two hundred and twenty-five years later we have almost elected our first female President. This paper will examine the revolution in politics, gender equality, and printing at the end of the 18<sup>th</sup> century.

### **Learning objectives:**

1. Who are Benjamin and Peter Edes and what is their significance to American politics, printing, and publishing?
2. Who is Mary Wollstonecraft and what were her revolutionary thoughts?
3. What major changes in printing began c 1800?

## WILLIAM B. BEAN STUDENT RESEARCH AWARD LECTURE

### **In Vitro Insubordination: Harvard Stem Cell Science and Government Control During the Bush-Obama Era**

S. Alison Kraemer

*S. Alison Kraemer graduated from Harvard University in 2012, majoring in Human Developmental and Regenerative Biology with a minor in History of Science. She is now a third-year medical student at Johns Hopkins School of Medicine, producing this project under the Scholarly Concentration program with the Johns Hopkins Institute of the History of Medicine. She currently plans to pursue a career in Family Medicine, with a goal of mobilizing community resources to serve both the medical and psychosocial needs of vulnerable patients.*

On August 9, 2001, the newly inaugurated U.S. President George W. Bush limited federal funding for human embryonic stem cell research to a list of 18 existing cell lines. In the midst of social and political controversy, a group of Harvard University investigators reacted against these funding restrictions and derived new cell lines using private philanthropy. The purpose of this study is to explore Harvard scientists' response to public policies on stem cell research beginning with Bush's decision. It seeks to show how these researchers asserted an unusual type of citizenship power that competed with the state power of President Bush through collaboration with Harvard's value-aligned private donors.

Popular accounts of Harvard's response to the "Bush ban" present a triumphalist narrative of financial privilege, scientific freedom, and the moral authority of medicine overcoming Bush's conservative policies. Closer investigation of media coverage, published literature, and oral histories with Harvard stakeholders in stem cell science, however, reveals the very real political vulnerabilities of their efforts. Harvard had to create intricate ethical, financial, and regulatory controls and lobby extensively for policy changes to make conditions favorable to conduct human embryonic stem cell research. As Harvard researchers sought desperately to subvert funding restrictions with private monies, it still had to remain adherent to policy decisions, a number of which caused major disruptions in their work.

This Harvard case study underscores the struggle for authority over science. My investigation counters the populist narrative by showing that researchers at private academic institutions can envision, but not necessarily always accomplish, a kind of citizenship where permissive funding from likeminded donors prevails over the funding restrictions by a U.S. president. Further analysis points to a modified view of biopower (M. Foucault) and biological citizenship (A. Petryna; N. Rose). The case demonstrates how power over biological actors and objects extends not only from state mechanisms or citizens' demands on the state, but also from private institutions whose investments evade state purview. Private institutions act paradoxically as both insubordinate entities that exert authority through amplified resources and subordinate entities that succumb to government rules to obtain special access to new biotechnologies.

#### **Learning objectives:**

1. Explain the efforts of Harvard stem cell scientists in response to the public policies on stem cell research starting from Bush's 2001 executive order
2. Examine Harvard's collective response to U.S. federal funding policies through the lens of the social theoretical concepts of biopower (M. Foucault) and biological citizenship (A. Petryna; N. Rose)
3. Interrogate the implications of the narratives in this case study for Harvard and its interactions with the federal government

## Osler's Life and Thought as The Foundation of a Medical Humanities Course

Dennis M. Kratz & Marvin J. Stone

*Dr. Kratz is Rockover Professor of Humanities and Dean, School of Arts and Humanities, at The University of Texas at Dallas. Dr. Stone is Chief Emeritus of Hematology and Oncology at Baylor University Medical Center, Dallas*

This presentation describes two ongoing attempts to develop academic courses in “medical humanities” based on the life, ideas and writings of Sir William Osler. In 2014, a team of four academics (two physicians, a nurse-administrator, and a professor of humanities) introduced a seminar in Medical Humanities as an elective for senior students of the Texas A&M College of Medicine in Dallas. The course was subsequently adapted for undergraduates and since 2015 has been offered at The University of Texas at Dallas as a seminar entitled “The Mind of a Physician” for students of the university’s Collegium V Honors Program.

Both the graduate and undergraduate versions have the same basic design. Each begins with an overview of Osler’s life and thought, discusses the history of medicine (with emphasis on the complementary origins of medicine and philosophy in Greek antiquity), and then focuses on specific issues of medical ethics addressed by Osler in his essays and lectures. The course concludes with student presentations.

Do the ideas and writings of Osler retain their power for twenty-first century students? The results are encouraging. Student evaluations have been strongly positive. Osler’s allusion-rich writing style has proved the most daunting aspect of the course for undergraduates, especially for those from a different cultural tradition. This challenge, however, creates an opportunity for productive discussions about the impact of culture on the formation of philosophic values.

The presentation will conclude with a discussion and request for suggestions about ways in which the courses can be improved and expanded.

### **Learning objectives:**

1. Explain the design of medical humanities courses
2. Evaluate Osler as the introductory focus for a medical humanities course
3. Contrast the challenges in teaching medical humanities courses to students at different levels

## **The History of the "Cardiac Chair" and Resistance to Its Use in Patients With Myocardial Infarction, 1950-1961**

Leslie S. Leighton

*Dr. Leslie S. Leighton is an instructor in the Department of History at Georgia State University in Atlanta, Georgia.*

Cardiologist Bernard Lown asserts that “the chair” did more than any other intervention in the 1950s to reduce mortality from myocardial infarction (MI). Evidence shows that although used extensively at the Peter Bent Brigham its acceptance nationally was limited. Additionally, claims Lown, historically it has been under recognized in terms of its impact and contribution to the care of patients with MI. In 1912, James Herrick declared to the world that MI was not universally fatal and recommended that patients who survived be placed at bed rest to promote recovery. It was Samuel Levine who, in 1944, first questioned the wisdom and appropriateness of this recommendation, publishing in 1951 his first paper on the “cardiac chair,” advocating that it would be better for patients post-MI to be seated rather than fully recumbent. He reasoned that the diseased heart would do better if not overwhelmed by fluid returning to the heart; favoring pooling of blood in the legs. He also believed the chair reduced other complications. He enlisted Lown to join him in his effort to advocate for the chair. Lown believed the chair promoted recovery better than strict bed rest for a different reason. He felt that sitting a patient up in a chair led to an improved sense of well-being that resulted in earlier recovery and reduced mortality. Levine and Lown did a study which showed an improvement of 5% in mortality of patients in the chair over those at strict bed rest. They advocated for the chair and a number of centers followed suit, although many continued to believe, for unsubstantiated and unproven reasons, that bed rest was the only way to treat a patient with an MI. This presentation will discuss the chair, its importance in the history of coronary heart disease, and how it influenced future directions in treatment. It will also address reasons for its lack of greater acceptance and the continued insistence of many on prolonged bed rest. Specifically it will ask whether we can attribute any contributions in terms of improvements in morbidity and mortality to the chair and why it was not embraced by more individuals at the time.

### **Learning objectives:**

1. To discuss and explain the historical evolution of the care of patients post-myocardial infarction from strict bed rest to early ambulation
2. To examine this little known but ground breaking work of Samuel Levine and Bernard Lown in furthering a major paradigm shift in the care of patients with coronary artery disease
3. To explain why, in the face of early evidence, it took so long for physicians to institute changes in the care of patients following a myocardial infarction

## William Osler's Poetic Soul and the Dismal Swamp

Joseph W. Lella

*Joseph Lella is Professor Emeritus of Sociology, and Professor of History of Medicine, Western University. He has published on: change in chronic care, medical education, and, matters Oslerian. He 'becomes' Sir William Osler live onstage and on video in his monologue, Willie: A Dream and is a Curator of the Osler Library at McGill University.*

Recently our ever 'poetry-sensitive' colleague, Clyde Partin, sent me a reference from Harvey Cushing's biography of Osler about his trip to Virginia's Dismal Swamp. The reference cited a telegram to Mrs. Osler from TB Futcher (Osler's companion on the trip) -- "WO had always been fascinated by Tom Moore's poem 'The Lake of the Dismal Swamp' and had always wanted to visit the lake." After the trip Osler penciled "a most imaginative account of [their] experiences for Revere on the blank pages in back of the copy of Burton's 'Anatomy of Melancholy' brought with him. The 'Burton' was later deposited in the Osler Library, and in 1923 WW Francis, the Osler Librarian, had it typed for posterity as "A Visit to the Dismal Swamp. Written by William Osler in pencil on the fly leaves and covers of ... Burton's Anatomy of Melancholy." Later the essay was published in the *Osler Library Newsletter* with the note: "On several occasions Francis read his transcript at a meeting of the Osler Society of McGill University.... The tale has been prepared for publication by Philip M. Teigen [Osler Librarian] and [Dr.] Edward H. Bensley."

The "...Dismal Swamp" offers glimpses into WO's vivid "imagination" and what I would call his romantic, poetic soul, his "loving heart." This presentation will quote a number of these glimpses. To suggest their romantic content,

One of Osler's favorite romantic poets once wrote:

*The child is father of the man;  
And I could wish my days to be  
Bound each to each by natural piety.  
(Wordsworth, "My Heart Leaps Up")*

The fifty year old Osler began his essay: "This week-end of April 1900 a dream of my young boyhood has been fulfilled. I have seen the Dismal Swamp." The dream had been inspired by pictures of "huge cypress trees with snakes hanging from the boughs... [in his "old-fashioned school geography]." He had also "thought more of the ... runaway slaves that lived [in the swamp] and many there who had not yet heard of Lincoln's [emancipation proclamation]" He felt that perhaps someday he might "take the message to them. All this was long ago."

The essay is replete with: memories of an idealized childhood, identification with un-spoiled nature, desires to help realize racial justice, identification with the underdog, all of which can be characteristics of the romantic poet. The presentation will quote the text and I hope move listeners to read and contemplate it all (see: [www.mcgill.ca/library/files/library/No21February1976.pdf](http://www.mcgill.ca/library/files/library/No21February1976.pdf)). Osler himself once said that his best medical teachers met two essential requirements—a clear head and a loving heart. This presentation shall continue my meditations on Osler's "loving heart" as expressed in the poems that he loved and the religious sentiments he expressed—characteristics that were present in his life along with his scientific and clinical mental clarity.<sup>1</sup>

### Learning Objectives:

1. Describe the way(s) in which "The Dismal Swamp" embodies Osler's 'idealized childhood,' and desire to help realize racial justice
2. How does the essay's author identify with unspoiled nature?
3. Discuss whether these and other characteristics of the essay embody a 'loving heart.'
4. Do other elements of the essay embody "a clear head" or intellectual clarity?
5. Are a clear head and a loving heart ever in conflict in a medical life? Can you discuss examples of such conflict?

---

<sup>1</sup> These earlier presentations were to meetings of this Society and later published. See especially: Joseph W. Lella: "Presidential Address: A Doctor's Religion: in the Guise of Sir William Osler." *The Osler Library Newsletter* (Number 113, Spring 2010) Pp. 5-8; and "Osler in His Favourite Book of Poetry: The Fireside Book of Poetry, *The Osler Library Newsletter* (Number 124, Summer 2016) pp. 2-3 and 14-15.

With thanks to Lily Szczgiel and the ever helpful staff of the Osler Library.

## Isabel Hampton Robb: A Life in Nursing

C. Ronald MacKenzie & Mark Cripps

*Dr. C Ronald MacKenzie MD, FACP, FRCPS(C) is an Attending Physician at The Hospital for Special Surgery and New York-Presbyterian Hospital, Professor of Clinical Medicine and Medical Ethics at Weill Medical College of Cornell University and consulting Rheumatologist at the Memorial Sloan Kettering Hospital. He holds The C. Ronald MacKenzie Chair in Ethics and Medicine at the Hospital for Special Surgery and has practiced general medicine and rheumatology at this institution and New York Presbyterian Hospital for the last 30 years. Mark Cripps has a background in printing and in facilitating both hardware and software computer research concentrating on local history through his interest in genealogy going back 35 years. He is currently Vice Chair of the Niagara Peninsula Branch of the Ontario Genealogical Society as well as member of the St. Catharines Historical Society.*

Isabel “Addie” Hampton was born in the town of Welland, Ontario, Canada on August 26<sup>th</sup>, 1859. She was a middle child, grew up comfortably, her father a tailor, her mother remembered as a disciplinarian. Upon graduation from high school in nearby St. Catharines, she spent the next four years teaching grade school locally before embarking on her distinguished nursing career.

Overhearing teaching colleagues extolling a career in nursing she applied to and was accepted to the Bellevue Training School for Nurses in New York City entering the 8<sup>th</sup> class of that institution (1881). Her abilities and leadership capacity were quickly recognized by her superiors (though not so much by contemporaries), such that upon graduation (1883) she assumed a supervisory position at Women’s Hospital in New York City, an opportunity soon supplanted by a sojourn in Rome at the St. Paul’s House, an organization that provided nurses to wealthy travelers in Europe. Advancement followed, first at the Illinois Training School for Nurses at Cook County Hospital, Chicago where she initiated important educational reforms followed three years later at a new center of medical learning in Baltimore, the Johns Hopkins Hospital. Aided apparently by her good looks --- an “animated Greek goddess” to quote Cushing --- a panel of men, including William Osler, chose her from a pool of over eighty candidates to become the first Superintendent of Nurses and Principal of the Johns Hopkins Nursing School. During her Hopkins’ tenure (1889-94), she attended the opening of the hospital, was present at the formation of the Women’s Fund Committee (a group that called for the admission of women into the school of medicine), and wrote her first of three nursing textbooks, *Nursing: Its Principles and Practices* (1893). At the Chicago World’s Fair of that year, she organized the nurse’s section of the International Congress of Charities, Correction and Philanthropy. With a contribution from Florence Nightingale, this conference served as the foundation for the National League for Nurses; Hampton later served as its president. In 1894, in keeping with the custom of that time, she resigned her position in Baltimore to marry the Hopkins gynecologist Hunter Robb. In 1895 the Robbs moved to Cleveland, had two sons, where she spent the rest of her productive but tragically shortened life. Through her writings, participation in numerous nursing organizations, and role in the founding of the American Journal of Nursing, in “retirement” Isabel Hampton Robb remained a local, national and international leader in the nursing profession.

This presentation will review the remarkable life of Isabel Hampton Robb, its humble origins, her rise to the heights of her profession, through to her untimely death. Emphasized will be her impact on the field of nursing, her contributions and connections to Johns Hopkins’ and her exemplification of the Osler’s ideals of industry, diligence, erudition and accomplishment.

### **Learning objectives:**

1. Present an overview of the remarkable life of Isabel Hampton Robb
2. Recount her professional achievements and seminal contributions to the field of nursing
3. Discuss her character, personality and life ethic vis-à-vis her humble beginnings and subsequent life achievements

## Oslerian and Hopkins Connections at the Birth Of the University of Texas Medical Branch

Michael H. Malloy

*Dr. Malloy is a neonatologist and Professor at the University of Texas Medical Branch, Galveston and holder of the John P. McGovern Chair in Oslerian Education and Assistant Dean of the Osler Student Societies.*

In 2016 the University of Texas Medical Branch (UTMB) celebrated its 125<sup>th</sup> anniversary having opened its doors to the first medical student class on October 5<sup>th</sup>, 1891. The buildings utilized by the medical school, the John Sealy Hospital and the Ashbel Smith Building (Old Red), were designed and constructed by Nicholas J. Clayton. Clayton visited Johns Hopkins and several other Eastern medical schools and hospitals in 1889 to inform his design plans for Old Red. Thus, the potential Hopkins-UTMB connection. Among the nine professors hired to open the medical school was Allen J. Smith a graduate of the University of Pennsylvania Medical School (U.Penn) in 1886. Osler was appointed professor of clinical medicine at U. Penn in October 1884 and remained there until his appointment at Hopkins in September, 1888. Primary archived documents will be presented to validate the involvement of Osler in the educational process of Allen J. Smith. Besides the presentation of evidence for the Oslerian and Hopkins connections at the birth of UTMB, the stories of these two extraordinary individuals, Nicholas J. Clayton and Allen J. Smith will be reviewed relative to their involvement in the origins of UTMB.

Nicholas Joseph Clayton was born on November 1, 1840 in Cloyne, Ireland. His father was a tradesman who died of the plague shortly after Nicholas' birth leaving the young child and his mother, Margaret, living in a rural village in near poverty. Having gathered enough resources to travel by steamer in 1848, Margaret took her 8 year old child to Boston and arrived in Cincinnati by 1850. Through a series of apprenticeships Clayton wove an unlikely path to acquiring the architectural skills to become the most prominent architect and builder in Galveston, Texas from 1880-1900.

Allen John Smith (1863-1926) was born in York, Pennsylvania, majored in music at Gettysburg College and attended, the University of Pennsylvania School of Medicine from 1884 to 1886). After spending a year as a resident physician at the Philadelphia General Hospital, he served as an assistant demonstrator in pathology at the U. Penn from 1887-1891. Recruited to UTMB to direct education in pathology, bacteriology, and microscopy, he commented that upon his arrival at UTMB, "his first laboratory work was with a broom", cleaning space within the newly built medical school building, Old Red. Smith became a favorite of the students, served several stints at the dean of the medical school and eventually returned to U. Penn in 1903 where he spent the remainder of his career.

### **Learning objectives:**

1. Examine the Hopkins-UTMB Medical School connections
2. Learn how Nicolas Clayton was informed on how to construct medical school buildings
3. Learn of the connection between UTMB early faculty and Osler

## Modern Techniques Emphasizing Oslerian Principles - Motivational Interviewing

Jacob Moran

*Jacob Moran is an MD/PhD student in Population Health Sciences at the University of Texas Medical Branch at Galveston. He is a Student Scholar of Oslerian Medicine in the John P. McGovern Academy of Oslerian Medicine at UTMB. He has participated in various motivational interviewing training and educational sessions and actively practices these skills during patient encounters when he volunteers at St. Vincent's, a student run free clinic.*

Sir William Osler emphasized compassionate, patient-centered, and evidence-based medical care. He was ahead of his time in describing many influential principles of the practice of medicine. As a physician and healer, he was not only attuned to the pathophysiologic process of disease, but also to the needs and desires of the patient. One of his many famous quotes, "Listen to the patient, he is telling you the diagnosis" demonstrates the value he placed on the role of the patient in diagnosis and treatment.

Modern medicine often emphasizes quantity at the expense of quality. This poses a challenge to providing adequate, patient-centered care. Osler himself may have found the number of patients currently needing to be cared for daunting. Certainly if he were alive and practicing today, he would wonder how to be present for his patients in the hastened daily scheduled. When used even moderately well, motivational interviewing provides a structured platform to address patient needs in an open and inviting way, even when faced with limited encounter times. Osler may have gravitated toward this approach that promotes patient autonomy and encourages sustainable behavior change.

This presentation will provide a broad overview of motivational interviewing. Additionally, it will demonstrate how this technique is aligned with Oslerian principles and illustrate its usefulness in the modern practice of medicine.

### **Learning objectives:**

1. Describe the basic principles of motivational interviewing
2. Explain how motivational interviewing is aligned with Oslerian principles
3. Articulate the benefits of motivational interviewing in the modern practice of medicine

## In Osler's Wake: The Legacy of Archibald Garrod

Michael E. Moran

*Dr. Moran is the Curator for the American Urological Association's William P. Didusch Center for Urologic History. He has written extensively on history with his *The History of Robotic Surgery* being the lead chapter in the textbook of robotic surgery and his *Urolithiasis: A Comprehensive History* appearing in 2015 from Springer.*

There are several men who were in the fortunate or unfortunate dilemma of following Osler as he marched to his pathway through his high energy medical career. Lewellys Barker opined, "*They were compelled to seek a successor to Dr. Osler, knowing full well that whoever was chosen must suffer by comparison with 'the Chief,' and that no matter whom they selected they were likely to be subjected to more or less severe criticism.*" This is the tale of one 'successor', Sir Archibald Garrod who is well known in his own right, but followed Osler as Regius Professor of Medicine at Oxford. Many of their career influences were very similar as were much of their life experiences, but their personalities were very different... "*he was rather solemn- one might say ponderous and without much wit or humour. He did not appeal much to the students...*" the opposite of WO.

Garrod was from a distinguished medical pedigree whereas Osler was not, both developed a lifelong devotion to their mentors and both were early interested in microscopy and natural history- Osler principally biology and Garrod chemistry. They differed in their prolific writing careers as well, Osler emphasizing clinical medicine and Garrod on scientific medicine. Both loved to travel and both had their share of loss during World War I. Osler of course lost his only living son, Revere while Garrod lost his three sons from the earliest phases to the final scenes- Thomas killed in May, 1915; Alfred Noël on January 25, 1916, and Basil Rahere (their youngest) died of influenza while still in Germany in 1919. This left their only remaining child, Dorothy Anne Elizabeth to console both the aggrieved parents. She became a superb academic paleoanthropologist.

Garrod left his own deployment in the Armed Services at Malta and returned to their now decimated home life where he began to reconstruct his academic career where he played a significant role in the creation of a new teaching model at St. Bartholomew's Hospital. He also played a leading role in arranging the celebration festivities for Osler's 70<sup>th</sup> birthday on July 12, 1919. Following Osler's death on October 20, just six months later he was invited to take Osler's place as Regius Professor of Medicine at Oxford. The letter arrived on January 9, 1920- "*In complete agreement with my colleagues Dreyer, Sherrington, and Gunn, I write you to ascertain whether you would be prepared to accept Regius professorship here if invited by the Prime Minister.*" That letter from 10 Downing St. arrived on February 21, 1920. He also became a popular invited speaker and gave the Linacre Lecture in 1923, the Harveian Oration in 1924, keynote speaker at the British Association in 1926, VP of the Royal Society from 1926-28, the Huxley Lecture in 1927 and gave his famous *The Power of Personality* to the Osler Club on July 12, 1929. He retired from his Regius professorship in 1927 and moved to Cambridge to be closer to their academic daughter. Garrod died on March 28, 1936 of coronary disease and became the 3<sup>rd</sup> physician to be honored with a stained glass window in Oxford's Christ Church (following Acland and Osler). Perhaps his greatest honor came from Beadle of "One-gene, one-enzyme" Nobel fame who stated, "*Regardless of when it was first written down on paper, or in what form, I myself am convinced that the one-gene, one-enzyme concept was the product of gradual evolution beginning with Garrod.*"

### Learning objectives:

1. Describe Sir Archibald Garrod's major medical contributions
2. Discuss how Garrod's work became utilized by many others to found clinical genetics.
3. Explain the major historical written contributions of Garrod

## An Oslerian View of the Mona Lisa and its Edification for Examining Patients

Mark Morel

*Mark Morel is a medical student at the Emory University School of Medicine. Prior to medical school, he received a Bachelor of Arts in Art History from Northwestern University where he developed his interest in the intersection of medicine and art in da Vinci's work.*

In 1503, Florentine merchant Francesco del Giocondo commissioned Leonardo da Vinci to paint a portrait of his wife Lisa who had just given birth to their second child. The finished portrait of the mother of two went on to become one of the most famous works of art in the entire world, seen by millions of viewers in person every year at the Louvre. Widely regarded as a depiction of the ideal form of beauty, the Mona Lisa contains a number of intricate details that could point to pathologic processes present in the painting's subject easily overlooked by the casual observer. Sir William Osler has commented on the importance of observation in medicine; "Observe, record, tabulate, communicate. Use your five senses. Learn to see, learn to hear, learn to feel, learn to smell, and know that by practice alone you can become expert." The application of Osler's quote to the viewing of the Mona Lisa has implications about the way in which we observe our patients. We may have seen the Mona Lisa numerous times, but how often have we actually looked at the painting? Similarly, how often do we truly observe our own patients?

While the exact completion date of The Mona Lisa is disputed, it likely was finished between 1506 and 1517. These dates are important because da Vinci returned to Florence in 1506 to begin his cadaveric dissections and drawings, placing the completion of the work in da Vinci's own period of anatomic and pathologic infatuation. Looking closely at the work (as Osler would have encouraged), multiple nuances in Lisa's appearance show the care that da Vinci took in depicting his subject as realistically as possible. Two findings in particular are fascinating: the raised papule next to Lisa's left eye and the nodule on the dorsal side of her right hand. The differential diagnosis for raised skin lesions on the face and hand could be exhaustive, but if we postulate that the findings could be a xanthelasma and a lipoma (two of the more likely options), these discoveries could be suggestive of a hyperlipidemia disorder such as Familial Hypercholesterolemia (FH).

Xanthelasma and lipoma aside, why is the observation of these elements in the Mona Lisa important to doctors today? What makes this work so important to the medical community is that multiple sources believe that Lisa died in 1516, at the age 37. If she did in fact have FH, it is possible that her early death could have been due to a complication of her disease. Today, FH is an extremely treatable disease that has a simple work-up. Treatment drastically reduces cardiovascular risk in FH patients, prolonging their lives by years. Dr. Lee Brooks has studied the importance of observation in clinician diagnostic accuracy. He demonstrated that giving the clinician a picture of the patient in addition to just a patient's history increases diagnostic accuracy by more than 40%. Taking Dr. Brooks' findings into account with our discussion of the Mona Lisa and Osler's thoughts on observation, I think we owe it to ourselves to examine the time and effort we give to actually observing the patients we encounter in the clinical setting.

### **Learning objectives:**

1. Examine the setting in which da Vinci painted the Mona Lisa and how his mindset may be represented in his work
2. Identify possible disease processes that could have been present in da Vinci's Mona Lisa
3. Understand the importance of using vision as a clinician and the impact it has on patient care

## WILLIAM B. BEAN STUDENT RESEARCH AWARD LECTURE

### Practicing What He Preached: The Role of Humility in Sir William Osler's Thought and Practice of Medicine

Anna C. O'Kelly

*Anna O'Kelly is a third year medical student at the Johns Hopkins School of Medicine. Prior to beginning medical school she pursued an undergraduate degree at McGill University and a Master's degree at Oxford University.*

Of the values that Sir William Osler espoused in his public lectures and writings, he believed that humility was perhaps the most important. Notably, it held an especially prominent place in the lectures that Osler delivered to students. But what exactly did Osler mean and seek to achieve in promoting the value of humility in medicine?

This paper explores these questions through an examination of Osler's public statements and private patient notes. In particular, it explores those instances in his career where he acknowledged diagnostic and clinical uncertainty, precisely as he encouraged students to recognize the limitations of their own acquired knowledge. Indeed, it shows that Osler was conscious of the fallibility of the mind and the risk of mistakes, and in this way regarded himself as a 'student' of medicine throughout his long and storied career.

Moreover, it was this emphasis on humility - both in his public statements and private thoughts - that illuminates Osler's concern with imparting that value upon his students as an essential element of a life in medicine. In fact, his professional success built on the philosophical acknowledgement of his own uncertainty coupled with a deep faith in one's ability to learn from experience. He saw no shame in uncertainty, which was not a failing, but rather an important component of good medical practice. Osler thus encouraged his students to humbly join him in this approach to the study and practice of medicine.

#### **Learning objectives:**

1. Understand why Osler emphasized humility in his lectures to students
2. Explore what humility meant to Osler, and how he implemented it in his own practice of medicine
3. Highlight the relevance of such a discussion to the practice of medicine today

## **A Tale of Two Mentors: What Harvey Cushing Learned from Sir William Osler and William Stewart Halsted and How His Story Informs Our Own Mentor Relationships**

Nicholas Palmeri

*Nicholas Palmeri is a second year resident in internal medicine at New York Presbyterian Hospital, Columbia University Medical Center. After earning an undergraduate degree in biology at Middlebury College, and a year as a research technician at Massachusetts General Hospital, Nicholas completed his MD degree at Columbia University College of Physicians and Surgeons. As a fourth year medical student, he studied the life of Harvey Cushing as part of a narrative medicine project for his degree requirement. He plans to pursue fellowship training in cardiology after residency.*

Harvey Cushing was one of the first residents to train in surgery under William Stewart Halsted, but his true mentor was Sir William Osler. Cushing took a risk when he decided to train at the newly founded Johns Hopkins Hospital, and Cushing's personality clashed with his surgical instructor who was perhaps jealous, certainly absent, and in retrospect struggling with addiction. Whether Cushing was aware of Halsted's drug dependence is a mystery lost to medical history. Osler, on the other hand, fostered Cushing's talents, and with his guidance, Cushing was able to attain a level of notoriety on par with his high-minded ambitions. Cushing became the father of neurosurgery in America, and his contributions to endocrinology and anesthesiology are similarly monumental. Still, Cushing is not remembered as the warm favorite of trainees like Osler is- instead he is remembered as someone more like Halsted: callous, cold, condescending. Surprisingly, while Cushing scarcely gave a hint that he knew of Halsted's addiction, in collecting notes for his Pulitzer Prize winning biography of Osler, he was bold enough to put into writing insinuations about the family secrets of his dear friend. This epic tale of American medical history is a cautionary lesson on the value of mentorship in training and the importance of pride and loyalty, particularly in those trainees who are especially talented and ambitious. Contrasting the relationships that Harvey Cushing had with his two teachers helps us not only to understand how these towering figures shaped medical history, but it also provides insight into the role Cushing played in propagating their legacy. By evaluating these complex relationships, we can better understand how to mentor those who come after us- those who tell our story when we are gone.

### **Learning objectives:**

1. Contrast Harvey Cushing's relationship with William Stewart Halsted with the one he had with Sir William Osler
2. Evaluate how Cushing remembers Osler and Halsted in his biography and in his letters
3. Examine how Cushing's relationship with his mentors informs the current state of medical training and offers insight into how we can become better mentors

## William Osler and the American Osler Society: Journeys to the Deep South

Clyde Partin, Jr.

*Clyde Partin continues to revere the life and works of Sir William Osler. He is particularly saddened by the loss of fellow Oslerian Richard Golden in the past year. He perseveres in writing poetry, reads incessantly, and practices and teaches internal medicine at the Emory University School of Medicine. He is also director of the Emory Special Diagnostic Services, a clinic devoted to evaluating patients suffering from undiagnosed illness.*

In May of 1896, the American Medical Association held its 47<sup>th</sup> annual meeting in Atlanta, Georgia. Osler's attendance was duly recorded by Cushing (Cushing 1926 pp. 434-435) and the local paper, *The Atlanta Constitution*. Cushing reports Osler delivered opening remarks at the convention, said to be "given extemporaneously, in a charming and effective manner." These comments were apparently "completely lost" in the published abstract of the proceedings, Cushing laments. On 6 May, Osler unleashed his famous address, *The Study of the Fevers of the South*, to wide acclaim. From this oratory comes the oft-quoted line, "Humanity has but three great enemies: fever, famine, and war; of these by far the greatest, by far the most terrible, is fever." In five brief paragraphs under the subheading, '*Dr. Osler's Splendid Paper*,' an innominate journalist wrote, "Dr. Osler dealt with fevers of all kinds in a technical way, but in an unusually lucid manner . . . The paper was applauded frequently and when Dr. Osler was finished he was the recipient of the heartiest congratulations." A century later, Charles Bryan commemorated this admirable discourse at the 1996 Kass Lecture in New Orleans, noting that "Osler's address on '*The Study of Fevers of the South*' at the 47<sup>th</sup> annual meeting of the American Medical Association in Atlanta, Georgia, in which he showed his appreciation of the history, epidemiology, management, and prevention of infectious diseases."

The *Atlanta Constitution* newspaper, on May 7, granted the AMA meeting and Osler one full page of coverage. The physicians visiting Atlanta were the recipient of "flowing speeches of welcome and a Georgia barbecue greeted and entertained for three days a thousand or more physicians." Osler's trip to Atlanta was his only significant excursion to the South. Other than a few consulting trips, Osler rarely travelled to the Deep South. My presentation seeks to explain why he so infrequently sojourned in the Deep South, explore what connections he did have with the region, and solve the mystery as to whether or not Osler journeyed to Americus, Georgia after the AMA convention. Lastly, an elided history of Emory University will be provided, exploring some unusual connections with and influences William Osler has had upon the Emory University School of Medicine and how our society happens to be gathering in Atlanta.

### **Learning objectives:**

1. Reflect upon Osler's iconic article *The Study of the Fevers of the South* and his knowledge of infectious diseases endemic to the region
2. Examine reasons why Osler travelled so rarely to the Deep South and solve the mystery of his trip to Americus, Georgia
3. Outline Osler's connections to the Deep South and his legacy and influence on medical education at the Emory University School of Medicine

## Only One Osler: R.R. Kime and the Everyman Physician

Kate Penziner

*Kate Penziner is a third year medical student at Emory University School of Medicine. She plans to apply to residency in Internal Medicine upon graduating in 2018.*

Sir William Osler was a titan of medicine – a great clinician, scholar, and teacher. But while there was only one Osler, there were thousands of other physicians who, though lacking Osler's genius and foresight, nonetheless tried their best to serve their patients and their profession at the turn of the century. We can learn important lessons from these more ordinary men by understanding how they saw their world. We can study where their judgment was sound and where it strayed from a just path. And since we are more likely to resemble these men than the great Osler, they can help us learn something about both our potential and our possible blind spots.

One such man was Rufus R. Kime. Born in 1857 in Tennessee, he grew up in Indiana, and received his medical education at the University of Michigan in 1880. He practiced for 12 years before relocating to Atlanta to work in obstetrics and gynecology. In addition to his practice, he served as an adjunct lecturer to Southern Medical College.

Throughout his career, Kime was not only an active practitioner, but an active member of his local and national medical societies. He found himself in the key debates regarding the future of medicine from infection and surgical practices, to the social Darwinism popularized by more prominent physician-scientists of the day.

RR Kime was not always on the right side of history, but he was intimately involved in the discussions and debates of his times. While he actively wrote letters to the editors of JAMA regarding his gynecological techniques, he also chaired the Sociological Committee of one of his southern medical societies.

Kime published “Some Sociologic Problems in Relation to Marriage, Crime, Insanity, etc.” in the Alabama Medical Journal, clearly influenced by the gynecologist William Goodell of Philadelphia who had, two decades earlier, written “Clinical Notes on the Extirpation of the Ovaries for Insanity.” He was lauded at the Cotton States and International Exposition of 1895, the same event where Booker T. Washington delivered his speech “Atlanta Compromise” which highlighted the contrasting views he had with contemporary black educator and thinker, W.E.B. Du Bois.

As one follows the winding path of this unknown physician, whose career dotted the map, straddled disciplines, and often paralleled what we now know is the wrong side of history, we can see how the men of medicine who would be lost to history practiced and thought.

Ultimately, we can learn a lot from Osler, but we can also learn a lot from a man who was not Osler. We can learn to continue to be engaged in medicine, from its methods to its implementation. And we can learn from RR Kime’s mistakes to see the history happening around us; we must strive to help it bend towards what is right.

### **Learning objectives:**

1. Examine the life and times of a contemporary of Sir William Osler
2. Discuss the multitude of roles the physician can play
3. Recognize the ways history can teach us about the choices we make in our own practice

## The Honey Metaphor to Explain the Contribution of William Harvey

Charles S. Roberts

*The author is a graduate of Vanderbilt (BA) and Emory (MD) universities and is presently a cardiovascular surgeon with Trident Health (HCA) in Charleston, South Carolina.*

*“The bees steal from this flower and that, but afterward turn their pilferings into honey, which is their own.”*

In 1628 at 50 years of age, William Harvey published a book in England which made the case that blood flows in a circle, pumped by the heart. His book is commonly referred to as *De Motu Cordis*. Not until Chapter VIII does Harvey bring forward the argument: “...I began to think there was a sort of motion as in a circle.” Indeed the word “Circular” appears in the title of Chapter VIII, and the word “Circulation” appears in the title of 8 of the last 9 chapters. The origin of the word “circle” meant flow in one direction. No one before Harvey had made such an argument.

In Genesis, God created Earth from nothing. For mere mortals, however, nothing comes from nothing, which is to say, being creative requires a treasury of knowledge, a sort of scaffolding for further inquiry. Harvey’s vast inventory of knowledge is apparent; not only in *De Motu Cordis*, but also in his earlier anatomical lectures under the title *Prelectiones Anatomiae Universalis*, which cover a period from 1616 to 1619. Both of these Latin books available in English translation leave a reader with the unmistakable impression that Harvey was a true scholar of the “ancients” and the “moderns.”

Put another way, Harvey’s creative contribution to science and to medicine did not arise in a vacuum. It was from slow, deliberate study. Montaigne described the honey metaphor above, and added, “...So the pupil will transform and fuse together the passages that he borrows from others, to make of them something entirely his own; that is to say, his own judgment. His education, his labor, and his study have no other aim but to form this.”

The top 10 physicians or scientists that Harvey cites both in his Lectures and in *De Motu Cordis* nearly overlap. Those interested in medical history may find this list to be a useful starting place to understand what came before in the study of the cardiovascular system. Aristotle and Galen were Harvey’s two clear intellectual mentors, with Vesalius and Hippocrates, next among the “ancients.” Columbo, Bauhin, Fallopius, and DuLaurens were cited most frequently among the “moderns.”

Shakespeare died 400 years ago in 1616, the year Harvey was appointed Professor of Anatomy at the Royal College of Physicians, and the year his lecture notes appear to have begun. The honey metaphor can be applied similarly to Shakespeare. His sources of nectar were numerous----Ovid, Seneca, Lucretius. His inventory of knowledge was vast. Like Harvey, the honey he made was his own.

### **Learning objectives:**

1. Explain the medical contribution of William Harvey
2. List the main persons whose works Harvey studied
3. Contrast the scholarship of Harvey and Shakespeare

# A History of Sexual Orientation and Gender Identity in Medicine: A Lesson in Trust

Hayley Rogers

*Hayley Rogers is a medical student at the University of Texas Medical Branch. She has interest in LGBTQ+ health disparities.*

There is a long history of discrimination for both LGBTQ+ patients and physicians in medicine. As time has passed, physicians have evolved in their understanding of these issues. An essential aspect of humanism in medicine is the understanding of the historical barriers and treatment of this population and consideration of how to bridge this gap in trust.

To set the stage, DSM-I was published in 1952 and classified homosexuality as a mental disorder. A year before the Stonewall riots, the DSM-II listed homosexuality as a sexual deviation but no longer listed it as a sociopathic personality disturbance as it was in earlier iterations. The 1969 Stonewall riots are widely recognized as the catalyst in the American gay rights movement. As gay activists became more empowered, they protested at APA meetings for the removal of homosexuality as a mental illness from the DSM. These actions, as well those of activist psychiatrists, led to the removal of homosexuality as a mental illness in 1973. However, this was replaced by a diagnosis of “Sexual Orientation Disturbance.” This was problematic because this diagnosis applied to individuals who were “in conflict with” their sexual orientation. In DSM-III, this was changed to “ego-dystonic homosexuality,” which was problematic for similar reasons. Finally, this diagnosis was completely removed in 1987.

It was not until 1998 that the APA officially opposed gay reparative and conversion therapies. Though the medical community has evolved over time to become progressively more supportive of the LGBTQ+ community, there are many LGBTQ+ patients who grew up with medical professionals who advised conversion therapy or other harmful treatments. This history of discrimination creates a large barrier for building a foundation of trust between LGBTQ+ patients and their physicians. It is the job of physicians to bridge this gap between them and start to be the ally that patients need to feel safe in the medical system.

Beyond psychiatric misdiagnoses, there has been a long history of heteronormative and gender normative behavior in medicine. Transgender individuals face even more obstacles with the common misunderstanding of the difference of gender identity and sexual orientation. These behaviors in physicians are particularly harmful since these populations are at risk for many adverse health outcomes compared to the heterosexual population.

This distrust between LGBTQ+ individuals and physicians can be exemplified by a quote from Dr. William Owen, a founding member of a gay doctor’s association: Bay Area Physicians for Human Rights, about the beginning of the AIDS epidemic:

“... for the first time in the mid-'70s and after Stonewall in '69, with the dawning of the gay revolution, people really felt the ability to express themselves sexually, like they couldn't do before; and in some ways it's like a kid in a candy store. They suddenly had the ability to do something that they were previously restricted from doing...If doctors were to have come out then [by warning about the dangers of an exuberant sexuality], they would have been seen as some sort of fringe element aligned with either the church or the state or the psychiatric profession, all of whom were not held in very high esteem. And so I think our voices would not have been listened to anyway.”

While looking back on the troubled history of medicine can be hard and even embarrassing at times, learning from the mistakes of our past are essential to our role as compassionate physicians.

## **Learning objectives:**

1. Examine the history of medicine and LGBTQ+ individuals
2. Discuss how to cross the barriers between physicians and LGBTQ+ patients
3. Consider humanistic approaches to medicine in populations that have been historically discriminated against by physicians

## Hirsutism, Hypertrichosis, Hyperandrogenism and Birth of Polycystic Ovary Syndrome

George Sarka

*George Sarka is an Associate Clinical Professor of Medicine at UCLA; Multispecialist at the California State University, Northridge; Immediate Past President of the California Neurological Society, Past Governor of the ACP, Past President of the LA Neurological Society, Past President of LACMA-District 1 and a Diplomate in 11 subspecialties: He received his MDCM from McGill University in 1980, MPH/DrPH from UCLA in 2003/ 2013.*

Male-like hair growth (hirsutism), masculinization of women and the ambiguity of genders have fascinated humankind for millennia. Such examples are manifested in mythological figures like Hapi, the bearded god of the Nile with breasts like a woman and the hirsute female Pharaoh Maatkare Hatshepsut of Egypt (1473-1458 BC). Hippocrates described two cases of women with beards and bodies with masculine features who were both amenorrheic and died at an early age. Numerous paintings and writings further highlighted such fascination as in Cotan's "*La Barbuda de Peñaranda*" (1590); Mor van Dashorst's "*Old Woman with a Beard*" (16<sup>th</sup> century); the Bearded Countess of Trifaldi in Cervantes' *Don Quixote* (1615) and probably the most famous painting—de Ribera's "*La Mujer Barbuda*" (1631). Many such individuals ended up as pariahs or in freak museums, circus sideshows and carnivals.

From a medical point of view, there were writings showing the connection between hirsutism and menstrual irregularities with Hippocrates, Maimonides, Amboise Paré, etc. The first pathological connection describing androgenization was reported by Henry Sampson (1697) linking it to an adrenal carcinoma. In 1865, Luigi de Creechio described an autopsy of the first individual with ambiguous gender with the eventual diagnosis of congenital adrenal hyperplasia. Several other cases that followed supported an adrenalcortical origin.

A seminal moment occurred in 1935 with the publication by the Stein and Leventhal of 7 women with amenorrhea, hirsutism, obesity and polycystic ovaries. This paper transformed medical thinking that an ovarian etiology and not an adrenal origin was a possible cause of the clinical manifestations of hyperandrogenism. Rudimentary procedures such as wedge resections were an early form of treatment for infertility became the gold standard of treatment.

The next diagnostic milestone for PCOS came in the late 60s and 70s where the hypothalamic-pituitary-axis was in vogue, then followed by endocrinological criteria. The use of the pelvic, then transvaginal ultrasound arose in the 70s and 80s in the evaluation of PCOS with its controversies. Formal criteria for the diagnosis of PCOS evolved in 1990 (NIH Criteria); 2003 (Rotterdam Criteria) and 2006 (Androgen Excess Society Criteria). Yet, even after 82 years since that seminal paper by Stein and Leventhal, the diagnosis for PCOS still remains vague, subjective and a point of controversy for many.

### **Learning objectives:**

1. Augment the participant's knowledge on the origins of hyperandrogenism, its depiction in art and literature throughout history and its relationship to polycystic ovary syndrome
2. Discuss the transformation of medical thinking of hyperandrogenism from an adrenal etiology to that of an ovarian origin

## The Boys of Lea Cottage -“Taking the Cure” - Tuberculosis, Tetralogy and Mao Tse-Tung

Stephen I. Schabel

*Dr. Schabel is a 1968 graduate of Washington University in St Louis Missouri and The University of Chicago Pritzker School of Medicine in 1972 where he was elected into Alpha Omega Alpha. He competed training in Diagnostic Radiology at the University of Rochester and was certified by the American Board of Radiology in 1976 and was recertified in 2015. He joined the faculty of the Medical University of SC in 1976 and is currently Distinguished University Professor of Radiology there. He is long time member of the Waring Historical Society in Charleston and served as its president in 2007. He is a member of the Halsted Society.*

In October 1927 a group of young physicians found themselves living together in the Lea Cottage at the Trudeau Sanatorium in Saranac lake New York each hoping that the fresh air and quiet existence would lead to the cure for their active tuberculosis. All survived. Each of their lives and medical careers was dramatically changed by their infections. When “cured” H. Norman Bethune MD returned to Canada and after training with Archibald at McGill became an innovator in thoracic surgery particularly for tuberculosis. After attending the Tuberculosis Congress in Moscow in 1934 he was so impressed with the Soviet health system that he became a Communist and lobbied effectively for a Canadian Health service. He served in Spain in 1937 with the McKenzie Brigade fighting with the Republicans against Franco. He developed the first battlefield triage system and transfusion service saving countless lives in Spain and elsewhere. In 1938 he went to China where he was placed in charge of the Red Army’s medical service. He was physician to Mao. He died of sepsis after being cut on the finger by an assistant during battlefield surgery in 1939. Two months after Bethune’s death Mao wrote a biography of him which was required reading for all adults and children in China. Alfred Blalock MD an Assistant Professor of Surgery at Vanderbilt went on to Chair Surgery at Johns Hopkins and become the father of pediatric cardiac surgery performing the first Blalock Tausig Shunt in 1944. He died in 1964 of ureteral malignancy likely related to chronic tuberculous infection of his left kidney discovered as an intern. John Blair Barnwell MD remained after his infection became quiescent at Trudeau for training in in TB treatment and then joined the faculty of the University of Michigan. In 1946 he joined the Veterans Administration in charge of tuberculosis care and research and was instrumental in developing modern chemotherapy programs for the disease. After leaving Saranac Lake Morris Lincoln “Linc” Fisher trained at McGill with Archibald and then joined the University of Louisville in charge of the Waverly Hills Sanatorium until 1937 and the Mansfield Sanatorium until his death in 1942. Bethune an amateur artist covered the walls of the Lea cottage in the fall of 1927 about the time of the picture with brown paper and painted a mural “TB’s Progress –a Drama in One Act and 9 Painful Scenes” perhaps the most famous visual artistic representation of the disease.

### **Learning objectives:**

1. Participant should after this presentation be able to give examples of and discuss the importance of an individual physician’s personal history of infection with tuberculosis and their future career choices
2. Participants after this presentation should be able to discuss the pre antibiotic prognosis of tuberculosis and the effect of surgical therapies including pneumothorax , phrenic nerve resection and thoracoplasty
3. Participants after this presentation should be able to discuss the influence of North American volunteer physicians in the Chinese Civil war and the Founding of Communist China

## Medical Education: from William Osler to J. Willis Hurst - Current Challenges

Barry D. Silverman

*Dr. Silverman was director of medical education and cardiology at Northside Hospital from 1973-1995.*

William Osler desired his epitaph to read: "I taught medical students on the wards." He introduced the practice of teaching to the bedside at Johns Hopkins Hospital. He instructed his students: "Live in the ward, Observe, record, tabulate, communicate. The Art of the practice of medicine is to be learned only by experience."

Historian Charles Bryan noted that William Osler was principally concerned with raising the standards for the practice of medicine and incorporating a commitment to not only learning the science but also understanding the scientific method. His contributions in education include: organization of the wards at Johns Hopkins; insistence that the student should be used as an assistant on the wards not just an observer; abandonment of didactic teaching as the principle method for educating medical students; involving the hospital as vital to the teaching of medicine; and developing a relationship between the University, school of medicine, and the hospital. Osler was not the first to initiate any of these activities but it was his charisma, organization, writing, and promotion that influenced his contemporaries and Abraham Flexner, whose report on medical education forever changed medical schools in America.

J. Willis Hurst was a true disciple and shared many of Osler's attributes and accomplishments. Both wrote textbooks that were innovative and the standard in their field for generations; their skill at the bedside was legendary; they were prolific writers, inspirational teachers, and they shared a William Osler ethic that was almost mythical; and their sense of commitment to the profession was unequalled.

Hurst promoted the concepts of Adler who wrote: "In the broadest sense, the teacher shows the student how to discern, evaluate, judge, and recognize the truth". Hurst was concerned that memorization of a large number of facts is not learning. Moreover, he was William Osler's that the rapid growth of the use of guidelines William Osler would remove the thinking clinician from the bedside.

Ludmer and colleagues, writing in 2006 on the state of medical education 100 years after the Flexner report, cite a concern that current trends emphasize scientific knowledge over biological understanding, clinical reasoning, practical skills, development of character, compassion, and integrity. Furthermore, their report describes a sweeping change in the relationship of doctors to the medical schools and the student. The clinical researcher-teacher is gone and in addition, the financing of medical school faculty through patient revenue has resulted in markedly diminished time for student teaching. They observed that faculty and student assessment drives learning and suggested an approach that extends beyond measuring student knowledge and includes rating procedural skills, judgment, and commitment to patients. The article stresses that good teaching takes time to observe, coach, and instruct and this cannot be accomplished without financial support.

I report on current programs at three southern medical schools (2 private and 1 public) to train faculty to teach, to assess the faculty's teaching skills, and measure the results of learning from the students. This evaluation includes comments on the financial support for teaching.

Medical education has continued to advance. Over the last 20 years, there is more supervision, assessment of knowledge and skills, and feedback for the teacher, the student and the patient. However, we may be training students who are protocol driven and focused on guidelines in patient management and have not had mental training sufficient to enable them to judge between the excellent and the inferior, the sound and the unsound, the true and the half true.

### **Learning objectives:**

1. Examining William Osler contributions to medical education and their importance today
2. Review and explore J. Willis Hurst's thoughts on the ideal medical teacher
3. Consider current trends in medical education and their significance

## **Felicia Stewart MD: The Forgotten Legacy of a Women's Health Advocate for Emergency Contraception**

Carol A. Stamm & James Trussell

*Carol Stamm was the recipient of the 2006 American College of Obstetricians and Gynecologists History of Medicine Fellowship for her work on the history of emergency contraception. Her co-author of this paper, James Trussell Ph.D., Professor Emeritus at Princeton University, is internationally recognized as an emergency contraception expert and knew Felicia Stewart for decades before her death.*

Felicia Hance Stewart is not well known outside of contraceptive circles, although there she is highly regarded for her advocacy efforts. A recent book on emergency contraception entitled *The Morning After* by Heather Munro Prescott mentions her on three pages and her husband Gary on two. One of her book chapters is cited in another recent book entitled *Emergency Contraception: The Story of a Global Reproductive Health Technology*, edited by Angel Foster and L.L. Wynn, and her co-author status on several works with James Trussell is cited eight times. She provided Yuzpe regimen emergency contraception to her patients before it was popular, and encouraged others to do the same. She facilitated a convening of a meeting between James Trussell and the Food and Drug Administration in her role in the Department of Health and Human Services in the mid 1990's that initiated the process that led to the unprecedented FDA announcement in the Federal Register in 1997 that pharmaceutical companies with existing labeled contraceptive products that could also be used as Yuzpe type emergency contraception should seek additional labeling for their products for this additional usage. Of course, not one company stepped forward, but this highlighted the need for a labeled emergency contraception product. This illustrates her understanding of how to get the right people together to make policy and trigger action.

At first glance, she did not have an obvious background for a contraceptive leader. She was raised in the Church of Latter Day Saints. However, according to Dr. Robert Hatcher, when young, her mother and grandmother impressed upon her the need to examine all matters critically to determine if they were true or not. Intellectually, she was a force, being admitted to University of California Berkeley as a freshman, at a time when most people transferred as sophomores. She was willing to challenge processes and policies that were not in women's best interests.

She had a rebellious or independent streak, including, being expelled from Radcliffe for eloping without parental consent during her freshman year. She described herself on her Harvard Medical School Application as being "proud, stubborn, compulsive, and, at times, insufferably bossy." Without her efforts, we would not have accessible emergency contraception. Emergency contraception did not live up to its anticipated potential to reduce unintended pregnancy on a global scale, but the individual choice is available to women in part due to her efforts. Sadly, she died too young, at age 63, before emergency contraception became easy to obtain, and perhaps that is why she is not a recognizable name.

### **Learning objectives:**

1. Examine possible reasons why clinician Felicia Stewart is not well established as a prime facilitator of modern hormonal emergency contraception
2. Discuss the evidence showing that Felicia Stewart in fact was a major contributor to modern emergency contraception
3. Although modern emergency contraception hasn't reduced the unintended pregnancy rate, demonstrate the passion of Felicia Stewart to advance women's health, including access to emergency contraception

## WILLIAM B. BEAN STUDENT RESEARCH AWARD LECTURE

### Morgagni, Morgan and Contemporary Anatomy Curriculum

Natalie Stokes

*Natalie Stokes is an MD candidate, graduating in May 2016, from the Perelman School of Medicine at the University of Pennsylvania. She graduated magna cum laude from Boston College with a major in History and Theology in 2006. After completing a post-baccalaureate premedical program, she received a Fulbright Scholarship to study in York, England. She completed a Masters of Philosophy degree with distinction in Gender, Violence and Justice, studying healthcare access patterns of women in abusive relationships. In her time at the University of Pennsylvania, she has developed an appreciation for the history of medicine. She is currently applying for residency in Internal Medicine.*

John Morgan, considered the father of American medical education, founded the University of Pennsylvania Medical School 250 years ago. He introduced an innovative curriculum, which he vigorously compiled based on his experience at medical school in Edinburgh, and on an extensive tour of Europe in 1764. Much is written on Morgan's visit to Giovanni Battista Morgagni in Padua, Italy during the course of this trip, and the transformative influence Morgagni had on Morgan's conceptualization of the study of anatomy. Morgagni's work influenced Morgan's curriculum, which became the foundation of American medical education. Since its founding 250 years ago, teaching methods at the University of Pennsylvania and elsewhere have developed with advances in science and technology; however, a great deal of how anatomy is taught today stems directly from this original curriculum. Analysis of Morgagni's teachings available to Morgan demonstrates an approach to understanding and teaching anatomy that was revolutionary in his time. Moreover, as the University of Pennsylvania has made great strides to advance its contemporary curriculum, there are strong links between newly enforced teaching methods, and those originally introduced by Morgagni. Much of what Morgan learned from Morgagni and instituted at the University of Pennsylvania medical school is being revived in contemporary curricula.

#### **Learning objectives:**

1. Compare the case presentations used for teaching anatomy at the University of Pennsylvania with the case reports used by Morgagni. In what ways are they similar, and in what ways do the modern case reports differ from the original format introduced by Morgagni?
2. Although teaching anatomy with an integrative approach fell out of favor for some time in American medical education, it is now becoming standard practice. Why did Morgan believe that integrating pathology, physiology, anatomy and clinical symptomatology was superior to teaching methods at his time; and, further, why at the turn of the 21<sup>st</sup> century did medical educators again recognize the utility of this in teaching basic anatomy?
3. Evaluate how methods of teaching basic science have evolved with advances in science and technology; and, further, what methods have remained constant and essential to educating doctors

## Another First Edition of Osler's Textbook

Marvin J. Stone & Richard L. Golden\*

*Drs. Stone and Golden are past presidents of the American Osler Society and recipients of the Lifetime Achievement Award.*

In 2002, my late wife Jill gave me a copy of William Osler's *The Principles and Practice of Medicine* that she had purchased from a California rare book dealer. A first edition, first state, with the uncorrected Georgias in the Platonic quotation, this was a British edition published by Young J. Pentland. It is listed as item 1439 in Golden and Roland, *Sir William Osler: An Annotated Bibliography with Illustrations*.

I contacted Dick Golden about this surprising find. He said, "There is relatively little information on the Pentland editions. The only thing I can tell you about the British first issue is that a July 1894 'Statement of Sale' sent by Appleton to Osler, noted the sale of 1000 sets of sheets to England – this possibly included it. (All of the Pentland editions were made from American sheets with cancel titles with the exception of the pirated 4<sup>th</sup> edition.) It has to be quite rare considering the small number printed and the attrition that must have taken place in this well used textbook. I have never seen one. Congratulations – you have a real treasure!"

\*Deceased

### **Learning objectives:**

1. Discuss the British Pentland 1<sup>st</sup> edition of Osler's textbook
2. Explain how the 1st edition, 1<sup>st</sup> state, is identified
3. Evaluate the term "rare book"

## **“Mothers, Mongols, and Mores”: An Analysis of Parent and Physician Narratives on Newborns with Down Syndrome, 1945-1960**

Sarah Tapp & Hughes Evans

*Sarah Tapp is a fourth year medical student at Emory University School of Medicine. This project on the history of physician advice to parents of infants with Down syndrome is her senior research project.*

For at least 100 years after its original description in 1866, Down syndrome (DS), or “Mongolian idiocy” as it was first called, was a condition deeply shrouded in misunderstanding and undeserved shame. The rise of eugenics in the early 20<sup>th</sup> century deepened the stigma and suggested that parents were to blame for the condition. Ashamed, many parents hid these children away from neighbors and relatives, often on the advice of their physicians. The prevailing medical opinion held that the affected child had no role in everyday society and that he harmed the family by distracting the mother from her other duties and by detrimentally influencing the siblings. Therefore, American physicians in the first half of the 20<sup>th</sup> century increasingly counseled parents to institutionalize their children with DS, often immediately after birth. These recommendations were given in spite of appalling institutional conditions, high mortality rates, and adverse developmental outcomes in the infants consigned to these establishments.

The mid 1940s and 1950s represented a pivotal time in the way society understood DS. Scientific knowledge of Down syndrome’s etiology, public perception of the syndrome, and physician advice to parents of children with DS all began to change during this mid-century time period. We have surveyed the popular and medical literature from 1945-1960 and have collected a series of narratives describing the recommendations physicians gave to parents of infants with Down syndrome. This literature provides insight into the changes in public and medical understanding of DS and the forces that influenced these changes. These narratives indicate that physician advice was shaped by popular ideas, especially those regarding family and motherhood. They demonstrate the impact of physician language in shaping patient experience, stress the importance of re-evaluating one’s practice in the light of new information, and serve as a humbling reminder that everyone has unrecognized prejudices that shape our actions.

### **Learning objectives:**

1. Understand the role of the mid-century physician in diagnosing and making initial recommendations to parents of infants with Down syndrome
2. Explain how notions about family, gender, and the physician’s role influenced physician advice regarding Down syndrome
3. Explain how social and cultural expectations compete with medical/scientific knowledge to influence physician advice and parental decision-making

## Sir Victor Horsley (1857-1916): A Heart of Gold

Nadeem Toodayan

*Nadeem Toodayan is a resident medical officer from Brisbane, Australia, with a strong interest in medical history and Sir William Osler. He traces these interests to an early fascination with eponymous medical terms in medical school, and has written and presented widely on these subjects.*

The life and career of Sir Victor Alexander Haden Horsley (1857-1916), pioneering neurosurgeon, physiologist, and social reformer, was, as Osler once said of Darwin's works, one of the 'fairy tales' of modern science. Graduating from University College London in 1881, Horsley embarked upon a surgical career with all the advantages of high birth, and rapidly established himself as a leading figure in the still infant world of neurological surgery. Bounden by duty to his profession and his uncompromising ideals, he was able to progress at a rate that would see him transform the face of neurosurgery over the course of three short decades. This video presentation, a centenary tribute to Sir Victor Horsley, summarizes these advances and much more.

Though separated by both land and years, William Osler 'followed from afar with an affectionate interest,' the outstanding medical career of his junior English colleague. In the United States, he was a vocal advocate for Horsley's neurosurgical advances, and is known to have praised, with characteristic good-will, the important surgical breakthroughs made by Horsley across the Atlantic: "The removal by Victor Horsley of a growth from the membranes of the cord in a patient of Gowers' was one of the most brilliant operations of modern surgery" (Osler, 1892, p. 857), he wrote in his *Principles*. In later years, Osler was a sympathizing supporter to the great neurosurgeon in England, although the two would not always see eye to eye on political medical issues. When Horsley died under tragic circumstances in 1916, Osler contributed a heart rendering recollection to his BMJ obituary; and in 1919, shortly after Stephen Paget's (1855-1926) superb biography of Horsley was published, Osler reviewed that work in what was his final ever publication.

It was the goodness of Horsley's heart that had him pursue a life of devoted self-sacrifice to his profession and people, and it is the gratitude of ours to reflect on it a hundred years after his passing. Shall we appreciate the crowded and gifted life of this pioneering scientist surgeon, we will understand at once, the true tenor of Osler's timely tribute to him: "It was with no small measure of gratification that I saw Victor Horsley become the greatest Hunterian surgeon of his day".

### **Learning objectives:**

1. Summarize the life and career of Sir Victor Horsley
2. List some of Horsley's most important researches in physiology, and breakthroughs in neurological surgery
3. Acknowledge the value of recording and disseminating historical medical biography through alternate multimedia productions

## Lewis Grizzard and His Bicuspid Aortic Valve

Michael C. Trotter

*Dr. Trotter received his undergraduate and medical educations at the University of Tennessee and Wake Forest University. He trained in surgery and cardiovascular surgery at the University of Alabama at Birmingham and the Ochsner Clinic in New Orleans. He has retired from the practice of cardiothoracic and vascular surgery and lives in Greenville, Mississippi and Dauphin Island, Alabama.*

Lewis McDonald Grizzard was an extraordinary talent, had an extraordinary work ethic and health literacy, and received extraordinary and heroic health care. Prior to his death at age 47 on March 20, 1994, he had been compared to Mark Twain and Will Rogers. He was a favorite son of Atlanta and a true son of the South.

Lewis was a prodigy in the newspaper business. At age 19, while at the University of Georgia, he was the sports editor of the *Athens Daily News* and by age 23 he was executive sports editor of the *Atlanta Journal*. He became a news section columnist for the *Atlanta Journal-Constitution* in 1978. His column was a huge success, spreading throughout Atlanta and the South, and became syndicated by King Features, ultimately to 450 newspapers. He published his first book, a collection of columns, in 1979 and sold 75,000 copies the first week. His second book was on the New York Times bestseller list and was followed by bestsellers nearly annually. Except for a 2-year hiatus as executive sports editor of the *Chicago Sun-Times* he lived his adult life in Atlanta. He was profiled by the *Washington Post* in 1985 and the *New York Times* in 1990. In 1985 he moved into concert stage and lecture circuit appearances and became immensely successful. Comedy albums soon followed.

Lewis had a known congenital bicuspid aortic valve. He was followed expectantly until increasing heart size secondary to aortic insufficiency necessitated referral to Emory University. On March 22, 1982, at age 35, he underwent an uncomplicated AVR with a porcine heterograft. In 1985 he underwent urgent redo AVR (porcine) with aortic patch for prosthetic valve endocarditis and abscess formation. The etiology was felt to be dental caries secondary to lack of care due to a childhood phobia. By 1993 he had developed prosthetic valve deterioration/paravalvular leak with AI, hemolysis, anemia, and associated progressive symptomatology. He underwent third time redo surgery on March 22, 1993 and received a valved Dacron conduit. During that procedure he sustained acute intraoperative cardiac failure requiring coronary bypass, ventricular assist device implantation, and transplant listing. Miraculously he survived, received no transplant, and was discharged on April 17, 1993 for a prolonged recovery period during which time he continued to work. Eleven months later he experienced a renal embolism. Evaluation revealed a fungal infection of the Dacron conduit. He was given a 50% survival prediction for his 4<sup>th</sup> time redo surgery. He opted for surgery which was accomplished on March 18, 1994. He never regained consciousness postoperatively and life support was withdrawn on March 20, 1994.

All aspects of the journey through illness were chronologed by Lewis in a series of books, columns, and speeches, incorporating it all into his livelihood with great humor. His works reveal remarkable and accurate knowledge about his health issues and choices regarding medical compliance and lifestyle. Through it all Lewis had issues with alcohol, relationships (4 marriages and 3 divorces), nicotine addiction, and inconsistent compliance with medical advice. Utilizing primary sources and personal interviews, this presentation will examine Lewis Grizzard's remarkable health literacy and the impact it had on a prolific and successful literary career.

### **Learning objectives:**

1. Recognize the value of individual health literacy when incorporated into a livelihood
2. Understand the general pathophysiology of bicuspid aortic valve and the manifestations of treatment complications
3. Examine the roles of compliance, risk-modification, and patient decision-making on the natural history of progressive illness

## **Friendship, Philanthropy and Fish Sauce: Sir William Osler and Charles W. Dyson Perrins**

John W.K. Ward

*John Ward is a retired family doctor with a lifelong zest for medical history. A fellow of both the RCPEdin and the RCGP he is a past president of both the British Society for the History of Medicine and the Osler Club of London. He has lectured widely in Britain, France and North America on medical history, family medicine and Johnsonian subjects. He was chairman of the LAC for AOS Oxford 2014.*

John Brett Langstaff related in *Youthful Recollections*, the article he contributed to the JAMA Commemorative Issue of 1969, that it was a phone call from Charles W. Dyson Perrins which prompted Sir William to travel to Scotland in 1919. It was on this trip that he developed the cold that led to his death from empyema four days after Christmas that year.

Hitherto little has been written about the relationship between Osler and Perrins. The aims of this presentation are to explore their friendship and outline Perrins' life to 1919 using archive material from Oxford, London, Worcester, Malvern and McGill.

Charles W. Dyson Perrins was the grandson of William Perrins who with John Wheeley Lea produced the iconic Lea and Perrins Worcestershire Sauce. Dyson was to become chairman of that company, which made him a very rich man, and also of Worcester Porcelain but his real claim to fame rests with his extraordinary philanthropy.

Osler and Perrins were both book collectors, members of the Royal Automobile Club and members of the prestigious Roxburghe Club which was dedicated to the printing of rare documents and reprinting of rare texts. Both men were bibliophiles who encouraged others to use their libraries and were generous donors to academic institutions.

Osler was greatly involved with Sir Herbert Warren in facilitating Perrins' gift of the Dyson Perrins Laboratory in Oxford and their roles will be examined. Osler had a DM Oxford and Perrins was awarded a DCL.

When Worcester Porcelain was in financial straits after the Great War, and surviving only through Perrins' personal generosity, Osler wrote to his sister-in-law, Mrs Chapin on 26<sup>th</sup> November 1919: "Complete change of pelvic crockery – the Crown Derby replaced by Worcester on account of my affection for Mr. Perrins, the president of the Co. These little acts of kindness cost nothing and are appreciated in this harsh world."

Seldom can two men with similar hobbies, moral standards, generosity and kindness be so worthy of our interest.

### **Learning objectives:**

1. Outline the life of Charles W. Dyson Perrins
2. Describe the interactions between William Osler and Dyson Perrins
3. Consider the origins of Osler's and Perrins' philanthropic drives

## Is There an Affinity Between Music and Medicine?

Dennis K. Wentz

*Dennis Wentz is a 1961 graduate of the University of Chicago School of Medicine. He is retired from gastroenterology and medical management but stays busy serving as President of Intermountain Opera Bozeman (during its 40<sup>th</sup> anniversary season), and the Montana Chamber Music Society.*

Some, perhaps many, physicians find an epiphany in music – in playing it and in listening to it, and on occasion using music to help in the treatment of patients. What was William Osler’s interest? The Osler Library was unable to provide much information although they tried. Although Osler characterized some cardiac murmurs as “musical” in *Principles and Practice of Medicine*, and referred to music indirectly, e.g. “Laughter is the music of life”, or “Like song that sweetens toil, laughter brightens the road of life...”, there is no mention of music in Osler’s life in the otherwise focused biographies of Harvey Cushing and Michael Bliss.

Osler had few books about music in his library, but he did have several works of Thomas Campion (1567-1620), an English poet, composer, lutenist to the Court, and a physician in his later years before dying suddenly at age 53. The Poetry Foundation of Chicago rhapsodized that Campion’s lyric poetry reflected his musical abilities “in its subtle mastery of rhythmic and melodic structure.” Also in Osler’s library was Richard Browne’s *Medicina Musica (A Mechanical Essay on the effects of Singing, Musick, and Dancing on Human Bodies)*, published in 1727, extolling the virtues of music on health.

An 1866 letter from Osler’s older sister Ellen Mary (Nellie) gives young William permission to take music for the first quarter of college as a trial; I could find no follow-up. In a November 1873 letter to Charlotte (Chattie) Osler, he wrote that he “will soon leave for Vienna, will be 25 years old, is “still not on my own legs yet”, and that he and his friend Dr. Gutterböck attended a series of nine concerts in the Royal Concert Room of the Opera House. Letters in the Osler Library archives record that both he and Lady Osler went to concerts in London.

Today, music has a place in the lives of many scientists and doctors. Nobel laureate Bernard Lown MD wrote: “A puzzling fact is the special affinity between scientifically trained health professionals and classical music making “. History confirms: Rene Laennec, inventor of the stethoscope was recognized as an accomplished flautist, Billroth was a great friend and confidant of Brahms and was himself a professional pianist and violinist, Albert Schweitzer was a concert organist and a philosopher who went to medical school to help the African people (for which he won the Nobel Peace Prize), the neurologist Oliver Sacks who wrote bewildering case histories in his book, *Musophilia* and Professor Stefan Willich, a German cardiologist trained at Harvard who founded the World Doctors Orchestra based in Berlin. Boston has the acclaimed Longwood Symphony Orchestra, a near-professional ensemble of health professionals; there are several others across the globe. In the ancient world there was Hippocrates and later Ibn Sina (Avicenna) who wrote that music’s ability to “delight the soul’ could have a positive effect on mental and physical health. The Turco-Persian physician Al Farabi considered music as therapy and in his *Great Book on Music* compared music and medicine, saying that each drew its “principles from natural science, and is learned principally from sensory experience acquired through anatomy”. While not in the main-stream, the growing medical discipline of Music Therapy dates its origins to a letter published in 1914 by JAMA on the effects of music on patient anxiety.

Medicine should recognize that music matters for the human condition, perhaps not only for ourselves in the profession but because it can help patients deal with their conditions. Perhaps the physician members of the Longwood Symphony Orchestra are telling us something when they say: “Doctors in a modern world need to collaborate like musicians in an orchestra”. Osler may have had music in mind when he said in his speech on British Medicine: “Medicine is seen at its best in men whose faculties have had the highest and most harmonious culture.”

### Learning objectives:

1. Examine the centrality of music to life itself, dating to the beginnings of the human species
2. Discuss the rationale and the evidence for an affinity between music, science, and medicine
3. Consider the potential benefits of music in the practice of medicine and the healing process

## **The Radicalization of Breast Cancer Surgery: Joseph C. Bloodgood's Role in William S. Halsted's Legacy**

James R. Wright, Jr.

*Jim Wright received his MD, PhD (Pathology), and MA (Medical History) degrees from The Ohio State University and was the recipient of the AAHM William Osler Medal in 1984. After completing a residency in anatomical pathology at Washington University in St. Louis, he moved to Dalhousie University in Halifax, Nova Scotia where he worked as a pediatric pathologist, established an active research laboratory doing experimental pancreatic islet transplantation, and was Professor of Pathology, Surgery, and Biomedical Engineering. In 2005, he moved to the University of Calgary as Head of the Department of Pathology & Laboratory Medicine, and having completed two terms as Head, is now Professor of Pathology & Laboratory Medicine and Paediatrics in Calgary.*

William Stewart Halsted is renowned for “perfecting” and popularizing the radical mastectomy, a problematic and disfiguring surgical procedure that was over-utilized during the 20<sup>th</sup> Century. Early in his career, Halsted learned mastectomy from German surgeon Richard von Volkmann but he soon modified the procedure by removing the pectoralis muscle rather than only its fascia. Cancer historians have questioned why Halsted, a meticulous surgical investigator known to be scrupulously honest in his data interpretation, became more and more aggressive in his approach to breast cancer surgery when his own data failed to show prolonged patient survival. Joseph Colt Bloodgood, a University of Pennsylvania medical graduate who served as one of Halsted’s early surgical residents (having been first introduced to Halsted by William Osler), played previously unrecognized critical roles. During his residency training, Bloodgood worked with William Welch honing his pathology skills and then established the Hopkins’ Surgical Pathology Laboratory, and he collected the follow-up data on Halsted’s breast cancer cases. Bloodgood, following in the footsteps of his mentor Halsted, believed in an aggressive approach to breast cancer surgery. Bloodgood also subscribed to Halsted’s unwavering belief that, in the hands of a well-trained surgeon, gross recognize cancer on the operating table was better than Intraoperative Frozen Section (IFS) diagnosis. As Halsted’s outcome data analyst, surgical pathologist, and first surgical assistant, Bloodgood was guilty of both errors of omission and commission. First, he never explored all interpretations of their breast cancer outcome data. By 1907, their data could be interpreted to show that radical surgery would not prolong survival if lymph node metastases were present, and could have posited that, in the absence of lymph node metastases, excising the tumor with a margin of normal breast might be good enough. Second, Bloodgood’s staunch opposition to using IFS diagnosis to confirm malignancy or determine the extent of spread precluded any possibility of limiting surgical procedures. Third, Bloodgood relied almost entirely on his and Halsted’s experience. Halsted was not well-served by a data analyst who eschewed the benefits of knowing the literature. Finally, Bloodgood, a highly aggressive surgeon who stated at the beginning of his career that “lynch law” is better than “due process” when operating on possible malignancies, “improved” Halsted’s original radical mastectomy by extending the surgery even further and removing supraclavicular lymph nodes, a modification which Halsted immediately embraced, leading some of Halsted’s later residents feeling compelled to surpass Bloodgood with even more aggressive technical improvements. The interaction between these two surgeons will be explored in the context of the early history of IFS diagnosis at Johns Hopkins and elsewhere. The theory behind the radical mastectomy procedure will be placed within the context of contemporary beliefs on the mechanism of cancer metastases, including the embolic and permeation theories. Ultimately, the unwavering trust Bloodgood and Halsted had in each other had created an environment where their shared theoretical framework trumped their surgical reality. However, after Halsted’s death in 1922, Bloodgood recognized that they had been wrong, and spent the last decade of his life trying to reverse this progression. Bloodgood, after a 30 year hiatus, became a rabid supporter of IFS and rapidly helped propagate its expansion across North America. By 1930, he was even suggesting that cancer surgery should not be performed in hospitals incapable of providing this diagnostic service. Bloodgood, based upon his surgical pathology research, now believed that most lesions not definitively malignant histologically, likely would behave as if benign and he began to advocate more conservative breast surgery. However, by this time, Halsted’s many trainees had become the next generation of academic surgeons teaching his mastectomy procedure to their own trainees. Bloodgood’s almost 180 degree reversal after Halsted’s death, though likely awkward to explain to his colleagues at the time, is to his credit, and it is unfortunate that much of the surgical profession did not listen.

### **Learning objectives:**

1. Discuss the complex relationship between William S. Halsted and Joseph C. Bloodgood
2. Explain the theoretical framework behind Halsted’s radical mastectomy procedure
3. Describe how opinions about Intraoperative Frozen Section diagnosis affected Halsted’s radical mastectomy

## Presidents of the American Osler Society

\* Deceased

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

## Secretaries and Treasurers of the American Osler Society

\* Deceased

Year(s)	Treasurer-Historian	Secretary
1971	Alfred R. Henderson	John P. McGovern*
1972	Alfred R. Henderson	Edward C. Rosenow, Jr.*
1973	Alfred R. Henderson	A. McGehee Harvey*
1974	Alfred R. Henderson	Raymond D. Pruitt*
1975	Alfred R. Henderson	Martin M. Cummings*
	<b>Secretary-Treasurer</b>	
1976 - 1985	Charles C. Roland*	
1986 - 1989	Jack D. Key*	
1990 - 2000	Lawrence D. Longo*	
2001 - 2009	Charles S. Bryan	
	<b>Treasurer</b>	<b>Secretary</b>
2009 - 2012	R. Dennis Bastron	Paul S. Mueller
2012 - 2014	R. Dennis Bastron	
2012 - 2017		Christopher J. Boes
2014 - 2019	C. Joan Richardson	

### **The John P. McGovern Lectureship**

1986	Albert Rupert Jonsen	2002	James K. Cassedy
1987	Edward Janavel Huth	2003	Sir Richard Doll
1988	Joanne Trautmann Banks	2004	William F. Bynum
1989	John Nicholas Walton	2005	Karen Hein
1990	E. A. Vastyan	2006	Joseph Jack Fins
1991	Daniel Michael Fox	2007	Abraham Verghese
1992	William C. Beck	2008	Charles E. Rosenberg
1993	Anne Hudson Jones	2009	Patrick A. McKee
1994	David Hamilton	2010	Nuala P. Kenny
1995	Sherwin B. Nuland	2011	Rosemary A. Stevens
1996	David J. Rothman	2012	C. David Naylor
1997	Roger James Bulger	2013	Bert Hansen
1998	Paul Potter	2014	Sir Donald Irvine
1999	John David Stobo	2015	Rolando Del Maestro
2000	Gert Henry Brieger	2016	Mark G. Dimunation
2001	Kenneth M. Ludmerer	2017	Carlos del Rio

### **Recipients of the Lifetime Achievement Award**

2005	Earl F. Nation	2011	J. Michael Bliss
2006	Charles G. Roland	2012	Jeremiah A. Barondess
2007	Lawrence D. Longo	2013	John C. Carson
2008	Richard L. Golden	2014	T. Jock Murray
2009	W. Bruce Fye	2015	Marvin J. Stone
2010	Charles S. Bryan	2016	Kenneth M. Ludmerer

## **Living Members of the American Osler Society**

### **Honorary Members**

THOMAS G. BENEDEK  
*Pittsburgh, Pennsylvania*

GERT H. BRIEGER  
*Baltimore, Maryland*

SHIGEAKI HINOHARA  
*Tokyo, Japan*

JOHN D. STOBO  
*San Rafael, California*

### **Charter Members**

\* Emeritus

ALFRED R. HENDERSON\*  
*Bethesda, Maryland*

FRED B. ROGERS\*  
*Trenton, New Jersey*

## Living Elected Members

\* Emeritus

NITIN K. AHUJA (2011)  
*Baltimore, Maryland*

JACK B. ALPERIN (2004)  
*Galveston, Texas*

CHARLES T. AMBROSE\* (1998)  
*Lexington, Kentucky*

BILLY F. ANDREWS\* (1972)  
*Floyds Knobs, Indiana*

JAMES E. BAILEY (2011)  
*Memphis, Tennessee*

JAMES O. BALLARD (2006)  
*Hummelstown, Pennsylvania*

JAMIE S. BARKIN (2015)  
*Bay Harbor, Florida*

JEREMIAH A. BARONDESS\* (1975)  
*New York, New York*

R. DENNIS BASTRON\* (2003)  
*Tucson, Arizona*

GEORGE S. BAUSE (2010)  
*Cleveland, Ohio*

STEVEN L. BERK (1988)  
*Lubbock, Texas*

PAUL E. BERMAN\* (2002)  
*Amherst, Massachusetts*

FAUSTINO BERNADETT (2012)  
*Long Beach, California*

KERSTIN BETTERMANN (2010)  
*Hershey, Pennsylvania*

DARRYL BINDSCHADLER (2007)  
*Cheyenne, Wyoming*

JOHN S.G. BLAIR\* (2003)  
*Perth, Scotland*

J. MICHAEL BLISS (1996)  
*Toronto, Ontario, Canada*

CHRISTOPHER J. BOES (2010)  
*Rochester, Minnesota*

W. BRYANT BOUTWELL (2005)  
*Houston, Texas*

COLTEN D. BRACKEN (2015)  
*Enterprise, Utah*

MICHAEL BRENER (2011)  
*Baltimore, Maryland*

CHARLES S. BRYAN (1994)  
*Columbia, South Carolina*

JOHN D. BULLOCK\* (2008)  
*Longboat Key, Florida*

LEONARD H. CALABRESE (2008)  
*Cleveland Heights, Ohio*

DEE J. CANALE\* (1985)  
*Memphis, Tennessee*

RICHARD M. CAPLAN\* (1988)  
*Iowa City, Iowa*

JOHN C. CARSON (1987)  
*La Jolla, California*

ANGELA CASTELLANOS (2015)  
*Philadelphia, Pennsylvania*

MICHAEL W. CATER (2001)  
*Santa Ana, California*

DONALD CATINO\* (1984)  
*New London, New Hampshire*

WALTER R. CHITWOOD, JR.\* (1989)  
*Greenville, North Carolina*

CLIFTON R. CLEVELAND\* (1999)  
*Signal Mountain, Tennessee*

MARGARET COCKS (2012)  
*Baltimore, Maryland*

RICHARD COLGAN (2015)  
*Annapolis, Maryland*

BARRY COOPER (2000)  
*Dallas, Texas*

DAVID K. C. COOPER (2006)  
*Birmingham, Alabama*

CHRISTOPHER CRENNER (2005)  
*Kansas City, Missouri*

BURKE A. CUNHA (2002)  
*Garden City, New York*

MARTIN L. DALTON, JR.\* (2000)  
*Macon, Georgia*

PETER E. DANS\* (2002)  
*Cockeysville, Maryland*

SAKTI DAS (1998)  
*Lafayette, California*

ANAND P. DATE\* (2002)  
*Middlesex, United Kingdom*

ROLANDO DEL MAESTRO (2016)  
*Tiverton, Ontario, Canada*

ALLAN J. DENNIS, JR.\* (2005)  
*Augusta, Georgia*

NICHOLAS DEWEY\* (1981)  
*Santa Barbara, California*

CHRISTOPHER F. DIBBLE (2011)  
*Carrboro, North Carolina*

LAUREL E. DREVLOW (2006)  
*Minneapolis, Minnesota*

JACALYN M. DUFFIN (1998)  
*Kingston, Ontario, Canada*

GEORGE C. EBERS\* (1985)  
*Bayfield, Ontario, Canada*

MATTHEW L. EDWARDS (2015)  
*Dallas, Texas*

RICHARD EIMAS\* (1986)  
*Reston, Virginia*

ARNOLD EINHORN\* (2002)  
*Chevy Chase, Maryland*

MICHAEL EMMETT (2003)  
*Dallas, Texas*

LYNN C. EPSTEIN\* (1999)  
*Bristol, Rhode Island*

JONATHON ERLÉN (2002)  
*Pittsburgh, Pennsylvania*

WILLIAM N. EVANS (2010)  
*Las Vegas, Nevada*

MEGHAN A. FEELY (2011)  
*Short Hills, New Jersey*

ANDREW Z. FENVES (2005)  
*Boston, Massachusetts*

GARY B. FERNGREN (1996)  
*Corvallis, Oregon*

JOSEPH J. FINS (2009)  
*New York, New York*

EUGENE S. FLAMM\* (1998)  
*New York, New York*

MARIA G. FRANK (2015)  
*Denver, Colorado*

THOMAS W. FRANK (2010)  
*Bel Air, Maryland*

RICHARD S. FRASER (2012)  
*Montreal, Quebec, Canada*

HERBERT L. FRED\* (1984)  
*Houston, Texas*

J. GORDON FRIERSON (2009)  
*Palo Alto, California*

## Living Elected Members (continued)

\* Emeritus

ABRAHAM FUKS (1999) <i>Montreal, Quebec, Canada</i>	BRUCE J. INNES* (2001) <i>Macon, Georgia</i>	CARL E. LUNDSTROM (2011) <i>Rochester, Minnesota</i>
CONRAD C. FULKERSON (2001) <i>Timberlake, North Carolina</i>	DONALD H. IRVINE (2015) <i>Morpeth, United Kingdom</i>	C. RONALD MACKENZIE (2014) <i>New York, New York</i>
J. MICHAEL FULLER (2009) <i>Greenville, South Carolina</i>	ALEXANDRA ISTL (2014) <i>London, Ontario, Canada</i>	MICHAEL H. MALLOY (2014) <i>Galveston, Texas</i>
W. BRUCE FYE (1978) <i>Rochester, Minnesota</i>	WILLIAM H. JARRETT, II (1998) <i>Atlanta, Georgia</i>	ERIC L. MATTESON (2011) <i>Rochester, Minnesota</i>
EUGENE T. GINCHEREAU (2015) <i>Pittsburgh, Pennsylvania</i>	NEIL JENKINS (2008) <i>Nashport, Ohio</i>	CHRYSSA N. K. McALISTER (2009) <i>Kitchener, Ontario, Canada</i>
CHRISTOPHER G. GOETZ (2000) <i>River Forest, Illinois</i>	DAVID S. JONES (2016) <i>Cambridge, Massachusetts</i>	VIVIAN C. McALISTER (2010) <i>London, Ontario, Canada</i>
JOHN T. GOLDEN (1999) <i>Grosse Pointe Woods, Michigan</i>	H. MICHAEL JONES (2006) <i>Chapel Hill, North Carolina</i>	PAUL R. McHUGH* (1990) <i>Baltimore, Maryland</i>
JAMES T. GOODRICH (1982) <i>Grandview, New York</i>	ROBERT J. T. JOY* (1981) <i>Bethesda, Maryland</i>	NEIL McINTYRE* (1995) <i>Woodford Green, Essex, England</i>
KRISTA GRANDE (2015) <i>Rochester, New York</i>	RICHARD J. KAHN (1981) <i>Tenants Harbor, Maine</i>	LAURA McLAFFERTY (2011) <i>Marlton, New Jersey</i>
JOHN L. GRANER (1997) <i>Rochester, Minnesota</i>	ANAND B. KARNAD (1998) <i>San Antonio, Texas</i>	WILLIAM O. McMILLAN, JR. (1995) <i>Wilmington, North Carolina</i>
STEPHEN B. GREENBERG (1997) <i>Houston, Texas</i>	JOHN A. KASTOR* (2004) <i>Baltimore, Maryland</i>	ROBERT G. MENNEL (1999) <i>Dallas, Texas</i>
JEREMY A. GREENE (2013) <i>Baltimore, Maryland</i>	CARLA C. KEIRNS (2011) <i>Kansas City, Missouri</i>	M. ALAN MENTER* (2004) <i>Dallas, Texas</i>
DAVID R. HABURCHAK (2002) <i>Augusta, Georgia</i>	ELTON R. KERR (1989) <i>Richland, Washington</i>	PAMELA J. MILLER (2003) <i>Westmount, Quebec, Canada</i>
SIMON HANFT (2006) <i>Jersey City, New Jersey</i>	PAUL D. KLIGFIELD (1980) <i>New York, New York</i>	J. MARIO MOLINA (2008) <i>Long Beach, California</i>
JOHN M. HARRIS, JR. (2015) <i>Tucson, Arizona</i>	DENNIS M. KRATZ (2013) <i>Richardson, Texas</i>	MICHAEL E. MORAN (2004) <i>McComb, Mississippi</i>
H. ALEXANDER HEGGTVEIT* (1982) <i>Hamilton, Ontario, Canada</i>	ROBERT A. KYLE (2007) <i>Rochester, Minnesota</i>	DANIEL D. MORGAN (2000) <i>Davis, California</i>
ERNEST B. HOOK (2014) <i>San Rafael, California</i>	SUSAN D. LAMB (2015) <i>Brossard, Quebec, Canada</i>	SANDRA W. MOSS (2002) <i>Metuchen, New Jersey</i>
PERRY HOOKMAN (1999) <i>Potomac, Maryland</i>	DOUGLAS J. LANSKA (2014) <i>Tomah, Wisconsin</i>	PAUL S. MUELLER (2003) <i>Rochester, Minnesota</i>
JOEL D. HOWELL (1987) <i>Ann Arbor, Michigan</i>	S. ROBERT LATHAN* (2002) <i>Atlanta, Georgia</i>	T. JOCK MURRAY* (1992) <i>Halifax, Nova Scotia, Canada</i>
KRISTIN M. HUNTOON (2013) <i>Columbus, Ohio</i>	KATHERINE LATIMER (2011) <i>Bethesda, Maryland</i>	ANDREW T. NADELL (1986) <i>Burlingame, California</i>
RYAN T. HURT (2015) <i>Rochester, Minnesota</i>	JOSEPH W. LELLA* (1998) <i>London, Ontario, Canada</i>	FRANCIS A. NEELON* (1992) <i>Durham, North Carolina</i>
K. GARTH HUSTON, JR. (1992) <i>Leucadia, California</i>	ROBERT I. LEVY* (2007) <i>Baltimore, Maryland</i>	ROBERT R. NESBIT, JR. (2003) <i>Augusta, Georgia</i>
EDWARD J. HUTH* (1988) <i>Bryn Mawr, Pennsylvania</i>	KENNETH M. LUDMERER (1983) <i>St. Louis, Missouri</i>	JOHN NOBLE* (1993) <i>Boston, Massachusetts</i>

## Living Elected Members (continued)

\* Emeritus

ROBERT K. OLDHAM (1982) <i>Hurricane, West Virginia</i>	LOREN A. ROLAK (1995) <i>Marshfield, Wisconsin</i>	HENRY TRAVERS (2015) <i>Sioux Falls, South Dakota</i>
MICHAEL F. O'ROURKE* (1996) <i>Sydney, Australia</i>	MILTON G. ROXANAS (2012) <i>Wahroonga, New South Wales, Australia</i>	MICHAEL TROTTER (2013) <i>Greenville, Mississippi</i>
BRUCE R. PARKER* (1995) <i>San Francisco, California</i>	GEORGE SARKA (2009) <i>Laguna Hills, California</i>	JOHN T. TRUMAN* (2000) <i>North Andover, Massachusetts</i>
CLYDE PARTIN, JR. (1999) <i>Atlanta, Georgia</i>	HENRY S. SCHUTTA (2016) <i>River Forest, Illinois</i>	JOSEPH B. VANDER VEER, JR. (2003) <i>Newtown Square, Pennsylvania</i>
SUTCHIN R. PATEL (2015) <i>Lake Forest, Illinois</i>	AMIT SHARMA (2009) <i>Highland Park, New Jersey</i>	HECTOR O. VENTURA (1999) <i>Metairie, Louisiana</i>
STEVEN J. PEITZMAN (2002) <i>Philadelphia, Pennsylvania</i>	CHRISTOPHER B. SHIELDS* (1989) <i>Louisville, Kentucky</i>	JUDITH VICK (2016) <i>Baltimore, Maryland</i>
COURTNEY PENDLETON (2010) <i>Baltimore, Maryland</i>	BARRY D. SILVERMAN (1997) <i>Atlanta, Georgia</i>	SARA E. WALKER (2012) <i>Las Cruces, New Mexico</i>
CLAUS A. PIERACH (1991) <i>Minneapolis, Minnesota</i>	RUSSELL L. SILVERSTEIN (2005) <i>Dallas, Texas</i>	JOHN W. K. WARD (2003) <i>Abingdon, Oxfordshire, England</i>
REBECCA PINNELAS (2016) <i>Manalapan, New Jersey</i>	WILLIAM A. SMITH, JR. (2000) <i>Fulton, Kentucky</i>	MARGARET P. WARDLAW (2011) <i>Austin, Texas</i>
SCOTT H. PODOLSKY (2010) <i>Boston, Massachusetts</i>	THOMAS C. SODEMAN (2012) <i>Toledo, Ohio</i>	ALLEN B. WEISSE* (1997) <i>Springfield, New Jersey</i>
JENNIFER D. PORS (2016) <i>Victoria, British Columbia, Canada</i>	WILLIAM A. SODEMAN, JR.* (1998) <i>Toledo, Ohio</i>	MARC E. WEKSLER* (2004) <i>Tenafly, New Jersey</i>
BETH PREMINGER (2000) <i>New York, New York</i>	LORELEI E. STEIN (2015) <i>Pittsburgh, Pennsylvania</i>	DENNIS K. WENTZ* (2003) <i>Bozeman, Montana</i>
MABEL L. PURKERSON* (2003) <i>St. Louis, Missouri</i>	MARVIN J. STONE (1990) <i>Dallas, Texas</i>	JOHN B. WEST* (1995) <i>La Jolla, California</i>
TONSE N. K. RAJU (1999) <i>Gaithersburg, Maryland</i>	ROB H. STONE (2008) <i>West Hills, California</i>	THORNE S. WINTER (2010) <i>Atlanta, Georgia</i>
ROBERT E. RAKEL* (1983) <i>Iowa City, Iowa</i>	JOHN T. STROH (2012) <i>Washington, District of Columbia</i>	W. CURTIS WORTHINGTON* (1999) <i>Charleston, South Carolina</i>
MICHAEL A. E. RAMSAY (2006) <i>Dallas, Texas</i>	HERBERT M. SWICK (2000) <i>Missoula, Montana</i>	JAMES R. WRIGHT, JR. (2010) <i>Calgary, Alberta, Canada</i>
NA'AMAH RAZON (2016) <i>Oakland, California</i>	RAMYA TAKKELLAPATI (2013) <i>Baltimore, Maryland</i>	JAMES B. YOUNG (1992) <i>Chagrin Falls, Ohio</i>
P. PRESTON REYNOLDS (1998) <i>Charlottesville, Virginia</i>	BARBARA L. THOMPSON (2012) <i>Galveston, Texas</i>	
C. JOAN RICHARDSON (2008) <i>Galveston, Texas</i>	JOSHUA C. TOMPKINS (2013) <i>Los Angeles, California</i>	
CHARLES S. ROBERTS (2004) <i>Charleston, South Carolina</i>	NADEEM TOODAYAN (2016) <i>Calamvale, Brisbane, Australia</i>	
WILLIAM C. ROBERTS* (2000) <i>Dallas, Texas</i>	JAMES F. TOOLE* (1976) <i>Winston-Salem, North Carolina</i>	

# Deceased Members of the American Osler Society

## Honorary Members

WILBURT C. DAVISON  
(1892-1972)

WILDER G. PENFIELD  
(1891-1976)

EMILE F. HOLMAN  
(1890-1977)

GEORGE W. CORNER  
(1899-1981)

TRUMAN G. BLOCKER, JR.  
(1908-1984)

LLOYD G. STEVENSON  
(1918-1988)

HAROLD N. SEGALL  
(1897-1990)

EDWARD H. BENSLEY  
(1906-1995)

H. ROCKE ROBERTSON  
(1912-1998)

ALASTAIR H. T. ROBB-SMITH  
(1908-2000)

MARIAN FRANCIS KELEN  
(1922-2014)

JOHN N. WALTON  
(1922-2016)

## Charter Members

PAUL DUDLEY WHITE  
(1886-1973)

THOMAS M. DURANT  
(1905-1977)

WALTER C. ALVAREZ  
(1884-1978)

CHAUNCEY D. LEAKE  
(1896-1978)

EARLE P. SCARLETT  
(1896-1982)

SAMUEL X. RADBILL  
(1901-1987)

HOWARD L. HOLLEY  
(1914-1988)

WILLIAM B. BEAN  
(1909-1989)

R. PALMER HOWARD  
(1912-1990)

RAYMOND D. PRUITT  
(1912-1993)

THOMAS F. KEYS  
(1908-1995)

H. GRANT TAYLOR  
(1903-1995)

CECILE DESBARATS  
(1907-1998)

A. McGEHEE HARVEY  
(1911-1998)

WILLARD E. GOODWIN  
(1915-1998)

GEORGE T. HARRELL  
(1908-1999)

EDWARD C. ROSENOW, JR.  
(1909-2002)

WILLIAM K. BEATTY  
(1926-2002)

PALMER H. FUTCHER  
(1910-2004)

G.S.T. CAVANAGH  
(1923-2005)

JOHN P. McGOVERN  
(1921-2007)

EARL F. NATION  
(1910-2008)

VICTOR A. McKUSICK  
(1921-2008)

CHARLES G. ROLAND  
(1933-2009)

WILLIAM C. GIBSON  
(1914-2009)

MARTIN M. CUMMINGS  
(1920-2011)

ILZA VEITH  
(1912-2013)

# Deceased Members of the American Osler Society

## Elected Members

ARTHUR D. KELLY  
(1901-1976)

MARSHALL N. FULTON  
(1899-1977)

EMILE F. HOLMAN  
(1890-1977)

I. N. DUBIN  
(1913-1981)

GEORGE E. GIFFORD, JR.  
(1930-1981)

LAWRENCE C. McHENRY, JR.  
(1929-1985)

GEORGE E. BURCH  
(1910-1986)

K. GARTH HUSTON  
(1926-1987)

GORDON W. JONES  
(1915-1987)

CHARLES S. JUDD, JR.  
(1920-1987)

FRANK BRADWAY ROGERS  
(1914-1987)

ROBERT J. MOES  
(1905-1988)

S. GORDON ROSS  
(1899-1990)

MAURICE A. SCHNITKER  
(1905-1990)

JAMES V. WARREN  
(1959-1990)

NICHOLAS E. DAVIES  
(1926-1991)

PETER D. OLCH  
(1930-1991)

JOHN Z. BOWERS  
(1913-1993)

WILLIAM B. SPAULDING  
(1922-1993)

LEWIS THOMAS  
(1913-1993)

RODERICK K. CALVERLEY  
(1938-1995)

THOMAS E. KEYS  
(1908-1995)

ELLEN BAKER WELLS  
(1934-1995)

DYKES CORDELL  
(1944-1996)

LUTHER C. BECK  
(1909-1996)

HASKELL F. NORMAN  
(1915-1996)

JOHN W. SCOTT  
(1915-1997)

IRVING A. BECK  
(1911-1997)

THOMAS A. WARTHIN  
(1909-1997)

EDWARD W. HOOK, JR.  
(1924-1998)

JAMES A. KNIGHT  
(1918-1998)

NORMAN SHAFTEL  
(1914-1998)

DANIEL B. STONE  
(1925-1998)

ROBERT Q. MARSTON  
(1923-1999)

ALVIN E. RODIN  
(1926-1999)

GARFIELD J. TOURNEY  
(1927-1999)

R. CARMICHAEL TILGHAM  
(1904-1999)

STANLEY W. JACKSON  
(1920-2000)

SAUL JARCHO  
(1906-2000)

LLOYD W. KITCHENS, JR.  
(1946-2001)

ROBERT E. BEAMISH  
(1916-2001)

ARNOLD G. ROGERS  
(1925-2001)

FREDERICK W. BARNES  
(1909-2001)

DONALD G. BATES  
(1933-2001)

WALTER D. HANKINS  
(1910-2001)

ROY SELBY  
(1930-2002)

E. CARWILE LEROY  
(1933-2002)

ROBERT M. KARK  
(1911-2002)

CARLETON B. CHAPMAN  
(1915-2002)

DAVID M. MUMFORD  
(1927-2003)

ALEX SAKULA  
(1917-2003)

FREDERICK B. WAGNER, JR.  
(1916-2004)

CLARK T. SAWIN  
(1934-2004)

A. BENEDICT SCHNEIDER  
(1914-2004)

WILLIAM D. SEYBOLD  
(1915-2004)

STEWART G. WOLFE  
(1914-2005)

GERALD R. PATERSON  
(1919-2005)

W. WATSON BUCHANAN  
(1930-2006)

CHESTER R. BURNS  
(1937-2006)

ROBERT AUSTRIAN  
(1916-2007)

CHARLES F. WOOLEY  
(1930-2008)

M. GEORGE JACOBY  
(1920-2008)

ROBERT U. MASSEY  
(1923-2008)

THEODORE B. SCHWARTZ  
(1918-2008)

MARK E. SILVERMAN  
(1939-2008)

ARTHUR GRYFE  
(1935-2009)

LEON Z. SAUNDERS  
(1920-2009)

HOWARD B. BURCHELL  
(1908-2009)

HARRIS D. RILEY, JR.  
(1924-2010)

D. GERAINT JAMES  
(1922-2010)

ROBERT C. KIMBROUGH, III  
(1941-2010)

CHARLES P. W. WARREN  
(1940-2011)

J. WILLIS HURST  
(1920-2011)

PHILIP W. LEON  
(1944-2012)

OM P. SHARMA  
(1936-2012)

WILLIAM S. HAUBRICH  
(1923-2012)

EDMUND PELLEGRINO  
(1920-2013)

WILLIAM H. FEINDEL  
(1918-2014)

ROBERT P. TURK  
(1931-2014)

KENNETH G. SWAN  
(1934-2014)

ROBERT P. HUDSON  
(1926-2014)

PAUL G. DYMENT  
(1935-2014)

STANLEY M. ARONSON  
(1922-2015)

JOHN H. CULE  
(1920-2015)

JACK D. KEY  
(1934-2015)

EUGENE H. CONNER  
(1921-2016)

LAWRENCE D. LONGO  
(1926-2016)

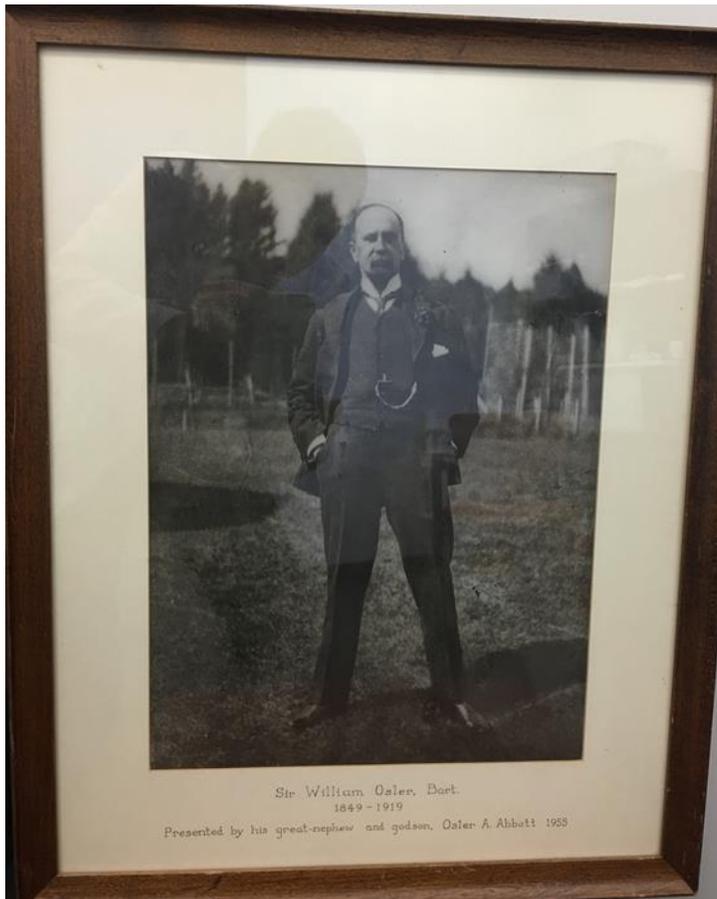
CYNTHIA D. PITCOCK  
(1933-2016)

JAMES F. HAMMARSTEN  
(1920-2016)

RICHARD K. BLAISDELL  
(1925-2016)

RICHARD L. GOLDEN  
(1929-2016)

JOHN F. DELANEY, JR.  
(1938-2016)



Inscription below the photograph:  
Sir William Osler, Bart. 1849-1919  
Presented to his great-nephew and  
godson Osler A. Abbott 1955. Dr.  
Osler Abbott was a thoracic surgeon  
and a founding member of the Emory  
Clinic.

The picture hung in Dr. R. Hugh  
Wood's study. Dr. Wood was  
Emory Medical School Dean. The  
picture was given to Dr. Clyde Partin  
in early fall 2001.

The last time the American Osler Society met in Atlanta was 1984. It was the Society's 14<sup>th</sup> meeting and the program and officers are shown below.

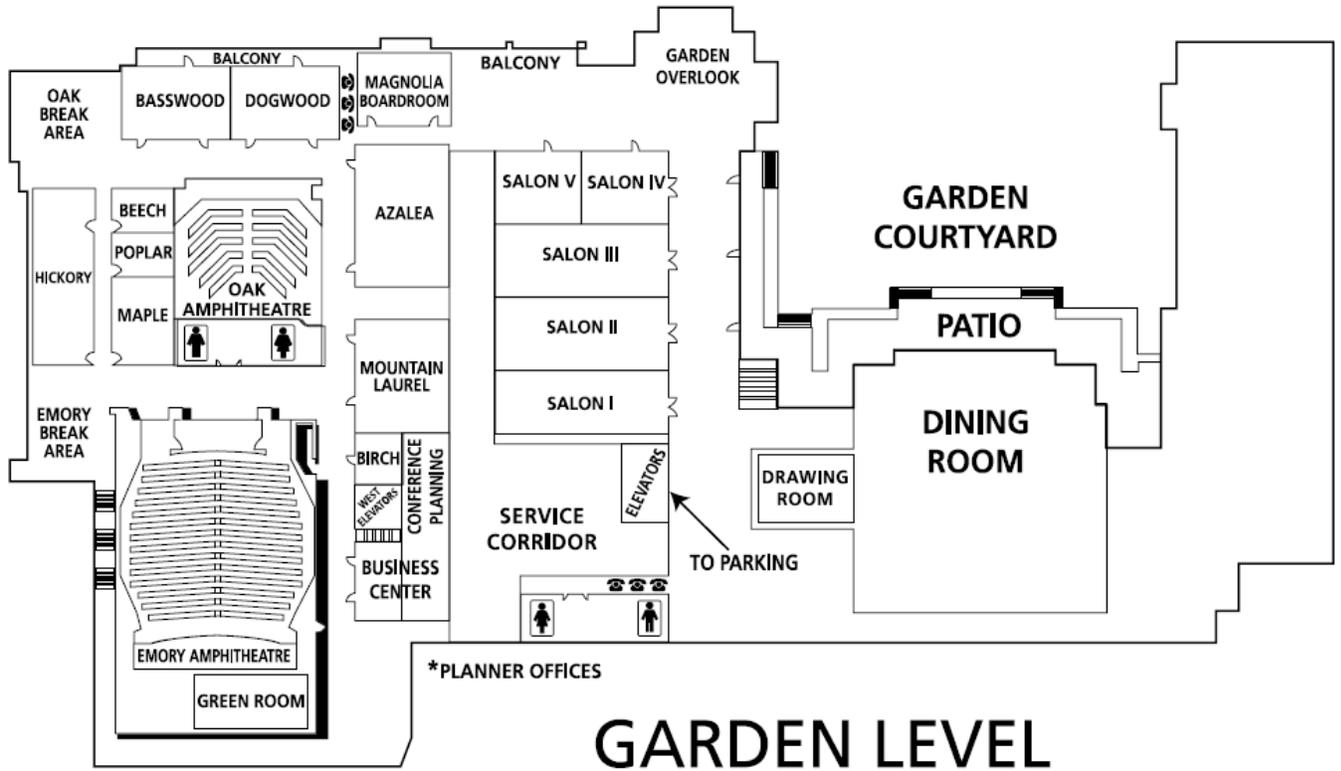
## AMERICAN OSLER SOCIETY

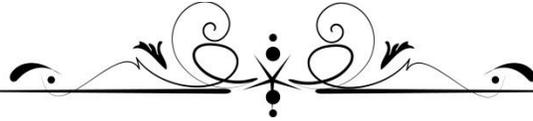
Georgia World Congress Center  
Atlanta, Georgia  
Friday, 27 April 1984

- |             |   |
|-------------|---|
| 8:30-10:30  | Board of Governor's Meeting: Room 213   |
| 11:00-12:30 | General Session #1: Room 312, Georgia World Congress Center<br>Chairman: Jeremiah A. Barondess<br><br>Studies on Pernicious Anaemia by R. Palmer<br>Howard and William Osler in 1870s . . . . . R. Palmer Howard<br><br>Dear Uncle 'Willie' and My Dear 'William': The Correspondence<br>of Sir William Osler and W.W. Francis . . . . . L.D. Longo<br><br>Osler, Agnew, and (with apologies) James Thurber . . . . . R. Austrian<br><br>William Osler as Historian of Medicine . . . . . P.M. Teigen   |
| 12:30-2:00  | Lunch: Eliza Field Room, Omni International Hotel<br>How Osler Came to Japan . . . . . S. Hinohara  |
| 2:00-4:30   | General Session #2: Room 312, Georgia World Congress Center<br>Chairman: K. Garth Huston<br><br>William Osler: The Milwaukee Connection . . . . . W.B. Bean<br><br>The Decline and Fall of H. Newell Martin, Johns Hopkins'<br>First Physiologist and Patient of William Osler<br>and S. Weir Mitchell . . . . . W.B. Fye<br><br>Osler and Neurology . . . . . G.C. Ebers<br><br>Sir William Osler and the Investigation of . . . . . J.T. Goodrich &<br>Cerebral Localization . . . . . L.C. McHenry, Jr.<br><br>John McCrae: Physician, Poet, and Soldier . . . . . P.G. Dymont |
| 4:30-5:00   | Annual Business Meeting<br><br>*****  |
| 7:00-7:45   | Reception, Piedmont Driving Club, 1215 Piedmont Road, N.E.  |
| 7:45-9:00   | Annual Banquet  |
| 9:00        | Presidential Address: Jeremiah A. Barondess, New York<br>"Osler's Biographer: Notes on the Friendship of William Osler and Harvey Cushing"  |

### OFFICERS OF THE SOCIETY 1983 - 1984

- |                                  |                     |
|----------------------------------|---------------------|
| JEREMIAH A. BARONDESS . . . . .  | President           |
| K. GARTH HUSTON . . . . .        | Vice President      |
| LAWRENCE C. McHENRY, JR. . . . . | 2nd Vice President  |
| CHARLES G. ROLAND . . . . .      | Secretary-Treasurer |





**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.**

