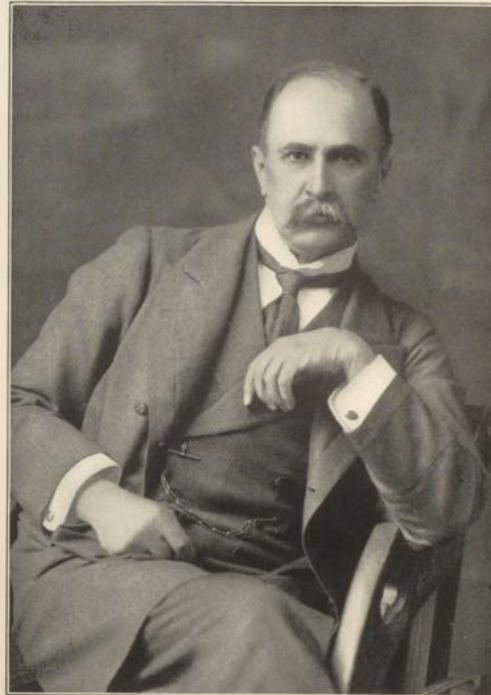


**49th Annual Meeting
of the
American Osler Society**



Wm Osler

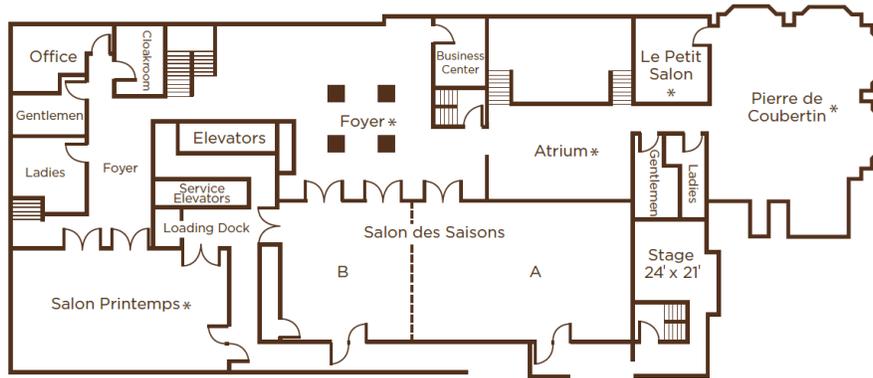
Write me as one that loves his fellow man

Sir William Osler, quoting Leigh Hunt, "Abou Ben Adhem"

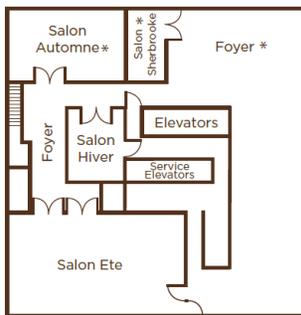
**Sunday, May 12th – Wednesday May 15th, 2019
Hotel Omni Mont-Royal
Montréal, Canada**

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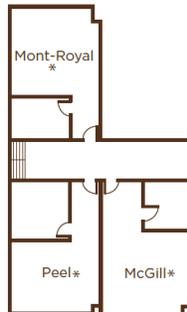
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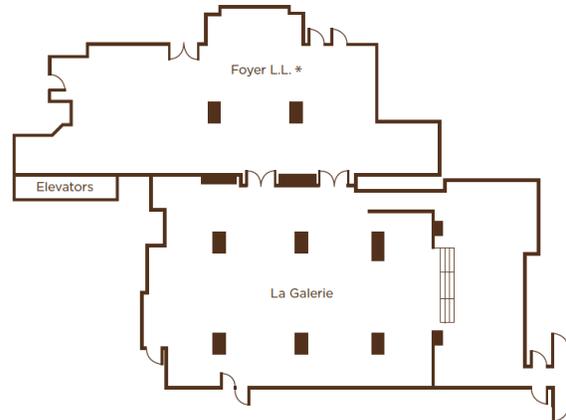
SECOND FLOOR



THIRD FLOOR



LOWER LEVEL I



* Natural Light

49th Annual Meeting of the
AMERICAN OSLER SOCIETY

Sunday, May 12th – Wednesday, May 15th, 2019

Hotel Omni Mont-Royal
Montréal, Canada



Credit: Karen Koshof

The Osler Niche contains the ashes of Sir William Osler and Lady Osler, as well as those of Osler's dear cousin and first Librarian of the Osler Library, W.W. Francis. The Niche was designed with Osler's wishes in mind. Its realization was not far off the vision imagined by Osler's alter ego Egerton Yorrick Davis in "Burrowings of a Bookworm":

I like to think of my few books in an alcove of a fire-proof library in some institution that I love; at the end of the alcove an open fire-place and a few easy chairs, and on the mantelpiece an urn with my ashes and my bust or portrait through which my astral self, like the Bishop at St. Praxed's, could peek at the books I have loved, and enjoy the delight with which kindred souls still in the flesh would handle them.

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 19 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Disclosure Information

None of the presenters at this CME activity will discuss any products or services produced, marketed, sold or distributed by an ACCME-defined commercial interest. Therefore, the possibility of a conflict of interest does not exist.



This year's American Osler Society Annual Meeting has been certified as a Silver McGill Sustainable Event by the McGill Office of Sustainability. To achieve this certification, we implemented actions such as encouraging participants to purchase carbon offsets, reducing our printed materials, and purchasing locally made products.

To purchase carbon offsets, you can use any online carbon calculator to estimate your travel emissions (in tonnes CO₂) and then purchase offsets from an organization that promises to offset those emissions (e.g., bullfrog power.)

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Program Schedule

Sunday, May 12, 2018

- 1:00 – 5:00 pm Registration | 1st floor, Foyer
- 3:00 – 5:00 pm Tour of the Montreal Neurological Institute and Hospital: From Penfield's Homunculus to Artificial Intelligence
Meet in lobby of Montreal-Neurological Institute
- 3:00 – 5:00 pm The Frank Neelon Literary Gathering | 1st floor, Salon Printemps
Moderators: Joseph Lella & Clyde Partin
- 5:00 – 5:30 pm Past Presidents' Meeting | 2nd floor, Salon Automne
- 5:30 – 7:00 pm Past Presidents' Dinner Meeting | 2nd floor, Salon Automne
- 7:00 – 9:00 pm Board of Governors Meeting | 1st floor, Salon Printemps

Monday, May 13, 2019

- 7:00 am – 5:00 pm Registration | 1st floor, Foyer
- 7:00 am – 5:00 pm Art Exhibit | 1st floor, L'Atrium
- 1:30 – 2:00 pm Tour of Maude Abbott Medical Museum
Meet at Museum, Strathcona Anatomy and Dentistry Building
- 7:00 – 8:00 am Continental Breakfast | 1st floor, Salon Pierre de Coubertin
- 7:45 am Welcome & Announcements | 1st floor, Salon des Saisons
Clyde Partin, American Osler Society President
- Rick Fraser, Local Arrangements Committee Chair
- David H. Eidelman
 Dean of the Faculty of Medicine McGill University

Something for Surgeons

Moderator: Clyde Partin | 1st floor, Salon des Saisons

- 8:00 am The Contributions of British Scientists to Organ Transplantation
David K.C. Cooper (page 18)
- 8:20 am A Surgeon's Most Prized Instrument: Harvey Cushing's Hands
Samuel A. Matthys (page 46)

Program Schedule

Monday, May 13, 2019 (continued)

- 8:40 am Cushing's Plea for Knowledge Over Knife in the Evolution of an Approach to Neural Tube Defects
Yasmin R. Tuchaai (page 58)
- 9:00 am *PAM AND ROLANDO DEL MAESTRO WILLIAM OSLER
MEDICAL STUDENT ESSAY AWARDS LECTURE*
Surgery of the Soul: A Brief History of Lobotomy in Montreal
Aditi Kantipuly (page 33)
- 9:20 am A Bedside Conversation with Wilder Penfield
Alan Blum (page 13)
- 9:40 am BREAK | 1st floor, Foyer

Osler's Influence

Moderator: Mike Moran | 1st floor, Salon des Saisons

- 10:00 am William Osler and Dr. Johnson's Club
John W.K. Ward (page 61)
- 10:20 am Fire and the Resilience of the Osler Library
Mary K.K. Hague-Yearl (page 63)
- 10:40 am 'The Silent Influence', or, the After-life of Sir William Osler: 1919-2019
Nadeem Toodayan (page 57)
- 11:00 am *THE JOHN P. MCGOVERN AWARD LECTURESHIP*
The Medical Philosophy of William Osler and the health reality of
Indigenous people: a Reflection on Truth, Health and Reconciliation
Marie Wilson
- 12:00 pm LUNCHEON | 1st floor, Salon Pierre de Coubertin

All Things Osler

Moderator: David Cooper | 1st floor, Salon des Saisons

- 1:00 pm *WILLIAM B.BEAN STUDENT RESEARCH AWARD LECTURE*
Jeremiah Barker, Yesterday's Everyday Physician, and His Understanding
of Apoplexy & Palsy in "A History of Diseases in the District of Maine"
Michael P.H. Stanley (page 55)
- 1:20 pm Sir William Osler – A Wannabe Ophthalmologist
John D. Bullock (page 16)

Program Schedule

Monday, May 13, 2019 (continued)

- 1:40 pm W.W. Francis and Sir William Osler
Susan Kelen (page 34)
- 2:00 pm Osler in Uniform...His Relaxed Approach
Graham Kyle (page 38)
- 2:20 pm Edward Revere Osler: A Remembrance of His Life and Times
Ian B Anderson (page 12)
- 2:40 pm Henry Ware Cattell, Walt Whitman, William Osler, and their Brains
James R. Wright, Jr. (page 62)
- 3:00 pm BREAK | 1st floor, Foyer

Miscellanea Osleriana

Moderator: Ron MacKenzie | 1st floor, Salon des Saisons

- 3:20 pm The “Wild Irishman” of Mayo Clinic: Harry Lee Parker and
Paroxysmal Dysarthria and Ataxia
James P. Klaas (page 36)
- 3:40 pm The Beginnings of Rheumatology Practice at Mayo Clinic
Eric L. Matteson (page 45)
- 4:00 pm Willie O. and Willie S.
Martin Edelstein (page 22)
- 4:20 pm William Osler’s Impact on John D. Rockefeller and His Medical
Philanthropy
Ethan D. Hinds III (page 30)
- 4:40 pm Historical Impact of British Imperialism on the Spread of HIV/AIDS in
Modern Botswana
Anna S. Fields (page 25)
- 5:00 pm The Art of Observation and The Observation of Art: Revisiting Osler
and The Method of Zadig
Salvatore Mangione (page 43)
- 5:20 pm The Goals and Future of the American Osler Society: The Members Speak
Revisiting the Responses of AOS Members to a 1989 Questionnaire
W. Bruce Fye (page 27)

Program Schedule

Monday, May 13, 2019 (continued)

- 5:40 pm ADJOURN
- 6:00 – 8:00 pm RECEPTION
McCord Museum

Tuesday, May 14, 2019

- 7:00 am – 5:00 pm Registration | 1st floor, Foyer
- 7:00 am – 5:00 pm Art Exhibit | 1st floor, L' Atrium
- 10:30 – 11:00 am Tour of Maude Abbott Medical Museum
Meet at Museum, Strathcona Anatomy and Dentistry Building
- 7:00 – 8:20 am Continental Breakfast | 1st floor, Salon Pierre de Coubertin

The Great War and Nursing

Moderator: Bill Evans | 1st floor, Salon des Saisons

- 8:20 am Sir William Osler and the 1916 Canadian Army Medical Corps Affair
Vivian McAlister and Jean-Robert Bernier (page 47)
- 8:40 am The Role of Affiliated American Base Hospitals in WW-I
Robert R. Nesbit (page 51)
- 9:00 am Sir William Osler's WW1 Contribution at Cliveden: The Buildings, Social
Cultural and Medical Resources at The Duchess of Connaught Canadian
Red Cross Hospital, Taplow, UK
Milton Roxanas (page 53)
- 9:20 am Maude Abbott, Florence Nightingale, and the History of Nursing in
Quebec
Olivia Vincelli (page 59)
- 9:40 am Perspectives on Sir William Osler's Own Health and Two Nurses in
England: Matron Edith Campbell and Nurse Edith Edwards
Vivien E. Lane (page 39)
- 10:00 am BREAK | 1st floor, Foyer

Program Schedule

Tuesday, May 14, 2019 (continued)

All Things Clinical

Moderator: George Sarka | 1st floor, Salon des Saisons

- 10:20 am Trench Fever: An American-British Endeavor
Gordon Frierson (page 26)
- 10:40 am Diabetes Mellitus (DM) and Pernicious Anemia (PA): Interrelated
Therapeutic Triumphs Discovered Shortly After Osler's Death
Marvin J. Stone (page 56)
- 11:00 am The Serendipitous Discovery of the L. E. Cell
Sara E. Walker (page 60)
- 11:20 am Osler, Ringer, and the Origin of Ringer's Solution
Jong O. Lee (page 40)
- 11:40 am *PAM AND ROLANDO DEL MAESTRO WILLIAM OSLER
MEDICAL STUDENT ESSAY AWARDS LECTURE*
Charting the Chart: Development of the Modern Medical Record
Kacper Niburski (page 52)
- 12:00 pm LUNCHEON | 1st floor, Salon Pierre de Coubertin

Early Medicine

Moderator: Jim Wright | 1st floor, Salon des Saisons

- 1:00 pm Costumes and Comportment: Artists View of Doctors from the 12th
to the 17th Century
Jonathan L. Meakins (page 48)
- 1:20 pm Death in the Bay: A Seventeenth Century Story on a Foundation of
Resuscitation and Anesthesiology
K. Garth Huston, Jr. (page 31)
- 1:40 pm Sir William Osler's Leonardo da Vinci Collection
Rolando Del Maestro (page 20)
- 2:00 pm The Early Modern Fetus: Images, Science, and Rights
Michael H. Malloy (page 42)

Program Schedule

Tuesday, May 14, 2019 (continued)

2:20 pm Samuel Bard's Enquiry into the Nature, Cause and Cure of the Angina Suffocativa or Sore Throat Distemper: Presentation of an Original Manuscript
C. Ronald MacKenzie (page 41)

2:40 pm Osler and Servetus
Brian J. Morrison (page 50)

3:00 pm BREAK | 1st floor, Foyer

Contemporaries of Osler

Moderator: Chris Boes | 1st floor, Salon des Saisons

3:20 pm Master Minds in Medicine: Hemmeter and Osler
Michael E. Moran (page 49)

3:40 pm Osler vs. Hertzler: Who needs the humanities for humanism?
Jack Coulehan (page 19)

4:00 pm Robert Wartenberg: Neurology's Humanist Showman
David B. Burkholder (page 17)

4:20 pm DaCosta's Syndrome and Postural Tachycardia Syndrome: A rose by any other name?
Kelsey Klaas (page 37)

4:40 pm Dr. Abraham Jacobi – Setting the Stage for Physician Advocacy
Kimberly Khoo (page 35)

5:00 pm ADJOURN

5:15 pm EXHIBITS | McLennan Library Building, 4th floor
➤ William Osler, the Man You Rarely See
➤ Sir William Osler's Leonardo da Vinci Collection: Flight, Anatomy and Art

7:00 pm BANQUET | McGill Faculty Club
Presidential Address – Clyde Partin

Program Schedule

Wednesday, May 15, 2019

7:00 – 8:30 am Continental Breakfast | 1st floor, Salon Pierre de Coubertin

7:30 – 8:15 am Annual Business Meeting | 1st floor, Salon des Saisons

Education and Eponyms

Moderator: Bob Nesbit | 1st floor, Salon des Saisons

8:20 am One Educational Reform Organization that Osler Didn't Join
John M. Harris, Jr. (page 29)

8:40 am *Confinia Psychiatrica*: Patient Art and Diagnosis of Mental Illness
Jacalyn Duffin (page 21)

9:00 am Sir William Osler, The Advocate for Addressing “Brain-dusting” and
Fixing Physician Burnout
Kara J. Jencks (page 32)

9:20 am Miss Charlton, Miss Noyes, Dr. Osler and the Early Years of the Medical
Library Association
Meg Fairfax Fielding (page 24)

9:40 am Maude Abbott and the History of the Eponym “Tetralogy of Fallot”
William N. Evans (page 23)

10:00 am BREAK | 1st floor, Foyer

Oslerian Addresses

Moderator: Mario Molina | 1st floor, Salon des Saisons

10:20 am *PAM AND ROLANDO DEL MAESTRO WILLIAM OSLER
MEDICAL STUDENT ESSAY AWARDS LECTURE*
“Une Médecine sans médecins”?: Objectivity in the Paris Clinic
Benjamin Mappin-Kasirer (page 44)

10:40 am Man's Redemption of Man
George Sarka (page 54)

11:00 am The Ingersoll Lectureship on “Human Immortality:” Osler's Views
Contrasted with Six Other Physicians
Stephen B. Greenberg (page 28)

Program Schedule

Wednesday, May 15, 2019 (continued)

- 11:20 am Emphasizing the Canadianness and Teachers of Osler: Leonard Brockington's Radio Address from Trinity College School Chapel at the Osler Centenary Memorial Service
Christopher J. Boes (page 14)
- 11:40 am The Centenary of "The Old Humanities and the New Science,"
William Osler's Last Public Address
Charles S. Bryan (page 15)
- Noon ADJOURN

Edward Revere Osler: A Remembrance of His Life and Times

Ian B. Anderson and Susan Kelen

Ian Anderson is a general and trauma surgeon who retired from the Canadian Armed Forces Medical Services after Mac32 years of service and a further five years in the Primary Reserve. Having served in active clinical surgical rotations in the Gulf War, Bosnia, Somalia, Haiti, and the Afghan War, he has seen much of the same carnage of war witnessed in 1917. Dr. Anderson is just retiring from his role as trauma surgeon at a level one university trauma centre in Calgary. As a graduate of McGill Medical School, he learned early on of the influence of Osler on education and has had a lifelong interest in his career and teaching. Susan Kelen is a Clinical Psychologist working in Ottawa, Ontario. She is the granddaughter of W.W. Francis, editor of the Bibliotheca Osleriana and Osler Librarian between 1929 and 1959. She inherited his books and papers in 2014.

One hundred and one years after the Battle of Passchendaele, a Service of Remembrance was held at Dozinghem Commonwealth Cemetery near Poperinge Belgium to commemorate the death of Edward Revere Osler – only son of Sir William Osler. How this came about was a result of luck, serendipity, and dedication! The centenary had been observed by the Osler family. An article written by Dr. Kelen in the Osler Library newsletter stimulated communication from Norbert Kesteloot who lived nearby, leaving a note and a memorial at the graveside in August 2017. This was read by Dr. Anderson (on vacation) and Dr. Lerut (a Friend of the Flanders Field Museum) in October 2017 within a few days of each other. Dr. Anderson contacted Dr. Kelen (they had met as students in 1976). The Friends organized this remarkable and moving service with representatives of the City of Ypres, descendants of Sir William's family, the Canadian Embassy, many friends, dedicated historians, and Dr. Anderson at a last minute arrangement.

Edward Revere Osler was borne 28 Dec 1895, the only son of Sir William and Grace. Clearly a much loved and anticipated only child of older parents, he grew up in a protective environment. He preferred quiet solitary activities; fishing was also a passion. Revere (as everyone called him) seems to have been an indifferent scholar. Eventually, Oxford was gained just as World War One broke out. Revere had the same patriotic, adventurous wish to serve.

Revere enlisted in the officer training corps but failed to get a commission. Sir William had close ties to Number 3 Hospital as it was organized from McGill University. An offer as a commissioned officer to No 3 McGill Hospital was rapidly accepted. Later, knowing he had a safe billet and wanting to do his bit in the war, he transferred to the field artillery. Field artillery units were horse drawn and mobile – and dangerous. Revere seems to have found his niche with strenuous work and gained respect. All this came to an end 29 August 1917. A German artillery barrage caught his troop without warning killing eight outright and wounding many others – Revere the worst. A long man-carry and train brought him to Essex Farm and Dozinghem CCS.

Revere was in severe shock on arrival. Telegrams flashed to nearby surgical units and summoned experienced academic surgeons –Cushing, Crile, Eisenbrey, Darrach, and Brewer. Crile administered two transfusions. Surgery was carried out by Darrach and Brewer. Cushing described the injuries – upper colon, mesenteric vessels, chest, and thigh. Exploratory abdominal surgery was futile. His condition deteriorated – death came at 07:00. He was buried in the next plot in the waterlogged trench – and back to work on the next casualties.

Reflecting about Revere's injuries and the care he received, it is difficult to compare that care in the environment of our expectations. While visceral injuries were considered desperate, young surgeons were encouraged as "marvels at improvisation". Contrasting the care of today and a century ago is valuable to gain the lessons learned of history.

Revere Osler died a painful lingering death. But he was not alone and cared for by friends and colleagues. In his grave, he is not alone; in the same row are other casualties of the field artillery. We remember and revere them all.

Learning objectives:

1. Present the path that lead to a remarkable Service of Remembrance at the grave of Edward Revere Osler on the 101st anniversary of his death.
2. Discuss the significance of Edward Revere Osler had on his parents and how his sudden death affected Sir William.
3. Examine the injuries suffered by Lieutenant Osler, the early and surgical care he received and compare that with contemporary treatment of war wounds.

A Bedside Conversation with Wilder Penfield

Alan Blum

*Alan Blum is professor and endowed Chair in Family Medicine at the University of Alabama, where he also founded the Center for the Study of Tobacco and Society. Since 1998 the Center has produced more than a dozen museum and online exhibitions about the tobacco industry and the anti-smoking movement, most recently *Of Mice and Menthol: The Targeting of African Americans by the Tobacco Industry*. In the 1980s, Dr. Blum was editor of the *Medical Journal of Australia* and the *New York State Journal of Medicine*, where he produced the first theme issues on the world tobacco pandemic at any journal. While an intern at the Royal Vic in 1976, Dr. Blum was a speaker at the McGill Osler Society on “Poetry and Medicine: The Clinical Art of W.H. Auden.”*

Dr. Wilder Penfield (1891-1976), Montreal’s first neurosurgeon and a pioneering researcher who mapped the brain’s cortical homunculus and originated treatments for intractable epilepsy, is considered one of the greatest Canadians. As an intern in internal medicine at the Royal Victoria Hospital in 1975-6, I was privileged to meet Dr. Penfield. This presentation, illustrated with sketches I made of him and of the Royal Vic, is a distillation of the wide-ranging conversation we had one morning when he himself was a patient at the hospital. We talked about the writing process for *The Torch*, his historical novel about Hippocrates’ battle to lay the scientific foundations of medicine; his mentor Sir William Osler, who made him a veritable member of his family when Penfield was a Rhodes Scholar at Oxford studying neurophysiology with Sir Charles Sherrington and Osler was Regius Professor of Medicine; his career journey from student-athlete and football coach at Princeton to founder of the Montreal Neurological Institute; his never-ceasing wonder at the brain’s electrical system; and his faith. I later learned from the director of the Institute that I was the last person with whom Dr. Penfield had spoken at length before he died.

Learning objective:

1. Summarize Wilder Penfield's medical education.
2. Trace the origins of the Montreal Neurological Institute.
3. Explore Dr. Penfield's love of writing and his devotion to the Osler Library.

Emphasizing the Canadianness and Teachers of Osler: Leonard Brockington's Radio Address from Trinity College School Chapel at the Osler Centenary Memorial Service

Christopher J. Boes

Chris Boes is a Professor of Neurology at the Mayo Clinic in Rochester, MN. He is medical director of the W. Bruce Fye Center for the History of Medicine at the Mayo Clinic, member of the American Academy of Neurology History and Archives Committee, and an Associate Dean in the Mayo School of Graduate Medical Education. He was secretary of the American Osler Society from 2012-2017.

On Sunday October 2, 1949, The Osler Centenary Memorial Service was held at Trinity College School in Port Hope, Ontario, where he had been a student from 1866-1867. During the church service, Leonard W. Brockington (1888-1966) gave an address on William Osler. Brockington was a native of Wales, and in 1912 emigrated to Canada, where he became a lawyer, civil servant, head of the Canadian Broadcasting Corporation (CBC), and eventually Rector of Queen's University. He was passionate about Canada and education, and touched upon the topics many times in his numerous after-dinner speeches. Brockington probably did not meet Osler, as he commented that "nobody who ever met him ever forgot him, and how many men and women I, myself, have known, whose proudest reminiscence has been that they once talked with Dr. Osler." Note that Brockington had rheumatoid arthritis, but this was diagnosed in 1924 well after Osler's death. The October 1949 address about Osler was broadcast on the Trans Canada and International Networks of the CBC, and portions will be played during this talk. Brockington focused on the Canadianness, teachers, and character of Osler.

Michael Bliss once said that William Osler "never stayed put long enough to become utterly identified with one place." Brockington did his best to connect Osler to his birth country in his address, and considered him an ambassador of Canada. He noted that Osler "carried his Ontario boyhood with him into all the world," and stated:

"He has been called the family physician of three nations, and no man in this time did as much to unite the hearts and minds of that Trinity of Nations which means more to us than any others, Canada, Britain and the United States of America. In many far places he always carried with him something of the neighborly kindness of the Canadian frontier, something of the healing strength and warmth of the Canadian sun, something of the clear freshness of the Canadian air that sweeps and sweetens the dusty and the musty places."

In his various addresses, Brockington emphasized the importance of education and teachers. In his talk on Osler, he highlighted his subject's prowess as a bedside teacher, and reviewed the educators of Osler. Brockington noted that Father Johnson at Trinity became Osler's "friend, teacher and hero." The influences of James Bovell and Palmer Howard were also discussed, and he commented that Osler continually said that his success was "due to these three noble teachers."

Brockington finished the speech by explaining why Osler was a great and good man. One hundred years after Osler's death, it is of utility to hear the words and reflect on the thoughts of someone celebrating the centenary of his birth.

Learning objectives:

1. Outline the themes in Brockington's address on William Osler
2. Describe the evidence against Brockington having direct contact with Osler
3. Discuss whether Brockington was successful in emphasizing Osler's Canadianness

The Centenary of “The Old Humanities and the New Science,” William Osler’s Last Public Address

Charles S. Bryan

Charles S. Bryan, Heyward Gibbes Distinguished Professor of Internal Medicine Emeritus at the University of South Carolina, is a past secretary-treasurer (2001–2009) and president (2011) of the American Osler Society. He is currently working on an encyclopedia pertaining to Osler and his times.

On 16 May 1919 Sir William Osler gave what would be his last public address, “The Old Humanities and the New Science,” to the Classical Association (of Great Britain) of which he was president. The address is often cited as a paean to the Hippocratic maxim, “Where there is love of humanity (*philanthropia*), there is also love of the art (*philotechnia*),” and also for a memorable statement, “The humanities are the hormones.” For a fuller appreciation we must consider the back story and the deeper message.

The Classical Association was not the first organization of British educators to ask Osler to be its president. He had previously been president of the Association of Public School Masters—the science teachers who wanted more time in the curriculum, even at the expense of Greek. On 4 January 1916 Osler in his presidential address to that organization supported the push for more science, and he later signed a public memorandum to that effect. What might he now say to the Classical Association, representing nearly 1500 persons many of whose jobs hinged on the outcome of the curricular controversy raging in British education? In early 1918 Osler wrote a colleague that he would speak on “The Classical Tradition in Science”; his subsequent revised title reflects a decision to face the curricular controversy head-on. He possibly substituted “The Old Humanities” for “The Old Humanism” after reading a paper on “The Humanities” by his Oxford colleague Percy Stafford Allen (1869–1933). In his address, Osler gently chides both the scientists and the classicists and calls for more interaction between them.

Osler’s major concern that day, however, was the destructive power of the weapons unleashed during the Great War (1914–1918). He was less concerned with the curricular controversy than with the question whether “Science . . . can rule without invoking ruin.” He states: “Two things are clear: there must be a very different civilization or there will be no civilization at all.” Osler concludes with a wistful optimism that “perhaps in this combination [love of humanity and love of science/technology] the longings of humanity may find their solution, and Wisdom—philosophia—[may] at last be justified of her children.” Observing that the Great War occurred among nations steeped in the humanities and also in religion, Osler hints, as he did in one of his 1905 farewell addresses to North American physicians, that medicine offers “fuller hope for humanity than in any other direction.”

Learning objectives:

1. Outline at least three ways by which the “subjects of human study” have been grouped through the centuries, dating to Greek antiquity, and explain how the “sciences/humanities” dichotomy was relatively new during Osler’s lifetime and reflected the thinking of his colleagues.
2. Compare the main points made by C.P. Snow (1905–1980) in *The Two Cultures and the Scientific Revolution* (1959) with those made by Osler, Percy Allen, and Sir Frederick Kenyon (1863–1952) forty years earlier.
3. Explain the “three cultures” grouping of the subjects of human study as proposed by Jerome Kagan (1929–) and cite the criteria for “a thing of beauty” in each of these cultures: the natural sciences, the social sciences, and the humanities.

Sir William Osler – A Wannabe Ophthalmologist

John D. Bullock

Dr. Bullock is a retired ophthalmologist and infectious disease epidemiologist, and is currently a guest lecturer at the Harvard School of Public Health. He continues to research topics in medical and ophthalmic history.

Purpose: To describe the results of a new investigation into Osler's connections with ophthalmology.

Design: Retrospective review and investigation.

Methods: Assessment of published and unpublished biographical and related materials.

Results: Several new facets of Osler's connections with ophthalmology are presented. [1a] Osler's uncle, Edward Osler, was educated at St. Guy's Hospital in London before serving as a House Surgeon in ophthalmology at the Swansea Infirmary in Wales. He practiced ophthalmology in Truro, Cornwall before redirecting his career to writing liturgical hymns, some of which are still sung in churches today. For one of his over 50 hymns, the music was composed by Prince Albert, husband and consort to Queen Victoria, and was initially arranged by Franz Joseph Haydn. [1b] Osler's father, an Anglican priest in the Canadian wilderness, dispensed spectacles (among other non-religious activities) to his parishioners. Thus, Osler, potentially, had some familial familiarity with ophthalmology. [2] Osler had initially wanted to become an ophthalmologist but was rejected for a position at the Moorfields Eye Hospital in London. Osler wrote to his McGill mentor, R. Palmer Howard, MD: "As you may imagine I was not a little disappointed at the blighting of my prospects as an ophthalmic surgeon, but I accept the inevitable with a good grace..." Ironically, his first paying patient in private practice had a corneal foreign body (FB) whose complexity was not previously recognized, occurring over ten years before the advent of topical anesthesia. The billing record for the removal of the FB was unusual by today's standards. [3] In spite of no apparent prior formal connection to Harvard, the *Osler Professorship of Ophthalmology* resides at Harvard Medical School. The details of this bequest are revealed and a complex family tree was created to document the distant familial relationship of this benefactor to Osler.

Conclusions: William Osler was, in his day, the most famous physician in the English-speaking world. His initial desire to become an ophthalmologist and his subsequent rejection by Sir William Bowman, the dean of English ophthalmology, have been described previously. However, several new facets linking Osler to the field of ophthalmology have been discovered and are herein reported.

Learning objectives:

1. Evaluate Osler's familial background with ophthalmology.
2. Explain the complexity of Osler's billing record for his first paying patient.
3. Define the site of the Osler Professorship of Ophthalmology and discuss its origin.

Robert Wartenberg: Neurology's Humanist Showman

David B. Burkholder and Christopher J. Boes

David Burkholder is an Assistant Professor of Neurology at the Mayo Clinic in Rochester, MN, and has a special interest in the history of neurology. He is a member of the Mayo Clinic Historical Committee.

Robert Wartenberg was born in Grondo, in current-day Belarus, in 1887. He emigrated to Stuttgart during his secondary education, and obtained a medical degree from the University of Rostock in 1919 after studies in Kiel, Munich, Göttingen, and Freiburg. He practiced in Germany until 1935, when his teaching permit and research were taken from him under Nazi rule and he fled Germany for the United States.

Wartenberg joined the staff at the University of California in San Francisco in 1936, and quickly became a student favorite. He was known for a teaching style that was dramatic with a flair for entertainment and a “unique ability to mime.” He regularly brought patients in to assist in his lectures. Recognizing that this irreplaceable educational experience also created a hardship for his visiting patients, he regularly paid for their travel expenses. His lectures were often attended electively by more junior medical students, but to this he modestly responded, “Oh that is only a budding interest in our great specialty.” He was regularly voted “best teacher” by the students, and affectionately mimicked in their annual play.

Wartenberg held a reverence for his students and their place in his own life. He was prone to calling his students “my old teachers.” On one occasion, a student was ill and his classmates asked Wartenberg to sign a copy of one of his publications as a gift while he convalesced. Wartenberg inscribed and signed the book, then personally took it to each of the student's 24 other teachers to have them sign it, as well.

Despite his bombast in the classroom, his approach to life and medicine was grounded. He advocated making a neurologic community available to all neurologists, not just academic elites, as an early proponent for the formation of the American Academy of Neurology. He approached his patients “completely devoid of pomposity and full of jocular common sense.” He believed that physicians should be “critical, cautious and averse to any spectacular, ephemeral therapeutic measures at the expense of the patient.” A humanist even while facing the end of his own life, he told his physician simply, “It is a typical, terminal case,” and went about considering ways to help a friend in Budapest.

Learning objectives:

1. Describe the life of Robert Wartenberg
2. Outline Wartenberg's approach to medical education
3. Assess Wartenberg's foundation of humanism in his life and in medicine

The Contributions of British Scientists to Organ Transplantation

David K.C. Cooper

David Cooper was a cardiac transplant surgeon who now concentrates his work on xenotransplantation research.

The British contributions arguably go back to the work of one of the world's first great surgeon-scientists, John Hunter (1728-1793) who studied transplantation in the laboratory. Blood transfusions were documented by James Blundell (1790-1878) beginning in 1819. The British were also early into clinical corneal transplantation (Tx) in the 1880s, and Frederick Pybus (1883-1975) carried out pancreatic tissue allografts in patients with diabetes in 1924.

The first truly scientific studies, however, were carried out by Sir Peter Medawar (1915-1987). During World War II, working with plastic surgeon Thomas Gibson (1915-1993), he demonstrated in human volunteers that autologous skin grafts survived, but skin allografts did not. After the War, Medawar, with Rupert Billingham (1921-2002) and Leslie Brent (1925-) (known as the 'Holy Trinity'), showed that, if allograft cells were introduced into a recipient mouse in utero or soon after birth, the mouse would then accept a skin graft from the specific cell donor without the need for immunosuppressive therapy. This was the first demonstration of immunologic tolerance and, for this seminal work, Medawar shared the Nobel Prize in 1960. This work stimulated Tx research and clinical organ Tx worldwide.

A contemporary of Medawar was Peter Gorer (1907-1961), who was the first to provide evidence for 'tissue types', i.e., white blood cell typing. He and George Snell (of the USA) identified the mouse histocompatibility system (the equivalent of the human HLA system). Gorer and his junior colleagues, Bernard Amos (1923-2003), Edward Boyce (1924-2007), and Richard Batchelor (1931-2015), went on to identify several antibodies that contribute to our present methods of 'tissue typing'. In 1980, Snell shared the Nobel Prize for Medicine, but he and others indicated that Gorer would have shared it had he not already died (at the age of 53). Amos went on to establish the first international workshop dedicated to clarifying the HLA histocompatibility system, and also played a leading role in founding The (international) Transplantation Society (TTS), with Medawar as the first President. Nine of the 28 presidents of TTS have been British.

Surgeon Sir Michael Woodruff (1911-2001) was among the first to develop the immunosuppressive agent, anti-thymocyte globulin, which is still used today. The most important clinical surgeon-scientist, however, is Sir Roy Calne (1930-) who was the first to investigate pharmacologic immunosuppressive therapy, first with 6-mercaptopurine (6-MP) and subsequently with azathioprine which, when combined with corticosteroids formed the basis of therapy for organ Tx for almost 20 years. At that time, Calne played the leading role in introducing cyclosporine into clinical practice, which proved the most important advance in the history of Tx.

The Medawar Prize of TTS is the world's foremost prize in the field of Tx, and has been awarded to 6 British recipients since it was introduced biennially in 1990.

Learning objectives:

1. Describe the development of organ transplantation through British surgeons/scientists.
2. Examine the seminal contributions to transplant immunology by Medawar and Gorer.
3. Discuss the establishment of pharmacologic immunosuppressive therapy by Calne.

Osler vs. Hertzler: Who needs the humanities for humanism?

Jack Coulehan

*Physician, poet, and medical educator, Jack Coulehan is an Emeritus Professor of Medicine and former director of the Center for Medical Humanities, Compassionate Care, and Bioethics at Stony Brook University. Jack's poems, stories, and essays appear frequently in literary magazines and medical journals. He is the author of an award-winning textbook on the medical encounter and six collections of poetry, most recently *The Wound Dresser* (2016). He has received awards from the American College of Physicians and the American Academy of Hospice and Palliative Medicine for his contributions to the medical humanities.*

Humanism as a personal quality has been at the core of medical practice for over 2400 years. For at least 250 years British and American physicians have urged their students and colleagues to practice humanely. For example, John Gregory (1772) wrote the chief quality of the physician's character is "the sensibility of heart that makes us feel for the distress of our fellow-creatures, and which, in consequence, incites us... to relieve them." And Francis Peabody (1927) urged students to commit "time, sympathy, and understanding" to creating a "personal bond" with their patients, which will make them more effective healers.

However, in American medicine humanism and humanistic values have not always been directly, or even indirectly, associated with humanities or liberal arts education. Rather, some physicians have considered this type of education as a prerequisite for good doctoring (let's call this the "high road"), while others have looked upon the humanities as unnecessary or even frivolous (the "low road"). In this presentation I'll discuss Dr. Arthur Hertzler, an Osler contemporary, as an example of the latter. For Hertzler the patient's interest always came first. The doctor's primary obligation was to relieve suffering. He never refused to see a patient "no matter what the condition, or what the chances of remuneration." He also stressed the use of the physician-patient relationship as a therapeutic tool. In a sense, like Osler, he was a paragon of humanism. Nonetheless, Hertzler heaped scorn on attempts to teach humanities in medical curricula. He blasted efforts to introduce "cultural" courses, like medical sociology, that "only detract from the things worthwhile..." His attitude toward the arts was similarly dismissive, observing, for example, that *real* tragedy cannot be conveyed in literature.

I will compare and contrast the views of Osler and Hertzler, discovering in the process social and cultural factors that account in part for their differences. In conclusion, I will discuss which of these views has the most relevance to medical education today.

Learning objectives:

1. Explain the differing definitions of humanism, humanistic values, and the humanities in general, and as they apply to William Osler and Arthur Hertzler.
2. Describe how education in the humanities can contribute to (or detract from) the practice of humanism
3. Identify the most important historical features upon which the myth of the "horse and buggy doctor" is based.

Sir William Osler's Leonardo da Vinci Collection

Rolando Del Maestro

Dr. Rolando Del Maestro is the William Feindel Professor Emeritus in Neuro-Oncology, Professor, Department of the Social Studies of Medicine and Director of the Neurosurgery Simulation Research and Training Centre, at McGill University Montreal, Canada. Along with his wife Pam and Steve Northey, he co-founded the Brain Tumour Foundation of Canada. His interests include the History of Medicine with a particular interest in Leonardo da Vinci and Renaissance Medicine. He is the Honorary Osler Librarian, Chairperson of the Standing Committee and member of the Board of Curators of the Osler Library of the History of Medicine at McGill.

As we commemorated 2019 as the 100th year since the death of Sir William Osler it is also being celebrated as the 500th year since the death of Leonardo da Vinci. The lives of these two individuals, separated by four centuries, have many common features. Both had a certain restlessness with Osler holding medical positions in universities in Canada, United States and England while Leonardo spent his time engaged in the artistic life of Florence, Milan, Rome, many Italian City States and would die in France. Osler would outline the importance of bedside teaching thus becoming an important contributor to medical education and progress while Leonardo would direct an 'Academia' in Milan in which students and assistants co-operated to produce works of art resulting in his influence becoming a dominant feature in northern Italian art. The essential role of careful observation in their search for knowledge in its many forms would characterize these endeavors. Each recorded their thoughts in written form covering many thousands of pages. Each had a love for books accumulating many of the identical books in their extensive libraries. Osler, witness to the renaissance in Leonardo studies, occurring in the late 19th and early 20th century as Leonardo's writings became available in English, French and German translations, actively participated in this revival. The Bibliotheca Osleriana, pages 52 and 53, under the heading of *Sixteenth Century, Leonardo* items 513 to 525 comprises the major component of Osler's Leonardo Collection. These volumes, published between 1830 and 1920, include works by German, French, Norwegian, English and Russian authors and are focused on Leonardo's works on anatomy, flight and Leonardo's life. Listed under other authors, Galen, Vesalius and William Hunter, are five titles involving journal articles and books, some annotated by Osler, which contain Leonardo studies. Insights into Osler's appreciation and commitment to these volumes is attested by his insertion of extra facsimile anatomical drawings in some volumes and letters from experts in others. Osler's Leonardo da Vinci Collection provides us not only with an appreciation of his specific interest in Leonardo's studies but also outlines his engagement with this collection on a very personal level.

Learning objectives:

1. Outline the similarities in the lives of William Osler and Leonardo da Vinci.
2. Profile Osler's Leonardo da Vinci Collection and other books related to Leonardo in his collection
3. Explore Osler's academic and personal engagement with his Leonardo da Vinci Collection

Confinia Psychiatrica: Patient Art and Diagnosis of Mental Illness

Jacalyn Duffin and Lynda Mikelova

Hematologist and historian, Jacalyn Duffin is Professor Emerita, Queen's University where she held the Hannah Chair of the History of Medicine from 1988 to 2017. She is a former President of the American Association for the History of Medicine and of the Canadian Society for the History of Medicine. Lynda Mikelova, a 2001 graduate of Queen's University, is a family physician in Toronto area. This on-going research project began during her medical-school studies.

In 1950 Paris, the inaugural World Conference on Psychiatry hosted an exhibit of artwork by patients, including 150 works from 22 patients of Montreal's Dr. Ewen Cameron. This event marked the inception of a vigorous, but short-lived movement in the history of psychiatry and its relationship to art--not as therapy--but as a tool for diagnosis. Two theses elevated the topic to the realm of serious research; their authors became leaders in the field: Robert Volmat (1953) and Irene Jakab (1956).

Identifying roots in the earlier works of Ambroise Tardieu and Hans Prinzhorn and with connections to the contemporary *Art Brut* movement, fostered by artist, Jean Dubuffet, the small group of adherents formed the *Société Internationale de la Psychopathologie de l'Expression* (SIPE) in Verona, Italy, in 1959. Members wanted to release the hidden potential of this diagnostic form through research on symbols, colour, structure, and content that would point to specific epistemic categories of evolving psychiatric nosology. National societies also arose in many countries. The official organ of SIPE, the journal *Confinia Psychiatrica (Borderland of Psychiatry)* ran from 1958 to 1980.

If artwork could be diagnostic, changes in it could be used to assess therapeutic progress. For this reason, the pharmaceutical company, Sandoz, took a particular interest in SIPE, publishing at least 11 "volumes," small collections of "patient art" of various diagnostic categories with succinct scholarly analysis for distribution to practitioners. The role of Sandoz in investigation of LSD as a substance that could produce experimental illness has been well documented. We argue that this publishing exercise was a form of corporate advertising—attractive, informative, *avant garde*.

This paper traces the history of SIPE through its journal, showing how the attempt to use art for "diagnosis" evolved into the more durable process of art as therapy.

Learning objectives:

1. Analyze the patient-art-as-diagnostics movement.
2. Explain the movement to the origins of art therapy.
3. Explore the relationship of the pharmaceutical industry to the movement.

Willie O. and Willie S.

Martin Edelstein

Martin Edelstein, MDCM, ABFP, (DIPL), FAAFP is a practicing family physician in New York who serves as Vice-chair of the Dept. of Family Medicine at NorthShore University Hospital. Manhasset, NY. He has served as president of the Medical Staff (with 3,000 + physicians), a member of the Medical Board, the Ethics Committee, the Physicians Health Committee, Chair of the Library Committee, and numerous other advisory boards. He is a Patron of the Osler library at McGill, a member of the Osler Club of London, and The "1,000 Club" of Shakespeare's Globe Theatre, London, UK. In 1965, his summer job involved the re-shelving of Osler's books from its original location in Montreal to its present location at the McIntyre medical building.

This 15-minute power point and video presentation will examine some aspects of the lives of 2 unique and very remarkable individuals who were widely acclaimed to be the "Greatest" in their fields of endeavor; William Osler (1849-1916), The "Greatest of The Great Physicians" and William Shakespeare, widely regarded as "The World's Greatest Playwrite and Poet".

Though it's over 400 years since Shakespeare's passing, all of us have studied his works in high school and his writings continue to be taught to our children and grandchildren. His plays have been translated into every major language of the world and even today, his plays continue to be performed on stage more often than those of any other playwright. The complete set of his writings include a total of 37 plays and 154 sonnets! A discussion will then follow about the remarkable medical knowledge of Shakespeare and his many references to symptoms, diseases, doctors and treatments which seem to occur in almost every one of his plays.

This will be followed by a description of the unhealthy and unsanitary conditions that existed in London at that time, when garbage littered the streets, residents emptied their chamber pots out-the -windows, brothels incubated syphilis & venereal diseases, and horse dung clogged the gutters & waterways, so that hygiene was virtually non-existent, and even Queen Elizabeth I only bathed once a month! As a result, the City experienced a multitude of epidemics including malaria and the bubonic plague which was more familiarly known as "The Black Death" because of the livid hue of corpses caused by subcutaneous hemorrhage.

Following this, we will discuss and examine Osler's scholarship and knowledge of Shakespeare and how this influenced his philosophy, his psyche, his writings and his teaching of medical students. It will then be pointed out how the very 1st book that Osler purchased, was not "Religio Medici", but Andrew Schmidt's "Shakespeare Lexicon". Next, we will examine and compare other aspects of Osler's and Shakespeare's professional and personal lives and the tragedies they shared.

On a poignant note it will mentioned how at this conference at McGill in 2019, we commemorate The Centenary of Osler's Passing, while in 1916, it was Osler who chaired The Tercentenary Conference of Shakespeare's Passing at Oxford's, Bodleian Library.

And finally, in closing, we will be treated to a videotaped recitation made especially for this conference of Shakespeare's "Seven Ages of Man", performed by an internationally famous Shakespearean actor and star of the stage, screen and television, F. Murray Abraham who has won an Academy Award for Best Actor as well as a Golden Globe!

Learning objectives:

1. Discuss aspects of the medical knowledge of Shakespeare and the plethora of references to symptoms diseases and doctors found in so many of his plays
2. Examine Osler's scholarship of Shakespeare and how it influenced his philosophy, his writings and the teaching of medical students
3. Examine and compare aspects of the professional and personal lives of these 2 great figures in history

Maude Abbott and the History of the Eponym “Tetralogy of Fallot”

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 pediatrics and pediatric cardiology.

Tetralogy of Fallot is a common term, referring to a congenital cardiac malformation described by a University of Marseilles professor, Étienne-Louis Arthur Fallot in 1888. His description was published in a 98-page paper, entitled “Contribution a` l’anatomie pathologique de la maladie bleu,” via installments in the French journal *Marseille Médical*. In his article, Fallot did not coin the eponym “tetralogy of Fallot,” understandably as that would have been tantamount to calling the condition tetralogy of me!

In Fallot’s 1888 paper, he described hearts from cyanotic patients that he concluded had four (tetralogie) abnormal cardiac anatomic characteristics. The eponym “tetralogy of Fallot” did not become a common noun in pediatric cardiology vocabulary for several decades following the report by Fallot. In point of fact, there were others before Fallot who described the abnormal cardiac anatomical findings seen in the malformation. However, it took half a century for “tetralogy of Fallot” to become a common noun in English.

During that time, Maude Abbott became the world’s congenital heart disease expert. Rather than creating an alternative shorthand noun from previous descriptors such as Stensen or Sandifort’s name, Abbott popularized the Fallot eponym as a permanent descriptor for the collective pathologic conditions of pulmonary artery stenosis, ventricular septal defect, a rightward-displaced aorta, and right ventricular hypertrophy.

Learning objectives:

1. Discuss those that, previous to Fallot, described the anatomy of tetralogy of Fallot
2. Examine the initial use of variations of the Fallot eponym in French and Spanish
3. Highlight Maude Abbott’s popularization of the eponym, tetralogy of Fallot

Miss Charlton, Miss Noyes, Dr. Osler and the Early Years of the Medical Library Association

Meg Fairfax Fielding

Meg Fairfax Fielding is the in-house historian at MedChi, which was founded in 1799. She has explored nearly every inch of MedChi's two historic buildings in Baltimore, as well as searched through the four-story stacks library with its 55,000 books. She has had encounters with the ghost of Marcia Noyes, (still in residence more than 70 years after her death) and made a pilgrimage to the Osler Library at McGill University.

In 1896, then-Dr. William Osler hired Marcia Noyes, a young librarian who was to help re-establish the library at the Medical and Chirurgical Faculty of Maryland, an organization where Osler had recently been president. While her background was in libraries – Miss Noyes had worked at Baltimore's public library system, and was in charge of cataloguing – she had absolutely no medical experience. But that was something that Dr. Osler thought could be easily learned.

Just two years later, Miss Margaret Charlton, the Librarian of the Medical Department at McGill University, suggested an association of medical librarians. Although the American Library Association already existed, she noted that, "their problems are not our problems," mainly because there was no standard classification for medical texts. The first meeting took place in Philadelphia in 1898 with four physicians and four librarians present, including Miss Noyes. Although Dr. Osler could not attend, he was supportive of the efforts, and paid for Miss Noyes and the Johns Hopkins' librarian to attend.

Among the main objectives of the MLA were exchanging library duplicates; securing the libraries of retired or deceased physicians; distributing journals of various medical societies; and searching auction sales for antiquarian books. The first Exchange was established in Philadelphia in 1899, but the following year it moved to Baltimore. Miss Noyes oversaw the Exchange from 1900 to 1904 when it moved to Brooklyn, and then again when it returned to Baltimore 1909, until she relinquished the responsibility in 1926.

It was during the four years that it was moved away from Baltimore, that the MLA realized exactly how much Miss Noyes did to keep the Exchange up and running in an orderly fashion. It was also during that period that Dr. Osler was President of the MLA and realized how important it was to keep the Exchange as an integral part of the MLA. From 1907 to 1911, the Bulletin of the MLA ceased publication, so the Exchange was the glue holding the organization together.

By 1909, the Faculty had built its own building, and space for the Exchange was included in the plans. Dr. Osler had, by then, moved to Oxford, but Dr. John Ruhräh had succeeded Osler as head of the Faculty's Library Committee and was active in the MLA as Treasurer. In addition to managing the Exchange, the duo revived the Bulletin of the MLA, which had been published in fits and starts since 1898. Dr. Ruhräh and Miss Noyes jointly edited the Bulletin from the time it moved with the Exchange to the Faculty in 1909, until 1926, when the Exchange ceased functioning due to time and monetary constraints. Miss Noyes' time with the MLA culminated with her election to serve as President of the organization in 1934. She was the first woman and the first person with a non-medical background to assume this position. Although most of the members were librarians, the medical aspect of the position was secondary. During her tenure, Miss Noyes finally incorporated the organization. Her influence on the MLA was such that their highest honor is still given in her name. And the MLA is thriving, with more than 1,100 institutional and 3,600 individual members.

Learning objectives:

1. Explain the importance of the founding of the Medical Library Association and why it continues today.
2. Discuss the significance of the McGill University and Maryland Medical & Chirurgical Faculty connection.
3. Explore why Dr. Osler's influence helped the MLA to flourish in its early years.

Historical Impact of British Imperialism on the Spread of HIV/AIDS in Modern Botswana

Anna S. Fields

Anna Fields is a 2nd year medical student and an Osler Student Scholar, with the John P. McGovern Academy of Oslerian Medicine at the University of Texas Medical Branch in Galveston. She completed her undergraduate studies at the University of Houston with a major in History.

Sir William Osler lived and practiced medicine in a British empire at the height of its colonial power. Colonization of the Bechuanaland Protectorate in 1885, modern day Botswana, exhibited many of the familiar characteristics of British imperialism: military occupation, decentralized administration, and economic underdevelopment. I will elucidate the historical patterns of colonization that predisposed the future country of Botswana to epidemic HIV/AIDS.

The extraction economies of the colonial period resulted in the urbanization and mobilization of previously sedentary rural communities, which coupled with the poor conditions for workers in colonial enterprises, set the stage for mobility patterns that ensured the spread of epidemic disease within the Protectorate. Bechuanaland had geographic importance as a link between other British territories in southern Africa, which ensured high levels of people and goods traversed through the territory. There is a consensus among scholars that one impact of this flux was that it introduced new diseases to these communities.

Unsurprisingly, colonial underdevelopment had a profoundly negative impact on the health of the population in the Bechuanaland Protectorate. Health infrastructure in the protectorate was practically nonexistent. Medicine was left to missionary organizations until the mid-twentieth century when it gained a modicum of partnership from the colonial British government.

After gaining independence in 1966, the government of Botswana made the development of modern health infrastructure a priority. However, their hard-fought gains in life expectancy were nearly abolished after the discovery of rampant HIV/AIDS in the 1980s. We will see that the social and economic patterns established during the colonial period persisted insidiously and how those paradigms played a significant role in the epidemic of HIV/AIDS in modern independent Botswana.

Learning objectives:

1. Examine the colonial history of the Bechuanaland Protectorate.
2. Explain the colonial factors that lead to the spread of epidemic disease within the Bechuanaland Protectorate.
3. Explain how the colonial patterns established in the Bechuanaland Protectorate predisposed postcolonial Botswana's to their HIV/AIDS epidemic.

Trench Fever: An American-British Endeavor

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 and publishes a blog containing vignettes from the history of medicine (<http://medihist2.blogspot.com>).

Last year was the one hundredth anniversary of the end of the Great War. Troops on both sides of the conflict, forced to endure life in cramped and dirty trenches, were plagued with fevers that did not fit known clinical profiles, eventually called “trench fever”. Uncertain about whether it was a new disease, William Leishman (for whom *Leishmania* is named) and Wilmot Herringham (consulting physician to First Army) worked for a year to establish it as a novel entity. Estimates of the total number of allied cases run up to a million but were probably about 500,000. Next to scabies it was the single most common medical reason for being out of combat, disabling up to 60% of individual units for weeks at a time. Observations on lice-ridden troops and incomplete experiments suggested the louse as the transmitter.

The British War Office formed a Trench Fever Investigation Commission, headed by David Bruce, discoverer of *Brucella*. Through experiments done in London in early 1918, using volunteers unfit for military duty, the Commission confirmed transmission by the louse and the infectivity of louse feces. They suspected a *Rickettsia* as the infecting agent.

As the U.S. geared up for war the American Red Cross formed a Medical Research Committee, naming Richard Strong as chairman. Strong, a former student of Osler in the first medical school class at Johns Hopkins, was now a professor of tropical medicine at Harvard and an expert on typhus. The Committee focused its research on trench fever. Strong headed the “Trench Fever Group”, which began transmission experiments in early 1918, overlapping the British group in London. To obtain fresh cases they occupied a hospital in St. Pol-sur-Ternoise, France, close to the front lines. American soldiers were the volunteers. The group’s thorough experiments also proved the louse to be the transmitter and defined the clinical picture. Differing from the British, the Americans found the causative agent to be filterable and overemphasized the importance of the louse bite compared to inoculated louse feces in transmission. The infecting agent was not discovered.

While compiling the study’s results Strong resided with William Osler at Norham Gardens. Osler, abreast of medical problems of the war, helped him publish the work through the Oxford University Press and penned a laudatory review in *Lancet*. The experiments were a milestone in clinical investigation and, by encouraging de-losing measures, reduced the reach of trench fever significantly.

Learning objectives:

1. Review the history of trench fever and its effect on combat readiness.
2. Describe the research on transmission of trench fever.
3. Show the impact of clinical research on wider public health measures.

The Goals and Future of the American Osler Society: The Members Speak Revisiting the Responses of AOS Members to a 1989 Questionnaire

W. Bruce Fye

*Bruce Fye entered the Johns Hopkins University in 1964 as a pre-medical student and retired in 2014 from Mayo Clinic, where he was a cardiologist and Professor of Medicine and the History of Medicine. He is the sole author of more than 100 historical and biographical articles and three books, including *Caring for the Heart: Mayo Clinic and the Rise of Specialization* (Oxford University Press, 2015). Fye is a past president of the American Osler Society (1988-1989), the American College of Cardiology (2002-2003), and the American Association for the History of Medicine (2008-2010).*

In 1989, early in my tenure as president of the American Osler Society, I developed a questionnaire that was sent to all members. I explained in the introduction that on the eve of the society's twentieth anniversary "legitimate questions regarding the goals and future direction of the society have been raised." In this context I argued, "It is important to be aware of and preserve the ideals that led to the formation of the AOS. At the same time, the society will be strengthened if we understand the current concerns and desires of our members."

The 1989 questionnaire included 30 questions. My 2019 presentation will review the responses to questions that are most relevant to current-day discussions about the American Osler Society's future. I will project several summary graphs that were shown at the 1990 meeting. Oslerians attending the 2019 meeting will see that many of the issues that concerned members a generation ago are being debated today. I donated the original completed questionnaires, correspondence, working notes, compilation of results, and graphics to the Osler Library (on-line list P125/K2).

Today, the American Osler Society is larger, and the annual meetings are longer. In 1990 the AOS had 111 living members, including 38 emeritus members (34 percent). In 2018 the AOS had 192 living members, including 47 emeritus members (24 percent). At the 1990 AOS meeting, 13 hours were devoted to presentations. There were 21 talks (including the Presidential Address, the McGovern Lecture, and one Bean Lecture). At the 2018 AOS meeting, 20 hours and 40 minutes were devoted to presentations. There were 56 talks (including the Presidential Address, the McGovern Lecture, and three Bean Lectures). Comparing the membership in 1990 and 2018, the number of living members has increased by 78 percent, and the number of living non-emeritus members has increased by 100 percent. Comparing the content of the meetings, the hours devoted to presentations has increased by 50 percent, and the number of presentations has increased by 167 percent. This discrepancy is explained by the fact that the presentation time limit was reduced from 30 minutes to 20 minutes.

Learning objectives:

1. Appreciate that several issues that concerned AOS members in 1989 remain relevant today
2. Explain how attitudes about the size and composition of the AOS have changed since 1989
3. Appreciate that the criteria for AOS membership have been liberalized and the 75 person limit on active members was eliminated to attract new members.

The Ingersoll Lectureship on “Human Immortality:” Osler’s Views Contrasted with Six Other Physicians

Stephen B. Greenberg

Stephen B. Greenberg is Professor of Medicine and Distinguished Service Professor at Baylor College of Medicine. He is the Vice Chief of Staff for Academic and Educational Affairs at Ben Taub Hospital. Dr. Greenberg holds the Herman Brown Teacher Professorship and is a Master in the American College of Physicians. He is the current President of the American Clinical and Climatological Association.

The Ingersoll Lectureship on Human Immortality was established by Caroline Haskill Ingersoll in memory of her father, George Goldthwaite Ingersoll. These lectures were to be read annually at Harvard University on the subject of “the immortality of man.” The choice of the lecturer was not to be restricted to any one faith and the lecture was to be available in written form to the public at no charge. From 1896 – 2018, there have been 99 lectures. A third of the lectures have been delivered by ministers or teachers of divinity. Twelve lecturers were philosophers; 15 were historians; 7 were either social or natural scientists; and 7 were physicians. Among those lecturers with known religious identification, most were Christian Protestants and 4 were Jewish. No evangelical Protestants or Roman Catholics have lectured. Five lecturers have been women.

The seven physicians who have given the Ingersoll Lecture included three psychiatrists:

William James (1897) - “Human Immortality”

William Osler (1904) - “Science and Immortality”

Walter Pahnke (1968) - “The Psychedelic Mystical Experience in the Human Encounter with Death”

Elizabeth Kubler-Ross (1970) - “On Death and Dying”

Robert Jay Lifton (1985) - “The Future of Immortality”

Jonathan Mann (1994) - “Health, Society, and Human Rights”

Atul Gawande (2018) - “Being Mortal and What Matters in the End – A Conversation”

From William James to Atul Gawande, there has been a shift in what issues were central to their presentation. William James and William Osler tried to discuss the concept of immortality as a philosophical question to be answered. For Elizabeth Kubler-Ross and Atul Gawande, the central theme was about the process of dying and very little about immortality. For Robert Lifton and Jonathan Mann, the word “immortality” is never mentioned. Their focus was on mankind’s potential to destroy humanity on Earth. Special attention will be placed on comparing William Osler’s and Elizabeth Kubler-Ross’ view of death and dying.

Learning objectives:

1. Discuss the importance of the Ingersoll Lectures in our view of immortality
2. Examine the different perspectives of the 7 physicians who have given the Ingersoll Lecture
3. Compare and contrast Osler’s views on death and dying with Kubler-Ross’.

One Educational Reform Organization that Osler Didn't Join

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. His book Scientists, Sanitarians, and Charlatans: The Forgotten Story of James Reeves and the Choice that Shaped American Medicine, will be published by McFarland in 2019.

While Osler labored over his Montreal bench in the summer of 1876, two small groups of U.S. physicians decided that thirty years of failure to change medical education needed something new. One was the American Academy of Medicine, founded by a cadre of elite Pennsylvanians including John Shaw Billings, the man who later recruited Osler to Hopkins. The other was the American Medical College Association, led by the dean of the Louisville Medical College, which later became the American Association of Medical Colleges. Twenty years later Osler was roped into the former and reluctantly elected president of the latter. Yet, despite shared interests and personal ties, he never gave much time to either organization. This seems oddly out of character.

Bliss did not reference either group and Cushing only mentioned them for two years. Cushing wrote that before the 1895 Baltimore AMA meeting, on May 4-6, Osler “probably dispensed hospitality” to the members of the American Academy of Medicine, for which he was elected an honorary member and “penalized by being made president of an affiliated and comparatively new society, the Association of American Medical Colleges.” Osler travelled to the two groups’ meetings in Atlanta in 1896, with his close Hopkins friend, Henry Hurd, who was president of the American Academy of Medicine, but he only participated in the Association of American Medical Colleges, which he could hardly avoid. According to the Academy’s *Transactions*, 1896 was last time Osler showed up at either group’s meetings.

The American Academy of Medicine was a remarkably progressive group that disappeared in 1920. Its goal was to improve medical education and “To bring those who are alumni of classical, scientific and medical schools into closer relations with each other,” seemingly a perfect fit for Osler, who was a steadfast joiner of worthy causes. Among others, Osler was tied to the group through his relationship with Philadelphia physician, editor, and lexicographer, George Gould, another Academy president, who founded one of Osler’s pet projects, the Association of Medical Librarians. What happened to the American Academy of Medicine? How did it relate to the Association of American Medical Colleges? And, given Osler’s willingness to help almost any effort that dealt with medical education, what might explain his indifference?

Learning objectives:

1. Describe the 19th-century medical education reform movement.
2. Apply the concepts of medical sociology to their practice.
3. Explain discrepancies in Osler’s association with medical organizations.

William Osler's Impact on John D. Rockefeller and His Medical Philanthropy

Ethan D. Hinds III

Ethan is a second-year medical student at the University of Texas Medical Branch, where he is an Osler Student Scholar. He studied business and biochemistry at Baylor University.

William Osler left an indelible mark on medical philanthropy. Reading Osler's *Principles and Practice of Medicine* inspired John D. Rockefeller (JDR) to engage in medical philanthropy. His Baptist upbringing and a 1904 exposé of his aggressive business practices had laid the foundation. Osler kept an 1897 letter from JDR's philanthropic advisor, Frederick T. Gates, until 1904, when he and William Welch requested funds to reconstruct the recently burnt down Johns Hopkins Hospital, which produced a \$500,000 check from JDR. Though this story has been described in part, no report exists on Osler's impact on JDR and his medical philanthropy; nor has the network of connections surrounding Osler and JDR, including Welch and the Flexner brothers been elucidated. This paper seeks to do both.

Inspired by the *Principles*, JDR created medical institutions for biomedical research, public health, and medical education: the Rockefeller Institute for Medical Research (RIMR), Rockefeller Sanitary Commission (RSC), and the General Education Board (GEB), respectively. William Welch became the President of Scientific Directors of RIMR, which he established as a center for groundbreaking research. Simon Flexner, pathologist and Osler's friend at Hopkins, became the president of RIMR. His brother, Abraham Flexner, published a report that led to 57% of medical schools closing by revealing their poor quality, funded by RIMR and the Carnegie Foundation. The RSC was created after a RIMR board member met the zoologist who had discovered hookworm's fecal transmission in the South. Despite nearly a decade of publicizing, two million people had the parasite, which could be cured for 50 cents worth of drugs. The RSC soon overturned the stereotype of the lazy Southerner and revitalized the South's economy by providing cures. The GEB provided some \$78 million from the GEB to model their curricula after the Hopkins curriculum that Osler and Welch had created, while also improving Southern education and agriculture, especially for Blacks, with Abraham Flexner reappearing as secretary. Seeing the RSC's success, Welch and RSC Secretary Wickliffe Rose secured Rockefeller Foundation money to establish the Johns Hopkins School of Public Health. The Rockefeller Foundation later subsumed the RSC and GEB and continued the work in the U.S. and internationally.

Learning objectives:

1. Elucidate William Osler's impact on John D. Rockefeller and his philanthropy
2. Link JDR's ventures into biomedical research, public health, and medical education to his reading of Osler's *Principles and Practice*
3. Connect reoccurring characters to William Osler and John D. Rockefeller

Death in the Bay: A Seventeenth Century Story on a Foundation of Resuscitation and Anesthesiology

K. Garth Huston, Jr.

The author graduated from Loma Linda University Medical School, LA County-USC for internship and UCSF for anesthesiology. He practices at Scripps Memorial Hospital La Jolla. His bibliographic interests include resuscitation, swimming, Sir William Osler, anesthesia and history of medicine. He is involved with the Zamorano Book Club of Los Angeles, The Grolier Club of New York, and a Trustee of the Wood Library-Museum of Anesthesiology.

The method of using stories to teach history is a compelling way to remember the facts and ideas surrounding the time and subject being studied. What does a shipwreck in the Bay of Genoa in 1635 have to do with resuscitation and anesthesia? While reading the 1797 annual report from the Royal Humane Society, I found an advertisement about an abridged book about the society for the first 10 years with an appendix of miscellaneous observations on suspended animation to the year 1794. I then read the introduction of that book. I saw the first book printed on drowning (*Cleombrotus, sive de iis, qui in aquis pereunt, philological disseratio*. Rome, Jacobo Facciotti, 1637). Pietro Lasena wrote this book lamenting the fact that his parents drowned in the shipwreck of 1635, within the site of land, and there were no means of saving them. An interesting thing about this book is that it is the earliest known engraving of the *Barcaccia*, Bernini's famous "shipwrecked" fountain at the foot of the Spanish Steps in Rome. The idea and a repeatable method of saving people apparently dead from drowning, did not occur until the 1760's in Europe. The anatomy and physiology was being "discovered." The way the circulation and lungs worked took many steps of discovery from Vesalius, Colombo, Harvey and many other physicians and anatomists. The idea of being able to change the outcome of life also took the philosophies of Bacon and Descartes, to name two, to change men's idea of making the effort of change. I will use the literature of the time to show the progression of these ideas.

Learning objectives:

1. Explain the use of using stories to teach history.
2. Examine the ideas of why resuscitation was not started until the 1760's.
3. Evaluate original sources on finding the ideas being taught at the time of their printing.

Sir William Osler, The Advocate for Addressing “Brain-dusting” and Fixing Physician Burnout

Kara J. Jencks and Ethan Hinds

Kara Jencks is a third-year medical student and Student Osler Scholar at the University of Texas Medical Branch in Galveston, Texas. She graduated from the University of Texas at Austin with a Bachelor of Arts in Plan II Honors and a Bachelor of Science and Arts in biochemistry with a minor in Spanish.

In the realm of medicine, the development of the term “burnout” has been attributed to a psychologist, Dr. Herbert Freudenberger, in 1974. At that time, he was working at a free clinic and discussed how people working with marginalized populations could change the emotional state of providers, especially when a job becomes monotonous. While the term “burnout,” in relation to providers, did not appear in the medical literature until the 1970s, Sir William Osler, with his extreme dedication to the profession, would advocate for taking more action to address physician burnout and experienced it himself.

The problem this abstract addresses involves the question: would William Osler consider physician burnout a personal failure or is it a larger systemic phenomenon that must be resolved? When examined from the view point of Osler, one would find that much of Osler’s texts provide expansive evidence for how the profession of practicing medicine calls for serious dedication to patients and educating students. At times, it appears that he hints medicine should be one’s entire life as a physician. There were many instances where Osler emphasized the importance of rest and would take trips to “brain-dust” or renew his livelihood and resolve before returning to the patient’s bedside. With his own words, I propose that even the father of current medical education practices himself would argue that physician burnout is real and should be addressed. He would suggest that sabbaticals and vacations are an excellent way to combat physician burnout. He would also encourage practicing medicine in ways that fulfil self-actualization by giving service to others and to one’s self, as medicine is, after all, “a calling, not a trade.”

Learning objectives:

1. Define William Osler’s words on brain-dusting and how they relate to his experiences in medical care
2. Examine William Osler’s experience and management of what we have termed “burnout”
3. Discuss how William Osler would respond to current expectations in medical practice and how he would handle “burnout”

Surgery of the Soul: A Brief History of Lobotomy in Montreal

Aditi Kantipuly and Rick Fraser

Aditi Kantipuly is a second year medical student at McGill University. She was selected as a finalist for the 2018 Pam and Rolando del Maestro William Osler Medical Students' Essay Awards. She plans on pursuing her career in medicine with a focus in public health.

Psychosurgery – more commonly known as lobotomy or leucotomy - was first performed in a human by Antônio Moniz and Almeida Lima a few months after the Second International Congress of Neurology held in London in 1935. Within one year, the neurologist Walter Freeman and neurosurgeon James Watts used Moniz's technique in Washington D.C. Freeman would later build-upon Moniz's work and spearhead the popularity of procedure across the North America. Freeman made two visits to the Montreal Neurological Institute (MNI), in 1940 and 1946, which generated much discussion for and against the procedure. The number of lobotomies performed at the Institute increased to eleven in the year following his second visit, despite its Director Wilder Penfield's reluctance to endorse the procedure. Penfield also had contact about this and other ablative neurosurgical procedures with the psychiatrist Ewan Cameron (later known for his collaboration with the Central Intelligence Agency).

Although the procedure stopped at the MNI in the early 1950s, it continued elsewhere, including the Verdun Protestant Hospital, the main long-term psychiatric institution for English Montreal patients. In 1948, a Research Lobotomy Program was begun by the Veterans Affairs office in Montreal. It was headed by neurosurgeon Harold Elliott, who held a joint position at the MNI. Lobotomies were performed primarily on veterans who had been diagnosed with schizophrenia. Different surgical techniques were explored and outcomes such as pain sensitivity and intelligence were measured. At least fifty individuals were lobotomized as part of this program.

The use of antipsychotic medications for patients with schizophrenia entered a new era in 1953. Heinz Lehmann of the Verdun Hospital became the first North American psychiatrist to administer chlorpromazine and, within weeks, remarkable improvements were noted. Nonetheless, lobotomies continued to be performed in Quebec in a group known as the Duplessis Orphans. In 1993, neurosurgeon Guy Lamarche admitted to Le Devoir newspaper that he had had “[followed orders]...to lobotomize 2-3 cases (on children)” when he was a neurosurgical resident in 1953. The Quebec ombudsman later reported that “370 children found themselves...institutionalized and wrongfully diagnosed as mentally ill, [and underwent]...treatments such as lobotomy.” The legacy of the procedure can still be appreciated in some survivors today.

Learning objectives:

1. Explain how lobotomy reached Quebec
2. Describe some aspects of the Veterans Affairs Lobotomy Research Program in Quebec
3. Consider the use of lobotomy in Quebec orphans

W.W. Francis and Sir William Osler

Susan Kelen

Susan Kelen is a Clinical Psychologist working in Ottawa, Ontario. She is the granddaughter of W.W. Francis, editor of the Bibliotheca Osleriana and Osler Librarian between 1929 and 1959. She inherited his books and papers in 2014. She found letters to her grandfather from Osler and from Grace Revere Osler, Revere's childhood books with his bookplate, Christmas Cards from Maude Abbott and many other things. Susan remembers her grandfather well both from memory and through family stories.

W.W. Francis was the Osler Librarian for thirty years. During his lifetime, Francis was credited for keeping Osler's memory alive both with his stories of Osler and his knowledge of the books in the library. Francis was called "The Keeper of the Shrine," alluding the chapel-like Osler Library which housed Osler's ashes and the reverence given to Osler. The Osler Library is now 90 years old.

Francis gives a picture of who Osler was through his stories and in his speeches. Francis was related to Osler (first cousin once removed.) Osler referred to him as his nephew. Francis lived with Osler and sought Osler's guidance for many of his life decisions.

This is one of Francis reminiscences:

How did Osler find the time to read and write so much and so well? I don't know the answer, though I lived in this house in Baltimore for eight years, the best part of a very good education I owe to him. For one thing he knew how to concentrate and how to use minutes that you and I probably waste. He read dressing and undressing and for a half an hour in bed, and he had me read to him for 10 minutes every night while he was in the bath. All these stolen moments were devoted to general literature. Medical books and journals accompanied him on the tram-car between house and Hospital. In one academic year, with all his other work, he would produce over 20 books and important papers, and travel 17,000 miles in consultations. But he slept, read, and even wrote easily on the train. Another thing - and I wish you men (students at McGill) could all do likewise when the proper time comes, and not before - he married right woman, one who did everything possible to make his paths smooth. (W.W. Francis, "Osler's Way of Life," in *McGill Medical Undergraduate Journal*, 1936 5(4) 32-7)

Learning objectives:

1. Explain the contribution of W.W. Francis to the memory and spirit of Osler.
2. Outline the biography of W.W. Francis.
3. Discuss some of the criticisms Francis received in the Michael Bliss biography of Osler.

Dr. Abraham Jacobi – Setting the Stage for Physician Advocacy

Kimberly Khoo

Kimberly Khoo is a 2nd year medical student at the University of Texas Medical Branch at Galveston. She is an Osler Student Scholar in the John P. McGovern Academy for Oslerian Medicine.

Dr. Abraham Jacobi, widely described as “the father of pediatrics,” was more than just a pediatrician. He was a prolific writer, a steadfast leader, and, most importantly, an unrelenting advocate for children’s rights and welfare. The manner in which Dr. Jacobi fought on behalf of his pediatric patients sets a precedent for modern-day physicians. By learning about the beginnings of his career as well as the political and societal battles that he fought, it is possible to understand the importance that physicians, especially pediatricians, play in advocating for their patients.

Abraham Jacobi’s inclination for fighting against injustice and inequality started in his youth. After graduating from the University of Bonn in 1851, he joined the Democratic Revolution in Germany, a decision that led to his imprisonment for two years. After his release, he moved to England, then to Bowery of New York, where he opened his medical office. It is here that Dr. Jacobi began publishing in US medical journals and translating German medical literature on children’s diseases into English, all while still practicing as an expert clinician. It is no surprise that his work led him to acquire leadership positions on various boards and committees, such as the founder and first chair of the Section of Pediatrics of the American Medical Association and a founding member alongside Sir William Osler, and later the President, of the American Pediatric Society. Dr. Jacobi used his clout in these roles to advocate for children on a variety of issues. For example, he was an ardent supporter of breastfeeding, and he campaigned against feeding cream or raw milk to infants. He also argued against the canning industry, which exploited child labor, and as Chairman of the New York State Board of Medical Examiners, he pushed for compulsory examinations for licensure for physicians in the state. These were just a few of the topics that Dr. Jacobi took upon himself to advocate for, and even well into his 70’s and 80’s did he vigorously fight for the rights of children.

Dr. Jacobi’s life is an example for pediatricians today. Children possess very little, if any, voice in the political sphere and rely on others to speak for them. Because of this, it should be one of the responsibilities of the pediatrician to advocate for the welfare and interests of their patients. As Dr. Jacobi said, “It is not enough, however, to work at the individual bedside in the hospital. In the near or dim future, the pediatrician is to sit in and control school boards, health departments, and legislatures. He is a legitimate advisor to the judge and jury, and a seat for the physician in the councils of the republic is what the people have a right to demand.”

Learning objectives:

1. Outline the major events of Dr. Jacobi’s life and medical career.
2. Identify the significant contributions Dr. Abraham Jacobi and his advocacy efforts made to the field of pediatrics.
3. Discuss the role that physicians play in advocating for their patients.

The “Wild Irishman” of Mayo Clinic: Harry Lee Parker and Paroxysmal Dysarthria and Ataxia

James P. Klaas, David B. Burkholder, and Christopher J. Boes

James Klaas is an Assistant Professor of Neurology at the Mayo Clinic in Rochester, MN. He is the current medical director of the comprehensive stroke center and outpatient associate chair of practice operations for the Department of Neurology. He has co-authored several manuscripts on the history of Neurology.

In 1894, Harry Lee Parker was born in Limerick, Ireland, and he received his medical degree from Trinity College in Dublin in 1918. He then went on to serve as a volunteer in the Royal Army Medical Corps of England during World War I, before coming to Rochester, Minnesota in 1919. He was initially a surgical fellow of the Mayo Foundation, but subsequently transferred to neurology. He joined the staff of the Mayo Clinic in 1925. Among his colleagues, he was known as the “wild Irishman” for his abundance of energy, hard work, humor, and dramatic lecturing style. Academically, Parker was best known for his textbook *Clinical Studies in Neurology*, which was published in 1956. Additionally, he studied paroxysmal phenomenon in patients with multiple sclerosis (MS). His studies on trigeminal neuralgia are referenced several times in Kinnier Wilson’s 1940 textbook *Neurology*, but his early description of paroxysmal dysarthria and ataxia (PDA) was not well known until after his death in 1959.

In 1946, Parker reported a series of 11 patients, of which six had MS, with “periodic ataxia” in the *Collected Papers of the Mayo Clinic*. During an attack of “periodic ataxia” he wrote, “speech may be reduced...to a mumble, the gait is staggering to the point of falling and performance of all finer movement of the fingers and hands becomes impossible. There is marked contrast between the patient’s helplessness during the attack and the relative normality between attacks.” His article on “periodic ataxia” did not garner much attention at the time, and further case descriptions did not appear in the literature for another 13 years. In 1959, Andermann et al. published an article entitled “Paroxysmal dysarthria and ataxia in multiple sclerosis: a report of 2 unusual cases” in the journal *Neurology*. This was the first use of the term PDA, and increased interest in the phenomenon. This ultimately resulted in Parker’s case series becoming more widely known and referenced.

In 1975, Osterman and Westerberg published an article on paroxysmal attacks in MS, crediting both Parker and Gustav Störing with the earliest descriptions of PDA. In Störing’s 1940 publication “Epilepsie und multiple Sklerose,” he described a 30-year-old woman with MS, tonic seizures, and dizzy spells. Her dizzy spells had features suggestive of PDA, such as having a “hard time speaking” and being “clumsy with her hands.” However, there were also unusual features, such as right arm paralysis, and her spells were not stereotyped and varied over the years. Therefore, although Störing’s article predates both Andermann et al. and Parker’s publications, these latter two articles should be considered the earliest well-defined descriptions of PDA in the medical literature.

Learning objectives:

1. Examine Parker’s 1946 case series of patients with “periodic ataxia”
2. Analyze the earliest descriptions of paroxysmal dysarthria and ataxia in the medical literature
3. Describe the highlights of Harry Lee Parker’s career.

DaCosta's Syndrome and Postural Tachycardia Syndrome: A rose by any other name?

Kelsey Klaas and David B. Burkholder

Kelsey Klaas is an Instructor of Adolescent and Pediatric Medicine at the Mayo Clinic in Rochester, MN. One of her clinical interests is adolescent autonomic dysfunction.

Jacob Mendes DaCosta was a highly regarded clinician and educator. He graduated from Jefferson Medical College at the age of 19, then spent time in Paris and Vienna pursuing further study in pathology and internal medicine, including cardiac disorders. After returning to Philadelphia, DaCosta was invited to participate in the Summer Association for Medical Instruction, and assigned Physical Diagnosis as a subject. He became a clinical lecturer at Jefferson Medical College, and authored *Medical Diagnosis*, published in 1864, which went through nine editions. Within this text he described a condition he called “irritable heart,” observed in the Turner’s Lane Hospital in Philadelphia where he oversaw a ward.

Having drawn attention to the condition initially in a letter to the War Department in 1862, in 1871 DaCosta published an account of over 300 Civil War soldiers treated for heart conditions at Turner’s Lane Hospital. Dubbed “irritable heart,” the malady was marked by dizziness, palpitation, and chest pain following, often, a fever or diarrheal illness, or excessive physical exertion. He stressed the effect that posture had on increasing the pulse. Associated symptoms included disturbed sleep, sweating abnormalities, and gastrointestinal disturbance. Most cases were noted to resolve partially or entirely over time, following a usually long treatment. Recommended treatment included rest, digitalis, veratrum viridae, iron, and zinc. Return to light service was recommended, but it was not until the First World War that the importance of exercise, especially when enjoyable, was recognized in the treatment of this condition. Though initial reports focused on soldiers, DaCosta noted that his experience with the cardiac condition “could duplicate from the experience of private practice.” This condition was then, as now, challenging to manage; therapeutic options were limited to supplements, early antiarrhythmics, and the gradual reintroduction of exercise.

Learning objectives:

1. Summarize the historical description of “irritable heart” syndrome by JM DaCosta.
2. Examine early treatments of the condition.
3. Discuss the relationship to the current diagnosis of POTS, including treatment strategies.

Osler in Uniform...His Relaxed Approach

Graham Kyle

Graham Kyle is a retired Ophthalmic Surgeon who has utilised the freedom retirement brings to more formally study the history of medicine, obtaining the Diploma in the History of Medicine of the Society of Apothecaries of London in 2014. It was this and a continuing interest in Medical Ethics that led him to join the Osler Club of London, of which he is currently President Elect. He lectures throughout the UK on Medical History, Medical Ethics and Medical Law.

Sir William Osler worked tirelessly throughout the Great (1914-1918) War as Consulting Physician to the Military Hospital set up in Oxford, and to Canadian and American Military Hospitals further afield, as well as an Advisor to the War Office in London. All these attendances should have been made wearing military uniform; but, particularly in the latter scenario, Sir William attended in civilian garb; an offence which would have brought stern rebuke to most people, but Sir William's standing allowed him to 'get away with it', according to Cushing.

However, even when he did wear uniform, it was incorrect, bearing the insignia of a Lieutenant Colonel, whereas he had, in fact, been appointed a (full) Colonel in the Territorial Division in 1908. This would provide explanation for the differing descriptions of his rank, in various accounts of the War.

In September 1915 Sir William visited the McGill Unit at a Military Hospital in France and also a British Military Unit nearby. An eyewitness account of the latter describes 'Colonel Osler' wearing a 'badly fitting uniform'. It is interesting to speculate that perhaps he travelled to France with his uniform, but was not permitted to wear it in a war zone, because of the incorrect insignia, and hence had to borrow a jacket which did not fit too well.

Photographic evidence of his wearing the Lieutenant Colonel's uniform in England does not indicate any obvious problem with the fit.

Learning objectives:

1. Recognise the distinctions in badges of rank in Military uniforms during the 1914-18 war
2. Note the evidence that William Osler was a full Colonel with the RAMC, yet wore uniform of a lower rank.
3. Discuss what this may imply about William Osler's view of certain authorities and customs.

Perspectives on Sir William Osler's Own Health and Two Nurses in England: Matron Edith Campbell and Nurse Edith Edwards

Vivien E. Lane

Vivien Lane holds a Doctor of Philosophy in Nursing from University of Sydney, Australia in which she traced the history of cervical cancer and 'pap smears' from the 1900's. She has held senior academic positions with the University of Technology Sydney, and University of Sydney, School of Medicine. Vivien is a consultant to Ausmed Education and freelance clinical practitioner in both private and public hospitals.

Of the hundreds of nurses that Sir William Osler must have encountered whilst in England, two (both with the first name Edith) were instrumental in Osler's own health status. These two nurses were Matron Edith Campbell and Nurse Edith Edwards: Their roles as professional nurses could not have been more different. Campbell was Osler's colleague February to June 1915 during WWI at the new Canadian-funded hospital built on the Astor's Clivedon estate in Taplow, England. Whereas Edwards was employed to nurse Osler as he was dying, in his own home in Oxford, England in late 1919.

Edith Campbell was born in Montreal, Quebec, and enlisted in the Canadian Army Medical Corps in September 1914, arriving in France via England. For her work in France she was later Mentioned in Despatches and awarded a Royal Red Cross 1st Class. In April 1915 Campbell was appointed the inaugural Matron of The Duchess of Connaught Canadian Red Cross Hospital (DCCRCH), Taplow, UK, where Osler was the Head Physician. As the commissioning Matron, with a staff of only four nurses initially, she oversaw the daily management of the nurses and patient care, and she also entertained visiting royalty and other dignitaries. Following an unpopular and unfavourable external audit of DCCRCH, Campbell became the scapegoat in 'The Taplow Scandal' or 'Affair' which resulted in her 'transfer' and to another hospital in England. Campbell returned to France in 1916 and was awarded the Military Medal in 1918. When demobilised in 1919, Campbell returned to Canada. The Taplow Scandal was scrutinised by power-welding players across the Pacific Ocean, from London to Ottawa. Osler was so outraged by the accusations and treatment of Campbell, he threatened to resign his position and reveal the whole story in the newspapers. According to Osler's wife Grace, these were the worst weeks in Osler's life and his health suffered with weight loss and depression. Worst still, two other men implicated in The Taplow Scandal committed suicide.

Edith Edwards was a graduate of the new Nightingale-style nurse training program. She served in WWI in the Queen Alexander Imperial Military Nursing Service (QAIMNS) Reserve in France and had been in-charge of two wards of a London convalescent home for officers. Edwards was employed as a private nurse to Osler, in his own home, during the last weeks of his life. She nursed Osler (now in his 70's) as he became increasingly frail and bed-bound. Edwards was in a position to provide surgical assistance, post-operative and intimate body care during his pre-morbid state. She nursed Osler 12 to 24 hours a day as he was dying, and she probably assisted with his autopsy and corpse preparation for burial before his coffin left the house. Edwards attended the funeral with Grace and others.

Both these nurses had a profound impact on Osler's life. In Campbell's case, she witnessed Osler's actions when enmeshed with socio-cultural and political conflict which challenged his ethical beliefs. By contrast, Edwards witnessed and assisted Osler deal with his own physical frailty and death. Both nurses knew Osler during life-moments of extreme distress.

Learning objectives:

1. List two or more possible reasons for Osler's collegial respect for Matron Edith Campbell.
2. Discuss Nurse Edith Edwards' role in caring for Osler in his end-stage of life.
3. List two or more characteristics of the professional nurse training programs at this time.

Osler, Ringer, and the Origin of Ringer's Solution

Jong O. Lee

Dr. Lee is a Professor of Surgery at the University of Texas Medical Branch in Galveston, Texas. He holds Annie Laurie Howard Chair in Burn Surgery. He is a Scholar in the John P. McGovern Academy of Oslerian Medicine at the University of Texas Medical Branch.

Sydney Ringer's name is synonymous with a balanced intravenous solution that is ubiquitous in medicine today. He was born in Norwich, England in March 1835. He entered University College in London in 1854 as a medical student. He received MB in 1860 and MD in 1863. He became a full physician at University College Hospital in 1866 and spent his entire career at University College in London. He held the professorship of Materia Medica and Therapeutics. He was also Holme Professor of Clinical Medicine. Ringer was a physician scientist. This a story of how Lactated Ringer's solution came to be and how William Osler and Sydney Ringer crossed paths when Osler was visiting London.

Sydney Ringer is given credit for developing Ringer's solution. He was studying the effect of sodium chloride solutions on the contractility of isolated frog heart. One day, he realized that his laboratory assistant was using pipe water from the New River Water Company to prepare physiologic solution for perfusion of isolated frog heart instead of distilled water. When Ringer used distilled water, he was able to keep isolated frog heart beating for no more than few minutes compared with tap water which isolated frog heart beat longer and stronger. He analyzed the tap water and found a number of trace inorganic salts and noted calcium enhanced contractility of isolated frog heart. He concluded that calcium was necessary in heart contractility. He published this finding in the Journal of Physiology in 1882 and 1883. This was the beginning of Ringer's solution. Alexis Hartman later modified Ringer's solution by adding sodium lactate to Ringer's solution attempting to develop alkalizing solution to treat acidotic children with dehydration in 1932. This was known as Hartman's solution but is more widely called Lactated Ringer's solution in honor of Sydney Ringer.

While spending time in London to learn from leading London clinicians such as John Burdon Sanderson, Osler observed Ringer at University College Hospital. Osler dined at Ringer's. Osler learned about practice of acupuncture from Ringer. Sydney Ringer had similarities to William Osler. Both were excellent physicians and respected teachers. They both were interested in science: Osler in pathology and Ringer in physiology. Ringer too wrote a textbook like Osler called A Handbook of Therapeutics which had 13 editions. Osler of course wrote a textbook called The Principles and Practice of Medicine.

Learning objectives:

1. Discuss briefly Ringer's contribution to Ringer's solution which is still used today.
2. List interactions and similarities between William Osler and Sydney Ringer.
3. Outline evolution of Lactated Ringers solution over the last century.

Samuel Bard's Enquiry into the Nature, Cause and Cure of the Angina Suffocativa or Sore Throat Distemper: Presentation of an Original Manuscript

C. Ronald MacKenzie

Dr. C Ronald MacKenzie MD, FACP, FRCPS(C) is Professor of Clinical Medicine and Medical Ethics at Weill Medical College of Cornell University and Attending Physician at the Hospital for Special Surgery where he holds the C Ronald MacKenzie Chair in Ethics and Medicine. For the last 30 years he has maintained an active practice in general medicine, rheumatology, and perioperative care with his more recent attentions focused on medical ethics, professionalism and the history of medicine. Outside of his professional activities, he is a Board member of a number of non-profit institutions including the Newport Festivals Foundation. He is a long standing member (clarinetist) of the Westchester Symphonic Winds a concert band located in Westchester County where he resides.

Samuel Bard (1742-1821), the colonial physician, founder of the New York Hospital and the Columbia College of Physicians and Surgeons, and personal physician to George Washington, is remembered primarily for his contribution to what is now called medical professionalism. This reputation is based on his celebrated "*A Discourse on the Duties of a Physician*," a seminal statement concerning the duties and responsibilities of the physician. Despite his renown as a practicing physician, in his time Bard wrote remarkably little in the domain of clinical medicine. Indeed there are only two works, his influential book on midwifery (1807), the first American textbook on obstetrics, and a second, his treatise on diphtheria (1771), the subject of this presentation.

Dedicated to Cadwallader Colden, the Lieutenant Governor of New York at whose weekend home Bard often stayed in his youth, Bard states the purpose of his expose in the opening paragraph: to describe "*the history of a disease, which has lately appeared among the children of this city ... an uncommon and highly dangerous distemper*", one that "*well deserves an attentive consideration*." In the ensuing 32 pages, Bard describes his experience with 16 patients, 7 of whom died, including a family in which each of the seven children "*were taken ill one after another*". Enumerating the symptoms and signs, Bard enquires into the nature and cause of the condition and provides advice concerning treatment. Further he compares his experience to others, specifically the early Italian *Morbus Stangulatorius*, the *Suffocatio Stifula* of the Scottish surgeon Home and the *malignant ulcerous sore throat* of the British Fothergill and Huxham, accounts Bard believed were of the same condition. Speculating on a putative infectious cause ("virus") for the condition he advises that once a family member is afflicted all other siblings should be removed from the immediate environment, thus avoiding exposure. Finally treatment, what he refers to as "cure", makes up the final third of the expose which concludes with a detailed case study of a successfully treated two year old child.

This presentation will feature an original copy of Bard's "*Angina Suffocativa*", once in the Haskel F Norman Library of Science and Medicine. A rare example of medical Americana, it is one of the earliest descriptions of diphtheria and recognized as one of the first contributions made by an American to the field of pediatrics. Indeed, in his address to the Association of Medical Librarians and included in the collection *Aequanimitas* (XV), William Osler acknowledges Bard's study describing it as "an American classic of the first rank".

Learning objectives:

1. Recall a specific and important work of the noted colonial physician Samuel Bard.
2. Learn of the diagnosis, natural history and treatment approaches to diphtheria in colonial times.
3. Examine a rare, original manuscript concerning diphtheria.

The Early Modern Fetus: Images, Science, and Rights

Michael H. Malloy

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

“Thus we are men, and we know not how; there is something in us that can be without us, and will be after us; though it is strange that it hath no history what it was before us, nor cannot tell how it entered in us.”

*Sir Thomas Browne
Religio Medici*

How do we define the beginnings of human life? As Sir Thomas Browne suggests we know not how or when that spark of humanity, the soul, enters into us. Images, science, and culture have offered insight into the beginnings of human life, but how have they influenced our definition of when human life begins? The Early Modern Period (1500-1800) offers a particularly rich period to examine the understanding of the human fetus through new images and evolving science of the fetus during the latter part of that period. Did those new images and that new scientific understanding of the fetus alter cultural concepts of when human life began? Using a 1712 *Essay on the Possibility and Probability of a Child's Being Born Alive, and Live, in the Latter End of the Fifth Solar, or in the Beginning of the Sixth Lunar Month*, by David Dickson, this paper will argue that even the evolving knowledge of the fetus failed to modify cultural norms for defining the beginning of human life.

David Dickson, a physician in Edinburgh, Scotland and member of the Royal Academy of Physicians and Surgeons of Edinburgh, argued in his 1712 *Essay* in defense of a natural explanation for the birth and survival of the child of a Mr. Elder and his Wife at approximately 24 weeks gestation. The contention by the Church was that this was impossible, thus placing Mr. Elder and his Wife under suspicion of out-of-wedlock conjugal relations, and Mr. Elder being a member of the clergy facing expulsion. Dickson argues that “from the first conception in their Mother's womb (infants) are alive and increase in activity, till at length their motion is perceptible by their Mothers”. Based on theories put forward by Harvey in 1651 on embryogenesis and von Leuwenhoek in 1677 and Harsoecker in 1694 on spermatozoa and the *Animalculum Humannum*, Dickson argues the possibility of an infant being born and surviving at an earlier gestation. Dissection and images of fetuses in utero, by Davinci and William Hunter also serve to inform the public and materialize the fetus during the latter part of the Period. Nevertheless, cultural recognition of the fetus appears to be little altered by this information and the defining of when a “human life” begins remains ambiguous. Now in the 21st century scientific advances and fetal imaging provide astounding leaps in understanding the biology of the beginning of biological life, but still offer little clarification of when that biological life becomes “human”.

Learning objectives:

1. Describe the scientific understanding of the fetus in the Early Modern Period
2. List the landmarks for determining fetal personhood by cultural standards in that Period.
3. Compare and contrast how contemporary science has or has not informed our understanding of when “human life” begins.

The Art of Observation and The Observation of Art: Revisiting Osler and The Method of Zadig

Salvatore Mangione

Salvatore Mangione, MD, is a clinician-educator with a long interest in physical diagnosis, medical history, community service and the role of the humanities in medicine. His innovative programs and engaging teaching style have been recognized by multiple teaching awards, and his work has been featured in the New York Times, the Los Angeles Times, the Wall Street Journal, the BBC, CNN, NPR, and Forbes. Dr. Mangione has been an invited speaker at many national and international meetings, especially in regard to the use of visual arts to teach bedside observation. He is the author of the book Secrets in Physical Diagnosis.

William Osler once remarked that, “the whole art of medicine is in observation.” He was correct, of course, since astute observation not only helps with diagnosis but can also foster empathetic connection with the patient. Yet, Osler also warned us that, “there is no more difficult art to acquire than the art of observation.” Still, not even in his worst nightmares could Osler imagine a medicine wherein 40% of trainees’ time is spent looking at computer screens and only 12% looking at human beings. The repercussions are hard to estimate but likely significant, since “to educate the eye to see, the ear to hear and the finger to feel takes time.” To this end, some medical schools have already started to outsource the teaching of observation to art museums and instructors. Although these programs have been proven effective in improving the detection of physical findings, they also reflect physicians’ inability to teach students how to observe. More concerning, they convey the subliminal message that observation is not what physicians do. Hence, we suggest that the time is ripe for medicine to regain ownership of the teaching of this skill, not just because it may enhance cost-effective clinical care, but also because it is only through the eyes of a skilled physician that crucial details can be adequately interpreted. With this goal in mind, we shall review the difference between seeing and observing; discuss the problem of attentional capture and inattentional blindness; and then review the method of Zadig that William Osler taught all his students in order to turn them into Sherlockian observers. Lastly, we shall use attention to details to decode a series of artworks, thus revealing a plethora of personal, social and medical information. Our goal is to rekindle interest in this skill and hopefully influence future curricula.

Learning objectives:

1. See with a different eye.
2. Look differently at artworks.
3. Detect and decode visual clues and symbols.
4. Understand the importance of visual-spatial thinking.

“Une Médecine sans médecins”?: Objectivity in the Paris Clinic

Benjamin Mappin-Kasirer

Benjamin Mappin-Kasirer is a third-year medical student at McGill University, where he is supported by a Marjorie Hampson Scholarship. A Rhodes Scholar, he completed graduate studies in literature and medicine at the University of Oxford from 2015-2017, with a principal interest in respiratory disease in French fiction. As an undergraduate at Yale University, his work on barometers in the novels of Marcel Proust and on the history of meteorology in France won the James T. King Prize in French. His research on objectivity and Paris Medicine was undertaken with the support of a Hannah Studentship Award from the Canadian Society of the History of Medicine, and won first prize in the Del Maestro Osler Essay Contest at McGill University in November 2018.

Objectivity, the notion that some knowledge is true precisely because it has not been altered by human interference, has merited much scholarly attention. Historians of science have defined and dissected objectivity, and uncovered its methods, language, and limitations. They have argued that objectivity is not an essential trait of knowledge, but rather a set of cultural and political practices aimed at presenting science freed from the influence of the scientist. They have also shown that it is not atemporal, but instead first emerged in the natural sciences of early- and mid-nineteenth century. Around the same time, between 1800 and 1850, physicians in Paris led a scientific revolution that brought about teaching hospitals, a refined physical examination, medical specialization, and more. Paris Medicine, as it has come to be known, is widely regarded as the birth of medicine as a science. Thus, scientific objectivity and scientific medicine are understood to have emerged roughly at the same time; however, the role of objectivity in Paris Medicine remains largely unexplored. This paper examines the place of objectivity in central texts of the Paris School. I argue that preeminent scholars of Paris Medicine, such as Alibert, Bouillaud, Cabanis, Corvisart, and Laennec, both asserted the newfound scientific character of medicine and insisted that the physician as individual was inextricable from clinical truth. Works considered include Cabanis's *Du degré de certitude de la médecine* (1798), Alibert's *Description des maladies de la peau* (1806-34), and the Paris Faculty of Medicine's *Dictionnaire de médecine* (1832-1846). In different but converging ways, these texts propose that accurate medical knowledge cannot exclude the physician as person, and understand medicine as most scientific when it takes both of its subjects – doctor and patient – into account.

Learning objectives:

1. Outline the history of scientific objectivity, from its emergence in the nineteenth century until today, with particular attention to the relationship of this history with medicine.
2. Examine the role of scientific objectivity in foundational texts of Paris Medicine, including works by Alibert, Bouillaud, Cabanis, Corvisart, and Laennec, published between 1798 and 1846.
3. Discuss the relevance of objectivity as a scientific ideal in clinical medicine.

The Beginnings of Rheumatology Practice at Mayo Clinic

Eric L. Matteson

Eric L. Matteson is Professor of Medicine and Consultant, Division of Rheumatology in the Department of Internal Medicine at Mayo Clinic and has a joint appointment in the Division of Epidemiology in the Department of Health Sciences Research. Dr. Matteson's clinical and research interests are in the fields of vasculitis and inflammatory arthritis. His research agenda includes investigation into the epidemiology of these diseases.

The development of rheumatology at Mayo Clinic in many ways mirrored that of other major centers in its early years. Mayo Clinic traces its beginnings to 1864, and was principally focused on surgery. Patients with operable conditions involving joints were treated by the Mayo brothers William and Charles. Nonsurgical cases were sent home with little treatment.

Mayo Clinic's first rheumatologist, Phillip S. Hench came to Rochester in 1921 one year after graduating from the University of Pittsburg Medical School to take training in internal medicine. It is said that during his training, a patient with arthritis was examined who his attending, Dr. Norman Keith, thought had degenerative arthritis. Dr. Hench, however, explained why the diagnosis instead was "chronic infectious arthritis" as rheumatoid arthritis was then called. Dr. Keith was sufficiently impressed and mentioned the episode to Dr. William Mayo who later asked Dr. Hench if he would like to stay at Mayo Clinic and focus his attention on arthritic disorders. For his first 10 years Dr. Hench was the only staff member at Mayo Clinic with a primary interest in rheumatology.

As elsewhere, no effective treatment was available for patients with rheumatoid arthritis in the first decades of the Mayo rheumatology practice. Analgesics such as aspirin were prescribed for rheumatoid arthritis, but were not given in high doses at that time. Rest and physical therapy were recommended for all patients. Some consultants thought emotional factors such as a significant emotional loss might trigger of rheumatoid arthritis or cause an exacerbation.

In 1950 Dr. Hench along with Dr. E. C. Kendall of Mayo Clinic, who had first isolated cortisone and Dr. T. Reichstein of Switzerland who had done important biochemical studies, were awarded the Nobel Prize. Treating the adverse effects of glucocorticoids in rheumatoid arthritis and other related diseases resulting from prolonged administration of high doses occupied much of the time of Mayo Clinic rheumatologists during the 1950s. Because of the serious side effects of glucocorticoids, Mayo staff used less of these drugs and eventually by 1960 it was uncommon for a rheumatoid arthritis patient seen at Mayo Clinic to be started on glucocorticoids unless the disease was severe or a complication was present such as vasculitis. During this period some further therapies were developed and used, which had doubtful effect on the long term course of rheumatoid arthritis.

Learning objectives:

1. Describe the development of rheumatology as a specialty of medicine in the early part of the 20th century.
2. Evaluate early treatments for rheumatoid arthritis in the context of the understanding of the pathobiology of autoimmune diseases.
3. Examine the role of physicians at Mayo Clinic in developing glucocorticoids as a management approach for rheumatoid arthritis.

A Surgeon's Most Prized Instrument: Harvey Cushing's Hands

Samuel A. Matthys

Samuel Matthys is a third year medical student at the University of Texas Medical Branch in Galveston, Texas. He earned his B.S. degree from Texas A&M University, studying Biomedical Sciences and Classical Studies. His major interests currently lie in surgery and neuroscience.

Harvey Cushing, beloved student, friend, and biographer of Sir William Osler, performed over two-thousand intracranial operations over the course of his career as a pioneer in the nascent field of neurosurgery. He was also a prolific writer who carefully documented hundreds of cases through photography and specimen preservation. Cushing and his contributions to medicine and surgery live on in those professions today through several diseases, physiologic phenomena, and surgical instruments that bear his name. As a surgeon making advancements ahead of his time, he greatly valued that which most directly allowed him to do so: his hands. The collection at the Countway Library of Medicine in Boston contains a bronze cast of Cushing's right hand, made and donated by the legendary man himself. Indeed, Cushing was known amongst his colleagues for a fascination with his own hands and the hands of other prominent surgeons.

Dr. Leo Davidoff, a man almost thirty years Cushing's junior who interacted with him as a neurosurgical resident, recalls the appearance of Cushing's hands in an anecdote published in the April 1969 issue of the *Journal of Neurosurgery*: "...they were the most virile pair of hands that I have ever seen, strong, muscular, dexterous, and skillful." The anecdote alludes to the fact that Cushing had long fancied his hands, having made an initial plaster cast during medical school. Davidoff remembers that this interest was rekindled by experimentation with making such casts to demonstrate that appendages belonging to acromegaly patients would return to baseline size after surgery. But this mere matter of interest would soon turn into something resembling obsession. Well-known surgeons visiting Cushing in Boston would often be tricked into agreeing to have hand casts made. These casts would then be sent to Cushing, who collected them with an apparent reverence for the form and capabilities of a surgeon's hands.

It is clear that Cushing also saw great value in the hands of his patients. As Davidoff did, he paid close attention to the morphology of the hands of those undergoing surgery for endocrine conditions such as acromegaly, a condition which affects hand size. In many of the poignant photographs Cushing took of his patients pre- and postoperatively, the subject displays his or her hand across the chest, allowing for visual documentation of the success of the procedures. This attention to detail emulated the ideals of patient-centered care and diagnostic practices championed by Sir William Osler.

Learning objectives:

1. Explore Cushing's fascination with his own hands, as well as the hands of other famous surgeons.
2. Describe the ways in which Cushing used the appearance of his patient's hands as a tool in their care.
3. Explain why Cushing's interest in hands was in keeping with principles advocated by Sir William Osler.

Sir William Osler and the 1916 Canadian Army Medical Corps Affair

Vivian McAlister and Jean-Robert Bernier

Lieutenant Colonel McAlister is the Royal Canadian Medical Service chief of general surgery; Major General Bernier, a former surgeon-general of Canada, is chairman of the Committee of Chiefs of Military Medical Services in NATO.

Sir William Osler volunteered soon after declaration of the First World War and proudly wore the uniform of the Canadian Army Medical Corps (CAMC). His house in Oxford was a place of refuge for Canadians serving in the war. In 1916, a dinner he had planned for CAMC officers, with Surgeon General Guy Carelton Jones as guest of honour, had to be precipitously cancelled. Osler resigned from the corps and forbade its mention in his house. This turn of events was the result of the CAMC's unwitting involvement in a national political rivalry in Canada. Two years into the war, Canadians were astonished to read, in their newspapers, allegations that their injured soldiers were languishing in unsuitable hospitals in England, receiving substandard care. Sir Sam Hughes, Minister of Militia and Defence, had leaked a report that he had commissioned from Herbert Bruce, a leading Toronto surgeon. Bruce was deeply critical of care given to recruits and to those recuperating in England without commenting on the extraordinary care being given in the battle zones. Hughes dismissed the Surgeon General and appointed Bruce in his place. While the Surgeon General was reluctant to publicly defend himself, others who felt aggrieved were not so constrained. Donald Armour, a Canadian who had become a pioneering neurosurgeon in England, forced Bruce to issue a public apology for inaccurately accusing him of undertaking inappropriate surgery. Armour used the opportunity to declare total faith in Jones's leadership. Lady Julia Drummond undertook a scathing letter campaign against the Bruce report in the *Times of London*. Osler, chief physician at the hospital in Cliveden, was personally insulted by Bruce during the investigation and felt deep concern for his friends at the hospital. In particular, he believed the matron, Edith Campbell, the granddaughter of his teacher at McGill, and the administrator, Colonel Charles Gorrell, were unjustly criticized. The situation worsened when Gorrell committed suicide. Osler's complaints were ignored until he appealed directly to Prime-minister Robert Borden, resigning his commission. Hughes had lost the government's confidence for several other reasons and he was recalled to Canada. Sir George Perley was appointed Minister of the new Department for Overseas Military Forces. Perley immediately asked Lieutenant-General Sir William Bapstie, VC, to investigate. Bapstie found Bruce to be overwhelmed by his task as Director of Medical Services. At his recommendation, the Bruce report was repudiated and Jones was restored to his position.

Modern historians claim that the Bruce report, while harsh, resulted in needed reform. We reviewed the affair in the context of our knowledge of modern allied interoperability and can find no useful outcome from it. We believe that Hughes, who had a longstanding disappointment from the rejection of his Victoria Cross self-nomination, and Bruce, who was eager for a leadership role in Canadian medicine, failed to understand the cooperation that is required for a successful allied medical service. The CAMC affair threatened care given to casualties at the Battle of the Somme. It soured Osler's war time service and it eclipsed the remarkable career of Surgeon General Guy Carelton Jones

Learning objectives:

1. Explain the CAMC affair of 1916
2. Discuss the impact of command rivalry upon operations
3. Understand the role of interoperability in allied medical missions

Costumes and Comportment: Artists View of Doctors from the 12th to the 17th Century

Jonathan L. Meakins

Dr. Meakins is presently the Director of the RBC Art and Heritage Centre of the McGill University Health Centre (MUHC). He retired from the Nuffield Professorship of Surgery, University of Oxford, having been previously the Archibald Chair of Surgery at McGill University and Chief of Surgery at the MUHC.

In the illuminated manuscripts of the early middle ages, doctors were usually portrayed in performance of a procedure and would therefore be characterized as surgeons. Their costumes would be long, a reflection of their being university educated or short, indicating its absence. With the development of printing, medical imagery evolved with woodcuts and engraving initially showing procedure based activities such as hernia repair, abscess drainage and amputation. In the 16th century, at least north of the alps, there appeared to be a separation of physicians and surgeons as physicians were seen in long robes, often examining a vial of urine and surgeons, in short coats, performing a procedure. The barber surgeon, particularly defined in England, had in 1543 their Company established by Henry the VIII, leading increasingly to the separation in images of the physician and surgeon. On the continent, particularly in the Netherlands and Germanic countries, there was introduced a third component of the healing professions, that of the Quack. In the 1520's, Lucas van Leyden's engravings of a surgeon and a dentist showed on careful examination of the iconography that the patients were being either robbed or being taken for a fool. Their clothing was close to sumptuous. Henrik Goltzius' four engravings of 1587, Allegories of the Medical Profession, demonstrate in the right panel, a more theoretical medical doctor attending a sickbed, while on the right, a practical surgeon tends to a man with broken limbs from a fall. The physician is in robes while the surgeon in close to a peasant's clothing. Through the 17th century, the true physician is seen as well dressed and dignified, often examining a urine vial whereas the surgeons are doing a variety of acts with lancet or dressing but in very modest or poor surroundings. Through the Dutch Golden Age the quacksalver appears often in the works of van Ostade, Steen, Dou, Dusart, Teniers and Metsu amongst many. They appear either in fashionable circumstances, very well dressed or more humble environments such as fairs or poorer homes rather more modestly dressed as they hawk their 17th century equivalent to snake oil. Increasingly there was separation of the activities and dresses of physicians, more elegant and in conversation and surgeons much less elegant and in modest circumstances but having an act to perform were doing so.

Learning objectives:

1. Contrast the differences in the manner of portrayal in images of the medical profession up to 1699
2. Outline the interpretation of healers by artists through the 12th to 17th century
3. Discuss the environments and genre aspects of life in northern European paintings and prints

Master Minds in Medicine: Hemmeter and Osler

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 a textbook, Urolithiasis: A Comprehensive History appearing 2014 from Springer. He has been settling into a bibliophilic existence in coastal North Carolina.

John Conrad Hemmeter (1863-1931) was quite well known in his lifetime and is considered one of the founders of the American Association for the History of Medicine becoming their second President, following his friend Fielding H. Garrison and preceding that of William H. Welch. Hemmeter was born in Baltimore on April 26, 1863 with his father being an agent of the B&O railroad. He obtained his education from Baltimore City College and M.D. from the University of Maryland in 1884. He began his clinical training at the Bay View Asylum while obtaining his Ph.D. from Johns Hopkins in 1890. His thesis was *On the Comparative Physiological Effects of Certain Members of the Ethylic Alcohol Series*. He next went abroad for advanced medical studies with Emil Du Bois-Reymond before returning to Baltimore where he married Helene Hilgenberg and joined the University of Maryland. His first textbook followed shortly *Diseases of the Stomach* which sold so well a second edition was rapidly needed followed by his second work, *Manual of Practical Physiology* in 1902. He spent his summers with his family at Woods Hole doing basic biological research.

Hemmeter knew and interacted with each of the big four of Johns Hopkins and several letters survive between Osler, Kelly and Welch especially. In addition, he dedicated his first textbook, *Diseases of the Stomach* to Professor William Osler, M.D. of Baltimore with a quote from Dante, “*l maestro di color che sanno.*” This of course was Dante’s method of enshrinement of the immortal Aristotle in Limbo where he is revered by fellow philosophers. Hemmeter though was also a gifted musician and he also studied the piano with Wilhelm Jahn while he was studying medicine in Germany. He wrote 30 compositions for piano and voice composing a special score for the Twenty-third Psalm. The American Medical Association annual meeting in Baltimore he wrote a cantata for orchestra with male chorus called *Hymn to Hygeia*. He had developed a wide-ranging interest in the history of medicine and came into increasing contact with Osler, Welch and Kelly in these regards.

One special attraction to this particular historiography was his 1927 publication, little heralded currently, *Master Minds in Medicine* published in 1927. The introduction of this book was by Karl Sudhoff and the first six chapters are upon historical sources and methods and the aims of his work. The remainder he turns his significant interests to such giants as Leonardo da Vinci, Virchow, von Haller (he corresponded with Osler regarding their shared interests and views), Servetus (another shared passion with Osler), Goethe and others. Hemmeter went on to achieve recognition during the University of Maryland’s Centennial celebration and he had planned to donate his considerable estate to Hopkins upon his death in 1931, but this did not happen.

Learning objectives:

1. Describe John C. Hemmeter’s life and academic works.
2. Discuss how Hemmeter evolved into the history of medicine and shared interests with Osler.
3. Explain the major aspects of Master Minds in Medicine.

Osler and Servetus

Brian J. Morrison

I am an antiquarian book collector, member of the Grolier Club and AIB. Following cardiology training rich in medical history at the Massachusetts General Hospital and Boston Children's Hospital, I now practice Adult Congenital Heart Disease and General Cardiology in Medford, Oregon.

In addition to Osler's moral and philosophical papers, his biographical writings also shed some light into his own persona. The story of Michael Servetus provided Osler an opportunity to self-examine his own religious ideology while describing the life of one of the most interesting figures of the mid sixteenth century. Beginning with Servetus' discovery of the pulmonary circulation, Osler further investigates the unique environment in which Servetus lived and the ramifications of his death at the stake.

Unique to this biographical paper, Osler went on to publish in only 30 copies, a sheet of text and figures on Servetus. This separate publication further shows how important the story of the life of Servetus was to Osler.

My paper will explore the journey of Osler's writing of the Servetus paper, including his book collecting, correspondence with Leonard Mackall and involvement with the expiratory monument erected in the honor of Servetus.

Learning objectives:

1. Examine Osler's own religious ideology within the framework of the life and death of Servetus.
2. Evaluate Osler's interest in Servetus through his book collecting.
3. Contrast Osler's commitment to preserving the memory of Servetus compared to other subjects of his biographical writings.

The Role of Affiliated American Base Hospitals in WW-I

Robert R. Nesbit

Dr. Nesbit is Professor Emeritus of Surgery at the Medical College of Georgia at Augusta University. He was Chief of Vascular Surgery when he retired in April 2000. Although no longer involved in patient care, Dr. Nesbit is Director of Medical Student Education for the Department of Surgery at the Medical College. He has been a member of the American Osler Society since 2003.

The third level of care behind the trenches of the American Expeditionary Forces in WW-I – after the mobile casualty units and the evacuation hospitals – were the base hospitals. All kinds of surgery was done at the base hospitals as was the care of soldiers who had been gassed or had other medical problems. Ultimately forty-nine of the 120 U.S. base hospitals were organized and staffed by volunteers from American hospitals and medical schools. William Osler had actually suggested in 1915 that American medical schools provide staff and equipment for British military hospitals on a rotating basis – as they did at the politically neutral Ambulance Americaine in Paris. The first American unit to staff the Ambulance Americaine was from Lakeside Hospital in Cleveland. It began its work on January 1st, 1915 and was under the direction of prominent surgeon George Crile. The Cleveland unit was replaced on April 1st by a unit from Harvard under the direction of Crile's close friend, neurosurgeon Harvey Cushing. Subsequently the Ambulance was staffed by groups from the University of Pennsylvania, Northwestern and Washington University. For many months prior to American entry into the war, but as that involvement became increasingly likely, many American hospitals and medical schools – with the organizational and financial support of the American Red Cross - began planning and organizing units which could serve as U.S. base hospitals. After the April 6, 1917 declaration of war, one of the highest priority requests of the allies was for medical help. The first American military unit to arrive in France after the declaration of war was Base Hospital No. 4 from Cleveland under the direction of Dr. Crile. It rapidly took over British General Hospital No. 9 outside of Rouen and was receiving casualties on the day that General Pershing left the U.S. for France. Five other U.S. units took over British hospitals and the remainder served directly as U.S. Army hospitals. The academically affiliated U.S. base hospitals played a very major role in the care of casualties during WW-I.

Learning objectives:

1. Describe the role of U.S. medical personnel in Europe prior to American entry into the war.
2. Explain the organization of the A.E.F. hospital system in Europe in WW-I.
3. Discuss the role of U.S. hospital and medical school units in the care of casualties In WW-I.

Charting the Chart: Development of the Modern Medical Record

Kacper Niburski

Kacper Niburski is a 2nd year medical student at McGill, was a finalist for the Osler Essay competition, and is interested in how reconstructed history can change patient health outcomes.

The medical record rewrites the body. By shaping illness into spatial and temporal zones, by carving out an anatomy of the ideal form, and by categorizing messy deviations into neat tables, the patient becomes an artifact to be mapped upon (Berg, 1996; Bowker, 1996). Through such isolated representation, the body undergoes a performance. It moves, is moved, and experiences movement in chronicled parts meant to signify the end of a healthy whole.

Such physical compartmentalization is a vestigial trait of 19th century ephemeral printing. The Industrial Age saw rapid evolution of patient charts. There was the segmentation of qualitative comments from measured facts, the slow incorporation of analytical techniques, and the formalization of standard, institutional practices (Andrews, 1999; Warner and Risse, 1999). Yet little has been done to analyze the historical construction of these documents, the deliberations in the process of production, and how these early patient charts displaced patients' narratives.

Anchored by medical records from the Archives of Ontario, I reproduce these "paper tools" (Klein, 2002). I work with 19th century presses, mirroring the process of assembly. In doing so, I recontextualize the form, rehistoricize the diagnostic considerations relevant, and note the continuum of both practical and operational choices that have stretched into current records.

Such work allows the development of the patient chart evolution, noting its deconstruction from narrative to stringent contextualization. It further challenges the static history of the Flexner report, noting the fluidity of 19th century paper tools, the medical culture at the turn of the century, and how artifacts reconfigure the body as a thing dissolving into objectification.

Learning objectives:

1. Evaluate how reconstruction can illuminate 20th century trends in medical records
2. Challenge the static evolution of the Flexner report
3. Note medical history as unstable, constantly evolving in its own definition

Sir William Osler's WW1 Contribution at Cliveden: The Buildings, Social Cultural and Medical Resources at The Duchess of Connaught Canadian Red Cross Hospital, Taplow, UK

Milton Roxanas

Milton Roxanas MB BS FRANZCP is Associate Professor of Psychiatry at the University of Sydney, Australia. He is an Oslerian since he was a medical student, he is a collector of books, medical prints and Australian art. He toured Cliveden, England in association with this research.

Osler's contribution to the WW1 effort was to become a Consultant to various hospitals, including a new hospital on the Cliveden estate west of London, England. Cliveden at that time was owned by Waldorf and Nancy Astor and they donated their home and grounds to the Canadian Government who accepted it on behalf of the Canadian Red Cross and later naming it The Duchess of Connaught Canadian Red Cross Hospital (DCCRCH). Cushing¹ and Bliss² refer to Osler's involvement in a cursory manner but do not mention the working conditions, social activities, illnesses seen and research published from this hospital, which will be presented here.

The WW1 version of the Cliveden hospital underwent several stages of development before a substantive building with state of the art equipment was available. It eventually accommodated 600 patients from various countries in sublime conditions compared to those in the front lines. These soldiers arrived in their dirty uniforms in cargo trains at Taplow, the nearest station. Within one hour they were triaged, washed and put to bed with a vase of flowers on their bedside locker, compliments of Nancy Astor. The soldiers enjoyed free access to the resources of the estate, food items and knitted clothes supplied by the Women of Canada, participated in various sports, listened to stimulating, stimulating lectures from learned people, were entertained by musicians, and trained for future civilian life. Those who died at Cliveden were buried in a war cemetery within the grounds where there was a statue of a symbolic figure of Canada, whose face was that of Nancy.

Osler did his rounds every Monday and was keenly awaited by patients, he was followed by medical staff of various specialties and had lunch with Nancy Astor. This close relationship with Nancy may have blinded Osler to underlying tensions which led to the "Cliveden Scandal" when an enquiry led to the dismissal of much decorated Matron Edith Campbell and Lieutenant-Colonel Charles Gorrell. Osler resigned in disgust but subsequently withdrew his resignation. The variety of war injuries afforded the medical staff at Cliveden the opportunity to conduct research and publish it, which Osler encouraged.

Learning objectives:

1. Discuss the resources available at DCCRCH.
2. List three or more common war related conditions that soldiers presented at the hospital.
3. Examine how Sir William Osler's personality influenced patients and staff and how we can apply it to ourselves.

Man's Redemption of Man

George Sarka

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

Osler was a staunch supporter of vaccines, especially that of smallpox and typhoid which were available during his era. In this presentation, I would like to highlight the address titled, Man's Redemption of Man in its relation to Osler's argument against the views of the anti-vaccinationist.

"It is worthy of comment that three of the greatest benefits conferred on mankind—beside which it would be hard to name three of equal importance—have been in connection with fevers: The introduction of cinchona, the discovery of vaccination and the announcement of the principle of asepsis." (Osler, The Study of Fevers of the South, 1896)

On July 10, 1910, Osler delivered an address titled: *Man's Redemption of Man* at a service for the students of the University of Edinburgh at McEwan Hall. This speech highlighted the importance of many aspects of preventive medicine including that of vaccines and Osler's contempt for non-scientific-based opinion of the anti-vaccinationist.

"A great deal of literature has been distributed, casting discredit upon the value of vaccination in the prevention of small-pox. I do not see how anyone who has gone through epidemics as I have, or who is familiar with the history of the subject, and has any capacity left for clear judgment can doubt its value."

In typical Oslerian wit, he challenges the anti-vaccinationist to the following:

"I would like to issue a Mount Carmel-like challenge to any ten unvaccinated priests of Baal. I will take ten selected vaccinated persons, and help in the next severe epidemic, with ten selected unvaccinated persons (if available!). I should choose three members of Parliament, three anti-vaccination doctors, if they could be found and four anti-vaccination propagandists."

And Osler's prediction as a soothsayer:

"And I will make this promise—neither to jeer nor to jibe when they catch the disease, but to look after them as brothers; and for the three or four who are certain to die I will try to arrange the funerals with all the pomp and ceremony of an anti-vaccination demonstration."

Certainly, this would not be Osler's final word on vaccinations nor preventive medicine. In 1914, Osler was asked to address officers and men in the British Army about the need for typhoid vaccine in his speech titled: *Bacilli and Bullets*. His opinion was met with opposition by Parliament but not the troops but clearly demonstrated his passion for vaccines in modern preventive medicine.

Learning objectives:

1. Augment the participant's knowledge about an address by Osler titled: *Man's Redemption of Man*.
2. Identify Osler's passion for preventive medicine especially in the arena of vaccinations.
3. Illustrate Osler's contempt for the anti-vaccinationist.

Jeremiah Barker, Yesterday's Everyday Physician, and His Understanding of Apoplexy & Palsy in "A History of Diseases in the District of Maine"

Michael P.H. Stanley

Dr. Stanley is an 11th generation Mainer and graduate of the Tufts University School of Medicine/Maine Medical Center Maine Track Program. He is currently an intern at the Brigham & Women's Hospital and will be pursuing a residency in neurology jointly at Brigham & Women's and the Massachusetts General Hospital.

Jeremiah Barker (1752-1835) underwent medical training between 1769-1772 in Massachusetts, but in 1780, established his practice in the rural District of Maine. In the 1797 edition of *The Medical Repository*, the USA's first medical journal, Barker announced his intent to publish "A History of Diseases in the District of Maine," but despite claims of subscription, the work was never published. Almost thirty years ago, however, Dr. Richard Kahn, discovered the manuscript, and with careful referencing, indexing, and annotating, made selections available for review. Limiting our focus to Barker's understanding of apoplexy and palsy not only provides insight into what an everyday, community physician at that time understood about cerebrovascular disease, but the methodology of that understanding. This methodology of a self-declared 'scientific-physician' bears striking resemblance to how we inform our practice today.

Barker described apoplexy & palsy as "kindred maladies," paraphrasing his correspondent Benjamin Rush that they result from "congestion in the brain...oppress[ing] the nerves," an extension from Barker's preceptor Sherrill, who in turn invoked Hunter, Townsend and John Bell's earlier attribution to an "extravasation of blood, or an effusion of fluid, in some part of the brain." Barker included contemporary clinical-pathological cases to bolster this position, and attended autopsies himself to "materially prove" these developing pathophysiological models. Barker employed his own case studies to resolve ambiguity in the literature over whether the etiology was congestive or a defect of excitation, as in the disagreement of Rush and John Brown. There are gaps in Barker's appreciation of the literature, such as the absence of ischemic or anemic causes of apoplexy proposed as early as 1754, perhaps a reflection of how difficult it was for information to be disseminated to the colonies especially through the revolutionary years.

He identified similar risk factors in diet, habit, and demographic that we today attribute to increased risk of stroke, and his treatments derived reasonably from the presumed pathophysiology by aiming to "increase strength by thus lessening the superabundant load of blood." Additionally, he cited two cases where patients modified their diets and lifestyles, refrained from drink, or were prophylactically bled yearly. These interventions were effective and showed that he addressed not only acute treatment, but also modifiable risk factors.

Barker's manuscript is fundamentally a curating of case histories, but his engagement with past theory and present observation transcends the genre of case series into a record of one man's clinical understanding. Focusing on two such diseases not only provides insights into how a non-elite medical physician practiced, but how he negotiated text, experience, and reason to guide his practice—a practice not so different from ours today.

Learning objectives:

1. Understand the method of Barker's reasoning as evident in his manuscript
2. Appreciate his understanding of apoplexy & palsy within the late 18th early 19th C context
3. Reflect upon how his methods of clinical understanding were similar to today's physicians.

Diabetes Mellitus (DM) and Pernicious Anemia (PA): Interrelated Therapeutic Triumphs Discovered Shortly After Osler's Death

Marvin J. Stone

Marvin J. Stone is Chief Emeritus of Hematology and Oncology at Baylor University Medical Center, Dallas. He is a past president of the American Osler Society and recipient of the Lifetime Achievement Award.

William Osler died on December 29, 1919 at age 70. Less than one year later, Frederick Banting began a research project at the University of Toronto to find a treatment for DM. J.R. Macleod, director of physiology, gave him space, funding, and supplies. Charles Best, an undergraduate medical student, joined Banting. In 1921, Banting and Best isolated and purified insulin from pancreatic extracts of dogs. J.B. Collip, a biochemist, helped in the purification process. The first patient was treated with pancreatic extract in January 1922. Banting and Macleod were awarded the Nobel Prize in 1923 “for the discovery of insulin.”

George Richards Minot, a young hematologist in Boston, had an obsessive interest in the effect of diet on anemia. He had also learned the importance of the reticulocyte count as an index of enhanced bone marrow response. In October 1921, Minot developed weight loss and was diagnosed with severe DM. By January 1923, the pioneering diabetologist, Elliott Joslin, began to treat Minot with insulin. Minot's condition improved and he returned to work. In 1926, Minot and W. P. Murphy astounded the medical world by abolishing the anemia in 45 PA patients by feeding them a half-pound of beef liver daily. Minot shared the 1934 Nobel Prize with Murphy and G.H. Whipple “for their discoveries concerning liver therapy in cases of anemia.” Minot remained on insulin the rest of his life. Without insulin, Minot would not have been able to make his discovery of the successful treatment for PA.

Osler had an intriguing connection to Banting and described the clinical findings and blood picture of PA nearly half a century before Minot. Had he lived, Osler would have been ecstatic over these two monumental therapeutic breakthroughs.

Learning objectives:

1. Explain how insulin was discovered.
2. Discuss relationship between the treatment of DM and treatment of PA.
3. Evaluate where the discovery of insulin and treatment for PA rank among the top 10 therapeutic triumphs in medical history.

‘The Silent Influence’, or, the After-life of Sir William Osler: 1919-2019

Nadeem Toodayan

Nadeem Toodayan is a medical registrar 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 death of Sir William Osler (1849-1919) on the afternoon of 29 December 1919 made international headlines. At that time the most famous physician in the English speaking world, he had amassed an enormous following over five devoted decades to the profession he personified, and this was evident during his funeral procession at Christ Church Cathedral which was overflowing with mourners. A hundred years onwards, Osler continues to speak to new generations of practitioners through his high-mindedness and humanism, diverse facets of which are broadly represented in his biography and many writings. The most enduring aspect of Osler’s legacy over the past century however, is not to be found in any written memoir. Something more ethereal, it is best described in abstract terms: “it is the silent influence of character on character; [which is] in no way more potently [wrought out] than in the contemplation of the lives of the great and good of the past, in no way more than in ‘the touch divine of noble natures gone’.”

William Osler was widely praised following his death in Oxford, a fact born by the many reverential obituaries and reminiscences published shortly afterwards. But instead of dwindling in the anticlimactic period following his passing, such praises continued to grow with considerable fervour over the proceeding decades. The early arena of Osler’s afterlife was thus dominated by personal commemorations, although more communal efforts to establish Osler’s pre-eminence as a clinician to be admired would soon follow in the form of a number of Oslerian clubs and societies, some of which are still running today – The Osler Club of London (1928), The American Osler Society (1971), The Japan Osler Society (1983), and to be established in the centenary year: The William Osler Society of Australia and New Zealand (2019). Through numerous biographies, commemorative editorials, specialised memorials, Oslerian relics, essays, and eponyms, the twentieth century would consolidate William Osler’s legacy in medicine as a veritable force to be reckoned.

Well into the twenty-first century, the name of Sir William Osler continues to shine persistently, if but a faint glimmer of the glory of yesteryear. No longer immune to the attacks of faultfinders, he has attracted some criticism by revisionist writers, one recent critic even seeking to portray him as ‘an emperor unclothed’. And yet the allure of Oslerianism is ever young. Few practitioners have enjoyed so lively a posthumous reputation as he has, and it is unlikely that his type of influence will ever be felt again. Could Osler himself have seen the impulse of his after-life in all its manifestations – the fellowship of the Osler societies, the incantations of his acolytes, or indeed, the ‘silent influence’ of his own character – he might have sung with Horace of old:

I have erected a monument more lasting than bronze,
higher than the Pyramids’ regal structures,
that no consuming rain, nor wild north wind
can destroy. Nor the endless
line of years, or the flight of time.

(Horace, Odes III: XXX, lines 1-5, 23 BC)

Learning objectives:

1. Summarize William Osler’s afterlife over the past one hundred years, noting widespread efforts to maintain his legacy.
2. Discuss William Osler’s posthumous legacy, with special reference to his influence on individual practitioners in pursuit of Oslerian ideals
3. Consider the interplay of diverging historical, political, and philosophical perspectives in forecasting Osler’s ongoing legacy into the 21st century.

Cushing's Plea for Knowledge Over Knife in the Evolution of an Approach to Neural Tube Defects

Yasmin R. Tuchaai

Yasmin Tuchaai is an M.D. candidate at the University of Texas Medical Branch who moved to Texas from her hometown of Perth, Western Australia. She is inspired by the legacy William Osler has left in patient care, and is the current Director of her Osler Student Society.

Throughout history, scientists have been fascinated by children born with neural tube defects (NTD). In fact, some cultures did not refer to them as children at all, but instead as “frog-headed gods” and “snakes”. Little was known about the etiology of NTDs. Soranus of Ephesus in the second century AD proposed that women bearing these children were “seeing monkeys during intercourse, and thus have borne children resembling monkeys”. These children often died soon after birth by execution, sepsis or rupturing of their exposed meningeal membranes. It was not until the late 19th century that the surgical repair of spinal dysraphisms were first attempted.

Harvey Cushing, often referred to as the “father of modern neurosurgery,” and an “Osler mentee” also took an interest in children born with NTDs. He practiced humane medicine by approaching his patients who were ostracized from the rest of society, and deemed too risky for a surgeon to treat. While practicing at John Hopkins Hospital from 1896 to 1912, Cushing pioneered both the thought process and advancement of surgical options for children born with spinal dysraphisms. Since Cushing's focus was not primarily on congenital neurological disorders, there are only ten documented NTD patients who presented to Dr. Cushing for surgical intervention. Cushing took precise, exhaustive notes about each procedure entailing his dissection of the meningeal membranes, excision of meningocele sac, methods of closure, and the novel intraoperative use of Faradic stimulation of the spinal cord. His meticulously documented novel four-layer “multilayered” closing method was so successful at minimizing tension and CSF leakage from the dura that it is still used today in pediatric neurosurgery cases. Of Dr. Cushing's ten neonate patients, there were six inpatient deaths, and an additional outpatient death, leaving two patients who followed up “well” and one patient who remained in an unimproved state. These outcomes are by all standards, poor to say the least, and this was recognized by Cushing who was frustrated and defeated when he told his colleagues, “There has been a high mortality in these operations, and though death cannot be lamented, the surgeon is not a barbarian to execute the helpless.” Feeling like an executionist of children, Dr. Cushing did not perform any further surgeries on patients with documented NTDs. His remarks can be interpreted as a plea that scientists bring further knowledge to the NTD population.

Further advances in the reduction of sepsis, and management of concomitant hydrocephalus, as well as surgeons' adaptations of Cushing's novel interventions utilized in spinal dysraphism surgery, saw a large improvement in the mortality rate of NTD patients undergoing surgery. This was so marked of an improvement that the British Government became concerned with the increasing number of “the chronic handicapped, who drain the community's purse”. This prompted research into the prevention of NTD births by Smithells et al in 1977 which revealed the relationship between NTDs and folic acid deficiency. Today this public health discovery has manifested as mandated folic acid fortification in every commercially available grain food in many countries, including Canada and the United States, which has seen the number of children born with NTDs fall considerably to 1 in 1000.

Learning objectives:

1. Discuss Dr. Harvey Cushing's contributions to the care of patients with NTDs, and how this impacted future generations of these patients.
2. Contrast how NTD patients were viewed by society before and after the 20th century.
3. Examine the timeline of the discovery of folic acid and its link to NTDs from 1930-1996.

Maude Abbott, Florence Nightingale, and the History of Nursing in Quebec

Olivia Vincelli and Rick Fraser

Olivia Vincelli received an MA in Physical and Museum Anthropology from New York University. She currently teaches and works part time at the Maude Abbott Medical Museum. She hopes to continue her studies in bone trauma for forensic anthropology analyses.

Although best known for her work in medical museums and congenital heart disease, Maude Abbott had several other academic interests, including medical history. Following the invitation of Harvey Cushing in 1915, she gave a presentation on Florence Nightingale to the Harvard Historical Club.

Her talk was published the following year in the *Boston Medical & Surgical Journal* and became the basis for a book titled *Florence Nightingale as Seen in her Portraits*. Abbott donated all royalty proceeds from the latter to the Canadian Red Cross. In the book, she recounts Nightingale's life and her reforms to nursing practice, both during and after the Crimean War. Based in part on this work, Abbott was invited to give the valedictory address to the graduating nurses at the Royal Victoria Hospital in Montreal in 1916 as well as a course on the history of nursing to the first year McGill nursing class in the winter term of 1916-1917. The course included approximately 200 lantern slides accompanied by a series of explanatory notes. These were reproduced and made available for purchase by nursing programs throughout North America. Abbott's course at McGill continued for many years and was given "by proxy" at many other institutions.

Abbott believed that to be successful in any vocation, one needed first to understand its history. In addition to facilitating this, her teaching and her writing on Nightingale was intended to illustrate the difficulties encountered by women in the medical field in the late 1800s and early 1900s. In this respect, there are interesting parallels between Nightingale and Abbott. Nightingale faced struggles not just in her endeavor for change in the practice of nursing but in gaining acceptance from her family as she renounced the luxuries to which she had been accustomed. Similarly, Abbott had to overcome both personal and professional circumstances to legitimize herself in the medical field. Some of these concepts are intimated in the quote by Nightingale in Abbott's 1916 book: "I would earnestly ask my sisters to keep clear of both the jargons now current everywhere [...] of the jargon, namely, about the 'rights' of women, which urges women to do all that men do, merely because men do it, and without regard to whether this is the best that women can do; and of the jargon which urges women to do nothing that men do, merely because they are women. Surely woman should bring the best she has, whatever that is, to the work of God's world, without attending to either of these cries."

Learning objectives:

1. Explore the relationship between Maude Abbott and Florence Nightingale
2. Examine Maude Abbott's writing and teaching of the history of nursing
3. Consider the difficulties faced by women in the medical field in the 1800s and early 1900s

The Serendipitous Discovery of the L. E. Cell

Sara E. Walker

Sara E. Walker MD, MACP, MACR is Professor of Medicine Emerita, University of Missouri, Columbia. Dr. Walker was President of the American College of Physicians 2002-2003 and received the Stengel Award for outstanding service to the College in 2009. She is presently a Candidate for Master of Arts in Art History at New Mexico State University.

Sir William Osler described 29 patients with disparate clinical syndromes, among whom at least two are believed to have had systemic lupus erythematosus (SLE). Osler did not diagnose lupus in these individuals, but he might have better defined their illnesses if he had access to a laboratory indicator. This presentation describes the discovery of the LE cell, the first specific test to confirm the diagnosis of SLE.

The LE cell phenomenon was first observed by Malcolm M. Hargraves MD (1903-1981), a clinical hematologist at the Mayo Clinic in Rochester, Minnesota. On April 20, 1943, Hargraves examined bone marrow aspirated from a 9-year-old girl suspected of having multiple myeloma. He saw intracellular and extracellular “rather structureless globular bodies taking purple stain (artifact?).” The diagnostic importance of these “bodies” would not be recognized for five years.

In 1927, M. I. Arinkin had introduced bone marrow aspiration by sternal puncture at the Military Medical Clinic in Leningrad. Hargraves decided to adopt Arinkin’s procedure, to replace methods at use at the time: trephination of a long bone, or collection from the sternum with a long spinal needle at risk of cardiac perforation. In 1945, Hargraves learned the new technique from the eminent hematologist, Emil Schleicher, at the Minneapolis General Hospital. Upon return to Rochester, he “advertised” and sought to perform as many aspirates as possible.

In October 1945, marrow from a child aged 9 years was reviewed to exclude leukemia and then tossed into a cardboard box under the laboratory refrigerator, “waiting to be examined.” Later, this sample was found to contain LE cells. Four months afterward, Hargraves finally associated LE cells with lupus when he obtained marrow positive for LE cells from a boy believed to have SLE. Bone marrow from a subsequent lupus case contained “hyaline bodies,” and a sample from a second lupus patient displayed multiple neutrophils containing purple homogeneous material.

Hargraves reported his findings in 1948. When others could not find LE cells in direct smears, it was realized that the Mayo Clinic layout accounted for the phenomenon. Bone marrow was aspirated and heparinized in an outlying hospital, then incubated while carried to the laboratory in the doctor’s shirt pocket. In subsequent testing, incubation *in vitro* was required for the formation of diagnostic cells, and the test was positive when normal blood or marrow was incubated with plasma from a patient with active SLE. The discovery of the LE cell was serendipitous, but enormously important. SLE could finally be diagnosed with some certainty and treated with corticosteroids, a therapy fortuitously described at Mayo in 1950.

Learning objectives:

1. Discuss the advantage of Hargrave’s new method of aspirating bone marrow.
2. Describe a typical LE cell.
3. Explain why LE cells are expected to be found *in vitro* but not *in vivo*.

William Osler and Dr. Johnson's Club

John W K Ward

John Ward, a retired family doctor, is a past president of both the Osler Club of London and the British Society for the History of Medicine. A fellow of both the Royal College of Physicians of Edinburgh and the Royal College of General Practitioners, he has lectured widely in Britain, France and North America on medical history, family medicine and Johnsonian topics. He was chairman of the local organising committee for the 2014 Oxford meeting.

In 1919 William Osler received two letters, dated March 5th from Hubert Burge, Bishop of Southwark informing him of his election to “The Club”, which Cushing later called “the most famous of the dining clubs in the world” and whose members Bliss describes as “the cream of the cream.”

“The Club”, variously known as the Literary Club and Dr Johnson's Club, was founded by Dr Johnson and Sir Joshua Reynolds in 1764 with nine members, and met in The Turk's Head, Gerard St. Soho. Over the centuries it attracted eminent noble, political, church, literary and scholarly figures while changing its venues and membership numbers. The rise of professional society in the nineteenth century led to the election of more representatives from the intellectual middle class. The Club's motto was *Esto perpetua*.

Osler replied to the bishop enthusiastically saying he had not heard of his proposal and would attend the next dinner on March 18th. He knew he had missed election by one vote in 1918 and told Mabel Brewster that he had not known he was up for election again but supposed that “as Roseberry (Archibald Primrose, 5th Earl of Roseberry and Prime Minister from 1894-5) proposed me I went through.” He wrote “There have only been six doctors in the club since its foundation – Paget the last – Goldsmith, Nugent and Fordyce the early ones – Banks, Vaughan and Holland the others.” Here he was uncharacteristically wrong. Sir Joseph Banks was not medically qualified and my researches identify eleven others with medical or surgical training, including six with major careers. These six are Sir Charles Blagden (1748-1820), Richard Warren (1731-97), Sir William Flower (1831-99), Thomas Young (1773-1829), Sir Richard Owen (1840-92) and Sir Prescott Hewett (1812-91). The other five had medical or surgical training but made their reputations in other fields.

Osler much enjoyed his first meeting of “The Club” at Princes Hotel, Jermyn St, London on April 1st. He described the meeting and commented on Rudyard Kipling's conversation on the back of the menu card. It is not known if he attended further meetings in his final year.

Learning objectives:

1. Outline the set-up and composition of “The Club”.
2. Discuss the possible reasons for Osler's mistaken tally of doctors in “The Club”.
3. Evaluate Osler's ability to be a worthy and useful Club member.

Henry Ware Cattell, Walt Whitman, William Osler, and their Brains

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. For the past year, he was Scholar-in-Residence at The Ohio State University Medical Heritage Center.

Henry Ware Cattell (1862-1936) was a prominent pathologist and medical editor in late 19th and early 20th century America. Strangely, his name is unknown to most medical historians but is more widely known by aficionados of Walt Whitman's poetry. In 1892, Cattell was involved in an incident that abruptly changed his life and decreased his commitment to pathology as a career. Cattell had been serving as the pathologist/prosector for the American Anthropometric Society (AAS) at the time Walt Whitman died. Cattell, the pathologist for the University of Pennsylvania's Wistar Institute of Anatomy and Biology, performed Whitman's autopsy on March 27, 1892; Whitman's brain was removed and was to join those of other prominent American intellectuals who had donated their brains to the Society's "Brain Club," which was based at the Wistar Institute. Unfortunately, something went horribly wrong and Cattell kept this a secret (allegedly, he told a few close colleagues at the time that an assistant had dropped Whitman's brain and destroyed it, but, as will be demonstrated, this is not actually true). Full of self-doubt, Cattell was extremely worried about how all of this would affect his career when discovered. While still continuing to practice hospital-based pathology, he began to transition into an author and editor. This presentation will provide a detailed biographical sketch of Henry Ware Cattell (pieced together from archival sources), address his sibling rivalry with his more famous brother James McKean Cattell, briefly discuss the fad of 19th century intellectuals embracing the pseudo-science of phrenology and their participation in anatomical "brain clubs," and then address the mystery of what really happened to Walt Whitman's brain. I will also discuss how the original story of the destruction of Whitman's brain likely played a role in the 1931 movie *Frankenstein* (NB, Mary Shelley's 1818 novel does not include a hunchback assistant dropping a jar labelled "normal brain").

Cattell prized his long relationship with William Osler; he was a medical student at the University of Pennsylvania when Osler was Clinical Professor of Medicine. Cattell published multiple papers written by Osler in journals he edited. He also wrote and published several papers about Osler, including "Osler, the Medical Editor," in Maude Abbott's *Sir William Osler Memorial Number*. Cattell reportedly had been working in the Surgeon General's Office in Washington, D.C. writing a book about Osler just before his death, but this book was never completed and the notes/draft have since been lost.

William Osler gave his famous "Leaven of Science" speech at the Wistar Institute in May 1894; sources are inconsistent as to whether he joined the AAS's "Brain Club" then or in 1889, but, either way, drinking at William Pepper's house with former University of Pennsylvania colleagues who were already AAS members (i.e., future donors) was involved in Osler's decision-making process. Regardless, Osler had long been a skeptic that brain surface topography predicted behavior or intelligence, but, at Pepper's party, agreed to donate his brain for future study none-the-less. At least a quarter of a century passed, but Osler did not forget his promise. Shortly before he died in 1919, Osler made arrangements to have an autopsy performed in his home and then to have his brain fixed and shipped to the Wistar Institute. I will also briefly review Osler's brain's "afterlife" and its extensive post-mortem travels. Finally, I will describe how the stories of Henry Ware Cattell, Osler's brain, and Whitman's brain converge on EBay.

Learning objectives:

1. Describe the career of Henry Ware Cattell.
2. Discuss the American Anthropometric Society and its "brain club."
3. Describe what happened to Walt Whitman's brain and how its fate and William Osler's brain are linked.

Fire and the Resilience of the Osler Library

Mary K.K. Hague-Yearl

Mary Yearl is the Head Librarian at the Osler Library of the History of Medicine and an Associate Member of McGill's Department of Social Studies of Medicine. She wrote her doctoral thesis (Yale, 2005) on the medical and spiritual functions of regular bloodletting in medieval monastic life. Her M.Phil dissertation (Cambridge, 1995) examined concerns about the place of morality in scientific medicine in Britain during WWI and the early interwar period.

On the night of 13 July 2018, a fire broke out on the terrace of the McIntyre Medical Building. Locally dubbed the “McInfire”, it had an immediate and catastrophic impact. Researchers were cut off from their labs and there were major concerns about the integrity of experiments. Arguably the most enduring disruption has been and will remain that to the Osler Library of the History of Medicine; the fire threw its operations into what will be a prolonged limbo.

Summer 2018 was not the first time that Osler's library was threatened by fire. In 1904, a little over a year before William Osler and his family embarked on their journey for a new life in Oxford, the Great Baltimore Fire came so close to the Oslers' Franklin Street home that they were preparing to evacuate when the winds shifted and the danger abated. In November 1915, a fire in the dining room of the Oslers' Oxford home again threatened the library. Osler and Revere, who was home on leave, moved the most valuable works out of harm's way, though two manuscripts on a table above the dining room were damaged. 103 years later, the McIntyre fire destroyed the library's roof, but again the Osler Library enjoyed good fortune, as there was no internal fire damage.

There are many reasons to ponder the recent fire and its impact upon the Osler Library. On one hand, it may be useful to provide some perspective on the preservation needs of the Osler collection as we look to the future. 2019 was always going to be a year of reflection for those of us at the Library, but the fire means that this reflection has taken a new turn. Not only do we think about what the library means, has meant, and will mean to generations of those touched by it, but we must also articulate our vision for the decades ahead. Out of a crisis comes an opportunity to examine ways in which the space and collections of the Osler Library continue to serve as an inspiration to people around the globe, while exploring how redesigned public spaces might facilitate closer ties with the educational mission of the Medical Faculty.

Learning objectives:

1. To assess the preservation needs of a special collections library that is also a heritage site.
2. To articulate the challenges faced by a library of significant historical and cultural value, when coordinating an emergency response to a disaster situation.
3. To weigh the importance of adhering to the vision of a bequest while ensuring the long-term preservation of items of medical historical importance.

Presidents of the American Osler Society

* Deceased

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

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*
	Secretary-Treasurer	
1976 - 1985	Charles C. Roland*	
1986 - 1989	Jack D. Key*	
1990 - 2000	Lawrence D. Longo*	
2001 - 2009	Charles S. Bryan	
	Treasurer	Secretary
2009 - 2012	R. Dennis Bastron	Paul S. Mueller
2012 - 2014	R. Dennis Bastron	
2012 - 2017		Christopher J. Boes
2014 - 2019	C. Joan Richardson	
2017 - 2020		Douglas J. Lanska

The John P. McGovern Lectureship

1986	Albert Rupert Jonsen	2003	Sir Richard Doll
1987	Edward Janavel Huth	2004	William F. Bynum
1988	Joanne Trautmann Banks	2005	Karen Hein
1989	John Nicholas Walton	2006	Joseph Jack Fins
1990	E. A. Vastyan	2007	Abraham Verghese
1991	Daniel Michael Fox	2008	Charles E. Rosenberg
1992	William C. Beck	2009	Patrick A. McKee
1993	Anne Hudson Jones	2010	Nuala P. Kenny
1994	David Hamilton	2011	Rosemary A. Stevens
1995	Sherwin B. Nuland	2012	C. David Naylor
1996	David J. Rothman	2013	Bert Hansen
1997	Roger James Bulger	2014	Sir Donald Irvine
1998	Paul Potter	2015	Rolando Del Maestro
1999	John David Stobo	2016	Mark G. Dimunation
2000	Gert Henry Brieger	2017	Carlos del Rio
2001	Kenneth M. Ludmerer	2018	K. Patrick Ober
2002	James K. Cassidy	2019	Marie Wilson

Recipients of the Lifetime Achievement Award

2005	Earl F. Nation	2012	Jeremiah A. Barondess
2006	Charles G. Roland	2013	John C. Carson
2007	Lawrence D. Longo	2014	T. Jock Murray
2008	Richard L. Golden	2015	Marvin J. Stone
2009	W. Bruce Fye	2016	Kenneth M. Ludmerer
2010	Charles S. Bryan	2017	Richard J. Kahn
2011	Michael Bliss	2018	Pamela J. Miller

Living Members of the American Osler Society

Charter Members

* Emeritus

FRED B. ROGERS*
Trenton, New Jersey

Honorary Members

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Pittsburgh, Pennsylvania

ERIC J. CASSELL
Minisink Hills, Pennsylvania

GERT H. BRIEGER
Baltimore, Maryland

JOHN D. STOBO
San Rafael, California

Living Members of the American Osler Society

Elected Members

* Emeritus

NITIN K. AHUJA (2011) Baltimore, Maryland	LEONARD H. CALABRESE (2008) Cleveland Heights, Ohio	NICHOLAS DEWEY* (1981) Santa Barbara, California
JACK B. ALPERIN (2004) Galveston, Texas	DEE J. CANALE* (1985) Memphis, Tennessee	CHRISTOPHER F. DIBBLE (2011) Carrboro, North Carolina
CHARLES T. AMBROSE* (1998) Lexington, Kentucky	RICHARD M. CAPLAN* (1988) Iowa City, Iowa	LAUREL E. DREVLOW (2006) Minneapolis, Minnesota
JAMES E. BAILEY (2011) Memphis, Tennessee	ANGELA CASTELLANOS (2015) Philadelphia, Pennsylvania	JACALYN M. DUFFIN (1998) Kingston, Ontario, Canada
JAMES O. BALLARD (2006) Hummelstown, Pennsylvania	MICHAEL W. CATER (2001) Santa Ana, California	GEORGE C. EBERS* (1985) Bayfield, Ontario, Canada
JAMIE S. BARKIN (2015) Bay Harbor, Florida	DONALD CATINO* (1984) New London, New Hampshire	MATTHEW L. EDWARDS (2015) Dallas, Texas
JEREMIAH A. BARONDESS* (1975) New York, New York	WALTER R. CHITWOOD, JR.* (1989) Greenville, North Carolina	RICHARD EIMAS* (1986) Reston, Virginia
R. DENNIS BASTRON* (2003) Tucson, Arizona	CLIFTON R. CLEVELAND* (1999) Signal Mountain, Tennessee	ARNOLD EINHORN* (2002) Chevy Chase, Maryland
GEORGE S. BAUSE (2010) Cleveland, Ohio	MARGARET COCKS (2012) Baltimore, Maryland	MICHAEL EMMETT (2003) Dallas, Texas
STEVEN L. BERK (1988) Lubbock, Texas	RICHARD COLGAN (2015) Annapolis, Maryland	LYNN C. EPSTEIN* (1999) Bristol, Rhode Island
PAUL E. BERMAN* (2002) Amherst, Massachusetts	BARRY COOPER (2000) Dallas, Texas	JONATHON ERLÉN (2002) Pittsburgh, Pennsylvania
FAUSTINO BERNADETT (2012) Long Beach, California	DAVID K. C. COOPER (2006) Birmingham, Alabama	LEE ESCHENROEDER (2017) Charlottesville, Virginia
KERSTIN BETTERMANN (2010) Hershey, Pennsylvania	JACK COULEHAN (2018) Coram, New York	WILLIAM N. EVANS (2010) Las Vegas, Nevada
DARRYL BINDSCHADLER (2007) Cheyenne, Wyoming	CHRISTOPHER CRENNER (2005) Kansas City, Missouri	ANDREW Z. FENVES (2005) Boston, Massachusetts
JOHN S.G. BLAIR* (2003) Perth, Scotland	BURKE A. CUNHA (2002) Garden City, New York	GARY B. FERNGREN* (1996) Corvallis, Oregon
CHRISTOPHER J. BOES (2010) Rochester, Minnesota	MARTIN L. DALTON, JR.* (2000) Macon, Georgia	JOSEPH J. FINS (2009) New York, New York
COLTEN D. BRACKEN (2015) Enterprise, Utah	PETER E. DANS* (2002) Cockeysville, Maryland	EUGENE S. FLAMM* (1998) Bronx, New York
MICHAEL BRENER (2011) Baltimore, Maryland	SAKTI DAS (1998) Lafayette, California	MICHAEL A. FLANNERY (2017) Maylene, Alabama
TIFFANY BROCKE (2018) Baltimore, Maryland	ANAND P. DATE* (2002) Middlesex, United Kingdom	MARIA G. FRANK (2015) Denver, Colorado
CHARLES S. BRYAN (1994) Columbia, South Carolina	ROLANDO DEL MAESTRO (2016) Tiverton, Ontario, Canada	THOMAS W. FRANK (2010) Havre de Grace, Maryland
JOHN D. BULLOCK* (2008) Longboat Key, Florida	ALLAN J. DENNIS, JR.* (2005) Augusta, Georgia	RICHARD S. FRASER (2012) Montreal, Quebec, Canada

Living Members of the American Osler Society

Elected Members (continued)

* Emeritus

HERBERT L. FRED* (1984) Houston, Texas	RYAN T. HURT (2015) Rochester, Minnesota	KATHERINE LATIMER (2011) Bethesda, Maryland
J. GORDON FRIERSON (2009) Palo Alto, California	K. GARTH HUSTON, JR. (1992) Leucadia, California	JOSEPH W. LELLA* (1998) Stratford, Ontario, Canada
ABRAHAM FUKS (1999) Montreal, Quebec, Canada	EDWARD J. HUTH* (1988) Bryn Mawr, Pennsylvania	ROBERT I. LEVY* (2007) Baltimore, Maryland
J. MICHAEL FULLER (2009) Greenville, South Carolina	ALEXANDRA ISTL (2014) London, Ontario, Canada	KENNETH M. LUDMERER (1983) St. Louis, Missouri
CONRAD C. FULKERSON (2001) Timberlake, North Carolina	WILLIAM H. JARRETT, II (1998) Atlanta, Georgia	CARL E. LUNDSTROM (2011) Rochester, Minnesota
W. BRUCE FYE (1978) Rochester, Minnesota	NEIL JENKINS (2008) Nashport, Ohio	C. RONALD MACKENZIE (2014) New York, New York
EUGENE T. GINCHEREAU (2015) Pittsburgh, Pennsylvania	DAVID S. JONES (2016) Cambridge, Massachusetts	CHRISTOPHER MAGOON (2018) Philadelphia, Pennsylvania
CHRISTOPHER G. GOETZ (2000) River Forest, Illinois	H. MICHAEL JONES (2006) Chapel Hill, North Carolina	MICHAEL H. MALLOY (2014) Galveston, Texas
JOHN T. GOLDEN (1999) Grosse Pointe Woods, Michigan	ROBERT J. T. JOY* (1981) Bethesda, Maryland	ERIC L. MATTESON (2011) Rochester, Minnesota
JAMES T. GOODRICH (1982) Grandview, New York	RICHARD J. KAHN (1981) Tenants Harbor, Maine	CHRYSSA N. K. McALISTER (2009) Kitchener, Ontario, Canada
RAGHAV GOVINDARAJAN (2017) Columbia, Missouri	ANAND B. KARNAD (1998) San Antonio, Texas	VIVIAN C. McALISTER (2010) London, Ontario, Canada
STEPHEN B. GREENBERG (1997) Houston, Texas	JOHN A. KASTOR* (2004) Baltimore, Maryland	PAUL R. McHUGH* (1990) Baltimore, Maryland
DAVID R. HABURCHAK (2002) Augusta, Georgia	J. SUSAN KELEN (2018) Ottawa, Ontario, Canada	NEIL McINTYRE* (1995) Woodford Green, Essex, England
SIMON HANFT (2006) Jersey City, New Jersey	ELTON R. KERR (1989) Richland, Washington	LAURA McLAFFERTY (2011) Marlton, New Jersey
JOHN M. HARRIS, JR. (2015) Tucson, Arizona	PAUL D. KLIGFIELD (1980) New York, New York	WILLIAM O. McMILLAN, JR. (1995) Wilmington, North Carolina
H. ALEXANDER HEGGTVEIT* (1982) Hamilton, Ontario, Canada	S. ALISON KRAEMER (2017) Baltimore, Maryland	ROBERT G. MENNEL (1999) Dallas, Texas
BRUCE A. HOEKSTRA (2018) Thomaston, Maine	DENNIS M. KRATZ (2013) Richardson, Texas	M. ALAN MENTER* (2004) Dallas, Texas
ERNEST B. HOOK (2014) San Rafael, California	ROBERT A. KYLE (2007) Rochester, Minnesota	PAMELA J. MILLER (2003) Westmount, Quebec, Canada
PERRY HOOKMAN (1999) Potomac, Maryland	SUSAN D. LAMB (2015) Brossard, Quebec, Canada	J. MARIO MOLINA (2008) South Pasadena, California
JOEL D. HOWELL (1987) Ann Arbor, Michigan	DOUGLAS J. LANSKA (2014) Tomah, Wisconsin	MICHAEL E. MORAN (2004) Whiteville, North Carolina
KRISTIN M. HUNTOON (2013) Columbus, Ohio	S. ROBERT LATHAN* (2002) Atlanta, Georgia	DANIEL D. MORGAN (2000) Davis, California

Living Members of the American Osler Society

Elected Members (continued)

* Emeritus

SANDRA W. MOSS (2002) Metuchen, New Jersey	ROBERT E. RAKEL* (1983) Iowa City, Iowa	THOMAS C. SODEMAN (2012) Toledo, Ohio
PAUL S. MUELLER (2003) Rochester, Minnesota	MICHAEL A. E. RAMSAY (2006) Dallas, Texas	WILLIAM A. SODEMAN, JR.* (1998) Toledo, Ohio
T. JOCK MURRAY* (1992) Halifax, Nova Scotia, Canada	NA'AMAH RAZON (2016) Oakland, California	LORELEI E. STEIN (2015) Pittsburgh, Pennsylvania
ANDREW T. NADELL (1986) Burlingame, California	P. PRESTON REYNOLDS (1998) Charlottesville, Virginia	MARVIN J. STONE (1990) Dallas, Texas
FRANCIS A. NEELON* (1992) Durham, North Carolina	ALICE RHOTON-VLASAK Gainesville, Florida	ROB H. STONE (2008) West Hills, California
ROBERT R. NESBIT, JR. (2003) Augusta, Georgia	C. JOAN RICHARDSON (2008) Galveston, Texas	JOHN T. STROH (2012) Washington, District of Columbia
JOSHUA D. NIFORATOS (2018) Cleveland, Ohio	E. SAMUEL ROBERTO (2017) Dayton, Ohio	HERBERT M. SWICK (2000) Missoula, Montana
JOHN NOBLE* (1993) Boston, Massachusetts	CHARLES S. ROBERTS (2004) Charleston, South Carolina	BARBARA L. THOMPSON (2012) Galveston, Texas
ANNA C. O'KELLY (2017) Baltimore, Maryland	WILLIAM C. ROBERTS* (2000) Dallas, Texas	JOSHUA C. TOMPKINS (2013) Los Angeles, California
ROBERT K. OLDHAM (1982) Hurricane, West Virginia	LOREN A. ROLAK (1995) Marshfield, Wisconsin	NADEEM TOODAYAN (2016) Calamvale, Brisbane, Australia
MICHAEL F. O'ROURKE* (1996) Sydney, Australia	MILTON G. ROXANAS (2012) Wahroonga, New South Wales, Australia	JAMES F. TOOLE* (1976) Winston-Salem, North Carolina
BRUCE R. PARKER* (1995) San Francisco, California	HAROLD SANCHEZ (2017) Woodbridge, Connecticut	HENRY TRAVERS (2015) Sioux Falls, South Dakota
CLYDE PARTIN, JR. (1999) Atlanta, Georgia	GEORGE SARKA (2009) Laguna Hills, California	BRIT TROGEN (2018) New York, New York
SUTCHIN R. PATEL (2015) Lake Forest, Illinois	STEPHEN I. SCHABEL (2017) Charleston, South Carolina	MICHAEL TROTTER (2013) Greenville, Mississippi
STEVEN J. PEITZMAN (2002) Philadelphia, Pennsylvania	HENRY S. SCHUTTA (2016) River Forest, Illinois	JOHN T. TRUMAN* (2000) North Andover, Massachusetts
CLAUS A. PIERACH (1991) Minneapolis, Minnesota	AMIT SHARMA (2009) Highland Park, New Jersey	JOSEPH B. VANDERVEER, JR. (2003) Newtown Square, Pennsylvania
REBECCA PINNELAS (2016) Manalapan, New Jersey	CHRISTOPHER B. SHIELDS (1989) Louisville, Kentucky	HECTOR O. VENTURA (1999) Metairie, Louisiana
SCOTT H. PODOLSKY (2010) Boston, Massachusetts	BARRY D. SILVERMAN (1997) Atlanta, Georgia	JUDITH VICK (2016) Baltimore, Maryland
JENNIFER D. PORS (2016) Victoria, British Columbia, Canada	RUSSELL L. SILVERSTEIN (2005) Dallas, Texas	SARA E. WALKER (2012) Las Cruces, New Mexico
MABEL L. PURKERSON* (2003) St. Louis, Missouri	WILLIAM A. SMITH, JR. (2000) Fulton, Kentucky	JOHN W.K. WARD (2003) Abingdon, Oxfordshire, England
TONSE N. K. RAJU (1999) Gaithersburg, Maryland	THOMAS L. SNYDER (2017) Vallejo, California	MARGARET P. WARDLAW (2011) Austin, Texas

Living Members of the American Osler Society

Elected Members (continued)

* Emeritus

ALLEN B. WEISSE* (1997)
Springfield, New Jersey

JOHN B. WEST* (1995)
La Jolla, California

JAMES R. WRIGHT, JR. (2010)
Calgary, Alberta, Canada

MARC E. WEKSLER* (2004)
Tenafly, New Jersey

THORNE S. WINTER (2010)
Atlanta, Georgia

JAMES B. YOUNG (1992)
Chagrin Falls, Ohio

DENNIS K. WENTZ* (2003)
Bozeman, Montana

W. CURTIS WORTHINGTON* (1999)
Charleston, South Carolina

Deceased Members of the American Osler Society

Charter Members

PAUL DUDLEY WHITE
(1886-1973)

THOMAS F. KEYS
(1908-1995)

JOHN P. McGOVERN
(1921-2007)

THOMAS M. DURANT
(1905-1977)

H. GRANT TAYLOR
(1903-1995)

EARL F. NATION
(1910-2008)

WALTER C. ALVAREZ
(1884-1978)

CECILE DESBARATS
(1907-1998)

VICTOR A. McKUSICK
(1921-2008)

CHAUNCEY D. LEAKE
(1896-1978)

A. McGEHEE HARVEY
(1911-1998)

CHARLES G. ROLAND
(1933-2009)

EARLE P. SCARLETT
(1896-1982)

WILLARD E. GOODWIN
(1915-1998)

WILLIAM C. GIBSON
(1914-2009)

SAMUEL X. RADBILL
(1901-1987)

GEORGE T. HARRELL
(1908-1999)

MARTIN M. CUMMINGS
(1920-2011)

HOWARD L. HOLLEY
(1914-1988)

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

ILZA VEITH
(1912-2013)

WILLIAM B. BEAN
(1909-1989)

WILLIAM K. BEATTY
(1926-2002)

ALFRED R. HENDERSON
(1920-2019)

R. PALMER HOWARD
(1912-1990)

PALMER H. FUTCHER
(1910-2004)

RAYMOND D. PRUITT
(1912-1993)

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

Deceased Members of the American Osler Society

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WILBURT C. DAVISON
(1892-1972)

LLOYD G. STEVENSON
(1918-1988)

MARIAN FRANCIS KELEN
(1922-2014)

WILDER G. PENFIELD
(1891-1976)

HAROLD N. SEGALL
(1897-1990)

JOHN N. WALTON
(1922-2016)

EMILE F. HOLMAN
(1890-1977)

EDWARD H. BENSLEY
(1906-1995)

SHIGEAKI HINOHARA
(1911-2017)

GEORGE W. CORNER
(1899-1981)

H. ROCKE ROBERTSON
(1912-1998)

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

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

Deceased Members of the American Osler Society

Elected Members

ARTHUR D. KELLY
(1901-1976)

MAURICE A. SCHNITKER
(1905-1990)

JOHN W. SCOTT
(1915-1997)

MARSHALL N. FULTON
(1899-1977)

JAMES V. WARREN
(1959-1990)

IRVING A. BECK
(1911-1997)

EMILE F. HOLMAN
(1890-1977)

NICHOLAS E. DAVIES
(1926-1991)

THOMAS A. WARTHIN
(1909-1997)

I. N. DUBIN
(1913-1981)

PETER D. OLCH
(1930-1991)

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

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

JOHN Z. BOWERS
(1913-1993)

JAMES A. KNIGHT
(1918-1998)

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

WILLIAM B. SPAULDING
(1922-1993)

NORMAN SHAFTEL
(1914-1998)

GEORGE E. BURCH
(1910-1986)

LEWIS THOMAS
(1913-1993)

DANIEL B. STONE
(1925-1998)

K. GARTH HUSTON
(1926-1987)

RODERICK K. CALVERLEY
(1938-1995)

ROBERT Q. MARSTON
(1923-1999)

GORDON W. JONES
(1915-1987)

THOMAS E. KEYS
(1908-1995)

ALVIN E. RODIN
(1926-1999)

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

ELLEN BAKER WELLS
(1934-1995)

GARFIELD J. TOURNEY
(1927-1999)

FRANK BRADWAY ROGERS
(1914-1987)

DYKES CORDELL
(1944-1996)

R. CARMICHAEL TILGHAM
(1904-1999)

ROBERT J. MOES
(1905-1988)

LUTHER C. BECK
(1909-1996)

STANLEY W. JACKSON
(1920-2000)

S. GORDON ROSS
(1899-1990)

HASKELL F. NORMAN
(1915-1996)

SAUL JARCHO
(1906-2000)

Deceased Members of the American Osler Society

Elected Members

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)

J. MICHAEL BLISS
(1941-2017)

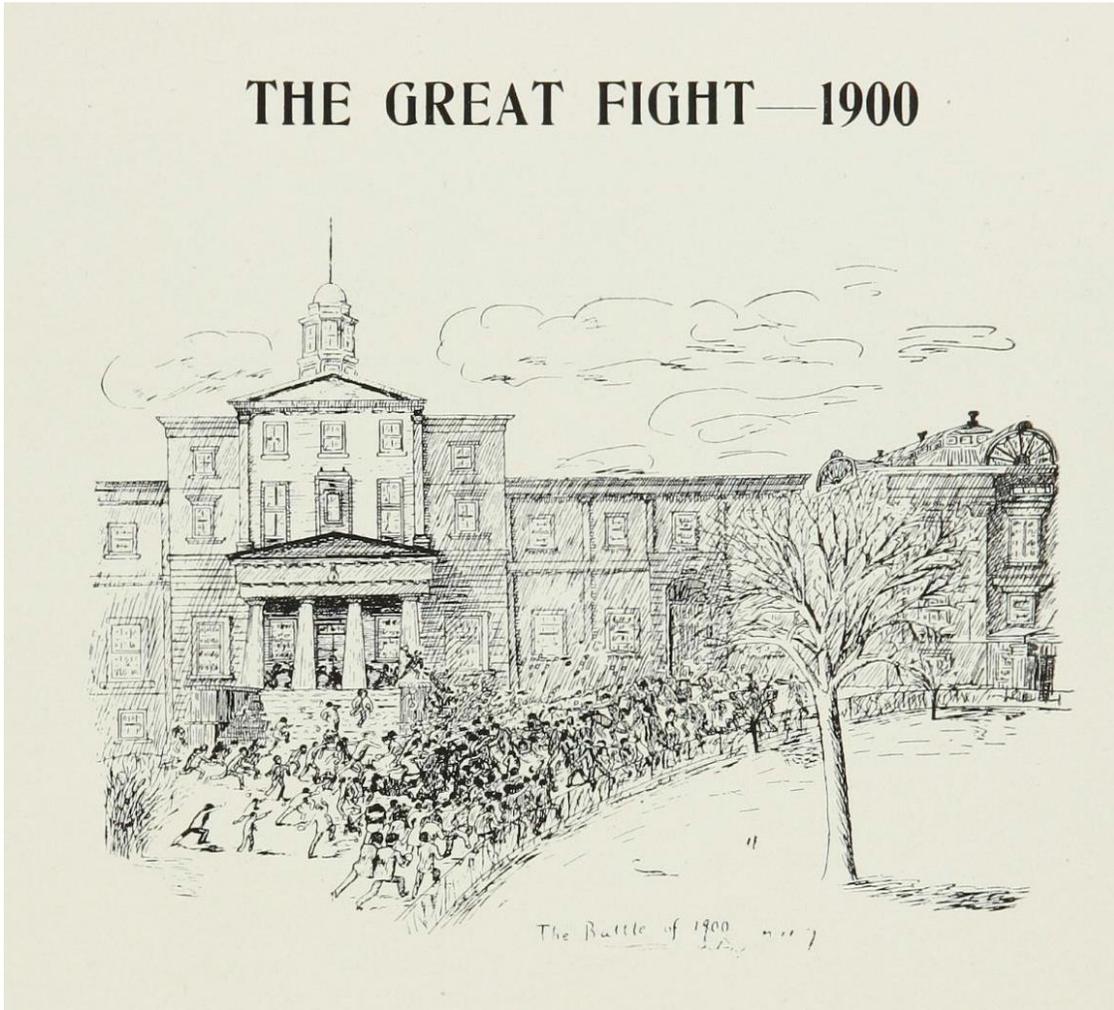
BRUCE J. INNES
(1934-2017)

DONALD H. IRVINE
(1935-2018)

BILLY ANDREWS
(1932-2019)

JOHN C. CARSON
(1927-2019)

THE GREAT FIGHT—1900



The Great Fight of is the name given to a snowball fight that took place on McGill's campus in 1900. This event created a tradition of sorts, and to this day McGill students continue to host snowball fights during the winter.

Arm! Arm! Ye mighty men of Arts, prepare to face the foe,
A troop of shrieking maniacs approaches from below,
Too well we know those flaming ties, those shaggy-crested heads;
Behold the terror of the town, a brawling tribe of Meds.

Hark to the howls of wounded men, the snowball's deadly hiss;
Was ever seen in Old McGill a fight as fine as this?
The noblest blood of Canada is sprinkled o'er the snows.
As like a stag 'mid barking dogs Arts battles with her foes.

For, fighting still like lions, but outnumbered three to one,
The dauntless band of heroes knew their utmost had been done,
When ringing through the battle was heard a mighty cry,
And to their kinsmen's rescue came the ranks of Fac. App. Sci.

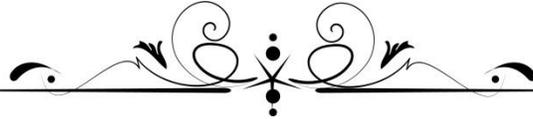
Well might the haughty medicos in sudden terror quake,
But honor to our noble foes, retreat they scorn to make.
Upon the reinforcements in baffled rage they glare.
Then dash upon our legions in the frenzy of despair.

But who is this in inky robes, ontrushing on the scene,
Who dauntless thrusts his sacred form the scowling ranks between
How soon from arms upraised in fight the guilty missiles fall,
Way for the guardian of McGill-our stalwart Principal.

Three cheers for noble Peterson, who showed us mercy's course;
Cheers for the men of Science, who joined our scanty force.
Cheers for the men of Medicine-if what we've heard is true,
Their snowballs jarred our building so, we'll have to have it new.



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| <ol style="list-style-type: none"> 1. OMNI HOTEL
1050 Sherbrooke St W 2. McCord Museum
690 Sherbrooke Street West 3. Maude Abbott Medical Museum
3640 University Street, Room 2/38E
Strathcona Anatomy and Dentistry Building | <ol style="list-style-type: none"> 4. Montreal Neurological Institute and Hospital
3801 University Street 5. McGill Rare Books and Special Collections
McLennan Library Building, 4th floor - 3459 McTavish St. 6. McIntyre Medical Sciences Building
3655 Promenade Sir William Osler 7. McGill Faculty Club and Conference Centre
3450 McTavish Street |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



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.

