

*Virtual*  
*51<sup>st</sup> Annual Meeting of the*  
**AMERICAN OSLER SOCIETY**

Sunday, April 11<sup>th</sup> – Wednesday, April 14<sup>th</sup>, 2021



## ***Course Objectives***

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

- Incorporate into practice a critical perspective on contemporary diseases by learning how physicians diagnosed/treated diseases in the past.
- Avoid historical errors in ethical considerations in order to provide humane/ethical treatment in the present.

## ***Intended Audience***

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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***

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

## ***Disclosure Information***

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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.

# **Appreciative Acknowledgements**

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## Program Schedule

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**Sunday, April 11, 2021**

*ALL TIMES ARE EASTERN*

3:00 – 3:10 pm	WELCOME & ANNOUNCEMENTS Michael Jones, American Osler Society President
	<b>SESSION I: Why an American Osler Society?</b> <b>Moderator: J. Mario Molina</b>
3:10 – 3:30 pm	‘An Immortal Inspiration’: The Obituaries of Sir William Osler (1849-1919) Nadeem Toodayan & Eric L. Matteson
3:30 – 3:50 pm	Chester R. Burns and the Origins of the American Osler Society Michael H. Malloy
3:50 – 4:10 pm	The American Osler Society at Fifty: Preserving Its Past and Its Future Herbert Swick & Mary Hague-Yearl
4:10 – 5:10 pm	THE JOHN P. MCGOVERN AWARD LECTURESHIP The Coddling of the American Mind: Implications for Mental Health, and for the Medical Profession Jonathan Haidt
5:10 – 5:30 pm	BREAK
	<b>SESSION II: Bean Award Student Presentations</b> <b>Moderator: Christopher J. Boes</b>
5:30 – 5:50 pm	Questions of Psychiatric Nosology: Using <i>The Sound and the Fury</i> to Compare Literary Psychoanalysis, the DSM-II and the DSM-5 Liam Butchart
5:50 – 6:10 pm	The Impact of a Novel Life Drawing Course on Medical Student Clinical Observational Skill and Functional Anatomic Knowledge Elizabeth B. Card
6:10 – 6:30 pm	Impressions from the Frontier: Norman Bethune in the Eyes of His Chinese Comrades Brendan Ross
6:30 – 6:50 pm	A History of USAID’s PIEGO program at Washington University Medical Center Raoul R. Wadhwa & Marvin R. Natowicz
6:50-7:00 pm	Lifetime Achievement Award Recognition
7:00 pm	ADJOURN

## **Program Schedule**

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**Monday, April 12, 2021**

*ALL TIMES ARE EASTERN*

2:55 – 3:00 pm	ANNOUNCEMENTS
	<b>SESSION III: Words, Sentences, Books, and Libraries</b> <b>Moderator: Joseph B. VanderVeer</b>
3:00 – 3:20 pm	Being Baffled By Buffy Blood Richard J. Kahn
3:20 – 3:40 pm	Leonardo da Vinci's Codex Trivulzianus: A Blackboard of Intellectual Exploration Rolando Del Maestro
3:40 – 4:00 pm	Alter Egos, Sir William Osler and His Nom de Plume George Sarka
4:00 – 4:10 pm	BREAK
	<b>SESSION IV: Medical Biography</b> <b>Moderator: James E. Bailey</b>
4:10 – 4:30 pm	From Shame to Fame: The Improbable Career of a Great Anatomist-Surgeon, David Hayes Agnew James R. Wright, Jr.
4:30 – 4:50 pm	Dr. Samuel Weissel Gross (1837-1889) and Osler's Philadelphia Story Jan M. Goplerud
4:50 – 5:00 pm	BREAK
5:00 – 6:00 pm	PRESIDENTIAL ADDRESS Up Close: A New Perspective H. Michael Jones
6:00 pm	ADJOURN

## **Program Schedule**

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**Tuesday, April 13, 2021**

*ALL TIMES ARE EASTERN*

2:55 – 3:00 pm	ANNOUNCEMENTS
	<b>SESSION V: Medical Practice I</b> <b>Moderator: Barbara L. Thompson</b>
3:00 – 3:20 pm	Evolution of Out-of-Hospital Emergency Cardiac Care: Heart Attack Therapy for a Retired President Helped Modernize American Emergency Medical Services Nathaniel P. Rogers, Jr. & Richard S. Crampton
3:20 – 3:40 pm	Dr. Strange Glove: Or How I Learned to Stop Worrying and Love the Mask Anna S. Fields
3:40 – 4:00 pm	History of the Physical Exam and its Role in Caring Conscientiously Jessica G. Stauber
4:00 – 4:20 pm	How the East-West Cultural Exchange Shaped Smallpox Prevention Pranati Ahuja
4:20 – 4:30 pm	BREAK
	<b>SESSION VI: Medical Practice II</b> <b>Moderator: W. Bruce Fye</b>
4:30 – 4:50 pm	A Misguided Intervention: Prevention of Silicosis by Inhalation of Aluminum Powder and the Problems Created by Inadequate Clinical Research Tee L. Guidotti & Janice Martell
4:50 – 5:10 pm	Osler, Cushing and Gastrointestinal Perforation (Typhoid Related and Others) Graham J. Stewart
5:10 – 5:30 pm	Halsted, Heroin, Freud, Fraud, Osler and the Enduring Opioid Epidemic Laurel E. Drevlow
5:30 – 5:40 pm	BREAK
	<b>SESSION VII: Medical Education and Hospitals</b> <b>Moderator: David K.C. Cooper</b>
5:40 – 6:00 pm	The Enduring Impact of 20th Century Medical Illustration on 21st Century Medical Learning Athena Ko

## **Program Schedule**

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### **Tuesday, April 13, 2021 (continued)**

*ALL TIMES ARE EASTERN*

6:00 – 6:20 pm	A Millennium of Medical Teaching in Montpellier John W. K. Ward
6:20 – 6:40 pm	The Surprising Survival of Howard A. Kelly's Kensington Hospital for Women Steven J. Peitzman
6:40 – 7:00 pm	Osler, Virchow, and the Birth of Social Medicine Jong O. Lee
7:00 pm	ADJOURN

### **Wednesday, April 14, 2021**

*ALL TIMES ARE EASTERN*

2:30 – 3:00 pm	ANNUAL BUSINESS MEETING
	<b>SESSION VII: War and Nationalism</b> <b>Moderator: C. Joan Richardson</b>
3:00 – 3:20 pm	The Neurasthenic as a Soldier: A History of Modernity and War John C. Cravero
3:20 – 3:40 pm	The History of Nationalism in Music and Medicine During Osler's Lifetime Matthew Dacso
3:40 – 4:00 pm	Medical Patriotism: The University Units and Base Hospitals of World War I Michael C. Trotter
4:00 – 4:20 pm	The 1969 Woodstock Music Festival: A Public Health Perspective on Peace, Love, and Music Clyde Partin
4:20 – 4:40 pm	BREAK
	<b>SESSION VIII: Ethical Issues in Medicine</b> <b>Moderator: Eric L. Matteson</b>
4:40 – 5:00 pm	The Man Who Changed the Culture of the University of Toronto Medical School (UTMS) and Perhaps Elsewhere Irving B. Rosen

## **Program Schedule**

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### **Wednesday, April 14, 2021 (continued)**

*ALL TIMES ARE EASTERN*

5:00 – 5:20 pm	Commemorative Naming in Medicine and the Role of History – A Case Study Christopher Crenner & Tequila Manning
5:20 – 5:40 pm	Sir William Osler, Racism, and the Komagata Maru Incident Charles S. Bryan
5:40 – 6:00 pm	<b>CLOSING REMARKS</b> H. Michael Jones & Robert Mennel
6:00 pm	<b>ADJOURN</b>

## **‘An Immortal Inspiration’: The Obituaries of Sir William Osler (1849-1919)**

Nadeem Toodayan & Eric L. Matteson

*Nadeem Toodayan is a basic physician trainee from Brisbane, Australia, with a strong interest in medical history and Sir William Osler. Eric L. Matteson is Emeritus Professor of Medicine and Consultant, Division of Rheumatology in the Department of Internal Medicine at the 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.*

Sir William Osler is often introduced to contemporary audiences as ‘the most famous physician in the English speaking world’ at the time of his passing in December of 1919. The real gravity of this statement is often taken for granted, and a recent critic of Osler has even suggested that his reputation was largely ‘inflated by his acolytes’ (Fiddes 2018 PhD Thesis). These kinds of perspectives, alongside the upcoming centennial anniversary of William Osler’s death, prompted a historical reassessment of the great physician’s stature at the time of his dying. A search of all known accessible obituaries, death notices, and other memorial articles regarding Sir William Osler has been undertaken. A careful analysis of the available material affirms – to an astonishing degree – Osler’s overwhelmingly widespread professional influence at the time of his death, and his corresponding international renown amongst a very large number of physicians in all corners of the Western world.

In her *Bibliography of Writings About Osler*, Maude Abbott (1869-1940) lists some 450 entries referencing all kinds of articles written about Osler up until the time of said publication in 1926. Close to 200 of these entries date to the years 1919-1920, and a large selection of these works represent obituaries written for Osler in the immediate aftermath of his death. A very wide selection of journals, newspapers, and even popular magazines are represented, and a significant number of foreign contributions are conspicuously apparent in the list. Obituaries written by Osler’s German and French colleagues were not unexpected, but memorial contributions from a Norwegian, Danish, and later (1921) Brazilian author (in their own native languages) were of considerable interest to the authors of this review – these foreign obituaries have now been translated into English. Although extensive, further research has indicated that Maude-Abbott’s bibliography is not exhaustive, and additional death notices of Osler have been uncovered in other collections during the course of this study.

Through death, as in life, Sir William Osler exerted a profoundly uniting influence over the medical profession. The subject of close to 200 obituaries and memorial articles written by an estimated 170 authors in 9 different countries, Osler was everywhere praised in the year following his death as a patron, peacemaker, and pathfinder in medicine. His posthumous record has continued to grow substantially over the century since his death, but it is becoming increasingly difficult for succeeding generations to fully appreciate the real extent of Osler’s eminence in the early 20th century. This study of William Osler’s obituaries will help to bring back into proper focus the man as he was widely known – and dearly loved – by his many grateful colleagues and friends.

Learning objectives:

1. Acknowledge William Osler’s international reputation at the time of his death in 1919, with special reference to the astonishingly large number of obituary articles published in the aftermath of his passing.
2. Note some of the recurring themes discussed in these publications, and also some discrepancies.
3. Substantiate the oft-quoted description of Osler as being ‘the most famous physician in the English speaking world’ at the time of his passing in December of 1919.

## **Chester R. Burns and The Origins of the American Osler Society**

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.*

“Why is William Osler revered as a medical humanist? What are the relationships or lack thereof between studies in the humanities and the development of humane and humanistic attitudes? Is the future of humanism in medicine a matter of teaching humanities in medical schools or a matter of defining desired attitudes and determining ways to cultivate these attitudes or both?”

### *John P. McGovern and Chester R. Burns*

The quote above comes from the Introduction to *Humanism in Medicine* a monograph that resulted from a symposium on that topic held in the spring of 1970 at the Flagship Hotel in Galveston, Texas. This symposium was a trial run for gathering physicians and scholars interested in William Osler and the humanities. The attendance of that symposium and interest generated from the presentations provided the fuel for the forward movement of the American Osler Society to the first official meeting in Denver, Colorado on April 1, 1971. Although Chester R. Burns worked mostly in the background in the formation process of the symposium, his expertise and knowledge of the crossroads between medicine and the humanities served well the origins and future success of the American Osler Society, eventually serving as the 35th president of the Society (2004-5). The objective of this paper is to better explain how Burns’ career development put him in position to move forward the success of the American Osler Society and why the characteristics upon which the AOS were founded are vital to its continued success.

Chester Burns was born in Nashville, Tennessee on December 5th, 1937. He received a Bachelor of Arts degree *cum laude* from Vanderbilt University in 1959 and his M.D. in 1963 from the Vanderbilt School of Medicine. Following a year of internship at the University of Oklahoma Hospital, he became a Fellow in the Johns Hopkins University History of Medicine Department and became the first American-born physician to receive a Ph.D. in the history of medicine from Johns Hopkins. He was recruited to the University of Texas Medical Branch in Galveston in 1969 as the first appointed director of the History of Medicine Division. He wrote the National Endowment for the Humanities grant that helped provide the funding to establish the Institute for the Medical Humanities at UTMB and served as its Associate Director. He died on December 27, 2006.

### Learning objectives:

1. To describe the role that Chester Burns played in the origin of the AOS
2. To explain how Burns’ educational development put him in position to promote AOS
3. To explain why the AOS must continue to offer itself as a crossroads for the meeting of medicine and the humanities.

## **The American Osler Society at Fifty: Preserving Its Past and Its Future**

Herbert Swick and Mary Hague-Yearl

*Mary Hague-Yearl is the Osler Librarian at McGill University. Herbert Swick is the AOS Historian and a former President of the Society.*

This year marks the 50th meeting of the AOS. From the early years, members have recognized the need to assure that the Society's history is preserved, not only to document its activities, development, and pursuits that reflect the AOS mission, but also to be a useful resource for scholars in a variety of disciplines. For a number of years, Bud Roland and Richard Golden served with distinction as successive AOS Historians. Herbert Swick was appointed Historian by the Board of Governors in 2019.

On becoming the historian, Swick appointed a small ad hoc committee to make recommendations as to what materials should be preserved and in what formats (A list of those materials will be distributed to members during the Pasadena meeting).

The Osler Library at McGill University has been the official depository for the AOS archives since January 9, 1981, and it will continue in that role. A major fire on the roof of the Osler Library in July 2018 required the temporary relocation of the library and reading room. This has made it difficult to add new materials or to determine what may have been added since the finding aid was updated in 2012. The AOS and the Osler Library staff are committed to create an updated list of holdings while establishing guidelines for future additions.

While the principal focus is on the archival documentation of the AOS and its activities, for the past year members have also been encouraged to donate to the Osler Fellows Library one or more books that have been important to their own training or careers. Inaugurated in 2013 as part of McGill University's Physicianship program, the Osler Fellows Library was expanded in 2019 to include AOS members as a way to mark the centennial of William Osler's death.

The influence of William Osler extends well beyond those materials directly related to the history of the AOS. Such materials are more appropriately maintained in sites, virtual or physical, that are independent of the Osler Library. One challenge for the future is how best to ensure that materials from a wide range of sources are available to all those interested in the life and continuing influence of Sir William Osler, and that they can be easily found by Oslerians regardless of where they are stored.

Learning objectives:

1. Understand the importance of preserving the history of the AOS, as the society reaches its 50th anniversary.
2. Learn about the types of materials now housed in the AOS Archives at the Osler Library at McGill University and to be housed in the future.
3. Appreciate the status of restoration of the Osler Library following the 2018 fire.

## **Questions of Psychiatric Nosology: Using *The Sound and the Fury* to Compare Literary Psychoanalysis, the DSM-II and the DSM-5**

Liam Butchart

*Liam Butchart is a third-year medical student at the Renaissance School of Medicine at Stony Brook University. There, he is an MD/MA candidate, pursuing a master's degree in Medical Humanities, Compassionate Care, and Bioethics in addition to his medical degree. His research interests include psychoanalysis and mental health, literary theory and analysis, and medical education.*

William Faulkner's novels have included a large variety of fascinating characters, plumbing the depths of the human experience in myriad ways. Furthermore, some of Faulkner's novels utilize stream-of-consciousness narration, allowing for an unusually penetrating view of the characters' inner mental lives. In *The Sound and the Fury*, one of the most complex and psychologically-interesting figures is Quentin, the eldest Compson child, who drowns himself. But for readers and critics alike, his decision to commit suicide is not immediately pellucid. This project takes Quentin as a case study and compares classical psychoanalysis, the Freud-influenced DSM-II, and the contemporary DSM-5 to better understand Quentin's underlying psychopathology. Each of these nosological structures yields different results, highlighting both the theoretical differences between the major historical approaches to mental illness and a thematic point that is buried in Faulkner's novel: that phenomena may be constant, but experience, and thus interpretation, demands pluralism.

The Jungian approach presented here focuses on the process of individuation – where one actualizes the Self by working through the various aspects of one's personality (the Shadow and the Anima/Animus). Quentin fails to grapple with both the Shadow and the Anima adequately, and thus is not able to actualize the Self, causing his suicide. The DSM-II approach, however, is heavily influenced by Freudian thought and, more broadly, psychoanalysis; even as the language starts to move away from Freud, psychoses and neuroses and hysteria still abound. Much of the critical psychoanalytic literature describes Quentin as a schizophrenic, and thus at increased risk of suicide, but this analysis is most compatible with the older DSM editions – like the DSM-II.

But looking again at the text with a more contemporary mindset, we see that Quentin does not meet the DSM-5 criteria for a diagnosis of schizophrenia. Instead, a differential diagnosis for Quentin's pathology ends up quite broad: personality disorders (particularly Borderline and Paranoid Personality Disorders), psychotic disorders, and adjustment disorder all feature. But the fact that the same character, animated by the same words of a static text can yield such divergent readings is revealing: psychiatric nosology is fluid and evolving, and Faulkner's characters – and text – demand analytical pluralism to be fully approached and appreciated. Through analyzing Quentin, this project aims to make these points clear.

Learning objectives:

1. To develop knowledge of the theory of psychoanalysis of literary texts and how these methods are applied.
2. To review the history and development of psychiatric nosology from classical psychoanalysis to the DSM-II and DSM-5.
3. To analyze Faulkner's novel *The Sound and the Fury* to better understand one of the characters, Quentin, and better appreciate the novel's underlying thematic content.

# The Impact of a Novel Life Drawing Course on Medical Student Clinical Observational Skill and Functional Anatomic Knowledge

Elizabeth B. Card

*Elizabeth B. Card is a fourth-year medical student at the University of Pennsylvania Perelman School of Medicine applying into Plastic and Reconstructive Surgery. She is also an artist and began drawing and painting at a young age in her Minnesotan home. She started teaching art through workshops as an undergraduate at Tufts University and as a Fulbright Scholar abroad in Laos. While in medical school, she discovered the importance of artistic ability in medicine and decided to prioritize visual art within her pursuit of a career in academic surgery. She took a year out to intern at a medical illustration studio and research the impact of visual art on patient and trainee education.*

Since the early 2000s, art observation courses in medical schools have been gaining in popularity, celebrated as opportunities for students to develop skills difficult to teach with traditional didactics such as empathy, visual literacy, and observational ability. However, medical schools have been slower to embrace observational drawing as readily as they have art observation, despite the ability of drawing to develop observational skill, understanding of three-dimensional form, and synthesis of visual elements into thoughtful interpretation. We sought to explore the translatability of skills honed by observational life drawing to the early medical student learning introductory gross anatomy and the physical exam.

An anatomically and clinically relevant virtual life drawing course was developed to pilot from September to December 2020. Twelve first year medical students were recruited to enroll in the course and fourteen were recruited as control participants who did not take the course. Pre- and post-course surveys will be used to assess subjective comfort with drawing, anatomy, and observation, as well as three-dimensional anatomical understanding, and observational ability. Differences between the pre- and post-course time points will be compared between the experimental and control group. Descriptive statistics and tests will be run in STATA 16.0 and qualitative answers will be coded inductively.

The course is currently underway, and we have had early success with the implementation and student feedback has been positive. The results of this study will help to inform the inclusion of this course as a para-curricular experience to complement the first-year medical student gross anatomy, professionalism and humanism, and introductory to the physical exam courses.

Learning objectives:

1. Introduce a novel virtual life drawing course designed for medical students that focuses on anatomical relationships and honing observational ability.
2. Quantify the impact of this course on comfort with anatomy and observation, objective observational ability, and relational anatomical knowledge.
3. Discuss the benefits and drawbacks of incorporating observational drawing of the human form into medical school curricula.

## **Impressions from the Frontier: Norman Bethune in the Eyes of His Chinese Comrades**

Brendan Ross

*Brendan Ross is a third-year medical student at McGill University in Montréal. His interests include Chinese and Japanese intellectual traditions of medicine and non-Western approaches to medical knowledge. His essay for the Bean Prize entitled, “Impressions from the Frontier: Norman Bethune in the Eyes of His Chinese Comrades” is written under the supervision of Dr. Rolando Del Maestro, William Feindel Professor Emeritus in Neuro-Oncology at McGill.*

In elementary school textbooks across mainland China, there is an article presented as required reading to all grade school children, entitled, “In Remembrance of Bai Qiu En.” This memorial essay, written by Mao Zedong during China’s war with Japan in the 1930s and 40s, outlines and praises Bai Qiu En, an Eight Route Army consulting surgeon who died of sepsis following an operation on the frontlines in the autumn of 1939. This ‘Doctor Bai’, however, was not Chinese, nor did he grow up in China. To the rest of the world, he is known as Norman Bethune, a Canadian thoracic surgeon who first joined the Communist cause as a surgeon in the Spanish Civil War before joining the Communist conflict in China in 1938. During the eighteen months prior to his sudden death, Bethune tirelessly ran field hospitals set up by China’s communist forces in the border areas of Northwest China, a region surrounded by the advancing Japanese army. In Bethune’s home country of Canada, the name Norman Bethune does not evoke much of a response in the public consciousness. A complex and irascible figure, Norman Bethune was a man intent on altering the harmony of medical and social norms. In 1936, while working in Montreal he proposed a universal Canadian health care system, a socialist concept which failed to impress his medical colleagues. In Canada, a more balanced and esteemed view of Bethune only occurred decades following his death and after his importance to China became clear. Apart from a museum in his hometown, a statue and plaques scattered around his former home of Montreal, he is not someone who made a lasting mark in his home country. This essay explores the reason for this drastic divergence in the historical narrative. A figure who inspired so much indignation amongst colleagues while becoming a hero among people whom he could not directly communicate with deserves further analysis. Bethune spoke almost no Chinese, yet he was treated like a saint by the Communist Party of China (CCP). In this essay, I translate many of the original Chinese sources praising Bethune’s work on the front, and through this research, the picture of a man devoted to the Communist cause comes into full view. Yet more important than the man himself, the Communist leadership of China worked to burnish the symbol of sacrifice that Bethune came to represent. Regardless of his toil on earth, his status as a martyr is what stands out amongst these early Chinese accounts of his service and his death on the frontier.

Learning objectives:

1. To compare scholarship on Dr. Bethune from an English and Chinese language perspective.
2. To evaluate the narrative of this CCP “martyr”, Dr. Bethune, and how it can provide insights into our understanding of global historical memory and the evolution of symbolic figures.
3. To gain deeper insight into the history of medical support to the Chinese cause during WWII.

## A History of USAID's PIEGO program at Washington University Medical Center

Raoul R. Wadhwa and Marvin R. Natowicz

*Raoul R. Wadhwa is a third-year medical student at the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University; he previously studied mathematics at Kalamazoo College. Raoul received the 2019 William B. Bean award from the American Osler Society to conduct this research. Dr. Natowicz is a medical geneticist at the Cleveland Clinic.*

Historical cases of medical ethics violations have facilitated insights and raised awareness of ethical issues in medicine. Knowledge of the lessons from these examples helps to ensure that physicians fulfill their responsibilities to patients while staying within the accepted ethical boundaries of clinical education, practice, and research. The Program for International Education in Gynecology and Obstetrics (PIEGO) was promoted as a United States Agency for International Development (USAID) program to teach international medical professionals various obstetric and gynecologic procedures to support women's health in their countries through training at several U.S. academic medical centers. However, opponents of the program claim that despite its seemingly well-intended mission, PIEGO tended to unreasonably influence medical practice in other countries.

To investigate these claims, we obtained scientific literature and journal= from the St. Louis area in the 1970s as well as congressional records involving PIEGO and USAID administrators. These primary and secondary sources grant insight into both sides of the PIEGO story, prompting discussion of the ethical considerations behind foreign policy involving medicine. We aim to examine further archival resources, such as records of executive faculty meetings at the Washington University School of Medicine, to gain a clearer understanding of the PIEGO program.

Learning objectives:

1. Discuss the moral obligations of physicians who participate in foreign policy projects.
2. Examine the potential effects of projects like PIEGO on the patient-physician relationship in an international setting.
3. Contrast physician advocacy in the 1970s to advocacy in the past decade, evaluating not only the role of advocacy in society, but also how social opinion of the institution of medicine has evolved over the past four decades.

## Being Baffled By Buffy Blood

Richard Kahn

*Richard is a retired internist, lifelong Oslerian, former AOS president, and Patty's husband. Together they have completed the thirty-year project, History of Diseases in the District of Maine 1772–1820: the unpublished work of a rural physician in New England, which is in the process of being published by Oxford University Press.*

In his *History of Diseases in the District of Maine 1772–1820*, Dr. Jeremiah Barker often recorded that blood drawn therapeutically was either normal, or “sizy and buffy.” What is the significance of “sizy and buffy” blood? It has nothing to do with the 1992 movie, nor the subsequent TV series, “Buffy the Vampire Slayer.” Nor is it about the “buffy” white cell and platelet layer in spun anticoagulated blood. I will present one of Barker’s patients whose blood was “sizy and buffy,” followed by a very brief discussion of Greek medicine, fever, and the therapeutic use of bloodletting. Historian Guenter Risse noted that therapeutic “bleeding reached new levels of popularity and intensity both in Europe and America in the early nineteenth century.” It was one of the most accepted healing procedures, “firmly imbedded in Greek humoral pathology,” and it was used to treat various disease states such as acute inflammations including pneumonia.

Figuring out what was meant by “sizy and buffy” was not an easy process. “Buffy” blood is mentioned twice, without explanation, in 400 pages of Marshall Hall’s 1836 *Observations on Bloodletting, Founded Upon Researches on the Morbid and Curative Effects on the Loss of Blood*, and not at all in Heinrich Stern’s 1915 *Theory and Practice of Bloodletting*. After much searching, I found a very brief mention in Wintrobe’s 1980 *Blood, Pure and Eloquent: A Story of Discovery, of People, and of Ideas*, in which he refers to a book by Fåhraeus.

Robin Fåhraeus (1888–1968) was a Swedish hematologist, pathologist, and medical historian whose studies formed some of the basic works of the developing science of hemorheology, the study of the flow properties and viscosity of blood, plasma, and cells. In 1921 he published *The Suspension-Stability of the Blood*, in which he discusses in some depth the history of the buffy coat in blood as drawn from patients, and not treated with an anticoagulant. He explains that in chronically ill and/or febrile patients, the red cells sink so rapidly that they form a sediment before the blood clots, thus leaving on top “a more or less thick fibrinous layer which does not form in the blood of a healthy person, in whom the corpuscles sink comparatively slowly.” This is the buffy coat.

Fåhraeus explains that in humoral or “Grecian hematology” the patient’s blood, placed in a vessel, soon divides into components of black bile on the bottom of the “blood cake” with yellow bile (the serum) above it, and a thin layer of “phlegm” on top. A thick “phlegm” layer, or buffy coat, occurs in diseases such as pneumonia. He gives an extensive review of the buffy coat as reported by physicians from Hippocrates forward, pointing out that before the use of microscopes, careful observation of the buffy coat provided a rich source of data for the physician. Thus, it was Fåhraeus, at the beginning of the 20th century, who tells us why, in certain patients, the blood was “sizy and buffy,” a description so important to the diagnostic process for almost two millennia.

Learning objectives:

1. Describe the meaning and significance of blood being “sizy and buffy?”
2. Define the ancients understand disease and its relationship to changes in blood drawn as therapy?
3. Explain who is Robin Fåhraeus and what part did he play in the understanding of “sizy and buffy” blood?”

## **Leonardo da Vinci's Codex Trivulzianus: A Blackboard of Intellectual Exploration**

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. 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.*

In 1968 the Commissione Vinciana initiated a series of exact facsimile editions of Leonardo's manuscripts. The Codex Trivulzianus presently housed in the Biblioteca Trivulziana, Castello Sforzesco, in Milan was the third project undertaken. This Codex was written between 1487 and 1490 during Leonardo's first Milanese period when he was between 35 and 38 years old. A time preoccupied with self-improvement to increase his participation in the vibrant artist and intellectual milieu of Milan along with teaching in the *Accademia* (school) he was affiliated with. This Codex initially contained 62 sheets, 55 remain, the majority filled with long lists of words. In 1872 Gilberto Govi suggested that these word lists were Leonardo's attempt to record the idioms spoken in Vinci and Florence in a type of spoken dictionary as opposed to the language of the *Letterati*. Augusto Marinoni in 1944 proposed that the codex was not a vocabulary of the spoken word but Leonardo's attempt to study and learn "Latinisms" by a man by his own account considered himself an *omo senza lettere* (an unlearned man). In 1970 Raymond S. Stites argued a psychoanalytical interpretation based on Freud's concept of sublimation. These word lists being verbal association clues to a defense mechanism Leonardo employed to deal with psychological trauma. A careful assessment of all the pages of the codex outlines that Leonardo may have used these sheets as a type of constantly evolving intellectual blackboard, for ideas copied from medical and other books to be assimilated into his expanding knowledge base, to learn specific Latin words used by other authors to improve his verbal and written vocabulary and to explore other intellectual and artistic problems that he encountered daily. This presentation will explore the Codex as an intellectual blackboard with the goal of helping to understand the composites of Leonardo's creativity.

Learning objectives:

1. To outline the origins and present structure of the Codex Trivulzianus
2. To profile the thoughts of other authors as they grabbed with Leonardo "word lists" and "Latinisms"
3. To explore Leonardo's engagement with the Codex as an intellectual backboard of growth and creativity

## **Alter Egos, Sir William Osler and His Nom de Plume**

George Sarka

*George Sarka is an Associate Clinical Professor of Medicine at UCLA; Multispecialist at the California State University, Northridge; 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.*

Egerton Yorrick Davis, MD (EYD) was Williams Osler's literary nom de plume (pen name, pseudonym). This presentation will analyze the following:

- What were the potential reasons why Osler chose a fictional creation of himself using a pseudonym?
- Speculation on why Osler used the names: Egerton, Yorrick and Davis?
- Review of the articles germane to his pen name ranging from the comical to the absurd

Clearly, the comical nature in Osler never really died: it just evolved from the urchin warrior of youth to a more mature yet subtle form of intellectual prowess and chicanery in the guise of the literary figure: Egerton Yorrick Davis MD. A man of Osler's stature and fame could never have been associated with the plethora of unsavory to culturally sensitive topics presented as scientific doctrine at that time. With all the demands of his profession, EYD was a way to surreptitiously participate in the comical nature of medicine yet retain the untarnished image as one of the world's most prominent physicians of his time. Exploring such topics as vaginismus; practices of primitive societies; and Peyronie's disease would exemplify such articles.

Osler's alter ego of Egerton Yorrick Davis gave us a glimpse to a unique, literary spectrum from the absurd to meaningful but culturally sensitive information that would be theoretically beneath of dignity of the world's most prominent physician during that era in which to participate.

One might query as to whether a physician of Osler's stature should have used a pen name when discussing sensitive to unsavory medical issues? I would say yes in that using a pen name was not unique only to Osler. Indeed, many other famous individuals especially authors such as Agatha Christie, Ben Franklin, CS Lewis, Isaac Asimov, JK Rowling, Michael Crichton, Stephen King and Washington Irving have all done the same with their own, unique reasons for using their nom de plume.

Learning objectives:

1. Augment the participant's knowledge regarding Who was Egerton Yorrick Davis MD;
2. Analyze the possible reasons why Osler chose the name, Egerton Yorrick Davis MD;
3. Review the medical portfolio of Egerton Yorrick Davis MD

## **From Shame to Fame: The Improbable Career of a Great Anatomist-Surgeon, David Hayes Agnew**

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.*

David Hayes Agnew began his career as a country doctor in rural Pennsylvania in 1838. After a three year diversion as a partner in a large iron-works business that was owned by his wife's family and that went bankrupt in 1846, Agnew, seriously in debt, returned to the medical profession in Cochranville, PA, hoping to focus on surgery. Recognizing that he needed to improve his knowledge of anatomy, he purchased cadavers from Philadelphia and dissected at home in his spare time. When he was finished dissecting, he covertly moved bodies to a nearby pond so he could later collect skeletons after eels had removed the remaining soft tissues. This worked well until Agnew and the townspeople found out that a local fisherman, known for selling the most delicious eels, fished exclusively from this pond. Agnew's career was in tatters and he was asked to leave Cochranville. The Agnews moved to Philadelphia in 1852. Although essentially broke and with huge future uncertainty, he purchased the Philadelphia School of Anatomy, which had opened in 1820, for \$600. Agnew was a gifted teacher who worked very hard to make the School a success, often dissecting over 12 hours per day. The School flourished under Agnew's leadership until the Civil War. While teaching anatomy, Agnew had also worked as a surgeon at Blockley Hospital and for a while, served as curator of its pathological museum. During the Civil War, Agnew enlisted and became renowned for his ability to manage gunshot wounds. After the War, Agnew was upwardly mobile in Philadelphia, becoming one of America's most prominent 19th century surgeons; however, his first academic appointment was slow to appear. Finally, after practicing for 31 years, Agnew was appointed Professor of Clinical and Demonstrative Surgery at the University of Pennsylvania (Penn) in 1870; in 1878, he became the first John Rhea Barton Professor of the Principles and Practice of Surgery at Penn. When President James Garfield was shot by an assassin in 1881, a special train was sent from Washington, D.C. to Philadelphia to fetch Agnew, who assisted in the President's care.

At Penn, Agnew mingled with many famous physicians of his time. William Osler relocated from McGill to Penn in the autumn of 1884. Osler's arrival had been much anticipated but little was known about him in advance of his arrival, and especially not his love of playing practical jokes. The highly devout Agnews wanted to make him feel welcome and so they invited Dr. and Mrs. Osler to attend Sunday services and to share their reserved pew. Osler, who was not married, arrived alone. There are two versions as to what happened next. According to Harvey

Cushing, Osler implied she could not attend the service because she was pregnant, a rumor that quickly circulated around Penn. The second version was provided by George Dock, one of Osler's trainees in Philadelphia who was later a prominent internist and pathologist. According to Dock, Osler replied that "Mrs. Osler is a Buddhist and would not come." Regardless, they became friends and Osler, before leaving Penn, helped organize a celebration of Agnew's career in 1888.

Agnew was a beloved. When Agnew retired in 1889, the medical students hired the famous American realist painter, Thomas Eakins, to produce The Agnew Clinic, which became one of the artist's two most important paintings. The commencement for the class of 1889 was dubbed "Agnew Day." William Osler gave the commencement address, *Aequanimitas*, which focused on the importance of imperturbability; clearly a quality that Agnew had demonstrated during his life travels from shame to fame.

Learning objectives:

1. Describe the early career of David Hayes Agnew.
2. Discuss his rise to become an elite 19th century American academic surgeon.
3. Describe his relationship with William Osler.

## **Dr. Samuel Weissel Gross (1837-1889) and Osler's Philadelphia Story**

Jan M. Goplerud

*Dr. Jan M. Goplerud is Associate Professor of Pediatrics and attending neonatologist, now retired, at St. Christopher's Hospital for Children, Drexel University College of Medicine in Philadelphia, PA. She received her medical and pediatric residency training at the Medical College of Virginia, Virginia Commonwealth University in Richmond, VA, followed by a neonatal-perinatal fellowship at the University of Pennsylvania and Children's Hospital of Philadelphia. She is a fellow of the College of Physicians of Philadelphia and past Chair of its Section on Medical History.*

William Osler's University of Pennsylvania Valedictory Address "Aequanimitas" (given May 1, 1889) concludes with a tribute to recently deceased medical colleagues, Osler's Montreal preceptor, Dr. Palmer Howard, and Jefferson surgeon, Dr. Samuel W. Gross. Years later in 1905, Osler again cited Dr. SW Gross in his address "L'Envoi", at a farewell dinner before his move to Oxford, crediting SW Gross with being principally responsible for Osler's recruitment to Philadelphia from McGill.

Dr. Samuel Weissel Gross was the eldest son of celebrated Jefferson Medical School surgeon, Dr. Samuel David Gross (1805-1884), immortalized by painter Thomas Eakins in the "Gross Clinic". SD Gross was an early graduate of Jefferson Med (established 1824), receiving his MD in 1828. After time in Cincinnati, Ohio, SD Gross returned to Jefferson to be Chair of Surgery, from 1856-1882. At the time of William Osler's arrival in Philadelphia, SD Gross had recently died and son, SW Gross, was Jefferson's Co-Chair of Surgery (1882-1889) with Dr. John H. Brinton. SW Gross had first met or heard of Osler in 1881, at a London conference. When the clinical medicine position at Penn subsequently opened up, SW Gross enthusiastically endorsed Osler for the job – the first to be offered to a candidate not trained at Penn. Since his father's death in 1884, SW Gross and his much younger wife, Grace Linzee Revere Gross (1854-1929), had assumed the father's tradition of lavish Sunday home entertainments for friends and colleagues. Dr. William Osler soon became a regular guest and acquainted with the warm hospitality of the charming Mrs. Gross. Osler, coincidentally, bore a remarkable resemblance to SW Gross. When her husband later became ill and his Jefferson physician requested a consultant, Mrs. Gross summoned Osler, rather than another "Jefferson man". Dr. Gross, however, was beyond saving and succumbed to fever and delirium April 16, 1889, shortly before Osler's departure for Baltimore. Osler's link to the Gross household continued and, in May 1892, he and widowed Grace were privately married in Philadelphia after Osler had finished writing his Principles and Practice of Medicine. Their 27 year marriage, until Osler's death in 1919, was by all reports a most happy union.

In conclusion, SW Gross played a pivotal role in Osler's life – facilitating his recruitment to Penn, introducing him to Philadelphia's medical elite in his home, summoning him to his deathbed and, ultimately, introducing him to his future wife. Overshadowed by his formidable father in his own career and life, SW Gross' most enduring legacy, particularly to an Oslerian, may be his life-altering influence during Osler's brief but significant time in Philadelphia.

Learning objectives:

1. Describe the role of personal recommendations in academic job placement.
2. Examine the inter-institutional rivalry between Penn and Jefferson medical schools
3. List the ways Dr. SW Gross' life intersected with Osler's

## **Evolution of Out-of-Hospital Emergency Cardiac Care: Heart Attack Therapy for a Retired President Helped Modernize American Emergency Medical Services**

Nathaniel P. Rogers, Jr. & Richard S. Crampton

*Nathaniel received a BA in history from the University of Virginia and an MS in biochemistry and molecular biology from the Johns Hopkins University Bloomberg School of Public Health. He has worked in emergency medical services as an EMT and a medic for seven years. Currently, he is pursuing an MD degree at the Tulane University School of Medicine.*

In the late 1960s, American emergency medical services (EMS) began to upgrade from mere Red Cross First-Aid to systems that now provide sophisticated advanced life support. This revolution in EMS stemmed from two pioneering Belfast reports in *The Lancet* that described how early out-of-hospital coronary care saved lives. Inspired, a handful of American physicians implemented *avant-garde* programs in the USA. One such physician, Richard Crampton of the University of Virginia (UVA), supported by UVA and Charlottesville-Albemarle Rescue Squad staffs, led an early effort to provide out-of-hospital drug treatment and defibrillation via a mobile coronary care unit (MCCU) ambulance. Half a dozen high-profile local cases, including successful treatment of retired President Lyndon B Johnson, demonstrated MCCU efficacy to the Virginia and American public via local and national press coverage. Economic feasibility of the MCCU system was established. With two Virginia colleagues, Crampton successfully lobbied for a bill to permit trained non-physicians to render out-of-hospital cardiac care with no on-site physician. This MCCU-augmented-EMS system reduced coronary deaths in Charlottesville and Albemarle County, Virginia. It also stimulated nationwide progress in care by EMS systems that yielded countless life-saves in the succeeding half-century.

Learning objectives:

1. Explain how the advent of mobile coronary care affected out-of-hospital mortality rates and changed the landscape of pre-hospital care.
2. Discuss legal and administrative hurdles overcome during the implementation of mobile coronary care.
3. Examine the role of high profile success stories, such as successful field treatment of retired President Lyndon B Johnson, in spotlighting the new mobile coronary care program in the public eye.

## **Dr. Strange Glove: Or How I Learned to Stop Worrying and Love the Mask**

Anna S. Fields & Isabelle Fields

*Anna Fields is a 4th 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. Isabelle Fields is a New York based costume designer with a Master's in Fine Arts from NYU Tisch Graduate Design School for Stage and Film. She has worked in Opera, Theatre, TV, and Film.*

In collaboration with New York costume designer Izzy Fields and accompanied by her original artistic renderings we will explore a visual comparative history of Western fashion trends from three global pandemics - the Black Plague, the Spanish Flu of 1918, COVID 19 - so that we may better appreciate their sartorial similarities.

Remarkable parallels can be drawn when we examine the intersection of pandemic disease and fashion during the Black Plague, the Spanish Flu of 1918, and COVID 19. The Black Plague of the 14th century gave us one of the most enduring and macabre representations of personal protective equipment (PPE): The Plague Doctor. Fast forward several centuries and we see Germ Theory lead to the innovation of masking during the 1918 Spanish Flu epidemic. During the early 20th century, PPE became incorporated into everyday life with widespread use of face masks as well as eccentric variations such as hats with built in "safety veils" and mask with holes where one might insert a cigar. COVID 19 has led to a resurgence in public mask wearing. Once again there are many cuts, materials, and varieties available for people to express their personal style. Moreover, imagery of doctors in the 21st century donning full PPE are particularly evocative of the 14th century Plague Doctor attire, a silhouette carried forward nearly 700 years.

Further similarity between these three pandemics and their impacts on fashion can be seen in the patterns of consumer spending with regards to the clothing industry during these periods. During the 14th century the massive loss of life in Europe led to the consolidation of wealth among survivors and higher wages among the working class due to a shortage of skilled craftsmen. Though the fashion trends of the years during The Plague were austere, in its wake the nouveau riche led the demand for consumer luxury goods and ostentatious fashion in the years directly after. Six-centuries later this pattern reemerged in the years directly following the 1918 Spanish Influenza with the explosion of flamboyant luxury clothing and excess that became the hallmark of the Roaring Twenties. Currently, we see similar trends in consumer spending with regards to the COVID 19 pandemic. There has been a significant decrease in the demand for formal apparel. Where people are spending is in the realm of "lounge wear" and casual clothing. However, historical observation leads me to predict that we will see a resurgence of extravagant attire when the current pandemic finally runs its course.

Learning objectives:

1. Describe the similarities between the costume of The Plague Doctor and modern medical Personal Protective Equipment.
2. Explain the impact of pandemic disease on fashion during and after the Black Plague & Spanish Flu.
3. Appreciate the effect of COVID 19 on modern modes of dress.

## **History of the Physical Exam and its Role in Caring Conscientiously**

Jessica G. Stauber

*Jessica Stauber is a fourth-year medical student at the University of Texas Medical Branch in Galveston, TX where she is an Osler Student Scholar through the John P McGovern Academy. She received her Bachelor of Science in Nursing from Texas A&M University and worked as a neonatal intensive care nurse before pursuing medicine. She is applying to the field of Radiation Oncology where she hopes to maintain her “nurse’s heart” while promoting humanism and holistic care in medicine, advocating for patient-oriented care, and pursuing global and public health-related work addressing inequities in comprehensive, guideline-driven cancer care.*

Countless individuals are responsible for the origins and refinement of physical examination throughout history. Hippocrates helped establish medicine as a profession around 400 BCE. Vesalius published *De humani corporis fabrica libri septem*, a set of text on human anatomy, in 1543, and around 200 years later, Morgagni established its study as the discipline we now know as Pathology. Auenbrugger discovered percussion in 1760, followed by Laennec’s invention of the stethoscope in 1816, ultimately spearheading an era of discoveries key to physical diagnosis. However, it was William Osler who truly amalgamated these historical developments and revolutionized modern medicine in the late 1800s by promoting physical examination and practice of medicine as the core components of medical education. In his words, “He who studies medicine without books sails an uncharted sea, but he who studies medicine without patients does not go to sea at all.”

Over the past few decades, however, a withering of the art of the physical exam has accompanied the rapid expansion of highly sensitive and specific diagnostic testing and imaging. A shift favoring board exam scores over clinical dexterity and skill has been demonstrated in student training. It is now often said “the physical exam is dead,” but misuse of technology without guidance of skilled physical exam is perilous. Studies suggest physical exam inadequacies result in preventable medical errors, even when other testing is performed. In addition, the physical exam is one of the most basic services a physician can provide in terms of requiring minimal equipment. Mastering the art of physical exam can ensure thorough baseline assessment and accurate diagnostics for all patients, regardless of access to technology or expensive resources. It can lead to timely intervention and save lives in low resource settings. Lastly, physical exam allows a physician to care conscientiously through touch. In a world currently affected by the Covid-19 pandemic where this caring art is otherwise unallowed, physical examination is more important than ever before.

The physical exam is a timeless art, refined by many and fully embodying everything William Osler stood for. It is vastly patient-centered, in both physiologic and holistic senses. The physical exam is, indeed, not dead.

Learning objectives:

1. Discuss the history of the physical exam and Osler’s approach to it.
2. Examine current and future implications of maintaining the art of physical exam.
3. Identify the role of physical exam in caring carefully through the art of touch.

## **How the East-West Cultural Exchange Shaped Smallpox Prevention**

Pranati Ahuja

*Pranati Ahuja is a second year medical student at the University of Texas Medical Branch, where she is an Osler Student Scholar at the McGovern Academy of Oslerian Medicine. Pranati graduated with a B.S. in Neuroscience from UT Dallas in 2017 as a Terry Scholarship recipient, and has been interested in global and public health ever since her undergraduate days. She is also formally trained in Indian classical music and dance (Bharatanatyam), and hopes to incorporate her love for the arts and cross-cultural connections into her future in medicine.*

Sir William Osler was known to be the attending physician tending to smallpox patients at the Montreal General Hospital in 1875 - a task that few would have taken up, given the contagious nature of the disease and the stigma surrounding it. When he himself contracted and survived a milder case of smallpox during this time of caring for infected patients, he was a living testament to the power of the smallpox vaccination discovered by Edward Jenner in 1796. Osler was a known proponent of the vaccination movement for both smallpox and typhoid: A few examples of his fervent support for vaccination can be observed in his challenge to the anti-vaccination movement in his 1911 article, “Man’s Redemption of Man,” and in his 1914 speech to soldiers titled “Bacilli and Bullets,” in which he emphasized that the former was as deadly a killer as the latter.

The objective of this presentation is to show the evolution of various variolation/inoculation practices and eventually, vaccination for smallpox prevention, in the global context. Specifically, forms of inoculation used in the Eastern world influenced Western preventative practices towards smallpox prior to Edward Jenner’s discovery of the cowpox vaccine. After knowledge and popular acceptance of the vaccine grew in the Western community, a push for a reverse cultural exchange began occurring between West and East, facilitated in some instances by British colonialism. Both processes were met with initial resistance and challenges within the receiving communities, and the inter-cultural exchanges create space for an interesting dialogue about the role of preventative medicine – both indigenous and evidence-based – in eventually eradicating smallpox globally.

Learning objectives:

1. Describe how Eastern and Western medicine, social practices, and inter-cultural exchanges influenced public health in the context of smallpox
2. Depict and appreciate these cross-cultural exchanges through the medium of Indian Classical Dance (Bharatanatyam)
3. Discuss the transition from variolation to vaccination in both Eastern and Western society

## **A Misguided Intervention: Prevention of Silicosis by Inhalation of Aluminum Powder and the Problems Created by Inadequate Clinical Research**

Tee L. Guidotti & Janice Martell

*Dr. Guidotti retired from the George Washington University as department chair and Professor of Environmental and Occupational Health and professor of medicine. He remains active as a scholar and consultant. Janice Martell, McIntyre Powder Project, Occupational Health Clinics for Ontario Workers, Toronto ON, Canada. Ms. Martell is local historian and journalist.*

Silicosis is a chronic, irreversible fibrotic lung disease caused by inhalation of silica dust, usually from crushed or drilled rock, and the exuberantly inflammatory tissue response that results. With the advent of mechanized mining equipment in the nineteenth century silicosis, already common, became a critical cause of mortality among mining and construction workers. Silicosis is easily preventable by increasing mine ventilation and suppressing dust levels by wetting, but at the time, these preventive measures were expensive. In the search for an easy and cheap solution, a treatment was developed by the Banting Institute of the University of Toronto on the basis of animal studies and licensed and distributed by the McIntyre Research Foundation, set up for the purpose by the management of the mine of the same name. This consisted of roughly ten minutes of inhalation of an aerosol of finely divided powder (5 nm to 10  $\mu$ m) consisting primarily aluminum oxide with some free aluminum, insufflated into the atmosphere of the bath houses where the miners changed to enter the mine. Between 1943 and 1979, approximately 28,000 miners in Ontario alone were so treated on a mandatory basis as a work requirement, as well as additional thousands in Australia, Latin America, the United Kingdom, and Africa. No evidence exists that the treatment was efficacious in preventing silicosis, which eventually declined due to dust controls in the mines. In 1988, a cohort of Ontario miners was studied for evidence that the enhanced body burden of aluminum was associated with the onset of dementia, particularly Alzheimer('s) disease, with suggestive results, but the finding could not be duplicated eight years later on a highly selected subset of the population. Causation of dementia in individual miners remains in dispute. This case study illustrates fundamental issues, among them the premature introduction of invasive interventions, preference to change the worker instead of the work environment, employer paternalism, decision-making in the face of uncertainty in attributing and apportioning causation, and the difficulty of research and effect monitoring in mobile industrial populations.

Learning objectives:

1. Describe the logic and evidence or lack thereof behind the development of a widely adopted prophylactic treatment and its long-term consequences in terms of risk.
2. Appreciate how serious ethical and practical issues in the formative history of occupational medicine resulted in continuing ethical and healthcare problems.
3. Contrast the management of health risks in this historical situation with health management in general medicine.

## **Osler, Cushing and Gastrointestinal Perforation (Typhoid Related and Others)**

Graham J. Stewart

*Graham Stewart is a General Surgeon in the Australian rural university town of Armidale, New South Wales and is involved in medical student education and resident training. He is also currently Chair, Section of Surgical History, Royal Australasian College of Surgeons.*

The names of Sir William Osler (acknowledged as the Father of Internal Medicine) and Harvey Cushing (Father of Modern Neurosurgery) are inexorably and intrinsically linked personally and bibliographically. Apart from their important personal relationship, at times during their careers, both men independently exhibited interest in aspects of gastrointestinal ulceration and perforation, particularly in typhoid fever, but also (particularly in Cushing's case) as part of stress ulceration of the stomach.

The scope of William Osler's publications clearly demonstrated his unwillingness to limit his interest to a single organ system, but these papers also displayed an interest and familiarity with specific intra-abdominal conditions. Typhoid, because of its prevalence and its manifold nuances, was a disease which occupied a considerable amount of his attention in his writings. Somewhat surprisingly, Cushing (the prototypical sub-specialty surgeon) apparently always considered himself a general surgeon. His early publications speak of his originality in these matters. Similarly to Osler, his clinical interests were clearly aroused by the pathological processes that presented in Typhoid, particularly the early recognition and treatment of associated gastrointestinal perforation.

There is a convoluted narrative from Osler's early interests in Beaumont's investigations into gastric secretion, via traumatic gastro-cutaneous fistula through to Cushing's eponymous late career recognition of stress ulceration and his incorrect assertions as to its cause. Much of these thoughts are now obsolete due to modern concepts of gastric acid production and ulceration. However, the capacity of these men's prepared minds to appreciate the subtleties of a complex clinical constellation of problems is prodigious. The meticulous surgical technique practiced and taught by William Stewart Halsted, that became the hallmark of Cushing's early general and subsequent his neurological surgery, was the basis of his contribution. The elevated clinical skills, deep background knowledge and superior capacity of exposition processed by Osler allowed him to place gastrointestinal symptoms and abdominal signs in a context that allowed a better and increasing understanding.

Learning objectives:

1. Define the role of Osler and Cushing in the development of gastrointestinal physiological concepts and the appreciation and treatment of clinical manifestations of visceral perforation
2. Explore the concepts of peptic and stress ulceration and how the early observation of these conditions aided in the development of these ideas.
3. Discuss the importance of recognizing typhoid fever underlying pathological mechanisms in its appropriate treatment.

## **Halsted, Heroin, Freud, Fraud, Osler and the Enduring Opioid Epidemic**

Laurel E. Drevlow

*Laurel Drevlow is a Professor of Medicine at the University of Minnesota. She practices and teaches at the Abbott Northwestern Internal Medicine Residency Program in Minneapolis where she is Director of Student Education. She is still learning about art and science and medicine and life from her long-time friend and mentor, Dr. Claus Pierach.*

By 1902, more than 200,000 Americans were cocaine addicts. A disproportionate number of these were doctors, dentists, and pharmacists – individuals in high stress jobs with easy access to cocaine. A common remedy for their addiction at that time was to administer morphine to soften the symptoms.

In 2018, drug overdoses killed over 70,000 Americans with nearly 2/3 of these deaths involving a prescription or illicit opioid. Concoctions of cocaine and opiates are still common among them. Overdose deaths have been increasing in all categories of drugs examined for both sexes, all ages, all races and ethnicities, and wholly regardless of where an individual resides. Public health data date the origin of the contemporary opioid crisis to the 1990s - its initial cause again laid at the feet of dentists, oral surgeons and physicians for overprescribing the potent painkillers to patients.

William Halsted, like many physicians of his generation at the advent of anesthesia, was famously addicted to cocaine. He was an eager scientist, and, with no laws or regulations preventing it, he, like Sigmund Freud and many others, experimented with this promising new anesthetic on himself. Naturally, it did not take long for him to succumb to the chemical and physical dependency demanded of this agent. Eventually large doses of morphine were added to his daily cocktail as an antidote to the symptoms of cocaine overuse and, rather astonishingly, a careful quotidian titration allowed him to continue to function as a surgeon.

In time, the opioid-dependent Halsted came to be identified by fellow physicians and coworkers as what we would now call an impaired physician, and, as sometimes still happens, he was shielded from confrontation and cure by well-meaning friends and colleagues who were only beginning to understand addiction and how to treat it. Halsted's colleagues, mentors and supporters were not blind to his condition. Dr. William Welch (of the Johns Hopkins' famous founding four) was deeply and surreptitiously caught up in attempts at cures for his younger friend. Some years later, though Osler seemed convinced of the diagnosis, he too was reluctant to confront the issue with his surgical colleague. Ultimately, even Osler's persistent, persuasive, therapeutic efforts were insufficient to make any measurable impact on Halsted's lifelong habit.

The chemical dependency histories of William Halsted and other prominent users and abusers of early cocaine and opioid anesthesia help illuminate ease with which even dedicated scientists, researchers and clinicians fell prey to the mesmeric medications and how easily so many continue to do so. Correlations of these historical characters' challenges with the experiences of patients in our current epidemic of addiction will provide a deeper and perhaps better understanding of this ongoing crisis.

Learning objectives:

1. Discuss how opioids initiate the addiction process.
2. Cite impacts of addiction on Halsted's life and work.
3. Discuss clinically identifiable symptoms of narcotic dependency in any age.

## The Enduring Impact of 20th Century Medical Illustration on 21st Century Medical Learning

Athena Ko

*Athena Ko is a second-year medical student at McGill University who is passionate about art, medical education, and one of the junctures at which these intersect: medical illustration. Her essay, The Enduring Impact of 20th Century Medical Illustration on 21st Century Medical Learning, was written under the supervision of Dr. Jonathan Meakins, MD, DSc, OC and was awarded second place in the 2019 Pam and Rolando Del Maestro Family William Osler Medical Student Essay Award Competition. The essay was an interdisciplinary effort involving experts from multiple artistic and medical fields, and focuses on the role of artistic illustration and the art of slow looking.*

By looking at the process, goals, and importance of medical illustrators working in Montréal in the 20th century, such as Hortense P. Douglas Cantlie, Shirley Goodall Stairs, and Mary Gzowski, we can gain a foundation from which to strengthen our observation and communication skills. Cantlie and Stairs were trained by Max Brödel, the founder of the Department of Art as Applied to Medicine at Johns Hopkins University and creator of the carbon dust sketching technique. Cantlie and Stairs exploited the nuances of depth and shading of this technique in their illustrations, allowing a more convincing rendering of anatomical detail. Gzowski, trained in the classical arts, had an illustration style that harnessed pencil and brush strokes to elicit texture. Each of these medical illustrators were able to clearly, accurately, and creatively emphasize the pertinent aspects of the body being shown, while removing aspects like blood that would minimize the effect of the key message for the viewer. This continues to be the goal of medical illustration. Despite the advance of photography and technology, there remains a secure place for drawing pathologies and anatomy, not only for understanding the human body, but also in understanding how to observe our patients, pay attention to our surroundings, and communicate. Medical students are trained in a systematic approach encompassing anatomical knowledge. Including artistic illustrating in our repertoire of medical skills and incorporating the technique of slow looking allows us to further explore the human condition. Slow looking involves practicing a nonjudgmental presence and approach to open observation and categorizing, which solidifies essential information for ourselves, convey these points of emphasis to others, and improve our overall observation and communication skills.

Learning objectives:

1. Explain the process and prominent techniques used by 20th century medical illustrators in Montréal.
2. Discuss the goals and importance of medical illustration, both in the 20th century and today.
3. Define, list, and employ relevant strategies for slow looking.

## A Millennium of Medical Teaching in Montpellier

John W. K. Ward

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Montpellier is the oldest surviving medical school in Europe, Salerno having closed in 1811. A town of trade in the ninth and tenth centuries, it bridged the Islamic and Latin worlds and attracted practitioners of all origins, Christians, Jews and Arabs from Salerno in Italy where the Hippocratic tradition was maintained, and later from Spain. Merchants from the east imported spices and the knowledge of their use in Arabic medicine. Peripatetic teaching emerged with masters teaching in their homes, at patients' bedsides and in town churches. Lessons were based on the ancient Greek authors translated by Jews and Arabs. The university was more secular than those in northern Europe which were more clerically led. In France the study of medicine was limited to twelve doctors in Montpellier and later the University of Paris. In 1220 the papal legate issued statutes for the university in Montpellier which accepted non-Christian teachers and students. The medical faculty was established in 1221 and thrived. Arnold of Villanova (1240-1311), Bernard de Gordon (1270-1330), Guy de Chauliac (c1300-1368) and Francois Rabelais (1494-1553) were major figures.

In the sixteenth century the French religious wars inhibited Montpellier's influence but this was only temporary. Henry IV (1553-1610) ordered a botanic garden in 1593 and Guillaume Rondelet (1507-1566), the professor of medicine, constructed an amphitheatre where he demonstrated cadaver dissection. Famous students include Theodore de Mayerne (1573-1655) whose casebook (1634-39) was bequeathed to the RCP by William Osler, and Sir Thomas Browne (1605-82). Later major figures include Francois de la Peyronie (1678-1747) and Paul Barthez (1734-1806). The French Revolution abolished previous corporate bodies and three schools of health were created in 1794 in Paris, Strasbourg and Montpellier with that of the third being established in the old bishop's palace which it still occupies.

In the nineteenth and twentieth centuries Montpellierian scholars contributed to multiple research projects, particularly in the treatment of diabetes. The new facilities for hospital care and teaching flourish and the student population has greatly increased. The history of the Montpellier medical school is summed up by the motto in "La Salle des Actes" (1795): *Olim Cous Nunc Monspeliensis Hippocrates. (Formerly of Cos, Hippocrates is now from Montpellier).*

Learning objectives:

1. Describe the development of the Montpellier medical school.
2. List some of the notable Montpellier students and teachers.
3. Evaluate the influence of religion and national politics on Montpellier's medical school.

## The Surprising Survival of Howard A. Kelly's Kensington Hospital for Women

Steven J. Peitzman

*Steven J. Peitzman is a former nephrologist, partly retired, but still Professor of Medicine at Drexel University College of Medicine. He is also recognized as an historian of medicine, and recently became an active preservationist in Philadelphia.*

As is well known to Oslerians, Howard Atwood Kelly (1858-1943) a precocious young surgeon in Philadelphia, in 1889 was nabbed by William Osler to join him at the new Johns Hopkins University Hospital and eventual medical school. A few years earlier, Kelly had founded with some Episcopalian friends the Kensington Hospital for Women (KHW) in one of Philadelphia's major manufacturing districts, located to the north and east of the downtown. Its stated mission was to care for gynecological disorders regardless of a woman's background or ability to pay. This meant mainly surgery: this was exactly the revolutionary period when abdominal surgery became feasible and relatively safe. Kelly had come to know the Kensington section of Philadelphia when a house officer at Episcopal Hospital, also in that region. In 1890, the KHW was able to buy and renovate an Italianate town house on Norris Square (a small park, still lovely), built in 1873 or 1874. The choice was based not on prestige of a park location, but rather to ensure fresh air and light: ventilation guided hospital design in this period. [Illustrations of this and additional buildings historical and in the present will be shown.]

Kelly, of course, became a preeminent figure in gynecological surgery. With Kelly gone, his assistant, Charles Noble, and others, continued the surgical work, which comprised many excisions of ovarian tumors, chronically inflamed tubes, fallen uteruses, and the odd appendix. Most patients were the poor wives of mill workers, and hospital finances were tight. Yet the Hospital flourished during the 1910s and 1920s, and survived the Great Depression and part of the WWII years, to finally close in 1945. It found itself in fiscal peril; and owing to the War, could not find nurses. It was bought and re-opened as a small general hospital by two immigrant physicians – Benjamin Ulanski, a Russian-born Jew, and Leopold Vaccaro, born in Italy. It was renamed Kensington Hospital. By this time, a number of Yiddish-speaking Jews had moved into the Hospital's neighborhood, and prosperous Jewish Philadelphians assumed places on the new board of directors. By the 1960s and 1970s, with the manufacturing gone, Kensington drifted into poverty and decay. Many Puerto Rican immigrants came to the affordable district, and some now occupied the beds of Kensington Hospital, which boasted of its bilingual staff. Sadly, addiction assailed the population of Kensington and still does. Today, the small hospital offers only limited inpatient care, centered on addiction and related medical problems. More general outpatient services reside in a 1978 addition.

Though not be any means a full-service hospital, Kensington still serves medical needs of its low-income neighborhood residents, and literally speaks their language. It is the last and only independent hospital in Philadelphia. It never had the funding to rebuild, so functions mainly in structures built before 1915, some designed by notable architects. This writer was pleased to document its architectural merit and its history and successfully nominate it for a place on the Philadelphia Register of Historic Places in 2019.

Learning objectives:

1. Consider the importance of conducting patient care in the patient's language.
2. Debate the assertion that smallness and limited scope might foster survival of a community hospital.
3. Describe how changes in medical theory influenced hospital architecture.

## **Osler, Virchow, and the Birth of Social Medicine**

Jong O. Lee

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Rudolf Carl Virchow was one of the leading physicians and pathologists of his time. But he was more than a prominent physician. He was an ardent advocate for social medicine. Virchow was born in Schivelbein, Pomerania, Prussia on October 13, 1821. Earlier in his life, he wanted to become a minister but decided to go into medicine instead, just as Sir William Osler did. He studied medicine at Friedrich-Wilhelms Institute in Berlin. He received medical degree in 1843 and joined the Charite Hospital in Berlin for internship. He was the first Chair of Pathological Anatomy at the University of Wurzburg in 1849. In 1856, he became the Chair of Pathological Anatomy and Physiology at the Friedrich-Wilhelms University. He founded Virchows Archiv which is still published today. This is a story of how social medicine was born and how William Osler and Rudolf Virchow crossed paths.

Typhus epidemic broke out in Upper Silesia in Prussia, which had large Polish minority in the winter of 1847-1848. As the condition deteriorated, the Prussian government sent Virchow to investigate. At the time, he was a junior lecturer in pathology at the Charite Hospital in Berlin. He spent three weeks investigating. He was dismayed by the deplorable living conditions and starvation. He wrote 190 page Report on the Typhus Epidemic in Upper Silesia in 1848. In his report, he emphasized social, economic, and political factors involved in the cause of typhus epidemic. He outlined a program of social reconstruction including full employment, higher wages, and universal education as a solution. He truly believed that physicians are the greatest advocates for the poor.

Virchow taught German giants in medicine including Edwin Klebs, Ernst Haekel, and Adolf Kussmaul. Of course, he taught The Giant in Medicine, Sir William Osler. Osler learned pathology and love of microscope from Virchow. Virchow had a major impact on medical education in Germany as did Osler on medical education in America. He was a prolific writer as was Osler. But most of all, he was a passionate advocate for social medicine.

Learning objectives:

1. Discuss briefly Virchow's contribution to social medicine.
2. List interactions and similarities between William Osler and Rudolf Virchow.
3. Outline evolution of social medicine over the last century.

## The Neurasthenic as a Soldier: A History of Modernity and War

John C. Cravero

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In the twilight of World War One, a 1917 correspondence to the *Journal of American Medicine Association* shows Osler warning examiners of the neurasthenic soldier: men with an unstable nervous system who, when subject to strenuous conditions, suffered severe mental breakdown and failure of their nervous system. Despite its pervasiveness, neurasthenia was not unique to the First World War and its obscure etiology throughout the twentieth century can be traced back to even more obscure origins in the nineteenth century.

A general description of neurasthenia can be found in Osler's *The Principles and Practice of Medicine*, a term coined by George Miller Beard, a neurologist who described the mechanical weakness and mental fatigue in workers subjected to the strenuous working conditions of the Industrial Revolution. Unlike Beard, Osler subdivides neurasthenia into 'railway spine,' a condition coined by John Eric Erichsen, a surgeon who described neurasthenic symptoms in passengers involved in traumatic railroad accidents. Both descriptions by Beard and Erichsen suggest that the advent of the Industrial Revolution created modern situations that gave rise to new pathologies and symptoms.

The rise of modernity in the nineteenth century served as a prelude to the twentieth century as it ushered in World War One, the first major world conflict with a modern theme. Soldiers for the first time would experience the modern horrors of war: rounds fired from automatic weapons, the use of mustard gas and other chemical inhalants, and more especially, the constant bombardment from artillery shells. As a result, neurasthenic soldiers returning from the front were diagnosed with 'shell shock,' a term coined in 1915 by C.S. Meyers, an English psychologist. Once again, the world theatre enoted its theme and variation on modernity and warfare, yielding another tangential diagnosis of neurasthenia.

Our understanding of neurasthenia and trauma would continue to change throughout the twentieth century with the passing of numerous military conflicts, such as the Second World War and the Vietnam War to note. In the Second World War, soldiers would find themselves diagnosed with 'combat stress disorder' while also experiencing the moral trauma of Nazis ideology, the Holocaust, and atomic warfare. By the 1960s, combat stress disorder would serve as the basis for 'post-traumatic stress disorder,' the umbrella diagnosis shouldered by Vietnam Veterans that continues to describe active soldiers to this day. Since the Industrial revolution, neurasthenia has continued to be shaped by modern situations, particularly those involving war. However, there are other political, cultural, and moral factors that influence our medico-cultural understanding of war and trauma that have also shaped neurasthenia and may be appreciated as part of its long, obscure history.

Learning objectives:

1. Examine the history and etiology of neurasthenia and its relation to modernity and railway spine.
2. Discuss World War One's neurasthenic soldier and early psychiatric screening exams.
3. Compare sequential outcomes for war neuroses during and after World War Two and the Vietnam War.

# The History of Nationalism in Music and Medicine During Osler's Lifetime

Matthew Dacso

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Sir William Osler's life span (1849-1919) encompassed two important eras in Western classical music: the late Romantic period and the early Modernist period. The Romantic period was characterized by a departure from the traditional orchestral styles of Classical period composers such as Mozart and Haydn. Composers were rejecting established musical structures and embracing emotionalism and individualism – the idea that the composer's own feelings should be conveyed through the music. This approach was fueled by intense nationalism, expressed as the incorporation of local language and traditional folk music into the art form. Operatic and orchestral composers such as Richard Wagner (Germany), Antonin Dvorak (Czech Republic), and Nikolay Rimsky-Korsakov (Russia) were emblematic of this era.

At the turn of the century, the individualism and nationalism of the late Romantic period had resulted in profound diversity of musical styles. The Impressionism of Claude Debussy gave way to the experimental and dissonant style of composers such as Igor Stravinsky and the “atonal” movement spearheaded by Arnold Schoenberg. In America, the importation of different styles of music from Europe, combined with the popularization of African spirituals, led to the development of Ragtime, then ultimately to jazz.

The same trends of individualism and nationalism that appear in late Romantic music are echoed in the development of the medical profession during this era. Throughout the 18th and most of the 19th centuries, Europe was the center of innovation and advancement in medical education and practice. During the formative years of his career, Sir William spent a significant amount of time in Europe studying with various masters, most notably with Rudolf Virchow and Dr. John Burdon Sanderson.

During Osler's lifetime, there was a profound growth of nationalism in medicine that mirrored geopolitical trends. Osler was fiercely opposed to nationalism and as his career progressed, expressed frustration with what he perceived was an ignorance of the historical contributions of “great men” from across Europe to the advancements in science and medicine. He believed that practicing medicine was a way of life – a brotherhood that united physicians across the world to serve their fellow man, irrespective of race, creed, ethnicity, or national origin. In his words, *“nationalism has been the great curse of humanity. In no other shape has the Demon of Ignorance assumed more hideous proportions; to no other obsession do we yield ourselves more readily. That same nationalism would ultimately lead to the First World War and the untimely death of his son Revere.”*

Plato was quoted as saying *“Music is a moral law. It gives soul to the universe, wings to the mind, flight to the imagination, and charm and gaiety to life and to everything.”* From an Oslerian perspective, music and medicine share these same characteristics. They are cross-cutting fields that serve to unite the world rather than divide it. Perhaps the evolution of modern music can teach us how to become better doctors after all.

Learning objectives:

1. Describe the characteristics of Western classical music through Osler's lifetime, encompassing the late Romantic and early Modernist eras.
2. Examine the role of nationalism in medicine and in music during Osler's lifetime.
3. Explore the parallels between the evolution of Western music and the medical profession.

## **Medical Patriotism: The University Units and Base Hospitals of World War I**

Michael C. Trotter

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

Following the success of the University Unit plan of organization for service at the American Ambulance in Paris in 1915, it was expanded to include the base hospitals for the American Medical Reserve Corps (AMRC). The plan was initially developed by George W. Crile, M.D. at the request of Myron T. Herrick, U. S. Ambassador to France. Crile's Lakeside Hospital Unit of Cleveland, known as Base Hospital # 4, was the first to deploy to support the American Expeditionary Forces (AEF). Thereafter there would be 129 base hospitals, 48 of which can be considered University Units.

This degree of medical patriotism was unprecedented and served to fill a vast unmet need that has not presented itself since. As such the University Units are a unique component of the medical histories of the participating universities. Many individual unit histories have been written and provide keen insight into the logistics of these much needed all-volunteer efforts. Although a comprehensive history of the University Units has not been available, each participating institution should recognize and be justifiably proud of the importance and unique role of their unit in its medical heritage.

The University Units of the AMRC supported the AEF in WW I. Profiling representative units and surgeon leaders illustrate the unique and historical role of this medical patriotism. The case of Revere Osler exemplifies American best quality medical care under conditions of hardship and new lethal weaponry.

Learning objectives:

1. Examine the origin and association of American academic surgery and military medical care during WW I.
2. Discuss Revere Osler's surgical care in the context of those providing it.
3. Define the historical link of the University Units and their present-day legacy institutions.

# The 1969 Woodstock Music Festival: A Public Health Perspective on Peace, Love, and Music

Clyde Partin

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The 50th anniversary of the 1969 Woodstock Music Festival occurred in August 2019. In 2009, a book review regarding *Woodstock '69: Three Days of Peace, Music, and Medical Care*, caught my attention and helps inform this presentation. Written by a nurse who attended the music festival, the topic of his story is a thoughtful and compelling exposé referencing healthcare at Woodstock. About 400,000 people attended the three day concert, though they had initially planned for 50,000 people. A few days preceding the festival, helicopter surveillance showed that thousands of spectators had already arrived. Some estimated more than a half-million people would eventually show up. They quickly realized that they had the potential for one of the “greatest human tragedies in modern times.” Through the extraordinary efforts of local authorities, the organizers, healthcare providers, the local townspeople, and an eccentric outfit from New Mexico known as the Hog Farmers, tragedy was averted. Illicit drug overdoses presented profound problems but their humane management by the Hog Farmers turned out to be exquisitely successful. Though over 3000 first aid visits were recorded, only two deaths were reported. The most common injuries were feet related, primarily lacerations from stepping on sharp rocks, broken glass, and other debris, including pop-tops, in the muddy pasture. Is there any truth to the myth that Jimmy Buffet’s 1977 hit song *Margaritaville* was inspired by the pop-top litter at Woodstock? Perhaps the most captivating aspect of the whole enterprise was an interview with the gentleman who cleaned the portable toilets at Woodstock. Anointed as the Port-O-San man, his infamy went viral after the release of the 1970 film *Woodstock*. This three minute dialogue portrayed, unexpectedly and in unusual fashion, the social complexities of Woodstock. Writer Michael Kramer described this discussion as “more haunting, more complicated, and more evocative, than any famous musical performance in the film.”

The release, in 2018, of yet another high profile film depicting Woodstock, and the bountiful journalistic efforts that ensued in the summer of 2019 reminiscing upon the 50th anniversary of Woodstock, reminds us of society’s abiding fascination with the *Woodstock Music & Art Fair: An Aquarian Exposition*. The captivating charisma of Woodstock continues to evolve and permeate American social consciousness.

Learning objectives:

1. Describe the reasons the music festival had the potential to be a public health nightmare and how that disastrous threat was averted.
2. Relate the number of injuries and types of illnesses that predominated and why.
3. Explain how food and sanitation problems were solved.

## Commemorative Naming in Medicine and the Role of History – A Case Study

Chris Crenner & Tequilla Manning

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Recent events at the University of Kansas School of Medicine demonstrate the critical role that historical research can play in questions about commemorative naming. The University of Kansas School of Medicine divides each incoming medical class into academic advising societies, with each society bearing the name of a university physician. The six original societies were established in 2001 with names that honor prominent physicians from the early history of the school. In recent years, controversy arose over the naming of the Wahl Society. Students had long been aware of evidence that in 1938 Dr. Harry Wahl, dean of the school of medicine, led a concerted effort to preserve the systematic exclusion of African American students from the final two years of school. In 2017, a well-organized coalition of students submitted to the Dean of the School of Medicine a formal request to change the name of the Wahl Society.

In response, the dean convened a campus-wide forum, with the plan to have a formal airing of students' views followed by a detailed history of the events in 1938 and an open discussion of the issue. Two historical research projects by medical students figured prominently in the process. In 2005, Dr. Walter Ingram, then a fourth-year student, wrote a prize-winning historical analysis of the events of 1938 that explored the complex dynamics of Dr. Wahl's actions. By chance, at the time of the petition in 2017, another fourth-year medical student, Dr. Tequilla Manning, was researching a biography of the first black woman graduate of the school, Dr. Marjorie Cates. Dr. Manning uncovered in Dr. Cates's life the forgotten story of a courageous individual who fought systematic prejudice to forge a prominent career in research and public health. The ultimate result of the students' petition was a decision by the dean to rename the Wahl Society after Dr. Marjorie Cates. Dr. Wahl is still recognized on campus as a formative early leader of the medical school and is commemorated by the presence of Wahl Hall on campus. A celebration for the renaming of the Cates Society brought together many of Dr. Cates's relatives from across the nation, including her daughter, who provided a moving statement of celebration for her mother's life and work.

The resolution of any debate over commemorative naming depends on the particulars of an accurate history, the human implications, and the social context. While each decision is unique, larger themes emerge from consideration of history's relevance to commemorative naming. Examples in medicine, such as naming of eponymous diseases, have demonstrated comparable dynamics. Historical analysis must play a part in these debates and represents an important role for the history of medicine in shaping medical professional identity.

Learning objectives:

1. Describe the advantages and pitfalls of applied historical analysis in debates over commemorative naming and renaming in medicine.
2. List key factors that can be used in an evaluation of commemorative naming and renaming for medical recognition.
3. Evaluate the problem of presenting a fair and accurate historical account of the careers of Dr. Harry Wahl and Dr. Marjorie Cates as important early members of the community of the University of Kansas School of Medicine.

## Sir William Osler, Racism, and the *Komagata Maru* Incident

Charles S. Bryan

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On the centenary of Osler’s death, Nadeem Toodayan and I predicted that “fourth-generation” Osler scholars would “take a more critical and nuanced view than did their predecessors.” We agreed with others that Osler is not the perfect role model in all respects, largely because his times were so different from our own. Nevertheless, his life and legacy remain important; it was no accident that Osler was voted “the most influential physician in history” in a 2016 poll of North American physicians.

A new charge has arisen: that Osler was a racist. The insinuation has now been made by a group of medical students at McGill, a contributor to the *Montreal Gazette*, and an associate editor of the *Canadian Medical Association Journal*. Most of the cherry-picked evidence used by these authors is easily parried, but a more serious charge is that Osler, on 28 May 1914, asserted (according to a single reporter): “We are bound to make our country [Canada] a white man’s country.”

Most Canadians felt the same way at the time, as evinced by the book title *White Canada Forever: Popular Attitudes and Public Policy toward Orientals in British Columbia* (2002). British Columbians feared that population pressures in Asia would drive hordes of Chinese, Japanese, and East Indians to their province, where they would not assimilate well with whites. It was easy to erect immigration barriers against Chinese and Japanese, but what about East Indians, since they were part of the British Empire? The Canadian government passed a “continuous journey” regulation stipulating that immigrants had to arrive on a continuous (nonstop) voyage from their country of origin. This effectively barred East Indians, since no steamship lines offered such service.

On 23 May 1914—five days before Osler gave remarks in closing out a banquet at the Canada Club of London—a Japanese steamer named the *Komagata Maru* arrived in Vancouver harbor with 376 passengers from the Punjab Province of British India seeking to immigrate. Organizing the voyage was Gurdit Singh (1860–1954), a Punjabi businessman who sought to challenge Canada’s immigration laws. There were rumors that weapons were on board, and the passengers heard inflammatory messages during the voyage. Tension rippled throughout Canada and elsewhere in an empire already concerned about unrest in India and the prospect of imminent war in Europe. According to an entry in the *Canadian Encyclopedia*, few Canadians [including left-wing Canadians] had any sympathy for the people on the *Komagata Maru*.” Osler merely parroted the views of his audience.

Using the lens of presentism, we can fault Osler for endorsing systemic racism in the limited sense of Canadian immigration policy toward Asians, but neither I nor others have uncovered any instance of him endorsing interpersonal (“everyday”) racism. As a humanist, he honored in deed his lofty words that “Distinctions of race, nationality, colour, and creed are unknown [have no place] within the portals of the temple of Æsculapius.” On balance, advocates of racial equality should view Osler as an ally, not an adversary.

Learning objectives:

1. Define “presentism” and discuss debates among historians about the typology of presentism and its inevitability.
2. List four examples of Osler’s words and actions that have been cited as evidence of “racism” in the recent literature.
3. Suggest possible ways the American Osler Society might address systemic racism as it still applies to society, including medicine and healthcare delivery.

## **Presidents of the American Osler Society**

\* Deceased

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

## **Secretaries and Treasurers of the American Osler Society**

\* Deceased

<b>Year(s)</b>	<b>Treasurer-Historian</b>	<b>Secretary</b>
1971	Alfred R. Henderson*	John P. McGovern*
1972	Alfred R. Henderson*	Edward C. Rosenow, Jr.*
1973	Alfred R. Henderson*	A. McGehee Harvey*
1974	Alfred R. Henderson*	Raymond D. Pruitt*
1975	Alfred R. Henderson*	Martin M. Cummings*
	<b>Secretary-Treasurer</b>	
1976 - 1985	Charles C. Roland*	
1986 - 1989	Jack D. Key*	
1990 - 2000	Lawrence D. Longo*	
2001 - 2009	Charles S. Bryan	
	<b>Treasurer</b>	<b>Secretary</b>
2009 - 2012	R. Dennis Bastron	Paul S. Mueller
2012 - 2014	R. Dennis Bastron	
2012 - 2017		Christopher J. Boes
2014 - 2019	C. Joan Richardson	
2017 – 2020		Douglas J. Lanska
2019 – 2020	J. Gordon Frierson	
2020 - 2023		David B. Burkholder
2020 – 2022	Andrew T. Nadell	

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

1986	Albert Rupert Jonsen	2004	William F. Bynum
1987	Edward Janavel Huth	2005	Karen Hein
1988	Joanne Trautmann Banks	2006	Joseph Jack Fins
1989	John Nicholas Walton	2007	Abraham Verghese
1990	E. A. Vastyan	2008	Charles E. Rosenberg
1991	Daniel Michael Fox	2009	Patrick A. McKee
1992	William C. Beck	2010	Nuala P. Kenny
1993	Anne Hudson Jones	2011	Rosemary A. Stevens
1994	David Hamilton	2012	C. David Naylor
1995	Sherwin B. Nuland	2013	Bert Hansen
1996	David J. Rothman	2014	Sir Donald Irvine
1997	Roger James Bulger	2015	Rolando Del Maestro
1998	Paul Potter	2016	Mark G. Dimunation
1999	John David Stobo	2017	Carlos del Rio
2000	Gert Henry Brieger	2018	K. Patrick Ober
2001	Kenneth M. Ludmerer	2019	Marie Wilson
2002	James K. Cassedy	2020	Meeting cancelled
2003	Sir Richard Doll	2021	Jonathan Haidt

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

2005	Earl F. Nation	2013	John C. Carson
2006	Charles G. Roland	2014	T. Jock Murray
2007	Lawrence D. Longo	2015	Marvin J. Stone
2008	Richard L. Golden	2016	Kenneth M. Ludmerer
2009	W. Bruce Fye	2017	Richard J. Kahn
2010	Charles S. Bryan	2018	Pamela J. Miller
2011	Michael Bliss	2019	Joseph W. Lella
2012	Jeremiah A. Barondess		