



The Oslerian



President's Message

Pages 1-3

2018 Pittsburgh Meeting

Pages 4-5

Tributes to Michael Bliss

Pages 6-9

Humanities/Poetry

Page 9-10

Letters - Notices

Pages 11

Looking Ahead

Page 12

A Message from the President

By Laurel E. Drevlow

In memoriam:

At the time of this letter we are grieving the loss of another extraordinary Oslerian. Yet the brief biography of Dr Shigeaki Hinohara insists that we also celebrate the life of a man who began practicing medicine during World War II, who practiced it for more than 70 years, and who demonstrated true Oslerian ideals through all of them. It is an honor for any physician to belong to the same "guild" as such an individual. Oslerians will most certainly want to learn still more of his history in years to come.

it to me, which is to say it wasn't exactly verbatim. But it was at once accurate, amusing and entirely apt for the patient I had just evaluated in the ER that midnight. By that time in my residency training I had seen enough patients to also know that the saying was certainly, and sometimes adversely, true.

Now fast forward a few decades..., while on call a few weekends back I received a distress call from a pharmacy where one of our resident clinic patients was trying to pick up a renewal prescription for his oxycodone (for his chronic back pain). Seems he had been at his cabin up at "the lake" in central Minnesota and had forgotten his medications there. No, he still had plenty of his diabetes, hypertension, cardiac, gout, reflux, lung and lipid medications, thanks, doc. It was only the narcotic that he had forgotten to pack.

The on-call, 2nd year resident was reviewing the patient's electronic medical record when I caught up with him and we both saw a medical problem list that ran to a full and substantive, 18 item acronymic alphabet soup of diag-

On Mentoring-II

"One of the first duties of the physician is to educate the masses not to take medicine."

William Osler

"Laurel...", he said, "it is so important to know what William Osler taught us about patients like this - that 'the thing that distinguishes man from the lower animals is his willingness to take medication.'"

This wasn't the first time I had heard the name, William Osler, but it is the first of his quotes that I put to memory. And I memorized it, and often quoted it, just this way, the way the patient's internist on the phone had quoted



**President
Laurel E Drevlow
48^h AOS President
installed at the 2017 meet-
ing in Atlanta, GA.**

President's Message *(Continued from page 1)*

noses – DM, HTN, OSA, DLD, T. gout, DJD, GERD, CBP, CDD with anxiety, B12 deficiency (since the first Roux-en-Y GBP) CKD, COPD, PAD... As is typically the case, the primary and causative diagnosis for many of this man's clinical conditions was not listed. His appetite for life, and apparently also food and drink, had, truly impressively, restored his BMI to 51 (normal range, of course, is roughly half that) following his second surgical attempt at cure, thus outstripping his first mark before the initial gastric bypass surgery. Medical problem # 1. Morbid Obesity.

Not surprisingly, his medication list spanned an EPIC Excellian page for a grand total (provided the patient was able to obtain everything generically possible) of \$162/day. (Almost makes a course of Harvoni seem like a bargain, doesn't it...?) Placed in a measuring cup it was nearly a quarter of a cup of pills each morning. Like many, this particular patient saved money by selectively using medications – took them some days, not always. The narcotic he used quite reliably though.

The documentation from a previous health care setting read like an American Board of Internal Medicine teaching module for what not to do with patients with chronic back pain – multiple XRays, CTs, MRIs, medical devices, and a king-sized Whitman's sampler of narcotic analgesics. To my partners' credit, after welcoming him to our clinic, they had begun a carefully scheduled withdrawal from narcotics to which the patient was agreeable. Except he wanted to have his oxycodone this weekend.

John Till was a famous and popular "plaster doctor" who practiced medicine with neither training nor license in the St Croix River valley (the one in Minnesota, not Maine) at the turn of a previous century. His secret treatment was mainly kerosene and croton oil and he was, of course, a true *quacksalver*, or hawker of salve. But people with unpleasant symptoms - then, as now - were readily taken in by promises of easy cures. (Till might have done equally well as a modern day pharmaceutical ad writer.) He reportedly grossed about \$80,000 in one "season" of treatments in 1907. Like any clever charlatan he spiked his remedies with pilfered analgesics to make his patients feel better for a bit after a visit.

"In matters medical the ordinary citizen of today has not one whit more sense than the old Romans... Deal gently then with this deliciously credulous old human nature in which we work..."

William Osler

William Osler, who understood the human condition so well, readily saw how we humanoids like

our medications - how we fall prey to rascals like John Till. We believe in pills, salves, medications and remedies of all kinds – proven or not. Today's salve and supplement manufacturers need not fret over the scientific, double blinded, placebo-controlled, randomized trials that prove convincingly that megavitamins and nutritional supplements provide no health benefit for ordinary folks. Despite research from attorneys general of three states and Puerto Rico, showing that nearly 4 in every 5 herbal supplements tested at major retailers in New York contain none of the ingredients stated on the label, and more than a third of them contained "contaminants," the vitamin and supplement industry grossed \$37 billion last year – another 4% increase since the previous year. As CEO, Joseph Fortunato, of GNC observed, "The thing to do with [these studies] is just ride them out. We see no impact on our business."

We, as physicians, further our patients' confidence by writing prescriptions so readily. The days of Osler - when a physician knew anatomy, physiology and pathology so thoroughly and had the luxury of time to actually think about the patient and come up with a sound, evidence based diagnosis - are long past. Woe be unto the patient in 2017 with signs and symptoms that do not fit a common diagnostic algorithm. Their odds of getting an accurate diagnosis are shrinking faster than the DRG folks can invent more billing codes.

Practicing physicians are well aware that we are not rewarded for getting accurate diagnoses, only for listing as many we can justify. And we all know that it is much easier to write another prescription than to spend unallotted, unreimbursed time explaining how the patient might begin their weight loss program and how it will be monitored and how it will restore their health in so many ways. Clock's ticking and patients are waiting. Pass the pills please.

So what does this have to do with history and humanity and Sir William? Well, sort of everything doesn't it?

We doctor folks stress the necessity of learning history of medicine yet we do not rigorously teach it to our students even when it is so completely applicable to our patients' care. We know the essential role for the humanities yet we do not demand it of our trainees even though it improves professional interactions, patient communication, diagnostic precision and job satisfaction. We know the wisdom of William Osler but we sometimes overlook opportunities to share the wealth and wonder of the man's legacy with apprentices of the guild even though we know that it still matters.

President’s Message (Continued from page 2)

Only on that one day, decades ago, Dr. S. *did* share with me. He took the time, in the wee hours of the morning, when he might have been sleeping, to offer me brief, but memorable, midnight mentoring about this man, William Osler, about human nature, and a professional response to it. And it stuck, and here I am, a member, and (who could have ever imagined it!) now president, of a society to which I scarcely merit admittance. Mentoring can do that.

We can do that - each one of us - in a word, in a sentence, in a brief story, even in staffing a patient in the middle of the night - as teachers and mentors. We can make sure that any “student” in our circle of communication, influence, class room, clinical or academic care is invited into the fellowship. That student can be a medical student, resident, colleague, nurse, who knows - maybe even a hospital administrator. Who have you mentored this month? What wisdom have you shared? What story have you told? I bet our esteemed and excellent editor, Mike Malloy, would love to publish your account in the next edition of the Oslerian. Why don’t you send it to him?

My weekend patient? Generously, he had still more to teach us than just about multiple, complex, knotty medical problems, chronic pain and narcotic overuse. The resident who was providing his care, a dedicated, knowledgeable, clinically skilled young man, was having a little difficulty withholding his judgment about the patient’s particularly corpulent condition, medication nonadherence, fondness for narcotics and what he saw as the man’s personal responsibility for his medical problems.

Ahhhh..., and there it was, another mentoring moment. In that moment I recalled the quote from Maimonides prayer that Herb Swick cited in his article on professionalism (Acad. Med., vol 82, No. 11/ Nov 2007): “in the sufferer, let me see only the human being.” So my young resident friend heard the same, gentle, Oslerian lesson that I had heard long ago from my own mentor, CP, about how this patient would not have chosen his current condition if he knew how, or was able, to be otherwise. And how, when we meet a patient like this, who is the sum of 2, we teach ourselves to greet and care for “all 400 beautiful pounds of him.”

Yup, it’s good to have mentors. Thanks again, Dr. S. and Dr Swick, and, of course, Dr. P.

“The person who takes medicine must recover twice. Once from the disease and once from the medicine.”

-William Osler

References available upon request

Calling all artists:

“Summer afternoon—to me those have always been the two most beautiful words in the English language.” — Henry James

It’s time to get your art on! Herb Swick has been nobly, expertly curating an art exhibit for all of us to enjoy at recent AOS meetings. He will be soliciting contributions for Pittsburgh soon I’m sure, but I thought I would add a word of encouragement to all types to indulge their artistic passion in the summer sunshine. Then be sure to pack your original creation with your



Osler scarf or tie so you can find it next May!

Savor the sweetness of summer.



Preview of 2018 AOS Annual Meeting In Pittsburgh

The May 13-16, 2018 American Osler Society annual meeting will be held on the campus of the University of Pittsburgh and will be co-sponsored by the University of Pittsburgh and the C. F. Reynolds Medical History Society. Unlike most past AOS meetings ours will not be located in a hotel but rather in the University Club on Pitt's campus, allowing us to provide top quality space and services at a much lower cost. The convention accommodations are at the Wyndham Hotel which is within easy walking distance of the University Club. The room rate will be \$160.00 per night plus tax. A shuttle bus will be provided for those unable to walk these 3 blocks to the University Club. Medical students and residents can stay at the new Nordenberg Dorm 100 feet from the University Club for \$30.00 to \$60.00 per night depending on how many share a room. Medical students and residents pay no registration fees and all of their meals are free, except for the evening dinners/receptions for which they would have to pay if they want to attend.



This year's meeting will include all the normal sessions we look forward to annually, in addition to which we are adding stand-alone poster sessions on Monday and Tuesday to accommodate some of the outstanding papers that could not be accepted. Our hope is that medical students and residents will take advantage of this extra opportunity to present their history of medicine research.

The Local Arrangement Committee (LAC) has arranged for some top quality entertainment for both Monday and Tuesday evenings. On Monday there will be a cocktail reception on the garden terrace of the University Club, weather permitting-if not we will hold this casual event in the second floor ballroom where all our meals and breaks during the day will be held. We will then walk over to Alumni

Hall on the university campus for our annual banquet, music, and the president's address. Alumni Hall is located one half block from the Wyndham Hotel.

Tuesday evening we have reserved the magnificent Heinz Chapel with its elegant stained glass windows for an hour long organ recital. Those of you who enjoy photography be sure to



bring your camera equipment as the inside of Heinz Chapel is fantastic and very photogenic-ask Jock Murray. I encourage you to google Heinz Chapel to see what awaits you there. Following the organ recital we will walk over to the Cathedral of Learning. It is the tallest building on a university campus in North America, standing 42 stories in height. You will hear some of the fascinating stories concerning the history and construction of this unique building while enjoying an informal reception of dinner and drinks. After dinner there will be optional guided tours of some of the 30+ Nationality Rooms located on the first and third floors of the Cathedral. These mini-museums were and still are been created solely by the various ethnic and religious communities in Pittsburgh, beginning in the late 1930's and continuing through today. They reflect aspects of each community's unique cultural history, with emphasis on contribu-



tions to world civilization and these cultures' art work. It's always wonderful to see what the diverse ethnic communities here in Pittsburgh have chosen to value and emphasize in their presentation of their heritage. The opportunity for photographs is tremendous, from stained glass windows, to hand carved wood carvings, to special stone work sent over from the various home countries, and iron work created by one of America's greatest 20th century ironworkers, Samuel Yellin.

AOS leadership is reaching out to non-AOS physicians with an invitation to join us for this Pittsburgh meeting. Please share the call for papers for this meeting with your medical colleagues who might be interested in attending.

This annual gathering should be most memorable. Do not hesitate to contact me at with any questions you may have at erlen@pitt.edu.

We look forward to welcoming you and your families to Pittsburgh in May, 2018.

*Jonathon Erlen
University of Pittsburgh
LAC Co-Chair, 2018 AOS meeting*



American Osler Society Committee Membership 2017-2018

COMMITTEE	CURRENT CHAIR	CURRENT MEMBERS	NEW CHAIR	ROTATES OFF	NEW MEMBERS
Bean Award	S. Podolsky	J. Erlen, J. Murray, R. Rakel	J. Murray	J. Erlen, R. Rakel	B. Thompson, J. Wright
McGovern Award*	P. Mueller	P. Miller, H. Swick	J. VanderVeer	P. Miller	None
Lifetime Achievement Award	B. Fye	P. Kligfield, S. Moss, C. Pierach	C. Pierach	P. Kligfield	J. Barondess
Nominating*	P. Mueller	P. Miller, H. Swick	J. VanderVeer	P. Miller	None
Finance	M. Molina	B. Cooper, M. Stone	M. Molina	D. Bindschadler	None
Membership#	C. Partin	V. McAlister, E. Matteson, S. Peitzman, J. Richardson	M. Molina	C. Partin	TBD
Publications	M. Jones	C. Lyons, W. Roberts, J. Greene, M. Malloy, H. Travers	M. Jones	C. Lyons	None
Annual Meeting† – Program Committee	L. Drevlow	J. Bailey, C. Partin, S. Peitzman, H. Travers	C. Partin	J. Bailey, S. Peitzman, H. Travers	M. Molina, TBD
Annual Meeting – Local Arrangements Committee	C. Partin, W. Jarrett, B. Silverman	C. Boes (Executive Cmt liaison)	J. Erlen	C. Boes, C. Partin, W. Jarrett, B. Silverman	G. Duker, K. Bettermann, D. Lanska (Executive Cmt liaison)

OSLERIAN TRIBUTES TO MICHAEL BLISS

MICHAEL BLISS (1941–2017):
IN MEMORIAM, WITH GRATITUDE

Michael Bliss, a master of the epigram, once said from our podium: “The default position to death has always been denial.” Oslerians throughout the world are in denial that Michael left us on May 17, 2017.

Michael like most serious intellectuals thought a lot about death and the purpose of life. We can be certain that he would want us to whip through the Kübler-Ross stages of grief toward acceptance. He would want us to carry on in day-tight compartments, to follow the Golden Rule as best we can, and when the day of sorrow and grief comes to meet it with *aequanimitas*, as he did. He would want us to pursue the “quest for salvation,” as he did, by making the world a kinder, gentler place.

Most of us knew Michael as the English language’s foremost medical biographer, famed for *The Discovery of Insulin* (1982), *Banting: A Biography* (1984), *William Osler: A Life in Medicine* (1999), and *Harvey Cushing: A Life in Surgery* (2005). We also knew him as an uncommonly nice man who moved easily and gracefully among us. Many of us were only dimly aware that his reputation in academe ran much deeper.

Michael didn’t advertise—he didn’t have to. But late one evening, after our annual banquet, after a drink or two, he confided to me that in Canada his reputation was not as a medical historian but rather as a public intellectual. He hastened to add: “Canada is a small country.”

Michael’s primary identity as a medical historian emerged relatively late in a remarkable career. At first he did social history, concentrating on business history (economic history). This segued into political history and controversy over the future of Canada. He was of course broadly competent in the humanities. Only five of the nineteen doctoral dissertations he supervised dealt mainly with medical history.

But it was as a medical historian that Michael will always matter to the American Osler Society. At a time when some bashed “Osler studies” as hagiography, Michael bolstered the credibility of medical biography, seen within its social context as an endeavor of at least some relevance to contemporary problems.

John William Michael Bliss was born on January 18, 1941, in Learnington, Ontario, which is on the north shore of Lake Erie and near the southernmost point of mainland Canada. Learnington is about one-third the distance from Detroit, Michigan, on a straight line drawn to Cleveland, Ohio. Young Michael figured he’d be a doctor like his father, Dr. Quartus Bliss, until the Sunday afternoon when a drunk with a complicated facial laceration disturbed their Scrabble game. Michael watched his father sew it up “with blood and alcohol fumes everywhere” and decided then and there that medicine was not for him. Off he went to the University of Toronto “with the vague idea of becoming a scientist,



probably an astrophysicist.”

He would spend his entire career at that institution—from gestation (B.A., M.A., and Ph. D.) to faculty appointment to University Professor to a near-legendary figure evoking controversy in conference rooms throughout Canada—but not as an astrophysicist.

Michael’s first intellectual transition came during his sophomore year of college when he left the sciences to chase the Big Questions—in his words, “the ultimate issues about the purpose of life and the possibilities of transcendence or salvation.” Philosophy imparted “a deep-seated skepticism” as he concluded “that the concepts and language of most traditional metaphysical inquiry were either meaningless or impossibly complex, and that for me these inquiries were dead or irrelevant ends.” Fine, but he saw the need “to make a living in the real world.”

He chose to teach and write history, more specifically Canadian history. His masters’ thesis generated his first peer-reviewed journal article, “The Methodist Church and World War I.” By then he had surveyed the approaches to doing history and, influenced by the British philosopher and historian Robin George Collingwood (1889–1943), perceived “the historian’s quest as fundamentally humanistic rather than as a social science.”

Michael sought to understand the uniqueness of individual lives, events, and incidents. He was less interested in sweeping generalizations grounded in statistical analysis. Put differently, and to draw an analogy with the “Present Illness” section of a doctor’s “history of the present illness,” he focused more on the patient’s story than on the laboratory and imaging results. He became a master storyteller.

For his doctoral work he took up business history, which absorbed the first third of his career and positioned him for his later role as a public intellectual. His doctoral thesis, published as *A Living Profit: Studies in the Social History of Canadian Business, 1883–1911* (1974), was followed by *A Canadian Millionaire: The Life and Times of Sir Joseph Flavelle, Bart, 1858–1938* (1978). The latter brought him a reputation for doing biography as social history without allowing the subject to dissolve within the context. Next was *The Discovery of Insulin* (1982), tracing how four flawed individuals forged one of medicine’s greatest triumphs. This, Michael’s most successful book, gained him a wide readership. The insulin story fit beautifully into what became for Michael a *raison d’être*: the quest for salvation understood as “Man’s Redemption of Man” (to use the title of Osler’s lay sermon at Edinburgh, of which Michael approved).

Two political issues that roiled Canada during the 1980s and 1990s drew Michael into the public fray. The Quebec sovereignty movement tested Canadian citizens’ willingness to hang together as a national community. The free trade agreement tested Canadian businessmen’s and politicians’ willingness to risk change. In *Northern Enterprise* (1987), Michael surveyed five centuries of Canadian business; in *Right Honourable Men* (1994), he surveyed Canadian prime ministers; but his real goal was nation-building, to give Canadians a collective sense of self.

Michael’s generally-conservative viewpoints ran counter to those of many, perhaps most Canadian intellectuals. He was not shy about expressing opinions. He hewed to the advice of an early mentor, Kenneth McNaught, to the effect scholarship is “about passing judgment.”

The media took notice. Michael’s columns sold newspapers. Michael’s articulateness sold television airtime. The University of Toronto basked in Michael’s celebrity. Students flocked to his

OSLERIAN TRIBUTES TO MICHAEL BLISS

undergraduate history courses, where they mixed with aspiring politicians, civil servants, businessmen, and lots of other people.

The last third of his career—the portion with which we're so familiar—centered on medical history, but once more he went against the grain. In so doing—at least as I see it—he rendered a service to medicine, to the humanities, and to the American Osler Society that has yet to be fully appreciated.

His former graduate student E. A. (Elsbeth) Heaman writes in her essay on “Michael Bliss and the Delicate Balance of Individual and Society” that when Michael's students began writing dissertations “squarely within the emerging specialized discipline of the history of medicine,” that field “had long been dominated by medical professionals, who were gradually sharing and then ceding place to professional historians turned out by history departments writing for other historians in departments around the world.” Moreover, “As medical historians sought to establish their discipline, they often brandished the label ‘social historian’ as a kind of battle-axe to lay waste to the internalist histories of medicine.”

Heaman continues: “During a 1994 conversation between Michael Bliss, Jacalyn Duffin, and J.T.H. Connor, published in the *Canadian Bulletin of the History of Medicine*, Duffin observed that ‘debunking’ abstracts were generally accepted for the forthcoming conference of the American Association for the History of Medicine, and the hagiographic ones rejected, while Bliss emphasized he had ‘worked very hard to counter debunking tendencies in his recent *Banting* [*Banting: A Biography*].’”

Meanwhile, various persons including the late Charles G. Roland expressed the need for a new biography of William Osler. Michael self-assigned the task after students showed little or no interest. He was well aware that an Osler biography would invite accusations of hagiography, the dreaded “H-word.”

Michael first wrote a paper on the difficulty of writing about a man who seemed in many respects too good to be true. Michael followed in a train of AOS members—examples include George Harrell, Chuck Roland, Earl Nation, and Philip Leon—who tried their darnedest to dig up everything “negative” about William Osler, to present him as a real person, not a saint.

Michael's crowning gift to us was his presidential address, later published, on “Medical Exceptionalism,” by which he meant that medicine, perhaps unlike most fields of human endeavor, really does follow a steady path of progress for the betterment of the human condition. Here's from the abstract of that paper:

A laudatory approach to medical history commonly adopted by “amateur” medical historians in the tradition of Sir William Osler has often been eschewed by “professionals” as faulty, feel-good history. But Osler was right in his belief that, on balance, the progress of medicine has been spectacular, that modern health care offers one of the finest examples of the possibility of “man's redemption of man.” Written objectively, medical history is about progress and achievement, and can properly be seen as inspiring. If we mordantly or relativistically dismiss the unprecedentedly high quality of modern health care, we lose the ability to understand why citizens value it so highly, and this distorts our understanding of current issues. We also lose our sense of the wonders of human and medical achievement.

Fine, but why Osler?

The one-page essay to which I keep returning is “The History of Medical Teaching,” by the French medical historian Dan-

ielle Gourevitch, written for *The Lancet* on the eve of the new millennium. She writes: “Today's technical and dehumanized medicine has no past, has no cultural language, has no philosophy, does not even have any books. . . . The year 2000 will witness the triumph of medicine, but also the substitution of doctors by health technicians.” Professor Gourevitch calls William Osler “the last *maître à penser* for a noble-minded general medicine.” That, in a nutshell, is why Osler still matters.

Michael's ultimate gift to us—to those of us who seek insight and inspiration from the life, teachings, and ideals of William Osler, that thoroughly human person who breathed life into the medicine of his era—is that he sought to understand Osler from both “externalist” and “internalist” perspectives.

Michael, I suspect, went through life wondering what would have happened had he followed in the footsteps of his much-admired Dad. When I told Michael a few months ago that I was “still in the trenches” at age 75, taking call for infectious diseases consultations every third week, he confided that his one regret was that he'd never been “in the trenches.” AOS meetings allowed him to mingle with medical doctors concerned about the past, present, and future of their calling, not just a technical service to be bought and sold like any other. Michael stuck with us knowing all the while that he might get more intellectual stimulation from other quarters.

Toward the end of his presidential address, Michael admonished: “Never try to talk a young person out of going into medicine.”

Of the many honors Michael received, he seemed proudest of his election to the Canadian Medical Hall of Fame, the first non-physician to be so honored. Quartus Bliss would have been thrilled.

Thank you, Michael Bliss, and, sincerest condolences to Elizabeth, to Sally, Laura, and Jamie, and to all who loved this wonderful man.

By Charles Bryan
cboslerian@gmail.com

References:

- Heaman EA. Introduction: Michael Bliss and the delicate balance of individual and society. In: Heaman EA, Li A, McKellar S. Essays in Michael Bliss: Figuring the Social. Toronto: University of Toronto Press; 2008: 3–38. (Other essays in this collection were also utilized in preparing this memorial.)
- Bliss M. Medical exceptionalism. *Perspectives in Biology and Medicine* 2012; 55(3): 402–8.
- Gourevitch D. The history of medical teaching. *The Lancet* 1999; 354 (December, supplement): SIV33.

OSLERIAN TRIBUTES TO MICHAEL BLISS

AN APPRECIATION OF MICHAEL BLISS

William Osler opened his obituary of John Shaw Billings, who was seventy-six when he died in 1914, "To medical writers and zealous students of medical literature all the world over the announcement of the death of Lieutenant-Colonel John Shaw Billings will occasion profound regret....Dr. Billings lived long enough to see his labors bear fruit and their continuance in a competent manner assured." These century-old sentiments apply to Michael Bliss, who, like Billings, was seventy-six when he died recently. Michael, a world-class historian who became an expert on all things Osler, was elected to membership in the American Osler Society in 1996. He spoke regularly at the society's meetings, often sharing unique insights into Osler's life and legacy. Michael's award-winning biography *William Osler: A Life in Medicine* was published in 1999.

This appreciation allows me to share some memories about a unique individual who had a profound influence on me, as he did on so many others. "History teaches humility" is my favorite aphorism. But I have set humility aside in this remembrance because I wanted to share some of Michael's personal and published comments. I met Michael more than twenty years ago, and we developed a friendship based on several shared interests. He had already earned an international reputation as a leading historian as a result of his books on Canada, business, and the discovery of insulin.

I was flattered and humbled when Michael asked me to read the near-final manuscript of his Osler biography in 1998. The letter that he sent along with three large spiral-bound typescript volumes provides insight into the biographer and his mission. He wrote, "Here it is, old wine in a very new wineskin, not nearly as long as it looks. What do you think? Tell me in as much detail as necessary. Scribble on the ms or not, as you please. If you write on it, return it...and I'll eventually return it to you for your collection (or your furnace). If you don't write on it, keep it as a souvenir. There are only 8 copies being made of this original ms, so they might one day have scarcity value." Recognizing my bibliomania, he inscribed the manuscript, "For Bruce Fye. This is copy #5 of 8 original copies. M.B. 9 Oct. 1998." When the book was published the following year, the acknowledgments section included a touching sentiment: "I received useful suggestions about improving the manuscript from my publisher's anonymous readers, and detailed, invaluable comments from Drs. Charles S. Bryan and W. Bruce Fye, as well as from Elizabeth Bliss – three eagle-eyed and erudite critics."

Michael spent several years searching for fresh insights into William Osler's multifaceted life. He stimulated me to research and write about Osler as a book collector and library builder. In 1998 he closed a long letter: "By the way, I've also read one of your articles on medical book collecting, which has been helpful. Have you ever delivered yourself in print on Osler's library? If you haven't is there anything terribly important about it that I should say but am likely to miss?" I acted on Michael's suggestion, and my article "William Osler's Bibliomania" appeared in the *Osler Library Newsletter* four years later.

After Michael's biography of Harvey Cushing was published in 2005, he shared with me some thoughts about his future, "What's next? Retirement!!! I teach my last class in December and formally leave U. of T. at the end of June. I expect to do a lot of self-plagiarizing, in the form of talks, spin-out papers, etc, but think it's time to smell roses, spend time with grand-children, sit in the back at other people's talks and kibitz. Cheers. Michael."

I had the opportunity to show Michael my Osler collection in 2011. And earlier this year, before I knew he was seriously ill, I asked him to send me his impressions. Aware that I was contemplating the ultimate disposition of this comprehensive collection built up over half a century, Michael wrote, "During the years I worked on my 1999 biography of Osler I became familiar with ... the collections of Osleriana in medical libraries in North America and Great Britain, and the world of private collectors of Osler material....With that background, I nevertheless found myself astonished by your collection....I think yours is almost certainly the richest collection of Osleriana that exists in private hands....I don't think I've ever seen a more comprehensive library of Osleriana outside of the collection held by – of course – the Osler Library at McGill." I treasure this letter that was written less than three months before Michael's untimely and unexpected death.

We are fortunate that Michael left much more than several seminal books and articles. His important contributions to a range of subjects and his impact on countless individuals are reflected in a 2008 Festschrift. *Essays in Honour of Michael Bliss: Figuring the Social* contains essays by more than a dozen of his doctoral students.

Three years later Michael published an autobiography *Writing History: A Professor's Life*. With characteristic humility, he inscribed my copy, "To Bruce Fye, who writes more and better history than I do. Here's more than you need to know about the author and about Canada." Thank you Michael, but you were wrong on all counts.

By Bruce Fye

MEMORIES OF MICHAEL BLISS

Michael Bliss and I had been great friends since we met in Canada many years ago. I think we had met and talked on many continents or at least many times. Dean Davison's best friend from Canada who was with Osler I think had introduced me to Michael Bliss. I immediately enjoyed Michael's wit, intelligence and knowledge from the first encounter in so many ways. He certainly became a friend for life and when I could I would try to be with him in the greatest places where the American Osler Society Meeting was that I could. Michael certainly loved Canada and I think had great respect for many places of the British Empire, but the United States was also a wonderful place to be. He had many wonderful friends in the United States. His friendship I will always cherish and have the greatest gratitude for. At my age I, too, may join him soon. Thank you for giving me the opportunity to share this with you.

By Billy F. Andrews

GRATITUDE FROM A FORMER STUDENT

Professor Michael Bliss is the reason I am an historian of medicine. He was my teacher and mentor at the University of Toronto. He encouraged me to take a leap of faith and accept an offer to do a Ph.D. at the Institute of the History of Medicine at Johns Hopkins (where else?). With every accomplishment after that, especially the toil of producing my first book on Osler's fellow Hopkins chief, Adolf Meyer, he was quick and generous with praise and constructive insights. In recent years, he was always ready to help me advance professionally and find a university position, which I did—perhaps the strongest evidence of his support and influence in these toughest of times for scholars! I will honor Professor Bliss by practicing the same commitment to teaching history that he offered to me and so many others.

OSLERIAN TRIBUTES & MEDICAL HUMANITIES

By Susan Lamb

“Valentine Alive”: The Heart Metaphor of John H. Stone, IV, MD

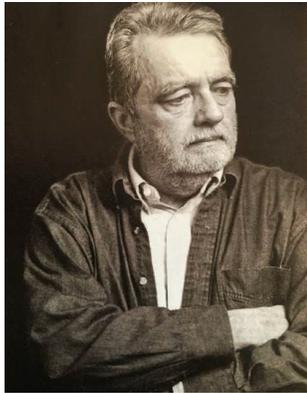
By Clyde Partin, MD & Sally Wolff King, PhD

John H. Stone, IV, MD, was an eminent cardiologist and consummate poet at Emory University. A native of Jackson, Mississippi, Stone held a bachelor's degree from Millsaps College, an MD from Washington University School of Medicine in St. Louis, a residency in medicine from the University of Rochester, and a fellowship in cardiology from Emory University School of Medicine. He was Professor of Medicine in Cardiology at Emory, Dean of Admission at the Emory University School of Medicine, founding Director of the Emergency Medicine Residency Program, and co-editor of the first comprehensive emergency medicine textbook: *Principles and Practices of Emergency Medicine*. He taught one of the earliest courses in the nation that combined the study of literature and medicine. He lectured widely at over 100 institutions and in forty states.

Dr. Stone's accomplishments in the humanities equaled his expertise in the healing arts. A fine poet and essayist, Stone published seven volumes of poetry and essays, many of which draw from his life in medicine and literature as well as his life-long devotion to music. They include *On Doctoring: Stories, Poems, Essays*; *In the Country of Hearts: Journeys in the Art of Medicine*; *In All This Rain*; *Renaming the Streets: Poems by John Stone*; *Music from Apartment 8: New and Selected Poems*. Indeed, he was a Renaissance man.

The human heart is a central metaphor in many of Stone's poems and essays. How his cardiac patients communicated their difficulties to him; how he responded to them; how they responded to treatment; and whether and how they healed--all these and more are Stone's subjects. In “Losing His Voice in Summer,” Stone memorializes his father after his early death from heart failure. The father's voice resonates in the poem as the son recalls his father's special qualities.

One of the most accomplished of Stone's poems is “While Watching His Own Echocardiogram, He Welcomes in the New Year.” This poem (see “Poetry Corner”, above) is dense and rich in metaphor and allusion. The poet-cardiologist draws on his medical ex-

POETRY CORNER


**John H. Stone, IV
While Watching His Own Echocardiogram
He Welcomes in the New Year**

Bell that never bellowed,
Hound without a bark,
Fetus of my future,
Dancing in the dark.

Nearest blood relation,
Valentine alive,
Great somnabulation,
Toward which all engines strive.

And captain of the ferry,
That charges me no fare,
May the New Year let you,
Win at solitaire.

Dear Tintinnabulation,
As new and wild bells ring,
Old Heart, Mortality,
How sweetly you still sing.



perience but also the tools of the accomplished poet to produce an extraordinary poem that alludes to Emily Dickinson's paradoxes and stanza form and Edgar Allan Poe's word “tintinnabulation,” in “The Bells.” Stone admired the work of both poets.

The poem metaphorically compares the heart with the bell, hound, and fetus. Initially, at least, the heart seems unlike any of these. The dissimilarity among these objects and the heart, however, creates a powerful metaphor, and Stone makes good use of his unusual comparisons. The heart is quiet like a “bell that never bellowed.” The heart makes no audible

MEDICAL HUMANITIES

noise—except perhaps to the highly trained medical professional with a stethoscope. The speaker next compares the heart to a “hound without a bark.” Few dogs have no bark; most make plenty of racket. The human heart does its powerful, faithful work quietly.

As the poem develops, the metaphorical comparisons become more complex. The heart is the “fetus of my future/dancing in the dark.” How a heart might resemble a fetus may not be immediately apparent. The comparison, however, in the hands of the accomplished poet is apt, indeed. The beating heart as it appears on the echocardiogram screen resembles the ultrasound image of a fetus moving in the womb. The movement of the heart appears as if it were “dancing in the dark.” The heart beats steadily while encased in its dark cavern, the torso, and does not see the light. Both images—of beating heart and fetus—appear alive with movement, as if they are dancing.

As the speaker watches his echocardiogram, he apprehends with awe the essential powers of the human heart. The heart works in a lively manner, as if dancing, but in great silence and complete darkness. The further allusion may be to Faulkner’s *The Sound and the Fury*: his character describes sex as “dancing lying down.” Seeing the liveliness of his heart on the echocardiogram screen relieves and reassures the speaker. To the well-trained eye of the cardiologist poet, evaluating his own echocardiogram while it occurs, the “fetus” of his future is looking healthy. The prognosis is good.

The speaker also describes his heart as his “nearest blood relation” and “valentine alive.” These descriptions reinforce his gratitude as he undergoes the echocardiogram test. Usually a “nearest blood relation” is a next of kin—a parent, sibling, child, niece, or nephew. Here the poet sees his own heart as his closest relative, and he puns on the word “blood” as a reference to the essential relationship his heart provides to him and the essential fluid the heart daily circulates in the human body.

“Valentine alive” is the most compelling heart metaphor in the poem. A valentine usually is a gift: roses, chocolate, a diamond ring, or some indication of a person’s affections for a lover. A valentine is symbol of the human heart, which in turn represents love. Here the speaker’s heart is his valentine. “Valentine alive” suggestions the heart alive. The poem expresses further gratitude to the heart for its life-saving attributes of power and reliability. The human heart can keep working for years, Stone once observed—for eighty, ninety, and even more than one-

Articles expressing opinions on contemporary issues related to the medical humanities, ethics, and practice of medicine will be presented in this section following review and approval of the Board of Directors.

hundred years—much longer than any manmade machine. The hardiness and longevity of the heart are qualities that render its status: “toward which all engines strive.”

In the third stanza, the speaker introduces other metaphorical comparisons

that illustrate his observations about the heart. This time the heart is “captain of the ferry/that charges me no fare.” That captain is an allusion to the mythical Charon who transports his travelers to the land of the dead. As the medical test has progressed, the speaker has had time to consider the possibility of impending death, but he earnestly hopes for life. This risky game of “solitaire” is free of charge.

The poem culminates with good test results: the patient will live. In the final lines, he celebrates his successful echocardiogram with a crescendo of sound heralding the promise of life continuing. In contrast to the early silences of the poem in a “bell that never bel- lowed,” and “hound without a bark,” the ecstatic speaker now rings in the New Year with the joyful noise of “tintinnabulation” as “new and wild bells” ring: “Old Heart, Mortality/how sweetly you still sing!

Clyde Partin

Continued on next page



LETTERS -OBITUARIES-NOTICES

News from the Osler Club of London President –Elect is an Osler

At the recent AGM of the Osler Club of London Sarah Peart, nee Osler, was confirmed as the next President of the Club. She will be installed at the Annual Oration and Banquet to be held in the RCP, London on 13th July 2017 and will succeed Richard Osborn. Sarah shares a common ancestor with Sir William namely Edward Osler of Falmouth who was born in 1732. Three generations after Edward, Sir William was born in Canada whereas, six generations after Edward, Sarah was born into the South African branch of the family. Sarah's grandfather and father were both doctors as is her only brother, William Osler, who is a gastroenterologist practising in Hobart, Tasmania. Her late father, Dr T.G. Osler trained in Cape Town at UCT and at St. Mary's Paddington in London and had a great interest in the Osler family history. It was his research that formed the basis of the book, *The Oslers of the Cape*. Born in 1906 he would have been a young boy in South Africa at the height of Sir William's fame. Sarah read Economics at the University of Natal, Pietermaritzburg. She settled in London and worked in HR at the city firm, PricewaterhouseCoopers. She now combines family responsibilities with her own consultancy business.



*John W. K Ward
May 2017*

14th Annual Weisse Lecture

Nobel laureate William C. Campbell will deliver the 14th Annual Weisse Lecture on the History of Medicine at 12 noon, Tuesday September 19, 2017. The title of his talk will be "Finding medication: Ivermectin and beyond. The lecture will be held at Rutgers, New Jersey Medical School, Medical Sciences Building room B-610 at 185 South Orange Avenue, Newark, NJ 07103. Attendees are invited to lunch in the Rosemary Gellene Room following the presentation.

*Allen Weisse
June 2017*

Resurrecting the Osleriana Database Part II-A: Implementation and Use

In Part I of this commentary (*Oslerian*, August 2016, accessible from AOS website home page) we

brought the membership up to date with the reconstitution of the Osleriana database. Shortly after getting an initial upload of materials to the site, problems developed with the preview and search functions provided by third party software. An executive decision was made at eFileCabinet, our software vendor, to delay "repair" of the software since a completely new version and interface was scheduled for imminent release.

Murphy's laws prevailed (things always take longer than they take) and it was March of 2017 before we were fully restored to a functional state. The interim months were also used to work with the web site developers to establish a new link on the AOS website, by means of which one can easily begin a word search in the database. The site, although not a visualized "final" version, is **now ready for prime time**. Scheduled improvements include a more robust set of Boolean search functions as well as an enhanced visual interface, to appear in the near future.

Here are the basic steps to implement a search:

Access the website americanosler.org

Link to the askOsleriana database in one of two ways:

Click on the red resources button at the upper right of the home page, then choose the red askOsleriana button at the bottom right OR

Click on the red askOsleriana button at the middle bottom of the home page

Either of the above methods will then open to you a simple interface page containing a box to enter a keyword of choice

After entering the keyword, click enter or search.

Michael Jones



AMERICAN OSLER SOCIETY**President**

Laurel E. Drevlow

Laurel.E.Drevlow@allina.com**Secretary**

Douglas Lanska

douglas.lanska@gmail.com**Treasurer**

C. Joan Richardson

jrich@utmb.edu**The Oslerian: Editor**

Michael H. Malloy

mmalloy@utmb.edu**Aequanimitas**

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

We're on the Web!√ us out at: www.americanosler.org**Looking Ahead to Pittsburg**

Looking ahead to the 2018 Annual Meeting in Pittsburgh scheduled for May 13-16, we will have another opportunity to explore a vibrant city and engage in a stimulating meeting in a city associated with the likes of Andrew Carnegie, Andy Warhol, Arnold Palmer, and Gene Kelly. John Erlen, Kersten Bettermann, Doug Lanska, and Georgia Duker will be our local meeting organizers and will be putting together an outstanding venue and schedule of events.

Call for Abstracts for 2018 Annual Meeting in Pittsburg, PA. May 13-16, 2018

Abstracts should be sent by e-mail to aosrenee@gmail.com and must be **received by 15 November 2017**. Abstracts submitted by e-mail will be acknowledge-edged. The abstract should be no longer than one page. It should begin with the complete title, the names of all co-authors, and the corresponding author's mailing address, telephone number, FAX, and e-mail address. This should be followed by a two to three sentence biographical sketch indicating how the author would like to be introduced. (This will probably be your entire introduction. Don't be modest!) The text should provide sufficient information for the Program Committee to determine its merits and possible interest to the membership. The problem should be defined and the conclusions should be stated. Phrases such as "will be presented" should be avoided or kept to a minimum.

Three learning objectives should be given after the abstract. Each learning objective should begin with an active verb indicating what attendees should be able to do after the presentation (for example, "list," "explain," "discuss," "examine," "evaluate," "define," "contrast," or "outline"; avoid noncommittal verbs such as "know," "learn," and "appreciate"). The learning objectives are required for Continuing Medical Education credit.

A cover letter should state: Whether any of the authors have a potential conflict-of-interest such as direct financial involvement in the topic being discussed, and whether there will be any mention of off-label use of drugs or other products during the presentation.

Each presenter will have a 20-minute time slot, which will be strictly enforced. Presenters should rehearse and time their papers to 15 minutes, in order to permit brief discussions and to be fair to the other speakers. Although 20 minutes might seem quite short for a paper in the humanities, our experience with this format has been overwhelmingly favorable.

AOS Members — Please forward to the editor information worth sharing with one another as well as "Opinions and Letters". - MHM