



The Oslerian



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A Message from the President

By Laurel E. Drevlow

On Mentoring-III

By far the most dangerous foe we have to fight is apathy – indifference from whatever cause, not from a lack of knowledge, but from carelessness, from absorption in other pursuits, from a contempt bred of self-satisfaction.

William Osler

— This piece was supposed to be about Frannie and Jean – two exceptional nurses, funny, smart, kind, and capable of mentoring fellow nurses, residents and doctors alike. But the world has changed considerably since the first paragraphs were typed. And it just seems like another lesson from my medicine mentor is more apt for the times. Today's lesson? Rattle the cage.

My niece, Annie, finished up a master's degree in history and geography at the University of Minnesota this spring and landed her first teaching job in August. Timing being tight she thought that living with her auntie in Lake Elmo was a suitable housing solution for the short term. Like her mother, (sister, Barbie) she's a naturally garru-

lous sort, so every day I get to hear about her attempts to educate 9th graders about the importance of human geography – like, where you live determines how, and how well you live.

There are no sacred and unsacred places; there are only sacred and desecrated places.

My belief is that the world and our life in it are conditional gifts.

Wendell Berry

She's had a lot of examples from the news streams of late. For instance, Texas thinks they will need nearly 200 billion dollars to put things back together after Hurricane Harvey. So after the unit on "populations and the public good," Annie asked her students if they thought there should be greater zoning requirements in places like Houston (or New York or Illinois or Louisiana or Minnesota) to ensure that wetlands are not drained and flood plains are not paved and planted with buildings, that the degree of devastation in future disasters might be mitigated. Thirty five percent of the Houston ar-



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

President's Message (Continued from page 1)

ea's freshwater wetlands have been lost in the last 2 decades. Impervious surfaces have increased 35% from 2001-11 years as population increased 35%. (Bloomberg report cited by Micah Emmel-Duke Star Tribune 10/15/2017)

Annie's students had learned in civics class that in election cycles Texans are mostly disinclined to support "big government" yet the governor had declared parts of the state disaster areas before the first raindrop had fallen, to get an early spot in the line for government relief funding. Many thousands of Texans are eagerly awaiting this support they need to restore some semblance of normalcy to life. Should they get it? Or should they be held responsible for making injudicious land use decisions? Congress has already allocated nearly 8 billion dollars in relief to the Houston area's 400,000 residents. Should they have to wait long months for it as the victims of Hurricane Sandy did? What lessons should we learn from the past?

Puerto Rico was flattened by Hurricane Maria. Aid is being provided but the actual dollar figure is a small fraction (<5%) of the amount allocated for Houstonians – the total obscured in much larger dollar numbers going to disaster relief for multiple areas. Should Puerto Rico receive the same per capita dollar amounts that Houston will? After all, Puerto Ricans "chose" to live on a tropical island in the middle of an ocean, "a very big ocean." And financial books have disclosed that the islands' elected leaders have not been particularly dependable stewards of resources over many years. Should the government support such life style choices by its citizens? "How does geography affect life for Puerto Ricans?" Annie might ask. "How does it affect their children?"

Californians love their wine country and lots more people love their California wines. As I write this thousands of acres of "America's paradise" are ablaze, and, as in Houston and Puerto Rico, thousands of homes are just gone. Not houses..., homes..., where people live. If Californians are handling this latest disaster with equanimity it may be from practice, ... or it may be from the thousands of acres of marijuana that also went up in smoke. So Annie asks if people should be allowed to live in places that are known to have cyclical wildfires. Besides, California has been welcoming to an immigrant population who, along with other Californians, need homes and schools and access to businesses. Should "we the people" support California as it builds more and more into areas that lack sufficient water resources and that stress the natural landscape in an arid area? What

would William Osler and Wendell Berry want us to learn from the history of the land?

Yet again one indisputably deranged human being packs a hotel room full of weapons of mass destruction and begins the grisly business of exterminating lives in a public place. Dozens were killed instantly. Hundreds more will wear permanent scars or disabilities from the day, and perhaps thousands will carry diagnoses of anxiety, depression, PTSD, or some combination thereof and Annie asks her students if people should be allowed to live in places that allow mostly unfettered access to the tools of such violence. Should there be a law? A limit? What should we learn from the human geography of places that assign limits to such coexistence?

Her students have serious, conscientious thoughtful discussions on each of these matters but no perfect consensus. As do we.

This spring a stirring debate filtered through the ether between Oslerians, beginning with a New York Times article about our second vice president, Mario Molina, and concerns over health care coverage for U.S. citizens. It wandered to discussions re: the Charleston and Dallas murders, to South Carolina's confederate flag, North Carolina's bathroom laws, all the way to the "Girl Guides of Canada boycotting travel to 'Donald Trump's America' as a matter of principle." (Michael Bliss.)

It is not that some people do not know what to do with truth when it is offered to them, but the tragic fate is to reach, after patient search, a condition of mind blindness, in which the truth is not recognized, though it stares you in the face. William Osler

Some members were clearly uncomfortable with the idea that the Osler Society might become a vehicle for political debate which might lead to division among our most collegial and genuinely warm membership. Discussants were unwavering in their conviction that political discourse in AOS was neither its aim nor theirs. Yet we, as individual physicians, historians, academics, are able and in positions to establish strong, informed views about these issues. Unlike certain politicians who are able to say, "You have your facts and I have mine," (and not cringe), medical folk share a confidence in science that says, "facts is facts." How we make use of them is still an individual matter, but gravity holds each of us on this planet, even if we don't believe in it. Gravity is a fact.

So WWWOD?

President's Message (Continued from page 2)

One cannot escape the feeling that Osler's greatest professional service was that of a propagandist of public health measures. **Harvey Cushing**

Wouldn't we like to know... I mean really. Osler not only cared for individual patients as if each was his only patient, he also passionately crusaded for attention to issues of the larger public welfare. He vigorously opposed xenophobia, publicly declaring, "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." [Osler W. *Aequanimity*, 3rd ed. Philadelphia: P. Blakiston's Son & Co., 1932:265-89.] And his exalted equanimity was held at bay when he excoriated Baltimore city officials for their neglect of preventable public health problems. [Roland CG. *Osler's Rough Edge*. *Ann Intern Med* 1974; 81:690-2.]

We know that he fiercely advocated for public health actions to prevent typhoid fever. [Davison WC. *Sir William Osler: Reminiscences*. *Arch Intern Med* 1949; 84:110-34.] As Charlie Bryan recorded: "'when typhoid fever was prevalent in this country and was filling the wards of our hospitals and taking such a large toll in death, it was Osler . . . [who] said: 'Typhoid fever, the monster that destroys the best of our sons and claims the fairest of our daughters; are we to let it continue or stop it?'" [Gilcreest EL. *Sir William Osler-physician and philanthropist - glimpses during the World War*. In: Abbott ME, ed. *Sir William Osler memorial number*. Bulletin No. 9 of the International Assoc. of Med. Museums and J. of Tech. Methods. Montreal: privately printed, 1926:409-18. 98.]

Still, not one of us, not even Charlie, should or would attempt to speak for William Osler. He spoke for himself most ably. In his time on the planet he did not yet have to consider the immediate and future public health impacts of global climate change, personal amassing of semiautomatic firearms and their conversion to automatic, the impacts of placing them in the hands of terrorists of multiple varieties, the use of increasingly limited water resources, or...

The past is our definition. We may strive with good reason to escape it, or to escape what is bad in it. But we will escape it only by adding something better to it. **Wendell Berry**

Of the many lessons my mentor has tried to teach me, I am still learning the primacy of "rattling the cage." Claus could explain it better, but the substance is this: the pitiable monkey in the zoo who sits

quietly in its cage will forever be confined to the small space in which it must live - captive and enslaved by those who placed it there. But... the monkey who repeatedly rattles the cage may a.) someday annoy its captors sufficiently that they choose to let it go, b.) one day discover that someone forgot to lock the door, or c.) eventually wear the lock right off. Free!

We all know the proverb of the squeaky wheel. Perhaps better than squeaking, we as physicians can learn to be the rattling monkey. It can be risky. Sometimes the keepers of the cage punish the pesky monkeys making all that noise. Our own University recently spent nearly \$75,000 to discover the source of a leak of information about another sexual harassment suit. (It failed.) [Star Tribune: \$74,400 investigation into U leak ends inconclusively; [Mary Lynn Smith](#) and [Maura Lerner](#); 9/15/17] Message? Sexual harassment is bad - don't talk about. If you do we'll pay lots of money to find you.

So let's consider the choice while/because we still have one. Certainly, we as physicians can speak for patients, too many of whom have no voice. If we adhere to those principles and practices that Osler espoused so passionately and demonstrated so faithfully, then we would say, yes, there do need to be some limits on where we can live. And yes, there do need to be some limits to government bailouts, and yes, there do need to be some rules about dangerous things - malarial swamps, typhoidal reservoirs, opiates, weapons of mass destruction - but no, there should be no limits to human kindness, mercy, decency and civility for individuals. Because yes, people make mistakes. Most of us don't have to suffer or die because of them. Maybe others shouldn't have to either, especially when the mistake was not of their own making.

(Continued on page 4)

There are no gardening mistakes, only experiments. - Greek proverb

Some weeks ago I met with some of my former medical students who were in a seriously deep funk after hearing a thoroughly distressing presentation on the (for lack of a better word - although perhaps it is the correct word) corruption in certain academic medical centers. The speaker was comprehensively knowledgeable about his topic, had volumes of data to convince, but, unfortunately, a paucity of hope to offer idealistic young students. So I gave them the same advice I give myself when I feel overwhelmed by the enormity of global climate change, big pharma influence in medicine, the oppression of the business model of modern medicine, or the increasing depersonali-

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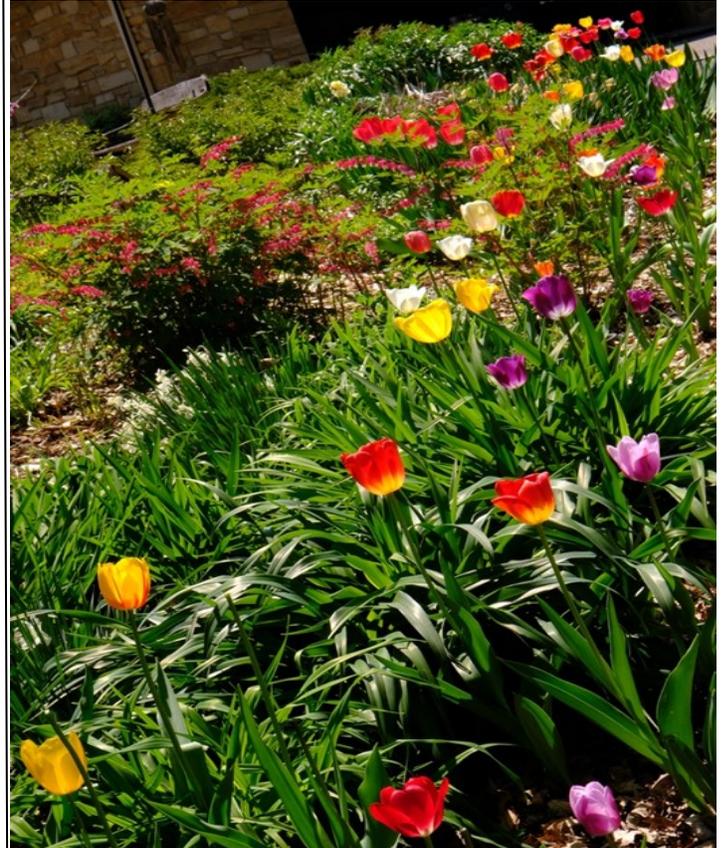
We learn from our gardens to deal with the most urgent question of the time:
How much is enough? Wendell Berry

Maybe I can't fix the planet, but I can reduce, reuse with the best of 'em. Maybe I cannot fix the great partisanship that divides neighbor from neighbor in our country, but I can keep a civil tongue even when I am not surrounded by civilized folks like the Oslerians. Maybe I cannot prevent lunatics from assassinating innocents at a concert or in an elementary school, but I can think and act and speak sensibly and sensitively to try to effect some change for the public good in my own daily work. I can teach and mentor.

When the world wearies and society fails to satisfy, there is always the garden. Abraham Lincoln

So I will "tend my garden." It's good for me, good for my patients, and good for the planet. And I'm gonna keep learning to rattle the cage. Maybe we can do it together.

Laurel's Garden



Preview of 2018 AOS Annual Meeting in Pittsburgh

Dear American Osler Society Colleague:

Just a reminder that the May 13-16, 2018 American Osler Society meeting will be held on the campus of the University of Pittsburgh and will be supported by the University of Pittsburgh and the C. F. Reynolds Medical History Society. Unlike most past AOS meetings ours will not be based out of a hotel but rather in the University Club on Pitt's campus. This will allow us to provide top quality space and services at a much lower cost for our attendees than hotel-hosted meetings.

The convention hotel where most members will be staying is the Wyndham Hotel which is within easy walking distance of the University Club. The room rate is \$160.00 per night plus tax. Bus transportation will be provided for those unable to walk these 3 blocks. Medical students and residents can stay at the new Nordenberg Dorm 100 feet from the University Club for \$30.00 to \$60.00 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.

The deadline for paper proposals is fast approaching, November 15, 2017. I am requesting that you share the call for papers-see attachment-with your medical colleagues and medical students.

This annual gathering should be most memorable. Do not hesitate to contact me at erlen@pitt.edu with any questions you may have about this meeting. We look forward to welcoming you to Pittsburgh in May, 2018.

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

Forty-Eighth Annual Meeting of the American Osler Society May 12-16, 2018 Meeting at a Glance

Sunday, May 13th

1:00-5:00 p.m.	Registration-Main Lobby, University Club
Afternoon	Tours of Nationality Rooms, Cathedral of Learning
Afternoon	Tours of Heinz Chapel
1:30-3:45 p.m.	Tour of the Carnegie Museum Complex-Natural History & Fine Arts
2:00 -4:00 p.m.	City Tours-to be determined
2:00 pm-5:00 p.m.	Set Up Art Exhibit-Library, University Club
3:00-5:00 p.m.	The Frank Neelon Literary Gathering
5:00-6:30 p.m.	Past Presidents Dinner-Gold Room
7:00-9:00 p.m.	Board of Governor's Meeting-Ivy Room

Monday, May 14th

7:00 a.m.-5:00 p.m.	Registration-Main Lobby, University Club
Afternoon	Tours of Nationality Rooms, Cathedral of Learning
Afternoon	Tours of Heinz Chapel
2:00 -4:00 p.m.	City Tours-to be determined
7:00-8:00 a.m.	Continental Breakfast-2 nd Floor, University Club-Ballroom B
8:00 a.m.-5:00 p.m.	Art Exhibit-Library, University Club, Main Floor
8:00 a.m.-5:00 p.m.	potential rare book displace/sales-University Club
7:50 a.m.	Welcoming Remarks-University Club-Ballroom A-Main Floor
8:00 a.m.-9:40 a.m.	General Sessions-Ballroom A& Poster Session Gold Room-2 nd Floor
9:40 a.m.-10:00 a.m.	Break-University Club-Ballroom B-2 nd Floor
10:00 a.m.-11:00 a.m.	General Sessions- Ballroom A& Poster Session Gold Room-2 nd Floor
11:00 a.m.-12:00	THE JOHN P. MCGOVERN AWARD LECTURE-SHIP-Ballroom A K. Patrick Ober, M.D.-Wake Forest University School of Medicine "Mark Twain and late 19 th Century American

12:00-1:00 p.m.	Medicine."
	Luncheon-2 nd Floor, University Club-Ballroom B-2 nd Floor
1:00 p.m.-2:40 p.m.	General Sessions- Ballroom A& Poster Session Gold Room-2 nd Floor
2:40 p.m.-3:00 p.m.	Break-University Club-Ballroom B-2 nd Floor
3:00 p.m.-5:00 p.m.	General Sessions- Ballroom A& Poster Session Gold Room-2 nd Floor
6:00-7:00 p.m.	Reception out on the Terrace of the University Club and Ballroom B
7:15-8:45 p.m.	Banquet & Presidential Address, Alumni Hall-Connolly Ballroom

Tuesday, May 15th

7:00 a.m.-5:00 p.m.	Registration
Afternoon	Tours of Nationality Rooms, Cathedral of Learning
Afternoon	Tours of Heinz Chapel
1:30-3:45 p.m.	Tour of the Carnegie Museum Complex-Natural History & Fine Arts
2:00 -4:00 p.m.	City Tours-to be determined
7:00-8:00 a.m.	Continental Breakfast-2 nd Floor, University Club-Ballroom B
8:00 a.m.-5:00 p.m.	Art Exhibit-Library-Main Floor
8:00 a.m.-5:00 p.m.	potential rare book displace/sales-University Club
8:00 a.m.-9:40 a.m.	General Sessions- Ballroom A& Poster Session Gold Room-2 nd Floor
9:40 a.m.-10:00 a.m.	Break-University Club- Ballroom B-2 nd Floor
10:00 a.m.-11:00 a.m.	General Sessions- Ballroom A& Poster Session Gold Room-2 nd Floor
12:00-1:00 p.m.	Luncheon-2 nd Floor, University Club- Ballroom B-2 nd Floor
1:00 p.m.-2:40 p.m.	General Sessions- Ballroom A& Poster Session Gold Room-2 nd Floor
2:40 p.m.-3:00 p.m.	Break-University Club- Ballroom B-2 nd Floor
3:00 p.m.-5:00 p.m.	General Sessions- Ballroom A& Poster Session Gold Room-2 nd Floor
5:00 p.m.-6:00 p.m.	Free Time
6:00-7:00 p.m.	Organ and Choir Recital, Heinz Chapel
7:15-9:30 p.m.	Casual Dinner-location to be decided & Tours of the Nationality Rooms, Cathedral of Learning

Wednesday, May 16th

7:00-8:30 a.m.	Continental Breakfast-University Club-Ballroom B-2 nd Floor
8:00-9:00 a.m.	Annual Business Meeting -Ballroom A
9:00 a.m.-10:00 a.m.	General Session-Ballroom A
10:00 a.m.-10:20 a.m.	Break-University Club-Ballroom B-2 nd Floor
10:20 a.m.-noon	General Session-Ballroom A
12:00 noon	Adjourn



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Honoring the Life of Dr. Shigeaki Hinohara



Dr. Shigeaki Hinohara passed away on July 18th, 2017 at the age of 105. He passed peacefully, after thanking those who were with him and taking care of him for his last moments. His spirits and influence will continue to live in many peoples' mind and soul.

Dr. Hinohara was born in 1911 in Yamaguchi Prefecture. His father was a Methodist Pastor. Dr. Hinohara graduated from Kyoto Imperial University with a major in Medicine in 1937. In 1941, he started to work for St. Luke's International Hospital in Tokyo as a physician. He later served as chairman and the president of the board at St. Luke's while continuing to practice medicine until his very last days. His career included pioneering the importance of preventive medicine and promoting the practice of terminal care. In 1954, under his leadership, the first "human dock" opened in Japan. In 1994, he established Japan's first independent hospice. Over seven decades, he continuously made tremendous contributions to the development of medicine in Japan.

Dr. Hinohara also made a great contribution to the nursing education as the president of St. Luke's College of Nursing. He actively participated in the movement to promote the significance of life and peace, teaching classes at elementary and junior high schools. In 2000, he founded the New Old People's Movement (Shin-Rojin no Kai) consisting of people who were over 75 years of age, in good health and independent. He became a national role model of a rapidly aging Japanese population; he never retired but continued his services and professional practice until he was over 100 year of age. In 2005, the government of Japan awarded him the Order of Culture, recognizing his long term contributions in the fields of Clinical Medicine, Preventive Medicine, Medical Ed-

ucation and Nursing Education.

There was hardly any access to medical theses and books that are written in English during the Second World War in Japan. Thus, it was after the War that Dr. Hinohara started to learn about Sir William Osler through medical theses and publications, and came to look upon him as his life-long mentor. He was much inspired by Harvey Cushing's *The Life of Sir William Osler*. Dr. Hinohara declared himself "awestruck" after reading the Osler compilation *Aequanimitas: With Other Addresses to Medical Students, Nurses, and Practitioners of Medicine*. He was convinced that everything that is required of a physician was contained in the book and that Dr. Osler was the role model for the life of a doctor. He subsequently wrote and published *Amerika Igakuno Kaitakusha - Osler Hakase no Shogai* (A Pioneer of American Medicine - The Life of Dr. Osler). This was not long after the War and paper was still scarce, so only 1,000 copies were published. Still, the book is recognized as the first introduction of Sir William Osler to the Japanese medical field.

In 1983, The Japan Osler Society was founded under the leadership of Dr. Hinohara and in 2011 was incorporated as a nonprofit organization. The Society promoted exchanges of medical practitioners and admirers of Sir William Osler who were based in Japan and abroad. It published regular newsletters (a total of 74 issues), and invited guest lecturers from the U.K. and U.S. to Japan. Gradually, however, the number of the participants declined due to the aging of its membership. At its annual members' conference in 2016, it was decided to dissolve the Society which had been active for 34 years.

Following is a short excerpt from what has become the last essay by Dr. Hinohara:

"The Japan Osler Society was one of my life-long pursuits, and I am very proud of its meaningful achievements. I believe that Dr. Osler's principle of understanding patients holistically will continue to take root in Japanese society along with the word, "Zenjin Iryo (holistic medicine)".

Dr. Hinohara studied the work and philosophy of Dr. Osler and held him as a life-long role model. As a result, Dr. Hinohara advocated for bringing humanism back to medicine. I believe he lived his long life to the fullest and has left with us, in turn, lessons that will be passed down for generations to come. To quote

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Thomas Campbell, “To live in hearts we leave behind is not to die.”

By Osamu Yoshida, M.D., Ph.D.
President of Tenri Health Care University; Professor Emeritus of Kyoto University; and Former Board Member of Japan Osler Society

Memorial Service for Michael Bliss



The Family.
-right:
Bliss,
Rhodes
(Jamie's
spouse),
Beth
Jamie
Kate
(with

Macdonald-Bliss), Joey Macdonald-Bliss, Michael Rhodes-Bliss, Matt Ghikas (Laura's spouse), Sally Bliss, Andrew Macdonald (Sally's spouse)

Bliss
Left-to
Laura
Nicole

Eliza-
Bliss,
Bliss,
Bliss
Jasmin

A memorial to Michael Bliss (1941–2017), who died May 18 after a four-year battle with vasculitis, was held on September 23, 2017, in Massey College, University of Toronto. Nicholas Terpstra, chair of the Department of History, University of Toronto, presided.

Each of Michael's four grandchildren—Kate, Michael, Jasmine, Joey—read in turn a line from “A Clear Midnight,” by Walt Whitman:

*This is thy hour O Soul, thy free flight from the wordless,
Away from books, away from art, the day erased,
the lesson done,
Thee fully forth emerging, silent, gazing, pondering
the themes thou lovest best,
Night, sleep, death and the stars.*

The Honorable Justice James Spence, a close friend of Michael's from college days, spoke of Michael's playful competitiveness. As fellow students in philosophy, Michael would play bridge into the wee

hours and send James to take notes for him in class the next morning. Michael enjoyed civilized but relentless arguments. He once refused to yield on his contention that “zoot” (as in zoot suit) is a legitimate word in Scrabble. Michael argued to test others' opinions but also his own opinions, and usually came away perceiving he had won. Justice Bliss also spoke of Michael's passion for history, and how he went to great lengths to make the past seem alive. Michael was a great friend.

Jack Granatstein, Distinguished Research Professor of History Emeritus at York University, generalized that Michael was “Canada's finest historian of the last half-century.” Furthermore, “No Canadian historian mattered more in Canada's intellectual life.” A man of great ambition, Michael became renowned as a business historian, a political historian, and a medical historian. He was known throughout Canada as a public intellectual. His prose was accessible to a wide readership. He gave more than 350 invited lectures, wrote columns for the media, made countless television and radio appearances, and advised politicians. He was “an ideal historian,” and toward the end of his life expressed concern about the directions of the history profession.

John Dirks, an endocrinologist and fellow member of the Canadian Medical Hall of Fame, focused on the latter part of Michael's career. Through his work on the discovery of insulin, Michael helped “put Canadian medicine on the map.” He meticulously researched the major protagonists—Frederick Grant Banting, John James Rickard Macleod, James Bertram Collip, and Charles Herbert Best—and sorted out their relative contributions. Michael viewed Banting as simultaneously a great man and a “horse's ass.” Doctor Dirks related Michael's conviction that stories such as the discovery of insulin illustrate Osler's thesis of “man's redemption of man.” He recalled Michael's essay on “Medical Exceptionalism” (which was the theme of his presidential address to the American Osler Society)—the idea that medicine has a special place in society.

Two projects led by Michael during his later years were mentioned during these presentations and discussed afterwards with the speakers. The first of these was the Canadian History Hall, 44,000 square feet of galleries on the third and fourth floors of the Canadian Museum of History in Gattineau, Quebec, which is directly across the Ottawa River from Parliament Hill in Ottawa, Ontario. Unfortunately, Michael did not live to see the official opening of this signature museum, which took place on July 1, 2017, at the celebration of Canada's sesquicentennial (the 150th anni-

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versary of Confederation). The other project involved videotaped interviews of Canadian medical luminaries. These documentaries will be invaluable to future historians.

Sally Bliss, representing the three children, spoke last. She conveyed the family's gratitude for the outpouring of affection after Michael's passing. She confirmed what others said about Michael's ability to balance work and family: "He was a great dad, and he adored our mother." Michael coached them in sports, held hands with them as they finished road races together, and took them on frequent trips including skiing vacations. Sally told how her father made almost-daily entries into a diary (which may someday become available to the public), wrote several pieces of (unpublished) fiction, and during his last years "tried to be less angular and mellower."

Michael died in the morning. Later that day a succession of four rainbows appeared over Toronto. Sally spoke for the family: "We felt that Michael was climbing the rainbow."

Another rainbow hovered over the national capitol in Ottawa.

Charles S. Bryan
cboslerian@gmail.com

Biography and Medical History

"Biography is considered by more than one modern historian to be a weed whose proliferation in the fields of history is deadly for the advancement of true knowledge." G. de Bertier de Sauvigny, 1948

Biography has a somewhat contentious history in the history of science and medicine. There is of course the *modus operandi* of the biographer which unduly emphasizes the opinion of the biographer. In addition, the classic historians recognize the inability of biography as a medium to include much about the "relevance" of the individual that is being presented, yet some succeed better than others, such as Janet Browne's biographical writings on Charles Darwin and our own, now sadly departed Michael Bliss. There are the defenders of this medium however, who point to the virtue of biography that includes the story of the individual that is typically lacking in history. The historian, Söderqvist noted that there is a certain public appeal to biography that is lacking in basic history. A great biography stimulates the reader to appreciate the life and accomplishments or the tragedies of the subject. The biographer can portray the peaks and valleys of a subject's life. Sigerist stated that *"Doubts assail me as I begin this book. I propose to write of great doctors, their lives and work. But there has been such*

a multitude of great doctors, who were great doctors because, animated by the sacred fire of their mission, self-sacrificing in their daily doings, they helped numberless suffering fellow-creatures in bitter need."

The purpose of biography in the historical view is that it represents the individual(s) being constructed with some feeling of empathy- either pro or con. It represents a genre of historiography that can be used to contextualize the struggles of that individual, explore their strengths and weaknesses, to explore as Sigerist tells us *"like us, he fought and erred, that like us he experienced joy and sorrow."* This humanizes the history of medicine's greats. *"Posterity weaves garlands for those alone whose work has been creative. No doctors live on in the memory save the exceptional beings who enriched the healing art with new outlooks, who forged new weapons for the fight against disease. We remember those choice spirits who, becoming aware of divine thoughts that were still inchoate, were able, by strenuous labour, to make them generally known and practically applicable."* The biographer, by definition of his genre concentrates upon the narrow field of an individual or group. He/she thus excludes the common man or workers toiling side-by-side in the field. It is no surprise then, that Sigerist concludes his Preface, *"To the 'unknown doctor,' Great Doctors is dedicated."* The medical and scientific greats no doubt attract undue, but perhaps deserved attention by biographers. Michael Polanyi eulogized the forgotten workers of biographers by stating, *"...the example of great scientists is the light which guides all workers in science, ... we must guard against being blinded by it. There has been too much talk about the flash of discovery and this has tended to obscure the fact that discoveries, however great, can only give effect to some intrinsic potentiality of the intellectual situation in which scientists find themselves."* Nowhere is the purpose of biography more evident than in Boswell's biography of Samuel Johnson. Macaulay says that *"the preeminence of Homer as an epic poet, of Shakespeare as a dramatic poet, of Demosthenes as an orator, and of Cervantes as a novelist is no less indisputable than the preeminence of Boswell as a biographer."*

Integration of the technical accomplishments of the biographic individual into the overall historical timeline is the great quest of the biographer. Some biographies weave into their stories the qualities of individuals, their moral conduct, their behavior, or the choices they make in life that become the stuff of legends. Some try to unweave these legends, others enshrine them, and yet again they might also be vilified. These are the tools of the biographer, to craft the life of the subject in whatever light and prose chosen, some are outstanding, but over the years biographies continue to sell and are the number one genre of readers of non-fiction. Some biographers tend to use a chronological scheme, a *Bildungsroman*, others focus upon

OSLERIAN TRIBUTES & MEDICAL HUMANITIES

the diverse themes of the subject's life. Some focus upon the events surrounding the individual, whereas others turn events such as the "eureka moments" to provide the central focus of the work. Some biographies utilize everything that is available from the archives, such as receipts and ledgers, or daybooks and diary entries in their projection of thoroughness. Some describe their subject with detachment, whereas others extol the lofty heights of an individual. It is like all of writing itself, the beauty remains in the eye of the beholder. The biographer can paint a rich tapestry that captures the reader about the great moments, the foibles of life, the magic of working with the sick and dying, or the qualities of teaching that lead to a lifetime of dedicated disciples. These are all of interest to us in this history of memoirs. Michael Bliss was the American Osler Society's finest connection to the tradition that William Osler himself ascribed, using biography to identify those characteristics that best exemplify the ephemeral qualities of superior men and women. Bliss said, "... *in looking at the history of medicine we are studying, revealing, and, when it is appropriate, celebrating human achievement aimed at the redemption and salvation of mankind. This is the great satisfaction I find in doing medical history.*"

By Michael E. Moran, M.D.

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3. Sigerest, Henry E: *The Great Doctors. A Biographical History of Medicine*. WW Norton, New York, 1933.
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POETRY CORNER



In Flanders Fields

In Flanders Fields the poppies blow
Between the crosses, row on row,
That mark our place, and in the sky,
The larks, still bravely singing fly,
Scarce heard amid the guns below.

We are the dead; short days ago
We lived, felt dawn, saw sunset glow
Loved and were loved, and now we lie
In Flanders fields.

Take up our quarrel with the foe!
To you from failing hands we throw
The torch: be yours to hold it high!
If ye break faith with us who die
We shall not sleep, though poppies grow
In Flanders fields.

By Dr. John McCrae
(1872-1918)

John McCrae was a Canadian like Osler, born in Guelph, Ontario in 1872 and attending the University of Toronto for his medical degree. He began writing poetry early in life, but also showed an interest in the military. After a stint in the armed forces in the South African War in 1899, he returned to Montreal working as a resident assistant in pathology. He moved to England in 1904 and became a member of the Royal College of Physicians. With the beginning of World War I, McCrae was appointed a brigade-surgeon to the First Brigade of the Canadian Field Artillery. Stationed in the trenches near Ypres, Belgium, he witnessed the death of a friend in April 1915. Following a hasty burial, McCrae observed the next day poppies blooming amidst the graves, prompting his visionary poem. McCrae remained in France for the rest of the War dying of pneumonia on January 18, 1918.

OSLERIAN OPINIONS

WHY THE AOS SHOULD ONLY MEET IN PLENARY SESSION*By Frank Neelon*

When Christopher Lyons, the Rare Books and Special Collections Librarian at McGill, visited Duke, he asked me if I would be attending the forthcoming meeting of a well-known medical history association. I said that I had been in the past and did not find the experience particularly congenial or enlightening. "Not," I said, "like the American Osler Society meetings." "Oh," replied Lyons, "*Nothing* is like the Osler Society meetings!"

Lyons is right! That's why I am pleased that the Board of Governors of the AOS has chosen to forgo the use of concurrent presentations of talks at the Annual Meeting. This is not a minor issue. When Pat McKee, the 2009 McGovern Lecturer, asked what I like most about the Osler Society, I said, "Well, for starters, every paper is heard in plenary session: That really molds the culture and ambience of the Annual Meeting." Concurrent presentations mean some fraction (perhaps a large one) of attendees will not hear what turns out to be a particularly provocative or insightful talk. Input from the audience, one of the treasures of the AOS meeting, is enhanced when every member hears every talk. Impromptu discussions, at dinner or in the bar, are also enriched by our shared audition.

A number of reasons have been proposed to support concurrent presentations:

1. Too many "good" abstracts are submitted, and two-and-a-half days provides too little room to accommodate all.
2. We want to encourage young people to participate in the meeting (and thereby prompt them to become members). This is a reasonable priority for the AOS; perhaps we should give precedence of assignment for presentation to first-time submitters.
3. Only if attendees can point to their names on the roster of presenters, will they be reimbursed for the expenses of attending the meeting. The economics of meeting attendance are an unavoidable reality, but this potential obstacle should not be a reason to change the tenor of the Meeting.

How should we handle an abundance of riches — too many abstracts, too few slots to accommodate all? Perhaps a lottery system whereby all abstracts get

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.

read, and only those that are not strictly attuned to the mission of the Annual Meeting (to bring "together members of the medical and allied professions . . . to memorialize and perpetuate the just and charitable life, the intellectual resourcefulness, and the ethical example of Sir

William Osler") are excluded. All remaining abstracts would be accepted unless their number exceeds the available time slots, in which case the appropriate number would be chosen by lottery. If desirable, priority in (or outright circumvention of) the lottery could be used for submissions by new attendees, and if otherwise acceptable abstracts are rejected by lottery one year, they could also be assigned priority for next year's meeting. Hopefully, the lottery would not often be needed, but when necessary, it would assign space equitably, and the collegial value of our plenary sessions could continue

The Annual Meeting's primary value lies not in the opportunity to present papers, but rather in the opportunity to hear them, and thereby to encourage the communal spirit that shared hearing fosters.



LETTERS -OBITUARIES-NOTICES

Lawrence C. McHenry Award to Christopher Boes

Christopher Boes, M.D., was awarded the 2017 American Academy of Neurology's Lawrence C. McHenry, Jr. Award for the History of Neurology, which recognizes excellence in neurology history research. Dr. Boes received the award on April 26 for a paper titled, "Gowers and Osler: Good Friends 'All Through.'" The paper explored the friendship of William Gowers and William Osler. Using primary sources, including letters between the two, this research gave evidence of their friendship and clarified how it was mutually beneficial on both personal and professional levels. Gowers' son Ernest wrote Osler a letter after the death of his father. Referring to the relationship between William Osler and William Gowers, he noted that Osler had indeed been a good friend to him "all through." The paper also explained the significant influence of Gowers on Osler's neurologic writings, and shed new light on Osler's neurologic diagnosis of Gowers. Osler thought Gowers had ataxic paraplegia, a disorder that Gowers had described and some called "Gowers' Disease," but a newly discovered letter from Gowers clarified that Osler was probably incorrect. Gowers felt that he suffered from a different disorder, primary lateral sclerosis. Dr. Boes was honored to receive the McHenry Award, named after the Oslerian and neurologist who put history of neurology research on the map so to speak. Boes was not fortunate enough to meet Dr. McHenry before his death in 1985, but he read his history of neurology book when he was a neurology resident. Reading his book ignited a love of history of neurology that changed his research focus and subsequent career. The paper was published in the *Journal of the Royal College of Physicians of Edinburgh*, and is available at https://www.rcpe.ac.uk/sites/default/files/jrcpe_46_1_boes.pdf.

Matthew Edwards, 2014 Bean Student Award winner was awarded **Honorable Mention** in the 2017 William Osler Medal competition presented at the American Association of the History of Medicine meeting in Nashville on May 5th. He also defended the same paper in his honors thesis committee at medical school this past August and was awarded *summa cum laude* at graduation.

It's a bird, No, it's a plane, No, it's the Solar Eclipse of 2017 viewed by those ardent astronomers and astrologers, Charley and Donna Bryan and Mike and Becky Jones. Following 5

minutes of frenetic dancing and howling Charley is convinced he was able to undo the eclipse and return the solar system to its natural state. All Oslerians should offer our special thanks



to our multi-talented brother.

Mayo Clinic History of Medicine Gathering

On 23 October 2017, a large crowd gathered at the Mayo Clinic History of Medicine Society meeting in Rochester, MN to hear Oslerian, Jock Murray, give a splendid presentation on "The Patient Experience of Illness: A Historical Tour through Art." With superb images he masterfully described how much can be learned from our patients' experiences of their illness as depicted in their paintings. Through these images students of medicine can witness the patients' pain, suffering, anxiety, but also their trust and hope. Paintings by Monet, Van Gogh, Munch, Fildes and many others prove to be excellent teaching tools allowing students a glimpse into their patients' psyche and mind.

In attendance for the presentation were no less than 5 American Osler Society presidents, Laurel Drevlow (current president of AOS), Bruce Fye, Claus Pierach, Jock Murray and Paul Mueller (past presidents of AOS), in addition to long time secretary, Chris Boes, and all-around organizer, coordinator and Oslerian good will ambassador, Renee Ziemer, seen here in the Clinic's Board Room.



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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.

Looking Ahead to Pittsburgh

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, Kirsten 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 Pittsburgh, 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 acknowledged. 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.

We're on the Web!√ us out at: www.americanosler.org

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