This year marks the centenary of the death of Sir William Osler, and events are planned to mark the occasion. We held our annual meeting for 2019 in Montreal where McGill houses his library and his ashes. Looking back fifty years to the semi-centenary, the Journal of the American Medical Association published a commemorative issue. There was a spate of articles about Osler especially by those who knew him personally like Duncan Gardner, Regius Professor of Medicine at Oxford and Wilbert Davison professor of pediatrics, and dean of the medical school at Duke. Several books appeared. Bean’s collection of Osler’s aphorisms was published and Bibliotheca Osleriana was re-issued. A Continual Remembrance, Letters from Sir William Osler to his Friend Ned Milburn, 1865-1919 by Henry L. Holley appeared and so did William Osler, the Continuing Education edited by Charles Roland and the man behind the American Osler Society, John McGovern.

I was focused on Osler’s death until this message appeared in my inbox on July 12, “Happy Sir William Osler’s birthday.” While this year marks the centenary of his death, it also marks the centenary of his 70th birthday and the last year of his life. I wondered what his last year had been like.

With the war over, Osler took up where he had left off, crusading against venereal disease and tuberculosis and the revision of his textbook was three years overdue. His health was fragile. In January, he was re-elected for the sixth time President of the Bibliographical Society. He had been in the custom of hosting dinners for its members, but those ceased during the war. He called for a dinner and “outdid himself in his efforts to make it a success,” but Lady Osler observed “he is too pathetic, and it is surprising that this everlasting ‘keeping up’ does not kill him.”

In April Osler hosted a dinner to introduce Canadian Duncan Graham, newly appointed Professor of Medicine at Toronto to his fellow professors in Great Britain. Osler took ill and had to hand the reigns of the dinner over to H. D. Rolleston, president Royal Society of Medicine. As a result, Osler found himself “writing in bed – a slight cold.” His upcoming birthday was on his mind, “Do you realize that I shall be 70 in July?”

Davison was ordered from France to Base Hospital 33 in Plymouth England. On the way he learned that there was no base in Plymouth, so he diverted to Oxford into the waiting arms of Sir William and Lady Osler. Over the next three months, while awaiting transport home, Davison spent many weekends with the Oslers, as did many other homesick soldiers.
The Oslerian Volume 20 - Issue 2 August 2019 Page 2

President’s Message (Continued from page 1)

The “Open Arms” were as wide-open as ever with a parade of American soldiers making stops on their way home. Osler held court as of old, but he was worn down. Cushing tells us that Osler was “emaciated” but in “good spirits.” On Sunday mornings he held “grand rounds” at the Radcliffe infirmary from 10 a.m. until 1 p.m. Then he was at home where the Oslers hosted as many as 200 visitors for tea.

He still looked after his charges. Once, Gardner phoned to let Osler know that he would have to miss a planned meeting. “But what is taking you away?” inquired Osler. “Well, Sir William, to tell you the truth, I am going a-courtin’,” the young doctor replied. Osler paused then said, “Gather ye rose-buds while ye may!” One wonders if it passed his mind that those days were behind him and that they would never come for Revere.

However, the cares of the day wore on him. Gardner recalled, “on rare occasions his memory in his advancing years could let him and others down. I myself had a troublesome experience of such a failure.” His library was constantly in the back of his mind. When he was not showing it off to visitors, he was fretting about the catalogue. The catalogue of his library had been in the works since 1912. In a letter to Casey Wood he wrote, “I am adding treasures to my collection every few months, and it will finally be housed in Montreal.” In March, he wrote to Fielding Garrison at the Army Medical Library in Washington, D.C., that he had the books divided and the catalogue made, but that “it would take five years at least to furnish the notes, so that it’s a race between the Catalogue and Pallida Mors:” the Roman personification of death. Of course, we know that the catalogue was incomplete. In 1922, W. W. Francis moved into 13 Norham Gardens and lived there with Lady Osler until 1929 when the Bibliotheca Osleriana was published just a few months after Lady Osler’s death. Indeed, it had taken the better part of seven, not five years to complete.

May found Osler preparing for his role of president of the Classical Association. Welch who was visiting heard Osler at an address at the Divinity School. Welch wrote that, “Osler told me that he had never given so much time and thought to the preparation for an address as he did this one,” perhaps because he felt a little out of his element. When the address was over, Welch turned to Lady Osler and said, “That was Osler at his very best.” It was Osler’s last public address. Welch recalled, “When not long after I said good-bye, I little thought that it was to be our final parting, but I rejoice to have been with him then and to remember his as I saw him last on that triumphal day.” The address was published as “The Old Humanities and the New Science.”

In June, Oxford held the annual Encaenia, a ceremony for awarding honorary degrees, and it honored several American military celebrities including General Pershing. Osler wrote to his sister-in-law, Susan Chapin describing how Lady Osler sat in the seat of honor between General Haig [British Army] and Admiral Beatty [Royal Navy]. Osler wrote “Poor dear Isaac! [Revere Osler] When these things come it adds to the burden of the sorrow to think how he would have appreciated it.” It was a moving ceremony that opened a wound for the Oslers.

In 1918 a committee had been organized to issue a memorial volume in honor of Sir William’s seventieth birthday. The volume grew and grew until it became two, but because a printer’s strike, the task was incomplete on his birthday. Clifford Allbutt presided at a ceremony presenting dummy volumes to Osler. The ordinarily imperturbable Osler, fearing the emotion would get the better of him, read his reply, “even so, his voice breaking two or three times to such an extent that it seemed he might not recover himself.”

Adami dates this as the beginning of the end for Osler. “It was on the eve of that day that Clifford Allbutt had made the presentation, and Osler had been profoundly affected. Returning to Oxford, on the birthday itself he took to his bed with a feverish cold.” However, Osler may have been ill even before the event. Osler recorded that he had “got chilled & all week felt as if a cold had come on. Tues & Wed felt seedy & stayed in bed. Friday to town… to the presentation of the birthday volumes. At the meeting in the afternoon I began to cough & by 8 had a high fever.” He was ill for weeks.

Dr. Walter Bierring recalled a visit with the Oslers in late July 1919, the day before the Oslers left for Jersey. Osler greeted the Americans with his usual humility, “he might be Sir William to others, but he was still Doctor Osler as we knew him in the good old days before he came to Oxford.” Mind, this was two weeks after he had taken sick at the celebration of his birthday.

The summer found him hard at work on the revision of his textbook. He recuperated in Jersey, and wrote, removed from all distraction. A letter written to Susan Chapin reporting on his vacation gives us a glimpse at the status of Osler’s health: “I have got back, I am sure, the 21 pounds that I had lost, and no longer see my ribs.”
Osler described his mentor James Bovell as the ideal teacher, one who had “a clear head and a loving heart.” Osler applied these qualities at the bedside. He was kind to patients and tried to leave each with a feeling of hope, but he practiced the art of detachment, never letting his emotions cloud his clinical judgement. His friends and students loved Osler and were moved by his bereavement, always hoping that Osler would recover completely. This hope clouded their objectivity.

George Adami, an old friend of Sir William from Montreal told this story. “We who thought we knew him intimately were more sanguine than those further removed. Walking with Sherrington after the [memorial] service I heard from him the story of the old janitor at the physiological laboratory: ‘No, sir, I don’t think Sir William will get better. You see sir, it is like this: you know how Sir William, mostly on his way down to the hospital of a morning, would drop in for a few minutes to see you and the rest. Well in the old days, coming in, and likewise going out, he had always a word for me. You know his style, sir, like giving a man a cheery dig in the ribs. But now these last months I have noticed him greeting you quite merry-like; but in between whiles his face has been grave as though he had something heavy on his mind, Mr. Revere, sir and Sir William won’t get better. The old janitor had made the correct prognosis: he had observed more than did those of us who thought ourselves the children of light.”

In late September he travelled to Scotland. His return was interrupted by a railway strike, and he completed his return to Oxford by car. The trip took two cold, damp days and again he was struck by bronchopneumonia. His recovery was slow, and he began to cancel engagements. Alexander George Gibson and William Collier were called in from the Radcliffe Infirmary to attend him. Gibson was 26 years younger than Osler.

Osler would greet the young attendings by saying, “I had a good night, and smell the rose above the mould this morning,” from the poem “Farewell, Life” by Thomas Hood. Despite his illness, Osler could still see the sunnier side of life. Once, between fits of cough, Osler pronounced, “pneumonia at seventy is fatal.” This must have been unnerving to the young doctors charged with caring for the most famous physician in the English-speaking world.

At the same time, he had some fun with young doctor Gibson. His nurse, Sister Edwards tells us that he loved to tease Gibson saying to him, “There is nothing the matter with me Gibson, except this bedsore of mine.” “And when we got outside the room Dr. Gibson looked at me with great consternation and said: ‘His back is all right, isn’t it?’ How Sir William chuckled when I returned and told him about it.”

Sister Edwards went on, “I am quite sure that he knew from the first that his illness would prove fatal. He knew every stage so well; and once after the consultants left him, with a cheery word about his recovery to which he had a cheerily responded, he looked up at me and said: ‘Ah Sister, we know, don’t we?’ I wonder how many of us have been in the same situation and tried to cheer a dying patient?”

Osler’s last year was full of pathos. On one hand productive and even triumphal, on the other a slow slide toward the grave. The last chapter in Cushing’s biography of Osler, “The End,” is worth reading.

We are the intellectual descendants of Osler who inspired Davison, who inspired McGovern, who begat the American Osler Society. Cushing and Bliss chronicled his life. A century after his passing, the memory of Osler wanes, the flame of his life’s teaching flickers. It is our duty to inspire the next generation of physicians and preserve the memory of Sir William Osler, the great physician.
Thoughts from across the Pond

As I write this in mid-July the sun is shining outside and the skies are clear. Sadly this is not the situation with UK politics where confusion still reigns over Brexit. The Conservative party is currently choosing a new leader to replace Theresa May. The party’s MPs have narrowed the choice to two candidates, Boris Johnson and Jeremy Hunt. Johnson is a former Mayor of London and Foreign Secretary and Hunt is the current Foreign Secretary. The decision rests on the result of a ballot of ordinary Conservative party members who number 160-170 thousand and the result will be announced in a fortnight’s time. The victor will have the near impossible tasks of trying to convince the EU to renegotiate Mrs. May’s deal, which was soundly rejected by the House of Commons, and then try to pass any subsequent deal through the Commons whose MPs are mostly in favour of remaining in the EU.

Johnson, who is widely tipped to become our new PM has said he will not discount the possibility of taking the country out of Europe if there is no new deal by Halloween. Meanwhile the Osler Club of London continues to provide fellowship and stimulation. We spent 13th June in the company of the Harvey Club of London, Ontario, who had come over to celebrate their club’s centenary. The Rt Hon Professor the Lord Darzi of Denham OM KBE PC entertained members of both clubs for lunch in the Attlee and Reid Room of the House of Lords. This was a splendid occasion and enjoyed by all. Lord Darzi, who was born in Iraq, holds the Paul Hamlyn Chair of Surgery at Imperial College, London, and has specialised in minimally invasive and robot assisted surgery. Publicly he is well known for his involvement in public health strategies, NHS evolution, and for his work to improve global health. He received the Order of Merit in 2015. This award is in the personal gift of our monarch, was founded by King Edward V11 in 1902, and recognizes distinguished service in many fields. Membership is limited to a maximum of 24 living recipients from the Commonwealth along with occasional foreign members. The luncheon was followed by excellent speeches.

In the afternoon the Harvey Club members toured the RCP, saw the pictures of William Harvey held there and viewed the gardens before joining the Osler Club meeting. After the reception three papers were presented. These were: “Sir Herbert Warren and Sir William Osler – a special Oxford Friendship” by Mrs. Ruth Ward, “Eponymous medical societies” by Dr Vivian McAlister and “Brother Magnetiser’s reflections on the origins of MRI” by Professor Adrian Thomas. The joint meeting concluded with dinner.

The Annual Oration and Banquet of the OCL took place in the RCP on 11th July. After the reception the club’s eighty-first oration was delivered by Professor Dame Jane Dacre, immediate past president of the RCP and entitled “Looking Back over 500 Years”. In a wide-ranging address the orator outlined the RCP’s history. It was founded by Thomas Linacre, a physician in Henry V111’s court who successfully petitioned the King to bestow a Royal Charter on the organisation. The initial aims were the regulation of medical practice within seven miles of the City of London, keeping quacks out and examination of candidates for admission. In 1546 it received a Grant of Arms featuring a pomegranate, which was a symbol of Catherine of Aragon but also of health and life. Dame Jane also covered colourful fellows such as William Goddard who was expelled in 1649 for disobedience, William Harvey, and later Hans Sloane, founder of the British Museum and proponent of the benefits of chocolate. History also details misery and conflict and she pointed out the exodus from London of physicians during the plague years, the burning down of the first college in the Great Fire of London in 1666 and the Siege of Warwick Lane in 1767 where licentiates and fellows were in conflict. In 1858 the Medical Act led to the foundation of the General Medical Council which took over the regulation of the medical profession from the RCP though under its charter the RCP still was self-regulating, could charge fees, examine candidates and make regulations. The college’s influence has been enormous and the role of Winston Churchill’s doctor, Lord Moran, in brokering the deal that led to the foundation of the NHS was highlighted. Today the RCP has five strategic themes which broadly focus on patients, education, members and fellows, health strategy and heritage. It works with its sister colleges in Edinburgh and Glasgow to run the MRCP examination. It contains an enormous collection of rare books, paintings and medical items such as the gold headed cane. The relationship with the monarchy remains and Queen Elizabeth visited it in 2018 on the 500th anniversary and presented a new Charter.

Continued on page 5
Dame Jane was particularly delighted at the role of women in the college where they now outnumber men. The first woman president was Dame Margaret Turner-Warwick from 1989-92. She concluded her oration by discussing the current building of a northern RCP in Liverpool with a commitment to well-being and to bring high quality research, medical training, examination and conference facilities to regional members. This building is known as the “Spine” because of its distinctive staircase which is similar to the vertebral column and visible from outside. The façade of the building is in response to the narrative of human skin with 23 million individual polygons applied to the glazing to simulate skin’s cellular structure. The “Spine”, which is to open in 2020 is amongst the first to achieve the international WELL standard of modern building design.

After a rousing vote of thanks to our 2019 Oslerian Orator by Dr Linda Luxon the evening concluded with a splendid dinner during which Sir William’s memory was toasted. The Hon. Sarah Peart demitted her office and Graham Kyle was installed as the new president of the OCL.

Respectfully submitted by
John W K Ward

American Osler Society Committee Membership 2019-2020

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<th>COMMITTEE</th>
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<td>G.Frank, M.Jones, E.Matteson, M.Trotter</td>
<td>M.Jones</td>
<td>None</td>
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*Chaired by most recent living Past President, includes 3 most recent living Past Presidents. #Second VP. †First VP
A Gathering of Carsons at A Memorial Service

A joyous celebration of the long and productive life of John C. Carson (1927–2019) (Figure 1) took place at the Schaetzel Center of Scripps Hospital, La-Jolla, California, at 2:00 PM on June 15, 2019. It was a clear Saturday afternoon. John, who like Osler died with “the courage befitting a man” had planned most of the service.

Donna and I, having traveled from South Carolina, were kindly invited to visit with Elizabeth, her five children, and various spouses and grandchildren in the John C. Carson, MD, Study (Figures 2 and 3) prior to the service. They were all smiling and happy (Figure 4). Also present was Eric Young who was with John when he died.

We proceeded to the Great Hall which was filled to capacity. Others were able to attend through audio hookup in two nearby holding rooms. Donna and I had trouble finding a seat. One of John’s sons—I forget which—gave us chairs on the third row.

At the appointed hour the Carson family filed in. John’s oldest son, John C. Carson, Jr., presided and introduced family members, who came from all over the country. John and Elizabeth had eighteen grandchildren, we learned, and John lived to see all but one of them enter university. (The eighteenth is currently a senior in high school.) We sang “Our God Our Help in Ages Past,” by Isaac Watts, the words printed in the program.

There followed a professionally-done video tribute entitled “Dr. John C. Carson—the Extraordinary Deeds of an Ordinary Man.” Most of it was narrated by John (who else?) He was born in Wichita, Kansas, and had an idyllic childhood. Older sisters were his first mentors. “I was born knowing I wanted to go into medicine,” John said for the camera. As a boy he liked to peek through the windows of nearby St. Francis Hospital to watch doctors sewing up lacerations.

John described his life as a series of lucky breaks. His luckiest break was meeting Elizabeth on a blind date neither wanted. They were at Yale and Vassar, respectively. Elizabeth after hearing John’s voice over the telephone said, “He sounds awful!” What changed her mind was some combination of John’s affability, good looks, and blond hair.” They lingered that evening until a security guard gave John two options: he could go back to Yale, or he could go to jail. John went back to Yale, and said he regrets that decision.

They were married on Valentine’s Day 1954 and enjoyed 65 years together. We learned that John’s father, a banker, died at 59 years. John did not expect longevity. He vowed to live every day past age 60 as though it might be his last. He ran his last marathon in his seventies. He took up the piano at 86.
The video tribute included superlatives from a few others, who characterized John him as brilliant, eccentric, and passionate. He felt strongly about how things should be done. We all knew that John was an ardent book collector with special interest in Samuel Johnson. We did not know that he frequented flea markets hoping to add to his collection of antique potato mashers.

John recorded for the video superlatives about his children. Elizabeth, the oldest, was “the scholar.” John Junior was “the scholar-athlete.” Lee, the middle son, was “everybody’s friend.” David, who currently serves as a circuit court judge, was “the most serious.” Barbara, the baby child, was “the thoughtful one.” John lived to see all of them succeed in careers and marriages and to see all but one of his 18 grandchildren enter college. (The youngest is a senior in high school and will matriculate in college this fall.) John said for the camera, “If I had not gone into medicine, I would have taught English in a prep school.”

An alumnus of the Taft School in Watertown, Connecticut, he faithfully attended reunions. John told how after residency he was recruited back to Kansas by E. Grey Dimond (1918‒2013) to start a cardiology program, only to be told by Dimond a few months later that he planned to move to California to start a program at Scripps. Dimond invited John to go with him. John and Elizabeth had reservations about southern California but went and apparently never looked back.

John habitually worked from 6:30 in the morning until 10 or 11 at night. (None of his children went into medicine.) Following the video we heard seven speakers, each of whom adhered to the script (“three minutes each per Dr. Carson’s strict orders):

Laura Salas, John’s long-time secretary, vouched that John saw all comers in his office and “always did the right thing.”

Nick Ervin, a personal friend, described John’s commitment to “a culture of books.” He told of John’s dignity and humanity.

Doug Brown, a friend from college, told how John became a mentor to Brown’s children and to all the children at Mohonk (Mohonk Mountain House), a Victorian resort in the Hudson River Valley where John for several decades spent July as camp physician. He added that John had a quotation for just about everything.

AOS member Garth Huston, who got to know John well through their monthly trips to attend the Zammarano book club in Los Angeles, told how they went through tens of thousands of books together.

Paul Hyde, a local surgeon, praised John as a humanitarian. John visited patients in the home, in part because he wanted to learn everything about them. John was “the ultimate in patient care—nothing was ever too much trouble for him.”

Brent Eastman, another surgeon, described John as the complete physician and told how John regarded William Osler as “the father of American medicine.”

Chris Van Gorder, president and CEO of the Scripps Health Organization, told how John led the drive for donations that helped “build Scripps-LaJolla Hospital into what it is today.” He told how he and John sometimes made rounds in the hospital, John pointing out what needed to be done to improve it. “He expected perfection in the hospital, but everything was for the benefit of the patient.”

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The closing hymn was “Down by the Riverside,” sung by Louis Armstrong. Attendees stood reverentially as the extended family filed out of the auditorium. Most lingered at the reception. Some of us talked about what John considered his “lucky breaks.” Consensus emerged that luck “just happens” to those who have the right qualities, the right commitment, and the right preparation. Printed on the program were these lines written by Adam Lindsay Gordon:

Life is mainly froth and bubble,
Two things stand like stone.
Kindness in another’s trouble,
Courage in your own.

It has been suggested that this was also a motto of William Osler.

Charles S. Bryan
cboslerian@gmail.com
An Open Letter to Sir William Osler.

Sir Osler:

Towards the end of application season and the start of interview season, I find myself thinking about you this year. After all, you are the one credited with implementing the modern residency— including intern year, so thanks for that bundle of joy. You've been called a humanist; you implemented the clerkship system for medical students; you made medical school admissions stricter. In 2018, you're basically credited as the father of our medical education. But here, finishing my last class before embarking on interviews, I can't help but wonder if you'd even approve of what your education system has become. I can't help but wonder if we've lost your way.

Nothing much to update you on in terms of medical school admissions; the number of applicants keeps increasing every year and the acceptance rate keeps getting lower. In 2016, it was down to about 5%. Scores on entrance exams are getting higher, college GPAs are increasing, and applicants need to show research or dedication to projects in order to stand out. With the number so high, I personally think stricter guidelines were bound to happen eventually, but you helped implement ideas early, so kudos I guess.

Unfortunately in clerkship teaching and residency, I'm not so sure your original ideas have been so successful. Clerkships are great for helping us learn patient care as third years and they help us understand the humanistic side of patients and their illnesses, but the bedside teaching that you perfected during your life is hit or miss. Some attending physicians and senior residents will do nothing but teach us about a patient's presentation or disease process, while others will simply use the medical students as runners for menial tasks or— even worse— ignore us completely. It seems not everyone is on board with teaching us if it means dealing with the additional work medical students create.

Perhaps we've fallen farthest though in the concept of our residency. Here in the United States, you are credited with installing intern year and residency as we now know and experience them. I'm sure we've adapted it in ways that you would approve, making all doctors comprehensively better with a minimal level of training across multiple disciplines, but I often especially during application season— wonder if your humanist side would approve of the way we go about obtaining our jobs. In 2018, there are two national exams, STEP 1 and 2, that are designed to test the combined knowledge of the first three years of medical school. These scores have now become the largest factors in which schools and which specialties to which we can apply. Somehow, I don't think you would approve. Something about reducing us to one or two numbers and then pigeon-holing us to one program or one specialty regardless of passion seems like something you would hate. Don't get me wrong, with the number of applicants the programs need a way to decide whom to interview, but something about using scores that have shown no prediction of clinical judgment feels very un-Osler like. All I have to say is, sometimes I wish you were here to help us find a solution.

So that's about it; just a few of your lasting contributions that are still impacting us today. I wanted to update you on the state of education because I think you deserve to know. You deserve to hear an unfiltered, no-punches-pulled opinion about what remains from those changes you started and what has long since passed. If there's such things as an afterlife, I hope you're enjoying it and I hope— assuming I join you there one day— we can meet and talk over some spiritual tea.

Thanks for everything, Willie-O.

By Benjamin Ray Parva
This essay won a Practice of Medicine Year 4 Essay Award this past year. The author, Dr. Benjamin Ray Parva is now a graduate of UTMB-Galveston, TX and a current intern with the Department of Emergency Medicine at the University of Mississippi Medical Center in Jackson, MS. After being raised primarily in the northern suburbs of Houston, Benjamin went to Millsaps College in Jackson, MS where he achieved a B.A. in Classical Studies and a minor in Chemistry. The son and grandson of Iranian immigrants, Ben is very proud of his Persian heritage and is attempting to learn Farsi as he moves through his residency and career. Moving forward, he hopes to use his passions for underserved populations and student education by pursuing a fellowship and career in education and academics, hopefully at a county institution.

**Ireland’s Legacy to Sir William Osler**

There seems little written concerning any connection between Osler and Ireland. Bliss seems to be silent on any connection with Osler and Ireland and there appear to be no essays that Osler delivered in or about Ireland. Nevertheless, according to J.E. Moore and B.C. Millar (Ir J Med Sci (2007)176:323-324), Osler owes his first name to the intervention of former Ulster residents who resided in the Bond Head settlement north of Toronto, Canada, where Osler was born on July 12, 1849. According to Moore and Millar, the Bond Head settlement laid out by a Major S. Holland in 1791, was settled by an influx of Irish in 1807. Later in 1819 an influx of Scottish settlers occurred and later English in 1837. Thus, according to Moore and Millar, “it is not surprising that with all these influences from the Old World (The British Isles), the settlement was in need of an Anglican clergy, to provide pastoral and religious guidance to its residents—a role fulfilled by Osler’s father, the Rev. Featherstone Osler. Osler’s parents had initially planned to name their new son, Walter Farquhar Osler, but this was changed by “events in and around his birth.” “An Orange Order Lodge made up of former Ulster residents in the Bond Head Settlement happened to march to the Osler home as part of a celebration of William III’s victory at the Battle of the Boyne. “On arrival of the Orange parade at the vicarage, the proud parents came out holding up their newborn son for everyone to see, at which point the crowd cried out “William”, in commemoration of the day (12th July) and the event (William III’s victory at the Battle of the Boyne). And so the name stuck—William Osler.

**Why Should Not Old Men Be Mad**

By William Butler Yeats

Why should not old men be mad?  
Some have known a likely lad  
That had a sound fly-fisher’s wrist  
Turn to a drunken journalist;  
A girl that knew all Dante once  
Live to bear children to a dunce;  
A Helen of social welfare dream  
Climb on a wagonette to scream.  

Some think it a matter of course that chance  
Should starve good men and bad advance,  
That if their neighbors figured plain,  
As though upon a lighted screen,  
No single story would they find  
Of an unbroken happy mind,  
A finish worthy of the start.  
Young men know nothing of this sort,  
Observant old men know it well;  
An when they know what old books tell,  
And that no better can be had,  
Know why an old man should be mad.

William Butler Yeats (1865 - 1939) was a contemporary of Osler born in County Dublin, Ireland to his artist father John Butler Yeats. Much of his youth was spent on the western seacoast near Sligo, Ireland. Schooled primarily at home by his artistic family he traveled back and forth between London and Ireland due to his father’s work. Yeats spent 1884 to 1886 at the Dublin National College of Art and Design. Heavily influenced by Shelley and Blake he wrote of Irish legends, the occult and mysticism. He was an Irish Nationalist and was appointed Senator for the Irish Free State in 1922.
Vulnerability and New Life

The Medical School Class of 2023 arrived on campus at the University of Texas Medical Branch (UTMB) in Galveston two weeks ago to begin their career in medicine. This year our curriculum has changed up a bit and rather than starting toward the end of August these students were invited to begin five weeks earlier and participate in a course called META (Mindfully Evolving, Thriving and Advocating). Within this course are a number of sessions that include Patient Centered Biopsychosocial Care, Social History, HEENT, Musculoskeletal & Neuro Exam, Quality of Self-Reflection, Character Assessment, Anxiety and Self-Care, Poverty Simulator, Note Writing, Learning in Medicine, Privilege Walks, Growth Mindset & Shame Resilience, Values Auctions, and Racism. Of course, there are a number of sessions scheduled to simply introduce the students to the Library, the various tracks (Global Health, Humanities, Physician Healer) they may participate in, and several case studies they will attempt to solve. Nevertheless, this introductory five weeks seems to be taking its lead from the concern about “burnout” not only among seasoned physicians, but also among medical students.

We, the medical and health care related professionals are a vulnerable population. This includes students as well as the seasoned professionals. In a 2014 New York Times article titled “Why do Doctors Commit Suicide?”, Dr. Pranay Sinha says:

“There is a strange machismo that pervades medicine. Doctors, especially fledgling doctors like me, feel pressure to project intellectual, emotional and physical prowess beyond what we truly possess...We masquerade as strong and untroubled professionals even in our darkest and most self-doubting moments. How, then, are we supposed to identify colleagues in trouble—or admit that we may need help ourselves?”

Nicole Piemonte in her book, Afflicted: How Vulnerability Can Heal Medical Education and Practice, suggests that, “there has been an influx of journal articles in the last ten to fifteen years calling for ‘mindful practice’ and for greater self-awareness and reflection in medical care and education. Most of the proponents of mindful practice believe that becoming more self-aware and more reflective about their emotions, responses, motivations, and biases can lead doctors (and students) to provide better care for their patients and to take better care of themselves.”

Thus, to start first year medical students off with such “mindful” sessions as UTMB has done with the new incoming class may well have merit in helping to mitigate against early “burnout” among these young students. The META Curriculum being implemented at UTMB also allowed for the development of evening workshops that the new students could sign up for on an elective bases. I created one entitled, An Introduction to the History of Medicine, the Medical Humanities and Oslerian Medicine. I did so with the idea that our students get so little exposure to these topics in the formal curriculum that an opportunity to introduce them to topics that would contribute to their “mindfulness” and self-reflection should not be missed. In this workshop I plan to review why the history of medicine just might be relevant to all the anatomy, pathology, biochemistry, and molecular genetics they will be exposed to this year in gaining an understanding of how they are acquiring information that has been accumulating for centuries. No wonder they suffer from information overload. Then to remind them of the beauty of literature to help them understand the human condition. And finally to introduce them to Osler and his perspective on learning and the life of a physician. Using Joe VanderVeer’s and Charlie Bryan’s, Osler for White Coat Pockets, we will cover “Competence and Caring: the Twin Pillars of Medicine” and discuss how the head and heart must be intertwined in the practice of medicine. We will discuss the “Traditions of Medicine” and then move on to discussing the “Balanced Life”. Although Osler’s “master-word in medicine”, “work”, might seem counter-intuitive to the culture of “mindfulness” and “self-reflection”, he did appreciate the need to care for oneself. Osler says, “Learn early to take the best possible care of the machine, never overdriving it, nor letting rust or dust collect in the bearings, and providing it with enough fuel to keep it going at a fair pace. Unlike any ordinary mechanism, the more you use it, the more, within limits, you can get out of it. Healthy action in a body out of which you can get plenty of work is the great asset in the race, the most important part, perhaps of life’s reserves.” Thus, Osler breathes “New Life” into the “New Curriculum” of the 21st century.

Michael H. Malloy
**LETTERS – OBITUARIES – NOTICES**

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**Book Review**

*By Pam Moss*

**Scott Bedford, M.D. (Joe VanderVeer), Masthof Press, 2019**

Past AOS president and Oslerian editor Scott Bedford M.D. (*nom de plume* of Joe VanderVeer) has written a book that all Oslerians will enjoy. *The Doctor Stories*—over forty short vignettes—cover the trajectory of the life of a surgeon.

Stories told by classmates at the author’s fiftieth medical school reunion in the “my most memorable case” format (with echoes of Chaucer—Joe was an English major) begin with an impaled logger and move on to legal nightmares, colonic (mis)adventures, a brilliant pediatric diagnosis, and a tragic failure to check an EKG.

The second portion of the book is devoted to Joe’s rich personal memories. There are tales of a childhood filled with lessons learned from his cardiologist father. Many vignettes are devoted to the rigors and misadventures of medical school and the draconian internships and residencies (and sleep deprivation) remembered with pride by older generations of surgeons.

There are laugh-out-loud detours through boarding school shenanigans, a pioneering penicillin shot in the author’s young keister, and a novel approach to making weight on the school wrestling team. A kindly landlady negotiating the illness and death of her husband is remembered in a moving story. Three brief case reports from the Indian medical service attest to the strength of Native American women.

Finally, Joe recounts a grave personal family tragedy, a child saved by his father’s surgical skill, and the compassion of colleagues.

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**AOS Fiftieth Anniversary Commemorative Membership Roster**

Dear AOS Members:

In honour of the fiftieth year of the origin of the American Osler Society that we will be celebrating in Pasadena in April 2020, the suggestion has been put forward that a Commemorative Membership Roster be published that will include pictures of the membership. Renee Ziemer has requested that each member submit a passport type photo in jpeg format to her that can be incorporated into a digital publication that will provide a brief biosketch of the member as well as the picture. The digital publication when complete will be made available to all members. Hard copies will be made available to members upon request. Please do not miss this opportunity to put together this valuable publication so that finally we can put together the names with the faces that we see annually at our meetings.

**Deadline for submitting photos to Renee Ziemer (aosrenee@gmail.com) is November 29, 2019.**

**American Association for the History of Medicine (AAHM)**

The American Association for the History of Medicine (AAHM) invites abstracts for papers in any area of the history of health and healing for its 93rd annual meeting, to be held in Ann Arbor, Michigan, May 7-10, 2020.

For more information go to: [http://www.histmed.org/cfp2020](http://www.histmed.org/cfp2020)
Looking Ahead to Pasadena, CA

The 50th meeting of the American Osler Society (AOS) will be held in Pasadena, California, from April 26-29. We anticipate a significant level of interest in this meeting as we will be celebrating a Golden Anniversary with remembrances of the origins of the AOS. We enthusiastically await your arrival. The weather in Pasadena is usually perfect at this time of year and the meeting will be preceded by the American College of Physicians meeting occurring in nearby Los Angeles. Save the date now!

Call for Abstracts for 2020 Annual Meeting in Pasadena, CA, April 26-29, 2020

Abstracts should be sent by e-mail to: aosrenee@gmail.com and must be received by 15 November 2019. 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, 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.

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.