



The Oslerian

A Message from the President

Robert Mennel

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**President
Robert Mennel
52nd AOS President
installed at the 2021 Zoom
Annual Business
Meeting.**

One of my major duties as president of the AOS is to produce four articles for the Oslerian and a presidential address. This gives me a wide choice of topics to expound on. This task is both exhilarating to me and terrifying.

I started medical school at the University of Pennsylvania in 1966 and graduated in 1970, 98 years after William Osler received his degree from McGill in 1872. My formal medical career has spanned 55 years. Osler's formal medical life spanned 51 years. I in no way want to compare myself to Osler. I only bring this up, because I have always been intrigued by the fact that all of us when we entered medicine, probably felt that things have always been the way that they were when we entered the field. I have seen this repeatedly in the medical students, residents, younger partners, and patients. As members of the Osler Society, we understand that is not the case. For my first Oslerian I have decided to recount some of the changes in medicine that I have seen come into existence during my medical career so far. I am a medical oncologist, and this has colored the choices that I have made.

As a 2nd year medical student at the University of Pennsylvania, Peter Nowell was one of my pathology professors. He had just discovered the Philadelphia Chromosome. He was a

friendly man who loved to talk to his students. It was obvious that he knew that he had made a major discovery that defined a disease, chronic myelogenous leukemia (CML), and that his discovery was one of the first proofs that cancer was a genetic disease. However, at that time Peter did not know exactly what the Philadelphia chromosome did. He did not realize that this translocation caused BCR-abl, a growth factor for the abnormal proliferation of myeloid cells (CML). The elucidation of BCR-abl's function was left to Brian Druker, among others, who teamed with Nicholas Lydon to develop an inhibitor to BCR-abl in the 1990's which brought the 6-year survival of CML patients from 25% to 95%. This was also the advent of Tyrosine Kinase Inhibitors (TKI's). This was a new class of drugs which has led to prolonged survival, and in some cases cures of patients with many different cancers, including lung cancer and melanoma, to name two. As an Oncology fellow at Hopkins in 1976, I had 22 cancer treating drugs available to me and only one, Tamoxifen, was targeted. Today as a practicing oncologist I have upwards of 150 drugs to treat cancer and most of them are targeted.

In 1970, I began the practice of medicine as an intern (PGY1), at the University of Rochester. I diagnosed hypo and hyperthyroidism by measur-

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ing the ankle DTR relaxation time and metabolic rate. We did not have a commercially available T4 or TSH measurements. In the late 1960's I saw an increase in hyperparathyroidism. This was not because hyperparathyroidism was actually increasing in number, but because the Sequential Multiple Analyzer (SMA12), introduced in 1969, allowed the physician to find hypercalcemia. This was the forerunner of the Complete Metabolic Profile (CMP). Physicians who never suspected that their patient was hypercalcemic, suddenly had this information presented to them on a panel of tests.

Also, as an intern I did not have CT scans. I had to rely on arteriograms, plain films, pneumoencephalograms, nuclear scans, sonograms, and often exploratory surgery to make a diagnosis. CT's of the brain came into practice around 1972. As a second-year resident (PGY3) this made a world of difference in my understanding of my patient's neurological symptoms. Body CT's came in the couple years following the brain CT. As an interesting side note, the first CT scanner was developed by Sir Godfrey Hounsfield in 1967 at EMI (Electric and Musical Industries) Central Research Laboratories. This was eventually a big money maker for EMI, but their major money maker was not the CT, but the fact that they had invested in a little-known band, the Beatles. The Beatles were very important in the development of the CT. The Beatles made up 30% of EMI's profits and much of that money from the Beatles was plowed into the development of the CT.

Looking at X-Rays was a real chore. We did not have digital images and a Picture Archiving and Communicating System (PACS). The PACS did not come into use until the late 1980's or early 1990's. An UGI or BE might have 10-20 films in a study. You would have to go to the film library, find the X-ray jacket, put the films in order, then hang the films in order on large boards, which you hoped no other physician was using. Often it was necessary to compare previous studies which meant that you had to go through the same process for each study. If the patient had had their study at an outside institution, it was likely that you may never have the films for direct comparison unless the patient brought the film to you. You could not transmit them electronically like you can now. They had to mail them, which was expensive and slow. Therefore, many studies that were done never got looked at.

During my time at the University of Rochester (1970-74), if we found a mass in a patient, we still had to operate on them to make a pathologic diagnosis. Percutaneous needle biopsy did not emerge until

the 1970's. Pathology had to develop new techniques to interpret these samples. When I was at Hopkins for Oncology (1976-1979) and later at Baylor (1979-present) I thought our Pathology Departments were very good. They were, but we had no idea of what we didn't yet know. At Hopkins, I remember a conversation with Ray Lenhart, head of the Lymphoma Group. He stated that he did not understand why some lymphomas went away and stayed away and others came back in a few weeks before we could give the second course of chemotherapy. The answer was that they were not the same disease. In 1976, I had 4 major subgroups for non-Hodgkin's lymphoma, that I used to direct my therapy. Today there are over 20 subgroups and by next year there will be more. We did not have immunohistochemical (IHC) stains or molecular techniques for diagnosis. In 1982, as a relatively new attending at Baylor University Medical Center in Dallas, I gave a Medical Grand Rounds on the Unknown Primary. My major diagnostic tools were the history, physical exam, routine imaging including CT, routine chemistry, endoscopy, pathology including H&E stains, and electron microscopy. I did not have MRI, PET, IHC stains, or molecular tests. My therapies were limited to approximately 22 oncological drugs. In the mid 1990's I gave a Meet the Professor Session at the Annual Meeting of the American Society of Clinical Oncology on the same subject, the Unknown Primary. By 1995, to the previous tests that I have outlined I could now add MRI, PET, Immunohistochemical Staining of Pathological samples, early Molecular Tests and perhaps 25 additional drugs. In September 2019, I gave a talk on Precision Medicine in Oncology. In preparing for that talk, I was especially struck by the fact, that in the 9 months from January 2019 until my talk in September, the FDA had approved 23 new oncology drugs and 22 of them were targeted. The explosion in the development of molecular tests and the resulting dramatic rise in the number of targeted drugs started in the late 1980s and has dramatically escalated each year. This was due to the application of the Polymerase Chain Reaction discovered by Kary Mullis in 1985. This discovery gave scientist large amounts of DNA to study and gave Kary Mullis the 1993 Nobel Prize. The discovery of the Polymerase Chain Reaction and the completion of the Human Genome Project in April of 2003 has opened the potential of a completely new type of therapy, Gene Editing Therapies. It is difficult to imagine, but this therapy would discover the gene that causes a patient's disease and then we would correct the defect in the gene to cure the patient of the disease. This is still a little in the

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science fiction realm. However, the New England Journal of Medicine (2021; 384: 252-260) article by H Frangoul et al, "CRISPR- CAS9 Gene Editing for Sickle Cell Disease and Beta-Thalassemia" is one example of the start of this new therapy. These new therapies may allow us to cure a patient of their disease, and not just treat the complications of the disease.

Many times, bad problems beget beneficial results. The scientific study of a problem will often lead to the understanding of the effected system's operation and as well as a solution to the problem at hand. On June 5, 1981, the first case of AIDS was described. AIDS is a horrible disease but, in some ways, has been a blessing in disguise for medicine, especially Oncology. The study of this disease that caused our immune system to go awry taught us much about how our immune system works, and how we can use this newfound knowledge to our patient's advantage in devising new therapies for them. Without AIDS our understanding of the cellular components of the immune system, T cell function, how to engineer T cells to attack malignant cells, how to turn on and turn off the immune system would probably still be evolving rather than being used clinically. Immunotherapy has cured many patients with hematological malignancies and some patients with solid tumors. As an example, my patient (Fig 1) with a pleomorphic sarcoma metastatic to the lung would be dead instead of free of disease

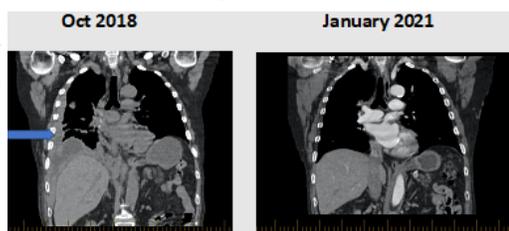


Fig 1. Involvement of the pleura and lung by pleomorphic sarcoma (arrow) in 2018. 2021 image shows resolution after immunotherapy.

2 ½ years after he presented with severe dyspnea and was treated with the check point inhibitor, pembrolizumab. This drug activated his own immune system against his sarcoma.

It would seem difficult with all the amazing discoveries in medicine during my professional life to single out the most important. It is not! There are 2 inventions working hand in hand that share this position. They are the development of the personal computer and the development of the internet. If I look at my practice of medicine prior to the computer and after the introduction of the computer, the differences are vast. When I started in medicine, if a new patient came without records, you could probably count on 2 weeks before you would get the prior information to complete your consult. The telefax was invented in

1843, but I do not remember, medicine routinely employing FAX transmission of data until the 1970s. The advent of the computer and the internet allowed physicians to obtain images, lab tests, other physician's opinions as soon as they were generated. However, there is also usually a downside to things that are beneficial. This instantaneous generation of data has decreased the number of physicians who look at their images with the radiologist, or their biopsies with the pathologist, etc. This leads to less discussion with the radiologist, pathologist, and other consultants. This is sure to impact the usefulness of their and your rendered diagnosis. Guidelines are instantly available and tell you how to treat a disease but using a guideline without looking up and understanding the data that lead to the guideline may not lead to the best care. Before the computer, getting references for a talk would take me 2 days. With the computer I can do it in an hour. However, before the computer, browsing the Index Medicus turned up a lot of information that I would not have otherwise considered for the talk. Without the computer, I would never be able to remember all the drugs that are available to treat various conditions, and what a particular mutation does and where I might be able to find a trial based on this information to help a patient who is still very functional, still wants therapy and who has run out of useful standard options get on a reasonable trial. In no way would I want to abandon the computer and the internet. However, the ability to communicate instantaneously by Email or texting has decreased our personal interaction with each other. This is not good.

I have not done this topic of medical changes that have occurred during my medical career justice, both because of lack of space and lack of knowledge. I am sure that all of you from the oldest down to the newest member of the American Osler Society can add examples in your field of medicine of discoveries that have come into being during your journey in medicine. Osler also had important discoveries occur during his life in medicine (1868-1919). Lister's Antisepsis, Pasteur and Koch's Germ Theory, Roentgen's X-rays, Landsteiner's blood groups, Einthoven's EKG, and Plummer's structured patient record are some of the innovations that were born during Osler's time. He also contributed to these changes in Medicine. However, his major contribution that will never change is that he gave us the model for an exemplary life in medicine in the face of continuing change.



Annual Business Meeting

American Osler Society Annual Meeting (Virtual)
April 14, 2021

Moment of silence (Mike Jones)

A moment of silence was held for Thomas Benedek, Anand Date, Richard Eimas, Joseph Lella, Neil McIntyre, and W. Curtis Worthington, who died in the past year.

Approval of Annual Business Meeting minutes from 15 May 2019 (Mike Jones)

Printed in *The Oslerian* in June 2019. Motion made and seconded. Minutes were approved.

Secretary report (David Burkholder)

David Burkholder reminded members to pay their dues, which can be performed online at the AOS website. Screenshare example was provided for those present.

Treasurer report (Andrew Nadell)

Total membership is 192 members as of April 14, 2021. Dues and contributions total \$21,250 for 2021. For January to December 2020, total income was approximately \$110,000 with expenses of approximately \$116,000. Total liquid assets \$944,080 as of the time of the meeting, primarily invested in domestic stocks. The rate of return was significant last year (21%), however this is well known to be an outlier and is not anticipated in the future. The overall financial health of the society is good.

Finance Committee report (Mario Molina)

Our current investment strategy is to maintain totals rather than have aggressive growth. This has been achieved over time with Fidelity.

The Oslerian Editor's report (Michael Malloy)

Dr. Malloy encouraged submissions of content for future *Oslerian* issues, particularly medical students and resident trainees. He thanked those who have contributed in the past.

Nominating Committee report (Mario Molina)

- Rotating off the BOG: Laurel Drevlow (Past President 2017-2018), Bill Evans, Gaby Frank, Pete Travers. Dr. Molina expressed his thanks for their service. Staying on: Bob Mennel (President), Chris Boes (First Vice President), Drew Nadell (Treasurer), David Burkholder (Secretary), Mike Jones (Past President 2020-2021), Mario Molina (Past President 2019-2020), Clyde Partin (Past President 2018-2019), Jack Coulehan (2023), Thomas Frank (2022), Skip Harris (2022), Scott Podolsky (2023), Stephen Schabel (2023). BOG vacancies to fill Second Vice-President - Rolando Del Maestro nominated 3 mem-

bers-at-large - John Bullock, Kelsey Klaas, Rebecca Jones nominated. Motion made and seconded for approval of nominated new Board of Governor members. All nominees were approved.

Membership Committee report (Chris Boes)

New applicants for membership and Bean awardees:

- Active membership applications: Russell Currier, Nick Gonzalez Castro
- Membership through Bean Award: Liam Butchart, Elizabeth Card, Brendan Ross
- Student membership applications: Ethan Hinds

Motion to approve was made and seconded. No objections. All members approved.

Final recommendations submitted by the Membership Committee and approved for implementation from the Board of Governors' meeting on March 21, 2021 were reviewed.

- Membership stratification – members and fellows
 - Would require change in bylaw language to outline specific factors related to qualifications and benefits between member types
 - Vote on any bylaw changes must be performed with at least 30 days of review prior to vote – may be by special meeting or deferred until annual meeting next year
- Quarterly email – encouraging members to seek out people to apply for new membership may be reproduced with *The Oslerian* email. Could alternate in between *Oslerian* emails.
- Social media accounts, included as part of media and technology committee, including allowing some monies be used to hire an outside contractor to help develop the social medial platform.
- Increase video content and add visual database to the website
- Advertising at other professional meetings
- Dr. Katie Ray shared via Zoom chat function that she would like to volunteer for the Membership Committee.
- Dr. Jones thanked all of the committee members and chairs who were involved in the past year.

Program Committee report (Bob Mennel)

All members for the past meeting were asked whether they were able and desired to give their talk virtually this year or wait until a future year. Based on responses and requested talks (another 6), a total of 41 potential talks were given in 4 half-days of meeting. Pete Travers, Mike Jones, Gaby Frank, Renee Ziemer, Laurel Drevlow, and all of the moderators were thanked.

William B. Bean Student Research Award Committee report (Skip Harris)

Award criteria will be adjusted to move from 5 to 4 awards, and provide more direction for clarity. The award

amount will remain the same. The winning students' faculty sponsors can also be awarded AOS membership, and that can be considered by the Board at a future date. A prior Bean winner will be added to the Bean Award Committee.

Historian-Archivist's report (Herbert Swick)

This was bypassed as it was discussed during a session earlier in the course of the annual meeting.

Publications and Media Activities Committee report (Pete Travers)

The Media Committee worked with the Program Committee for the present meeting, and has met to plan for later this year and early next year. They anticipate moving forward with the recommendations from the membership committee. Two medical student members have been recruited to help navigate the social media platform. President Jones appealed to the membership to consider helping the Media and Technology Committee.

President's report (Mike Jones)

The Ask Osleriana database website analytics were reviewed. The database was accessed 21,000 times last year.

Officers and Directors Insurance

USLI offer was reviewed. It was approved by the board for coverage up to \$1,000,000. This was shared with the membership.

Policy and Procedure Guide (Mike Jones)

Dr. Jones discussed continuing work on a policy and procedure guide with Mrs. Ziemer.

Future meetings were announced.

- Galveston, Texas – April 10-13, 2022
- London, England 2023 (dates to be determined)
- Kansas City, Missouri 2024 (dates to be determined)
- Pasadena, California 2025 (dates to be determined)

Introduction of Incoming President (Mike Jones)

Dr. Jones recognized Dr. Bob Mennel as the incoming president of the American Osler Society, and officially passed the duties of the office of president to him.

Expression of appreciation to outgoing president and adjournment (Bob Mennel)

Dr. Mennel voiced his appreciation and humility related to his service in the office of president for the coming year. The Annual Business Meeting was then adjourned.

*Respectively submitted,
David B. Burkholder, M.D.
AOS Secretary*

COMMITTEE	CHAIR	CURRENT MEMBERS
Bean Award	J. Harris	K. Bettermann, M. Flannery, G. Sarka
McGovern Award*	M. Jones	C. Partin, M. Molina
Lifetime Achievement Award	D. Canale	J. Alperin, L. Drevlow, P. Miller, R. Nesbit
Nominating*	M. Jones	C. Partin, M. Molina
Finance	M. Molina	F. Bernadett, B. Cooper, A. Nadall, M. Stone, J. VanderVeer
History and Archives	H. Swick	M. Hague-Yearl, R. Del Maestro, R. Stone, D. Kratz
Membership†	R. Del Maestro	R. Fraser, P. Mueller, S. Patel, K Ray, M. Trotter
Media and Technology	P. Travers	G. Frank, E. Hines, G. Huston, J. Klaas, M. Malloy, C. Sobol
Annual Meeting - Program Committee#	C. Boes	W. Jarrett, R. Kyle, V. McAlister, M. Moran
Annual Meeting - Local Arrangements Committee	J. Richardson, B. Thompson	J. Alperin, D. Burkholder (Executive Committee liaison), M. Malloy

*Chaired by the most recent living Past President and comprised of the 3 most recent living Past Presidents

†Chaired by the Second Vice President

#Chaired by the First Vice-President

OSLERIAN VIEWS

**The Art of Being a Healing Presence:
A Review and Student Experience**

By Asha Singh

In the increasingly mechanical world that comprises medicine – the hum and beeps of machines monitoring blood pressure, pulse, respirations, glucose, and more – healing presence is that which is completely organic. As more conversations emerge around Artificial Intelligence, one argument that remains is that of the superior presence of a human heart, mind, and body in the presence of those of another, and the beautiful connection that can transpire.

The authors of *The Art of Being a Healing Presence* (Miller JE and Cutshall R—Willowgreen Pub, 2001) quote an African proverb early in the book: “Let your love be like misty rain, gentle in coming, but flooding the river.” It reminds me of the Sanskrit word “*Sajala*,” directly translating to “hydrous,” and exuding connotations of pregnant with possibility; fullness; wholeness. As the authors beautifully iterate, the word heal is derived from the same root as whole. Healing presence is like raindrops in the heavy cloud extending from much above Jennie Sealy to just above ground level on a particularly foggy morning – subtle, yet most certainly present.

The book urges being present - for yourself and for those around you, regardless of context. It has reminded me to appreciate and reciprocate the same patience and loving energy my family gives me to support me through all the trials and tribulations of education and personal life. They are ever ready to give from the depths of their caring hearts by lending a helping hand, and importantly, a listening ear. In this way, they walk beside me - as the authors urge - despite being 315 miles away. They give me a space to feel seen, heard, and at home, and I in turn aspire to simulate this space for my patients.

A still presence and the ability to be in the moment with patients has been what I have been seeking most at the bedside in third year of medical school.

In clinic, it was difficult – there was the attending physician’s expectation for me to conduct history, exam, assessment, plan, oral presentation, and documentation of the encounter all in 40 minutes. Sometimes, just listening to the patient and examining them well exceeded this allotted timing, and I would find myself feeling like I had done my best to justify my duties with the patient, at the expense of having failed the attending’s expectations on optimal efficiency. Where was the time, I wondered?

On wards, it was difficult yet - between the jam-packed schedule of pre-rounding, rounding, discharge formalities, note-writing, new admissions, more note-writing, etc., I again wondered, where was the time? I promised patients that I would be back. And for the most part, I tried to fulfill it. I remember pre-rounding on one patient just a little after dawn, and then coming back at dusk to speak with her. She was feeling terribly alone with no visitors, hospitalized during a pandemic, and diagnosed with HCV. I caught one of my patients with diabetes in the hour before her discharge to learn about how her diagnosis and health rollercoaster has impacted her life, and how she believes in better times ahead. Other times, I failed – coming to an empty patient room seeing bed-sheets already being changed, furnishings being sanitized, and uneaten food being cleared away was heart-break. I missed an opportunity for a final goodbye with a patient not much younger than me, who had been diagnosed with metastatic bone cancer. This ate away at me. Would he get the treatment he needed to live so much life that lay ahead of him? I sure hope so, and continue to pray for him. After reading the book on Healing Presence, I was able to name what I was hoping for: A final in-person opportunity to express – with or without words – a Namaste. That the light in me bowed before the light in him and his family, and that I believed in them, and wished them well in the journey ahead.

The silver lining is that luckily, as medical students, we are still some of the most privileged people on the totem pole in terms of time. That time, when allowed, can foster the blooming of a fragrant space between us and our patients, where Wholeness can be acknowledged in an unforced, unrushed manner.

There is one such encounter that I will remember for a long time. On Heme/Onc consult service, I got the opportunity to speak with; rather, listen to a patient with newly diagnosed Stage 4 SCLC. I knocked on his door and walked into the room, requesting permission to speak with him. He agreed, but said, “Don’t ask me how I’m feeling because I don’t know.” Not knowing how to respond, I slowly nodded and did what came intuitively – pulled up a chair next to his bed, so that the patient could sit up in his bed and look at me comfortably. I, an immigrant and child to people of color, found myself seated with the base of my chair almost a foot below the base of the patient’s bed, silently listening to him speak of his childhood making moonshine in the Appalachian Mountains. He spoke of how the one person he loved was miles away

OSLERIAN VIEWS

from him in a different state, yet, walking besides him in this trying journey by being on the phone even as he spoke to me. How he had quit smoking for good exactly 241 days ago but was thinking about picking up another cigarette because the primary and pulmonary teams had rushed in and out earlier, telling him he had just days to live. How the oncology team's report that his cancer may be targetable with treatment gave him hope to live and keep his cigarette-free record going, especially for the sake of his granddaughter, the apple of his eye. All this as my supervising fellow had come in and out of the room to conduct his interview and exam. Now, reflecting after having read the book on Healing Presence, I feel that this free-flowing encounter guided by the patient and unbound by OLDCARTS was one of the first times I felt like a true future doctor. I resonate with the authors as they share, "As you stay attuned, something takes place." At first glance, the patient and I were very different people; yet, we had experienced a wholesome space where we had acknowledged each other and allowed ourselves to just be.

In a different experience on my inpatient psychiatry rotation, I spent 30 minutes following a rigid interview and exam process for a newly admitted patient, at the end of which my supervising resident joined. The patient forced smiles, dodged and redodged some questions, and gave assurance that all was well. After the interview was complete, the resident spoke about how she too was a young parent and could appreciate how he was trying to be a tough and perfect dad for his little ones. Tears came rolling down our patient's face almost immediately, as he nodded silently. Through this experience, I found that it is not necessarily time, but the depth of connection that ultimately prevails in the idea of Healing Presence, as is reinforced by the authors of the book. In just 2 minutes, the resident had identified and struck a chord with the patient, highlighting the beauty of human connection.

My main takeaway from this book is that Healing is always Present. It is not to be performed; it is already occurring in each one of us. A movement towards wholeness is occurring in each passing moment. It can be found in each lub-dub of the beating heart as the stethoscope rests on the patient's chest and a hand gently rests on the shoulder, and in each wave of breath passing through the lungs. It can be found in conversation, chuckles, tears, and each silence full of meaning and possibility. One of my roles as a student and a servant in the medical setting is to

clear mind space to be more cognizant of this occurrence, for both myself and my patients. Healing and wholeness is the ultimate constant.

Asha Singh is a third year student at the University of Texas Medical Branch.

*In Memoriam***W. Curtis Worthington, Jr. (1925–2021)**

W. Curtis Worthington, Jr., died at age 95 on March 27, 2021, at the Bishop Gadsden Episcopal Retirement Community in Charleston, South Carolina. He is survived by a son, a daughter, a son-in-law, a daughter-in-law, six grandchildren, and four great-grandchildren.

Curtis was born in Savannah, Georgia, and grew up in Frogmore, South Carolina, an unincorporated community near Beaufort. Frogmore is famous for "Frogmore Stew" (a one-pot seafood dinner consisting mainly of shrimp, sausage, corn-on-the-cob, and small red potatoes) and, more significantly, for the Penn School Historic District (or Penn Center), site of the first school for newly freed enslaved African Americans (1862). Curtis never lost his love for the South Carolina tidal creeks, but I sometimes suspected that his cosmopolitan sophistication traced in part to a Massachusetts ancestor who migrated to South Carolina after the Civil War.

Curtis graduated from Beaufort High School and attended The Citadel for a year before enlisting and serving in the U.S. Navy (1944–1946). After the war he entered a combined B.S./M.D. program between The Citadel and the Medical College of South Carolina (now MUSC), receiving both degrees in 1952. He did a surgical internship at Boston City Hospital (1952–1953), but his interests turned toward anatomy. He taught at the Johns Hopkins Medical School (1953–1956) and at the University of Illinois, Chicago (1956–1957), and then returned to the Medical College of South Carolina where he spent the rest of his career except for two years at Oxford on a research fellowship.

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MEDICAL HUMANITIES

Sir William Osler and Sir Henry Newbolt: Admiral Death and Strains of Aequanimitas

By Daniel Sokol

On 30th March 2020, Dr James Tait Goodrich died from complications of Covid-19, aged 72. Dr Goodrich was a paediatric neurosurgeon best known for his separation of conjoined twins fused at the cranium. He was also a bibliophile and antiquarian bookseller. Following Dr Goodrich's death, his estate sold part of his vast collection of books and manuscripts at auction in New York. On 24th February 2021, after a fierce bidding war, I purchased lot 222, described as a 'collection of six Osler items'. One of the items was a fragment of poetry from Sir Henry Newbolt's poem *Admiral Death*, written in Osler's hand:

*Steady your hand in time o' squalls
Stand to the last by him that falls
And answer clear to the voice that calls*

The note was written on stationery from the Turnberry Station Hotel. Accompanying the note was a letter from the medical historian Dr Nicholas Dewey, dated 12th July 1999, addressed to Dr Goodrich. The letter surmises that Osler wrote the note during a trip to Ayrshire in Scotland in 1905.

I contacted what is now called the Trump Turnberry for more information and received the following response:

'Dear Mr Sokol

Many thanks for your email. I can confirm that Turnberry was indeed known as Turnberry Station Hotel. Although the golf course was in place first, the hotel opened in 1906 and was originally a British Rail Hotel. Guests could take the night train from London and arrive in Turnberry the following morning.

*Kind Regards
Gemma'*

This casts serious doubt on the 1905 theory. Regrettably, the hotel's guest ledger did not date back to that period so it was not possible to check when the Oslers visited.

Harvey Cushing, in volume 2 of his biography of Osler, included a letter by Osler to his friend Mabel Brewster dated 21st August 1908:

'[...] We have had such a happy time – our first long motor trip. We went up the great north road to Scotland. Revere had been promised trout fishing in the Fleet in Kirkcudbright which took us into the Guy Manner & Crockett Country. It was most interesting. [...] We made excursions all about the country.' (p.134)

As Kirkcudbright is only some 60 miles from Turnberry, 1908 seems a better guess than 1905. I proceeded to ask Dr John Ward, a leading Oslerian in the UK, for his view and he observed:

'I agree with you that the most likely date of the Oslers' visit to the Turnberry Station Hotel was in August 1908 [...] He says in that letter that it was their first long motor trip and as I describe in the new encyclopaedia [the 2020 encyclopedia on Sir William Osler, edited by Charles Bryan] that will have been in the newly acquired Renault.'

Sir Henry Newbolt

Sir Henry Newbolt was a British barrister, novelist, playwright and magazine editor. The poem 'Admiral Death' appears in Newbolt's *Collected Poems 1897-1907*. Osler first met Newbolt on 1st April 1919, during a dinner of the exclusive 'Dr Johnson's Club' which met fortnightly at the Prince's Hotel, Jermyn Street, London.

On the back of the menu card, Osler wrote:

'There were present Sir Henry Newbolt, Kipling, John Buchan, Pember, Bailey, Oman, Kenyon and Fisher. All but Newbolt and Bailey I had known. Newbolt was in the Chair and I sat between him and Fisher, the minister of Education. Very good evening [...] Kipling was in very good form and told many good war stories. Newbolt is the smooth faced type of thin Englishman like Morley and looks more like a keen American professor. He was full of interesting reminiscences.'

Osler died a few months later, on 29th December 1919, of a post-operative haemorrhage. He was 70.

Significance

It is reasonable to assume that Osler was drawn to the 3 lines from Newbolt's poem. Why else would he have copied them? As such, they provide some insight into this thought.

Again, the verses are:

*Steady your hand in time o' squalls
Stand to the last by him that falls
And answer clear to the voice that calls*

The maritime theme is reminiscent of the quote by Marcus Aurelius at the start of Osler's *Aequanimitas* (1889):

Thou must be like a promontory of the sea, against which, though the waves beat continually, yet it both itself stands, and about it are those swelling waves stilled and quieted.

In the address itself, Osler again uses the metaphor of the storm to describe the bodily virtue of imperturbability:

'coolness and presence of mind under all circumstances, calmness amid storm, clearness of judgment in moments of grave peril [...] It is the quality which is most appreciated by the laity though often misunderstood by them; and the physician who has the misfortune to be without it, who betrays indecision and worry, and who shows that he is flustered and flurried in ordinary emer-

MEDICAL HUMANITIES

*(Continued from page 8)**gencies, loses rapidly the confidence of his patients.'*

Newbolt's verses also remind us of Osler's comment, delivered during a farewell dinner in New York in 1905 (and published as L'Envoi), that he has sought *'to be ready when the day of sorrow and grief came to meet it with the courage befitting a man.'*

That day of sorrow and grief came 12 years later, on 29th August 1917, when his only son, Revere, was killed by shrapnel from a German shell in Belgium. Osler made this entry at the time:

'I was sitting in my library working on the new edition of my textbook when a telegram was brought in, 'Revere' dangerously wounded, comfortable and conscious, condition not hopeless'. I knew this was the end. We had expected it. The Fates do not allow the good fortune that has followed me to go with me to the grave – call no man happy till he dies. The War Office telephoned at 9 in the evening that he was dead. A sweeter laddie never lived, with a gentle loving nature.'

Standing next to Revere at his death was a group of eminent doctors which included Osler's close friend, Harvey Cushing, true to Newbolt's verse *'Stand to the last by him that falls'*. This verse speaks to the dedication of doctors to their patients, even when all seems lost. In *The Evolution of Modern Medicine* (1913), Osler wrote:

'Medicine arose out of the primal sympathy of man with man; out of the desire to help those in sorrow, need and sickness.'

For Osler, doctors also had duties towards each other, of encouragement, support, solidarity and civility. He would be appalled by the mud-slinging and name-calling between doctors that one encounters too frequently on social media. He believed doctors had an *esprit de corps* that should be nurtured. I have little doubt that, for Osler, *'him that falls'* in *'Stand to the last by him that falls'* also applied to medical colleagues under stress at work. This is apposite in these pandemic times, when scores of healthcare professionals have fallen ill or succumbed to Covid.

While the first verse - *'Steady your hand in time o' squalls'* - was about technical skill and sound clinical judgement, the second is about the doctor's attitude towards others. Together, they represent Osler's favourite dyad: head and heart.

Newbolt's poem takes place on a ship, with sailors united in a common purpose and destination. Osler also sees the medical profession as a tight-knit community with a common goal. In *The Master-Word in Medicine* (1903), he wrote:

'You enter a noble heritage, made so by no efforts of your own, but by the generations of men who have unselfishly sought to do the best they could for suffering mankind.'
of an ancient and honourable Guild.'

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POETRY CORNER

**Admiral Death***Sir Henry Newbolt*

Boys, are ye calling a toast tonight,
Hear what the sea-wind saith,
Fill for a bumper strong and bright,
And here's to Admiral Death!
He's sailed in a hundred builds o' boat,
He's fought in a thousand kinds o' coat,
He's the senior flag of all that float,
And his name's Admiral Death!

Which of you looks for a service free?
Hear what the sea-wind saith,
The rules o' the service are but three,
When ye sail with Admiral Death.
Steady your hand in time o' squalls,
Stand to the last by him that falls,
And answer clear to the voice that calls,
Ay, Ay! Admiral Death!

How will ye know him among the rest?
Hear what the sea-wind saith,
By the glint o' the stars that cover his breast,
Ye may find Admiral Death.
By the forehead grim with an ancient scar,
By the voice that rolls like thunder far,
By the tenderest eyes of all that are,
Ye may know Admiral Death.

Where are the lads that sailed before?
Hear what the sea-wind saith,
Their bones are white by many a shore,
They sleep with Admiral Death.
Oh, but they loved him, young and old,
For he left the laggard and took the bold,
And the fight was fought, and the story's told,
And they sleep with Admiral Death.

Henry John Newbolt (1862-1938) was born in Staffordshire, England. He graduated Clifton College and Corpus Christi College Oxford from which he was called to the bar and practiced from 1887-99. He joined the War Propaganda Bureau at the beginning of the First World War and subsequently became Controller of the Telecommunications at the Foreign office. He wrote poetry, novels, and was an accomplished historian.

OPINION

The American Osler Society: Who Are We?

*Half a league, half a league,
Half a league onward,
All in the valley of Death
Rode the six hundred.
“Forward, the Light Brigade!
Charge for the guns!” he said.
Into the valley of Death
Rode the six hundred.*

I must say, after the events of the last year, the Pandemic, the Persaud article condemning Osler’s “racist behaviors” (CMAJ 2020. 9;192:E1414-6), the McGill Symposium “Perspectives on Sir William Osler in the 21st Century”, and the technological feat of our Zoomed Annual Meeting, I feel a bit like Alfred, Lord Tennyson’s Light Brigade charging into the unknown with danger all around. And of concern is the fact that we, members of the American Osler Society, have many fewer numbers than the Light Brigade. Nevertheless, I am hopeful that the unconfessed educated admirers of Oslerian virtues will provide the support and numbers to maintain the legacy of William Osler.

*“Forward, the Light Brigade!”
Was there a man dismayed?*

Yet, progress appears to be being made. Perhaps we will not have to be so “dismayed”. With the dispersion of the Covid vaccines, hope for the re-establishment of in-person gatherings and the planning of next year’s AOS meeting in Galveston looks like a viable option.

*Cannon to right of them,
Cannon to left of them,
Cannon in front of them
Volleyed and thundered;*

And thanks to our Oslerian apologists, Charles Bryan and Nadeem Toodyan, who have responded to the critics of Osler’s supposed racist behavior. They have pointed out the problems associated with “presentism” and highlighted the virtues that Osler projected during his lifetime. Nevertheless, we should as a Society listen to the “volleys and thunder” cast

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

our way to understand and mitigate the angst that exists within our contemporary culture and to serve as a positive force for social justice and diversity.

To that end, it appears imperative that the AOS continue to forge relationships with the young students, residents, and physicians who will continue to promote the virtues of William Osler. Charles Bryan has put forth a proposal to better organize and coordinate a group of “Young Oslerians”. It is this group who may have a different perspective on a number of issues that may carry the day for the AOS in the near and distant future. Our nurturing of these young people will set the stage for our continued existence or ultimate demise.

*Stormed at with shot and shell,
Boldly they rode and well,*

Examples of the continued relevance of Oslerian virtues and the recognition of those virtues by the young are manifested in this edition of the *Oslerian* with Asha Singh’s review of *The Art of Being a Healing Presence* and her experience in the clinical care of her patients. In Oslerian fashion she notes in the midst of technology, “one argument that remains is that of the superior presence of a human heart, mind, and body in the presence of those of another, and the beautiful connection that can transpire.” Likewise Daniel Sokol notes in his review of *Admiral Death* that Osler’s views of an ideal clinician included, “one who can combine head and heart in equal measure; and one who shows true commitment to the moral ideals and nobility of the medical profession.” Thus, the virtues projected by Osler remain the main stays of his legacy.

Finally, despite the ancient virtues the AOS wields, it has been proven that we can harness the technological prowess of the modern era as Pete Travers boldly ventured into, organized and led us through our first and hopefully only Annual Zoom Meeting. Congratulations on a job well done.

*When can their glory fade?
O the wild charge they made!
All the world wondered.
Honour the charge they made!
Honour the Light Brigade,
Noble six hundred!*

By Michael Malloy

LETTERS –OBITUARIES–NOTICES

Continued from page 9

The voice that calls, for Osler, is not Admiral Death, but the high ideals inherent in the practice of medicine and the sacred relationship between doctor and patient. In the same essay, Osler wrote:

'To you the silent workers of the ranks [...] is given the harder task of illustrating with your lives the Hippocratic standards of Learning, of Sagacity, of Humanity, and of Probity. [...] Of a humanity, that will show in your daily life tenderness and consideration to the weak, infinite pity to the suffering, and broad charity to all. Of a probity, that will make you under all circumstances true to yourselves, true to your high calling, and true to your fellow man.'

Elsewhere in The Master-Word in medicine, Osler wrote:

'The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head.'

Osler refers to medicine as a 'calling' in other essays. In Teacher and Student (1892), Osler warns medical students about treading the wrong path in medicine:

'The choice lies open, the paths are plain before you. Always seek your own interests, make of a high and sacred calling a sordid business, regard your fellow creatures as so many tools of trade and, if your heart's desire is for riches, they may be yours; but you will have bartered away the birthright of a noble heritage, traduced the physician's well deserved title of the Friend of Man, and falsified the best traditions

That belief in medicine as a calling, perhaps, is why the verse "And answer clear to the voice that calls" resounded with Osler.

I am unaware of Osler ever having used Newbolt's verses in his published writings but those 3 lines are notable for capturing so concisely Osler's views on the ideal clinician: one who must be able to use skill and judgement under pressure; one who is loyal, selfless and supportive of patients and colleagues; one who can combine head and heart in equal measure; and one who shows true commitment to the moral ideals and nobility of the medical profession. Little wonder that Osler wrote down the verses for safe keeping.

Living up to this lofty standard is no easy task but the actions of so many doctors, nurses and healthcare workers during the Covid pandemic show that it is possible to cling to this ideal, however savage the storm, and that doing so will benefit patients while enhancing the reputation of clinicians as Friends of Humanity.

Daniel Sokol, PhD, is a medical ethicist and barrister.

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Curtis served MUSC in major capacities—chairman of the department of anatomy, associate dean of the medical college, and vice president for academic affairs—and ultimately became its chief living repository of institutional memory. He was perhaps best known nationally for his work in neuroendocrinology. He mastered the technique of microsurgical canulation of the portal vein of the rat, which led to numerous publications, and he coauthored a key paper on the role of human ependymal cilia in the circulation of the cerebrospinal fluid.

After overlapping careers as an anatomist and administrator, Curtis embarked on a third career as medical historian and humanist. I came to know him through his involvement at the Waring Historical Library (WHL) at MUSC, of which he became in 1982 the second director. His books and articles in medical history pertained mainly to South Carolina and MUSC, including a paper in the *Journal of the American Medical Association* (1991; 226[7]: 981–984) on how the medical school survived the 1910 Flexner Report, but his interest in the medical humanities was much broader. On my visits to the WHL, I often found him working on a biography of Thomas Trotter (1760–1832), the Scottish-born naval physician who was a medical reformer and a leading opponent of the slave trade. His main interest, though, was encouraging students' interest in the medical humanities, and to that end he organized courses and endowed the W. Curtis Worthington Student Essay Contest.

I considered Curtis one of my closest friends in South Carolina medicine. We did things together, sought each other's advice, and during a long stretch of years I gave two annual lectures at the WHL and dined with Curtis, often in the company of AOS members E. Carwile Leroy (1933–2002) or Philip W. Leon (1944–2012). However, Curtis was in fact a universal friend to anyone who shared his interests in medicine, history, historic preservation, literature, music, civic betterment, good conversation, or some combination thereof.

His last years were saddened by the loss of his beloved wife, Floride, who died in 2007 after suffering several years from a debilitating stroke.

I will always remember Curtis as a dignified, friendly, unassuming man with a great sense of humor, who spoke with a quiet authority and was fun to be around. He was and remains for me the definition of a good person.

By Charles Bryan

AMERICAN OSLER SOCIETY

Looking Forward to Galveston, TX

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Save the dates of April 10-13, 2022 for the AOS meeting in Galveston, Texas. The planning committee has selected an enticing venue at the San Luis Hotel along the Seawall and put together inviting extracurricular and banquet experiences. More information will be forthcoming.

New Members



Russell Currier was educated in veterinary medicine at the University of Minnesota and has held academic appointments in veterinary medicine at Iowa State University and the University of Iowa. He is a past President of the American Veterinary Medical History Society. He is interested in developing a version of the *Osler for White Coat Pockets* for veterinary students.



Luis Gonzalez Castro received his undergraduate degree in Aerospace Engineering, a Ph.D. in Bioengineering at Harvard, and went on to receive his M.D. at Harvard. He trained at Massachusetts General Hospital, Brigham and Women's, and the Dana-Farber Cancer Institute. He currently holds positions as an Associate Neurologist at BWH and Neuro-Oncologist at DFCI. He is committed to "make Osler's work amongst Physicians and medical students."



Ethan Hinds is a graduating 4th year medical student at UTMB who will begin a residency in Psychiatry at the University of Texas Health Science Center in San Antonio in July. Ethan was an Osler Student Scholar in the John P. McGovern Academy of Oslerian Medicine at UTMB. He has presented two abstracts at AOS meetings and is interested in forging a group of Young Oslerians in the AOS to help recruit and maintain interest in the AOS among medical students, residents, and young practitioners.



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. The OSLERIAN is published quarterly.

Call for Abstracts for AOS 2022 Annual Meeting: Although a few abstracts scheduled for presentation at the 2021 AOS Meeting are being carried over to the 2022 meeting new abstracts are encouraged for submission. Deadline for submission is November 15, 2021. More information will follow.

We're on the Web!

√ us out at: www.americanosler.org